

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Roosevelt Warm Springs Rehabilitation
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	44,947
11 covered charges	46,470
12 outpatient Medicaid ratio of costs to charges	0.967226
13 annual cost of Medicaid covered services	44,947
14 cost settlement rate	100.00%
15 annual Medicaid payments after cost settlement	44,947
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	0
19 payments	0
20 annual covered charges	0
21 annual interim payments	0
22 annual cost of services	-
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	0
26 payments	0
27 annual covered charges	0
28 annual interim payments	0
29 annual cost of services	0
30	
31 Medicaid annual payments	44,947
32 Cost of services - max annual payments for UPL	44,947
33	
34 <u>adjustment factor</u>	
35 inflation	1.032094
36	
37 adjusted Medicaid annual payments	46,390
38 adjusted maximum annual payments for UPL	46,390
39 annual facility specific UPL amount	0
40	
41 annual allocation of charge limit (if applicable)	0
42	
annual UPL amount after aggregate limit	
43 adjustments	0
44 UPL adjustment available for SFY2013	0
45 SFY2013 UPL funds for 1st - 3rd quarters	0
46 Amount paid in April 2013 for 1st - 3rd quarters	2,943
47 Difference - amount due back to department	(2,943)
Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Georgia Health Sciences Medical Center
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	10,560,197
11 covered charges	24,835,521
12 outpatient Medicaid ratio of costs to charges	0.425205
13 annual cost of Medicaid covered services	10,560,197
14 cost settlement rate	100.00%
15 annual Medicaid payments after cost settlement	10,560,197
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	1,250,239
19 payments	92,053
20 annual covered charges	1,250,239
21 annual interim payments	92,053
22 annual cost of services	531,608
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	4,127,530
26 payments	945,528
27 annual covered charges	4,127,530
28 annual interim payments	945,528
29 annual cost of services	1,755,046
30	
31 Medicaid annual payments	11,597,778
32 Cost of services - max annual payments for UPL	12,846,851
33	
34 <u>adjustment factor</u>	
35 inflation	1.032094
36	
37 adjusted Medicaid annual payments	11,969,997
38 adjusted maximum annual payments for UPL	13,259,157
39 annual facility specific UPL amount	1,289,160
40	
41 annual allocation of charge limit (if applicable)	0
42	
annual UPL amount after aggregate limit	
43 adjustments	1,289,160
44 UPL adjustment available for SFY2013	1,289,160
45 SFY2013 UPL funds for 1st - 3rd quarters	966,870
46 Amount paid in April 2013 for 1st - 3rd quarters	2,625,290
47 Difference - amount due back to department	(1,336,130)
Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Applying Hospital	
2	base period report period beginning date	09/01/09
3	base period report period ending date	08/31/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	339,423
11	covered charges	1,332,797
12	outpatient Medicaid ratio of costs to charges	0.25467
13	annual cost of Medicaid covered services	339,423
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	325,066
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	63,932
19	payments	6,507
20	annual covered charges	63,932
21	annual interim payments	6,507
22	annual cost of services	16,282
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	331,573
32	Cost of services - max annual payments for UPL	355,705
33		
34	<u>adjustment factor</u>	
35	inflation	1.02444
36		
37	adjusted Medicaid annual payments	339,677
38	adjusted maximum annual payments for UPL	364,399
39	annual facility specific UPL amount	24,722
40		
41	annual allocation of charge limit (if applicable)	21
42		
	annual UPL amount after aggregate limit	
43	adjustments	24,743
44	UPL adjustment available for SFY2013	24,743
45	SFY2013 UPL funds for 1st - 3rd quarters	18,557
46	Amount paid in April 2013 for 1st - 3rd quarters	37,083
47	Difference - amount due back to department	(12,340)
	Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Athens Regional Medical Center
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	4,565,212
11 covered charges	20,807,286
12 outpatient Medicaid ratio of costs to charges	0.219404
13 annual cost of Medicaid covered services	4,565,212
14 cost settlement rate	95.77%
15 annual Medicaid payments after cost settlement	4,372,103
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	750,247
19 payments	31,968
20 annual covered charges	750,247
21 annual interim payments	31,968
22 annual cost of services	164,607
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	2,287,918
26 payments	320,845
27 annual covered charges	2,287,918
28 annual interim payments	320,845
29 annual cost of services	501,978
30	
31 Medicaid annual payments	4,724,916
32 Cost of services - max annual payments for UPL	5,231,797
33	
34 <u>adjustment factor</u>	
35 inflation	1.020655
36	
37 adjusted Medicaid annual payments	4,822,509
38 adjusted maximum annual payments for UPL	5,339,860
39 annual facility specific UPL amount	517,351
40	
41 annual allocation of charge limit (if applicable)	300
42	
annual UPL amount after aggregate limit	
43 adjustments	517,651
44 UPL adjustment available for SFY2013	517,651
45 SFY2013 UPL funds for 1st - 3rd quarters	388,238
46 Amount paid in April 2013 for 1st - 3rd quarters	776,027
47 Difference - amount due back to department	(258,376)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Burke Medical Center	
2	base period report period beginning date		06/01/09
3	base period report period ending date		05/31/10
4			
5	adjustment factor (if period not equal to 1 year)		1.0000
6			
7	CAH status (1 = yes)		0
8			
9	<u>subject to cost settlement</u>		
10	cost of Medicaid covered services		311,181
11	covered charges		557,959
12	outpatient Medicaid ratio of costs to charges		0.557712
13	annual cost of Medicaid covered services		311,181
14	cost settlement rate		95.77%
15	annual Medicaid payments after cost settlement		298,018
16			
17	<u>subject to fixed fee payment</u>		
18	covered charges		40,965
19	payments		7,765
20	annual covered charges		40,965
21	annual interim payments		7,765
22	annual cost of services		22,847
23			
24	<u>subject to limit of inpatient rate</u>		
25	covered charges		18,174
26	payments		8,528
27	annual covered charges		18,174
28	annual interim payments		8,528
29	annual cost of services		10,136
30			
31	Medicaid annual payments		314,311
32	Cost of services - max annual payments for UPL		344,164
33			
34	<u>adjustment factor</u>		
35	inflation		1.036494
36			
37	adjusted Medicaid annual payments		325,781
38	adjusted maximum annual payments for UPL		356,724
39	annual facility specific UPL amount		30,943
40			
41	annual allocation of charge limit (if applicable)		20
42			
	annual UPL amount after aggregate limit		
43	adjustments		30,963
44	UPL adjustment available for SFY2013		30,963
45	SFY2013 UPL funds for 1st - 3rd quarters		23,222
46	Amount paid in April 2013 for 1st - 3rd quarters		46,415
47	Difference - amount due back to department		(15,452)
	Overpayment will be netted against inpatient UPL and DSH		

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Children's Healthcare of Atlanta- Hughes Spalding
2 base period report period beginning date	01/01/10
3 base period report period ending date	12/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	1,795,144
11 covered charges	5,601,050
12 outpatient Medicaid ratio of costs to charges	0.320501
13 annual cost of Medicaid covered services	1,795,144
14 cost settlement rate	95.77%
15 annual Medicaid payments after cost settlement	1,719,209
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	757,661
19 payments	81,638
20 annual covered charges	757,661
21 annual interim payments	81,638
22 annual cost of services	242,831
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	0
26 payments	0
27 annual covered charges	0
28 annual interim payments	0
29 annual cost of services	0
30	
31 Medicaid annual payments	1,800,847
32 Cost of services - max annual payments for UPL	2,037,975
33	
34 <u>adjustment factor</u>	
35 inflation	1.022716
36	
37 adjusted Medicaid annual payments	1,841,755
38 adjusted maximum annual payments for UPL	2,084,270
39 annual facility specific UPL amount	242,515
40	
41 annual allocation of charge limit (if applicable)	114
42	
annual UPL amount after aggregate limit	
43 adjustments	242,629
44 UPL adjustment available for SFY2013	242,629
45 SFY2013 UPL funds for 1st - 3rd quarters	181,972
46 Amount paid in April 2013 for 1st - 3rd quarters	363,773
47 Difference - amount due back to department	(121,144)
Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Coffee Regional Medical Center	
2	base period report period beginning date	01/01/10
3	base period report period ending date	12/31/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,137,723
11	covered charges	4,468,022
12	outpatient Medicaid ratio of costs to charges	0.254637
13	annual cost of Medicaid covered services	1,137,723
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	1,089,597
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	514,434
19	payments	40,452
20	annual covered charges	514,434
21	annual interim payments	40,452
22	annual cost of services	130,994
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	44,510
26	payments	9,211
27	annual covered charges	44,510
28	annual interim payments	9,211
29	annual cost of services	11,334
30		
31	Medicaid annual payments	1,139,260
32	Cost of services - max annual payments for UPL	1,280,051
33		
34	<u>adjustment factor</u>	
35	inflation	1.022716
36		
37	adjusted Medicaid annual payments	1,165,139
38	adjusted maximum annual payments for UPL	1,309,129
39	annual facility specific UPL amount	143,990
40		
41	annual allocation of charge limit (if applicable)	72
42		
	annual UPL amount after aggregate limit	
43	adjustments	144,062
44	UPL adjustment available for SFY2013	144,062
45	SFY2013 UPL funds for 1st - 3rd quarters	108,047
46	Amount paid in April 2013 for 1st - 3rd quarters	215,985
47	Difference - amount due back to department	(71,923)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Colquitt Regional Medical Center
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	1,301,698
11 covered charges	3,944,131
12 outpatient Medicaid ratio of costs to charges	0.330034
13 annual cost of Medicaid covered services	1,301,698
14 cost settlement rate	95.77%
15 annual Medicaid payments after cost settlement	1,246,637
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	168,269
19 payments	19,774
20 annual covered charges	168,269
21 annual interim payments	19,774
22 annual cost of services	55,534
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	447,316
26 payments	82,548
27 annual covered charges	447,316
28 annual interim payments	82,548
29 annual cost of services	147,629
30	
31 Medicaid annual payments	1,348,959
32 Cost of services - max annual payments for UPL	1,504,861
33	
34 <u>adjustment factor</u>	
35 inflation	1.020655
36	
37 adjusted Medicaid annual payments	1,376,822
38 adjusted maximum annual payments for UPL	1,535,944
39 annual facility specific UPL amount	159,122
40	
41 annual allocation of charge limit (if applicable)	86
42	
43 annual UPL amount after aggregate limit adjustments	159,208
44 UPL adjustment available for SFY2013	159,208
45 SFY2013 UPL funds for 1st - 3rd quarters	119,406
46 Amount paid in April 2013 for 1st - 3rd quarters	238,683
47 Difference - amount due back to department	(79,475)
Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Cook Medical Center	
2 base period report period beginning date		07/01/09
3 base period report period ending date		06/30/10
4		
5 adjustment factor (if period not equal to 1 year)		1.0000
6		
7 CAH status (1 = yes)		0
8		
9 <u>subject to cost settlement</u>		
10 cost of Medicaid covered services		212,873
11 covered charges		904,254
12 outpatient Medicaid ratio of costs to charges		0.235413
13 annual cost of Medicaid covered services		212,873
14 cost settlement rate		95.77%
15 annual Medicaid payments after cost settlement		203,869
16		
17 <u>subject to fixed fee payment</u>		
18 covered charges		133,972
19 payments		10,131
20 annual covered charges		133,972
21 annual interim payments		10,131
22 annual cost of services		31,539
23		
24 <u>subject to limit of inpatient rate</u>		
25 covered charges		0
26 payments		0
27 annual covered charges		0
28 annual interim payments		0
29 annual cost of services		0
30		
31 Medicaid annual payments		214,000
32 Cost of services - max annual payments for UPL		244,412
33		
34 <u>adjustment factor</u>		
35 inflation		1.032094
36		
37 adjusted Medicaid annual payments		220,868
38 adjusted maximum annual payments for UPL		252,257
39 annual facility specific UPL amount		23,542
40		
41 annual allocation of charge limit (if applicable)		14
42		
annual UPL amount after aggregate limit		
43 adjustments		23,556
44 UPL adjustment available for SFY2013		23,556
45 SFY2013 UPL funds for 1st - 3rd quarters		11,778
46 Amount paid in April 2013 for 1st - 3rd quarters		31,389
47 Difference - amount due back to department		(7,833)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Crisp Regional Medical Center	
2	base period report period beginning date	07/01/09
3	base period report period ending date	06/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	766,039
11	covered charges	2,583,670
12	outpatient Medicaid ratio of costs to charges	0.296493
13	annual cost of Medicaid covered services	766,039
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	733,636
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	155,161
19	payments	14,000
20	annual covered charges	155,161
21	annual interim payments	14,000
22	annual cost of services	46,004
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	747,636
32	Cost of services - max annual payments for UPL	812,043
33		
34	<u>adjustment factor</u>	
35	inflation	1.032094
36		
37	adjusted Medicaid annual payments	771,631
38	adjusted maximum annual payments for UPL	838,105
39	annual facility specific UPL amount	66,474
40		
41	annual allocation of charge limit (if applicable)	48
42		
	annual UPL amount after aggregate limit	
43	adjustments	66,522
44	UPL adjustment available for SFY2013	66,522
45	SFY2013 UPL funds for 1st - 3rd quarters	49,892
46	Amount paid in April 2013 for 1st - 3rd quarters	99,711
47	Difference - amount due back to department	(33,189)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Dekalb Medical Center	
2	base period report period beginning date	07/01/09
3	base period report period ending date	06/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	2,972,970
11	covered charges	11,532,176
12	outpatient Medicaid ratio of costs to charges	0.257798
13	annual cost of Medicaid covered services	2,972,970
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	2,847,213
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	949,082
19	payments	55,650
20	annual covered charges	949,082
21	annual interim payments	55,650
22	annual cost of services	244,671
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	2,207,289
26	payments	455,166
27	annual covered charges	2,207,289
28	annual interim payments	455,166
29	annual cost of services	569,035
30		
31	Medicaid annual payments	3,358,029
32	Cost of services - max annual payments for UPL	3,786,676
33		
34	<u>adjustment factor</u>	
35	inflation	1.032094
36		
37	adjusted Medicaid annual payments	3,465,802
38	adjusted maximum annual payments for UPL	3,908,206
39	annual facility specific UPL amount	442,404
40		
41	annual allocation of charge limit (if applicable)	213
42		
	annual UPL amount after aggregate limit	
43	adjustments	442,617
44	UPL adjustment available for SFY2013	442,617
45	SFY2013 UPL funds for 1st - 3rd quarters	331,963
46	Amount paid in April 2013 for 1st - 3rd quarters	663,606
47	Difference - amount due back to department	(220,989)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Dekalb Medical Center - Hillandale
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	1,337,004
11 covered charges	4,506,972
12 outpatient Medicaid ratio of costs to charges	0.296652
13 annual cost of Medicaid covered services	1,337,004
14 cost settlement rate	95.77%
15 annual Medicaid payments after cost settlement	1,280,448
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	652,464
19 payments	42,000
20 annual covered charges	652,464
21 annual interim payments	42,000
22 annual cost of services	193,555
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	37,403
26 payments	9,230
27 annual covered charges	37,403
28 annual interim payments	9,230
29 annual cost of services	11,096
30	
31 Medicaid annual payments	1,331,678
32 Cost of services - max annual payments for UPL	1,541,655
33	
34 <u>adjustment factor</u>	
35 inflation	1.032094
36	
37 adjusted Medicaid annual payments	1,374,417
38 adjusted maximum annual payments for UPL	1,591,132
39 annual facility specific UPL amount	216,715
40	
41 annual allocation of charge limit (if applicable)	85
42	
annual UPL amount after aggregate limit	
43 adjustments	216,800
44 UPL adjustment available for SFY2013	216,800
45 SFY2013 UPL funds for 1st - 3rd quarters	162,600
46 Amount paid in April 2013 for 1st - 3rd quarters	325,073
47 Difference - amount due back to department	(108,273)
Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Doctors Hospital - Columbus	
2	base period report period beginning date	07/01/09
3	base period report period ending date	06/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	910,216
11	covered charges	4,995,938
12	outpatient Medicaid ratio of costs to charges	0.182191
13	annual cost of Medicaid covered services	910,216
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	871,714
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	752,088
19	payments	28,150
20	annual covered charges	752,088
21	annual interim payments	28,150
22	annual cost of services	137,024
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	866,921
26	payments	129,703
27	annual covered charges	866,921
28	annual interim payments	129,703
29	annual cost of services	157,945
30		
31	Medicaid annual payments	1,029,567
32	Cost of services - max annual payments for UPL	1,205,185
33		
34	<u>adjustment factor</u>	
35	inflation	1.032094
36		
37	adjusted Medicaid annual payments	1,062,610
38	adjusted maximum annual payments for UPL	1,243,864
39	annual facility specific UPL amount	181,254
40		
41	annual allocation of charge limit (if applicable)	65
42		
	annual UPL amount after aggregate limit	
43	adjustments	181,319
44	UPL adjustment available for SFY2013	181,319
45	SFY2013 UPL funds for 1st - 3rd quarters	135,989
46	Amount paid in April 2013 for 1st - 3rd quarters	271,881
47	Difference - amount due back to department	(90,562)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Dodge County Hospital	
2	base period report period beginning date	10/01/09
3	base period report period ending date	09/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	597,978
11	covered charges	2,288,631
12	outpatient Medicaid ratio of costs to charges	0.261282
13	annual cost of Medicaid covered services	597,978
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	572,684
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	378,700
19	payments	27,237
20	annual covered charges	378,700
21	annual interim payments	27,237
22	annual cost of services	98,947
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	599,921
32	Cost of services - max annual payments for UPL	696,925
33		
34	<u>adjustment factor</u>	
35	inflation	1.020655
36		
37	adjusted Medicaid annual payments	612,312
38	adjusted maximum annual payments for UPL	711,320
39	annual facility specific UPL amount	99,008
40		
41	annual allocation of charge limit (if applicable)	38
42		
	annual UPL amount after aggregate limit	
43	adjustments	99,046
44	UPL adjustment available for SFY2013	99,046
45	SFY2013 UPL funds for 1st - 3rd quarters	74,285
46	Amount paid in April 2013 for 1st - 3rd quarters	148,512
47	Difference - amount due back to department	(49,466)
	Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Elbert Memorial Hospital
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	289,368
11 covered charges	992,070
12 outpatient Medicaid ratio of costs to charges	0.291681
13 annual cost of Medicaid covered services	289,368
14 cost settlement rate	95.77%
15 annual Medicaid payments after cost settlement	277,127
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	70,155
19 payments	5,450
20 annual covered charges	70,155
21 annual interim payments	5,450
22 annual cost of services	20,463
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	62,306
26 payments	13,335
27 annual covered charges	62,306
28 annual interim payments	13,335
29 annual cost of services	18,173
30	
31 Medicaid annual payments	295,912
32 Cost of services - max annual payments for UPL	328,004
33	
34 <u>adjustment factor</u>	
35 inflation	1.032094
36	
37 adjusted Medicaid annual payments	305,409
38 adjusted maximum annual payments for UPL	338,531
39 annual facility specific UPL amount	33,122
40	
41 annual allocation of charge limit (if applicable)	19
42	
annual UPL amount after aggregate limit	
43 adjustments	33,141
44 UPL adjustment available for SFY2013	33,141
45 SFY2013 UPL funds for 1st - 3rd quarters	24,856
46 Amount paid in April 2013 for 1st - 3rd quarters	49,683
47 Difference - amount due back to department	(16,542)
Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Emanuel Medical Center
2	base period report period beginning date	07/01/09
3	base period report period ending date	06/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	412,293
11	covered charges	1,633,574
12	outpatient Medicaid ratio of costs to charges	0.252387
13	annual cost of Medicaid covered services	412,293
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	394,853
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	260,130
19	payments	17,000
20	annual covered charges	260,130
21	annual interim payments	17,000
22	annual cost of services	65,653
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	40,881
26	payments	8,623
27	annual covered charges	40,881
28	annual interim payments	8,623
29	annual cost of services	10,318
30		
31	Medicaid annual payments	420,476
32	Cost of services - max annual payments for UPL	488,264
33		
34	<u>adjustment factor</u>	
35	inflation	1.032094
36		
37	adjusted Medicaid annual payments	433,971
38	adjusted maximum annual payments for UPL	503,935
39	annual facility specific UPL amount	69,964
40		
41	annual allocation of charge limit (if applicable)	27
42		
	annual UPL amount after aggregate limit	
43	adjustments	69,991
44	UPL adjustment available for SFY2013	69,991
45	SFY2013 UPL funds for 1st - 3rd quarters	52,493
46	Amount paid in April 2013 for 1st - 3rd quarters	104,946
47	Difference - amount due back to department	(34,955)
	Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Erlanger at Hutcheson	
2	base period report period beginning date	10/01/09
3	base period report period ending date	09/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,813,540
11	covered charges	7,621,520
12	outpatient Medicaid ratio of costs to charges	0.23795
13	annual cost of Medicaid covered services	1,813,540
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	1,736,827
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	583,641
19	payments	35,021
20	annual covered charges	583,641
21	annual interim payments	35,021
22	annual cost of services	138,877
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	351,469
26	payments	58,439
27	annual covered charges	351,469
28	annual interim payments	58,439
29	annual cost of services	83,632
30		
31	Medicaid annual payments	1,830,287
32	Cost of services - max annual payments for UPL	2,036,049
33		
34	<u>adjustment factor</u>	
35	inflation	1.020655
36		
37	adjusted Medicaid annual payments	1,868,092
38	adjusted maximum annual payments for UPL	2,078,103
39	annual facility specific UPL amount	210,011
40		
41	annual allocation of charge limit (if applicable)	116
42		
	annual UPL amount after aggregate limit	
43	adjustments	210,127
44	UPL adjustment available for SFY2013	210,127
45	SFY2013 UPL funds for 1st - 3rd quarters	157,595
46	Amount paid in April 2013 for 1st - 3rd quarters	315,017
47	Difference - amount due back to department	(104,890)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Evans Memorial Hospital	
2	base period report period beginning date	10/01/09
3	base period report period ending date	09/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	266,450
11	covered charges	1,110,324
12	outpatient Medicaid ratio of costs to charges	0.239975
13	annual cost of Medicaid covered services	266,450
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	255,179
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	77,385
19	payments	5,343
20	annual covered charges	77,385
21	annual interim payments	5,343
22	annual cost of services	18,570
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	260,522
32	Cost of services - max annual payments for UPL	285,020
33		
34	<u>adjustment factor</u>	
35	inflation	1.020655
36		
37	adjusted Medicaid annual payments	265,903
38	adjusted maximum annual payments for UPL	290,907
39	annual facility specific UPL amount	25,004
40		
41	annual allocation of charge limit (if applicable)	17
42		
	annual UPL amount after aggregate limit	
43	adjustments	25,021
44	UPL adjustment available for SFY2013	25,021
45	SFY2013 UPL funds for 1st - 3rd quarters	18,766
46	Amount paid in April 2013 for 1st - 3rd quarters	37,506
47	Difference - amount due back to department	(12,485)
	Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Floyd Medical Center	
2	base period report period beginning date		07/01/09
3	base period report period ending date		06/30/10
4			
5	adjustment factor (if period not equal to 1 year)		1.0000
6			
7	CAH status (1 = yes)		0
8			
9	<u>subject to cost settlement</u>		
10	cost of Medicaid covered services		3,639,067
11	covered charges		17,792,109
12	outpatient Medicaid ratio of costs to charges		0.204533
13	annual cost of Medicaid covered services		3,639,067
14	cost settlement rate		95.77%
15	annual Medicaid payments after cost settlement		3,485,134
16			
17	<u>subject to fixed fee payment</u>		
18	covered charges		876,566
19	payments		60,011
20	annual covered charges		876,566
21	annual interim payments		60,011
22	annual cost of services		179,287
23			
24	<u>subject to limit of inpatient rate</u>		
25	covered charges		3,238,476
26	payments		423,399
27	annual covered charges		3,238,476
28	annual interim payments		423,399
29	annual cost of services		662,375
30			
31	Medicaid annual payments		3,968,544
32	Cost of services - max annual payments for UPL		4,480,729
33			
34	<u>adjustment factor</u>		
35	inflation		1.032094
36			
37	adjusted Medicaid annual payments		4,095,910
38	adjusted maximum annual payments for UPL		4,624,533
39	annual facility specific UPL amount		528,623
40			
41	annual allocation of charge limit (if applicable)		252
42			
	annual UPL amount after aggregate limit		
43	adjustments		528,875
44	UPL adjustment available for SFY2013		528,875
45	SFY2013 UPL funds for 1st - 3rd quarters		396,656
46	Amount paid in April 2013 for 1st - 3rd quarters		792,935
47	Difference - amount due back to department		(264,060)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Grady General Hospital
2	base period report period beginning date	10/01/09
3	base period report period ending date	09/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	366,062
11	covered charges	1,115,580
12	outpatient Medicaid ratio of costs to charges	0.328136
13	annual cost of Medicaid covered services	366,062
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	350,578
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	62,260
19	payments	6,637
20	annual covered charges	62,260
21	annual interim payments	6,637
22	annual cost of services	20,430
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	357,215
32	Cost of services - max annual payments for UPL	386,492
33		
34	<u>adjustment factor</u>	
35	inflation	1.020655
36		
37	adjusted Medicaid annual payments	364,593
38	adjusted maximum annual payments for UPL	394,475
39	annual facility specific UPL amount	29,882
40		
41	annual allocation of charge limit (if applicable)	23
42		
	annual UPL amount after aggregate limit	
43	adjustments	29,905
44	UPL adjustment available for SFY2013	29,905
45	SFY2013 UPL funds for 1st - 3rd quarters	22,429
46	Amount paid in April 2013 for 1st - 3rd quarters	44,823
47	Difference - amount due back to department	(14,918)
	Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Grady Memorial Hospital
2 base period report period beginning date	01/01/10
3 base period report period ending date	12/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	11,053,102
11 covered charges	35,531,242
12 outpatient Medicaid ratio of costs to charges	0.311081
13 annual cost of Medicaid covered services	11,053,102
14 cost settlement rate	95.77%
15 annual Medicaid payments after cost settlement	10,585,556
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	1,945,550
19 payments	83,115
20 annual covered charges	1,945,550
21 annual interim payments	83,115
22 annual cost of services	605,224
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	11,218,753
26 payments	2,936,382
27 annual covered charges	11,218,753
28 annual interim payments	2,936,382
29 annual cost of services	3,489,941
30	
31 Medicaid annual payments	13,605,053
32 Cost of services - max annual payments for UPL	15,148,267
33	
34 <u>adjustment factor</u>	
35 inflation	1.022716
36	
37 adjusted Medicaid annual payments	13,914,105
38 adjusted maximum annual payments for UPL	15,492,375
39 annual facility specific UPL amount	1,578,270
40	
41 annual allocation of charge limit (if applicable)	865
42	
annual UPL amount after aggregate limit	
43 adjustments	1,579,135
44 UPL adjustment available for SFY2013	1,579,135
45 SFY2013 UPL funds for 1st - 3rd quarters	1,184,351
46 Amount paid in April 2013 for 1st - 3rd quarters	2,367,405
47 Difference - amount due back to department	(788,270)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Gwinnett Medical Center - Duluth
2	base period report period beginning date	07/01/09
3	base period report period ending date	06/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	738,091
11	covered charges	3,572,550
12	outpatient Medicaid ratio of costs to charges	0.206601
13	annual cost of Medicaid covered services	738,091
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	706,870
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	217,851
19	payments	9,200
20	annual covered charges	217,851
21	annual interim payments	9,200
22	annual cost of services	45,008
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	148,380
26	payments	25,685
27	annual covered charges	148,380
28	annual interim payments	25,685
29	annual cost of services	30,655
30		
31	Medicaid annual payments	741,755
32	Cost of services - max annual payments for UPL	813,754
33		
34	<u>adjustment factor</u>	
35	inflation	1.032094
36		
37	adjusted Medicaid annual payments	765,561
38	adjusted maximum annual payments for UPL	839,871
39	annual facility specific UPL amount	74,310
40		
41	annual allocation of charge limit (if applicable)	47
42		
	annual UPL amount after aggregate limit	
43	adjustments	74,357
44	UPL adjustment available for SFY2013	74,357
45	SFY2013 UPL funds for 1st - 3rd quarters	55,768
46	Amount paid in April 2013 for 1st - 3rd quarters	111,465
47	Difference - amount due back to department	(37,108)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Gwinnett Medical Center - Lawrenceville
2	base period report period beginning date	07/01/09
3	base period report period ending date	06/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	3,660,054
11	covered charges	14,274,960
12	outpatient Medicaid ratio of costs to charges	0.256397
13	annual cost of Medicaid covered services	3,660,054
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	3,505,234
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	655,345
19	payments	32,550
20	annual covered charges	655,345
21	annual interim payments	32,550
22	annual cost of services	168,028
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	843,962
26	payments	200,404
27	annual covered charges	843,962
28	annual interim payments	200,404
29	annual cost of services	216,389
30		
31	Medicaid annual payments	3,738,188
32	Cost of services - max annual payments for UPL	4,044,471
33		
34	<u>adjustment factor</u>	
35	inflation	1.032094
36		
37	adjusted Medicaid annual payments	3,858,161
38	adjusted maximum annual payments for UPL	4,174,274
39	annual facility specific UPL amount	316,113
40		
41	annual allocation of charge limit (if applicable)	238
42		
	annual UPL amount after aggregate limit	
43	adjustments	316,351
44	UPL adjustment available for SFY2013	316,351
45	SFY2013 UPL funds for 1st - 3rd quarters	237,263
46	Amount paid in April 2013 for 1st - 3rd quarters	474,170
47	Difference - amount due back to department	(157,819)
	Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Habersham Medical Center
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	537,310
11 covered charges	1,575,645
12 outpatient Medicaid ratio of costs to charges	0.34101
13 annual cost of Medicaid covered services	537,310
14 cost settlement rate	95.77%
15 annual Medicaid payments after cost settlement	514,582
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	146,257
19 payments	17,050
20 annual covered charges	146,257
21 annual interim payments	17,050
22 annual cost of services	49,875
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	0
26 payments	0
27 annual covered charges	0
28 annual interim payments	0
29 annual cost of services	0
30	
31 Medicaid annual payments	531,632
32 Cost of services - max annual payments for UPL	587,185
33	
34 <u>adjustment factor</u>	
35 inflation	1.032094
36	
37 adjusted Medicaid annual payments	548,694
38 adjusted maximum annual payments for UPL	606,030
39 annual facility specific UPL amount	57,336
40	
41 annual allocation of charge limit (if applicable)	34
42	
annual UPL amount after aggregate limit	
43 adjustments	57,370
44 UPL adjustment available for SFY2013	57,370
45 SFY2013 UPL funds for 1st - 3rd quarters	43,028
46 Amount paid in April 2013 for 1st - 3rd quarters	86,004
47 Difference - amount due back to department	(28,634)
Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Houston Medical Center
2	base period report period beginning date	01/01/10
3	base period report period ending date	12/31/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	2,042,417
11	covered charges	7,045,042
12	outpatient Medicaid ratio of costs to charges	0.289908
13	annual cost of Medicaid covered services	2,042,417
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	1,956,023
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	474,297
19	payments	40,443
20	annual covered charges	474,297
21	annual interim payments	40,443
22	annual cost of services	137,502
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	766,460
26	payments	204,199
27	annual covered charges	766,460
28	annual interim payments	204,199
29	annual cost of services	222,203
30		
31	Medicaid annual payments	2,200,665
32	Cost of services - max annual payments for UPL	2,402,122
33		
34	<u>adjustment factor</u>	
35	inflation	1.022716
36		
37	adjusted Medicaid annual payments	2,250,655
38	adjusted maximum annual payments for UPL	2,456,689
39	annual facility specific UPL amount	206,034
40		
41	annual allocation of charge limit (if applicable)	140
42		
	annual UPL amount after aggregate limit	
43	adjustments	206,174
44	UPL adjustment available for SFY2013	206,174
45	SFY2013 UPL funds for 1st - 3rd quarters	154,631
46	Amount paid in April 2013 for 1st - 3rd quarters	309,051
47	Difference - amount due back to department	(102,877)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Hughston Hospital Inc.
2	base period report period beginning date	07/01/09
3	base period report period ending date	06/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	32,703
11	covered charges	161,446
12	outpatient Medicaid ratio of costs to charges	0.202565
13	annual cost of Medicaid covered services	32,703
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	31,320
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	0
19	payments	0
20	annual covered charges	0
21	annual interim payments	0
22	annual cost of services	-
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	24,442
26	payments	4,756
27	annual covered charges	24,442
28	annual interim payments	4,756
29	annual cost of services	4,951
30		
31	Medicaid annual payments	36,076
32	Cost of services - max annual payments for UPL	37,654
33		
34	<u>adjustment factor</u>	
35	inflation	1.032094
36		
37	adjusted Medicaid annual payments	37,234
38	adjusted maximum annual payments for UPL	38,863
39	annual facility specific UPL amount	1,629
40		
41	annual allocation of charge limit (if applicable)	2
42		
	annual UPL amount after aggregate limit	
43	adjustments	1,631
44	UPL adjustment available for SFY2013	1,631
45	SFY2013 UPL funds for 1st - 3rd quarters	1,223
46	Amount paid in April 2013 for 1st - 3rd quarters	2,444
47	Difference - amount due back to department	(813)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Irwin County Hospital	
2	base period report period beginning date		12/01/09
3	base period report period ending date		11/30/10
4			
5	adjustment factor (if period not equal to 1 year)		1.0000
6			
7	CAH status (1 = yes)		0
8			
9	<u>subject to cost settlement</u>		
10	cost of Medicaid covered services		331,712
11	covered charges		1,356,803
12	outpatient Medicaid ratio of costs to charges		0.244481
13	annual cost of Medicaid covered services		331,712
14	cost settlement rate		95.77%
15	annual Medicaid payments after cost settlement		317,681
16			
17	<u>subject to fixed fee payment</u>		
18	covered charges		39,014
19	payments		5,226
20	annual covered charges		39,014
21	annual interim payments		5,226
22	annual cost of services		9,538
23			
24	<u>subject to limit of inpatient rate</u>		
25	covered charges		163,993
26	payments		36,713
27	annual covered charges		163,993
28	annual interim payments		36,713
29	annual cost of services		40,093
30			
31	Medicaid annual payments		359,620
32	Cost of services - max annual payments for UPL		381,343
33			
34	<u>adjustment factor</u>		
35	inflation		1.022028
36			
37	adjusted Medicaid annual payments		367,542
38	adjusted maximum annual payments for UPL		389,743
39	annual facility specific UPL amount		22,201
40			
41	annual allocation of charge limit (if applicable)		23
42			
	annual UPL amount after aggregate limit		
43	adjustments		22,224
44	UPL adjustment available for SFY2013		22,224
45	SFY2013 UPL funds for 1st - 3rd quarters		16,668
46	Amount paid in April 2013 for 1st - 3rd quarters		33,302
47	Difference - amount due back to department		(11,078)
	Overpayment will be netted against inpatient UPL and DSH		

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Jefferson Hospital	
2	base period report period beginning date		01/01/10
3	base period report period ending date		12/31/10
4			
5	adjustment factor (if period not equal to 1 year)		1.0000
6			
7	CAH status (1 = yes)		0
8			
9	<u>subject to cost settlement</u>		
10	cost of Medicaid covered services		254,851
11	covered charges		574,722
12	outpatient Medicaid ratio of costs to charges		0.443434
13	annual cost of Medicaid covered services		254,851
14	cost settlement rate		95.77%
15	annual Medicaid payments after cost settlement		244,071
16			
17	<u>subject to fixed fee payment</u>		
18	covered charges		67,916
19	payments		8,476
20	annual covered charges		67,916
21	annual interim payments		8,476
22	annual cost of services		30,116
23			
24	<u>subject to limit of inpatient rate</u>		
25	covered charges		0
26	payments		0
27	annual covered charges		0
28	annual interim payments		0
29	annual cost of services		0
30			
31	Medicaid annual payments		252,547
32	Cost of services - max annual payments for UPL		284,967
33			
34	<u>adjustment factor</u>		
35	inflation		1.022716
36			
37	adjusted Medicaid annual payments		258,284
38	adjusted maximum annual payments for UPL		291,441
39	annual facility specific UPL amount		33,157
40			
41	annual allocation of charge limit (if applicable)		16
42			
	annual UPL amount after aggregate limit		
43	adjustments		33,173
44	UPL adjustment available for SFY2013		33,173
45	SFY2013 UPL funds for 1st - 3rd quarters		24,880
46	Amount paid in April 2013 for 1st - 3rd quarters		49,736
47	Difference - amount due back to department		(16,563)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Mayo Clinic Health System in Waycross, Inc.
2 base period report period beginning date	01/01/10
3 base period report period ending date	12/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	3,652,599
11 covered charges	10,908,360
12 outpatient Medicaid ratio of costs to charges	0.334844
13 annual cost of Medicaid covered services	3,652,599
14 cost settlement rate	95.77%
15 annual Medicaid payments after cost settlement	3,498,094
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	608,012
19 payments	46,907
20 annual covered charges	608,012
21 annual interim payments	46,907
22 annual cost of services	203,589
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	644,127
26 payments	109,985
27 annual covered charges	644,127
28 annual interim payments	109,985
29 annual cost of services	215,682
30	
31 Medicaid annual payments	3,654,986
32 Cost of services - max annual payments for UPL	4,071,870
33	
34 <u>adjustment factor</u>	
35 inflation	1.022716
36	
37 adjusted Medicaid annual payments	3,738,013
38 adjusted maximum annual payments for UPL	4,164,366
39 annual facility specific UPL amount	426,353
40	
41 annual allocation of charge limit (if applicable)	232
42	
annual UPL amount after aggregate limit	
43 adjustments	426,585
44 UPL adjustment available for SFY2013	426,585
45 SFY2013 UPL funds for 1st - 3rd quarters	319,939
46 Amount paid in April 2013 for 1st - 3rd quarters	639,530
47 Difference - amount due back to department	(212,945)
Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Meadows Regional Medical Center
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	1,124,330
11 covered charges	7,133,393
12 outpatient Medicaid ratio of costs to charges	0.157615
13 annual cost of Medicaid covered services	1,124,330
14 cost settlement rate	95.77%
15 annual Medicaid payments after cost settlement	1,076,771
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	817,832
19 payments	43,450
20 annual covered charges	817,832
21 annual interim payments	43,450
22 annual cost of services	128,903
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	357,356
26 payments	50,555
27 annual covered charges	357,356
28 annual interim payments	50,555
29 annual cost of services	56,325
30	
31 Medicaid annual payments	1,170,776
32 Cost of services - max annual payments for UPL	1,309,558
33	
34 <u>adjustment factor</u>	
35 inflation	1.032094
36	
37 adjusted Medicaid annual payments	1,208,351
38 adjusted maximum annual payments for UPL	1,351,587
39 annual facility specific UPL amount	143,236
40	
41 annual allocation of charge limit (if applicable)	74
42	
annual UPL amount after aggregate limit	
43 adjustments	143,310
44 UPL adjustment available for SFY2013	143,310
45 SFY2013 UPL funds for 1st - 3rd quarters	107,483
46 Amount paid in April 2013 for 1st - 3rd quarters	214,854
47 Difference - amount due back to department	(71,544)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Medical Center of Central GA	
2	base period report period beginning date	10/01/09
3	base period report period ending date	09/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	7,174,283
11	covered charges	26,153,558
12	outpatient Medicaid ratio of costs to charges	0.274314
13	annual cost of Medicaid covered services	7,174,283
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	6,870,811
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	967,914
19	payments	47,193
20	annual covered charges	967,914
21	annual interim payments	47,193
22	annual cost of services	265,512
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	6,691,197
26	payments	1,031,160
27	annual covered charges	6,691,197
28	annual interim payments	1,031,160
29	annual cost of services	1,835,489
30		
31	Medicaid annual payments	7,949,164
32	Cost of services - max annual payments for UPL	9,275,284
33		
34	<u>adjustment factor</u>	
35	inflation	1.020655
36		
37	adjusted Medicaid annual payments	8,113,354
38	adjusted maximum annual payments for UPL	9,466,865
39	annual facility specific UPL amount	1,353,511
40		
41	annual allocation of charge limit (if applicable)	505
42		
	annual UPL amount after aggregate limit	
43	adjustments	1,354,016
44	UPL adjustment available for SFY2013	1,354,016
45	SFY2013 UPL funds for 1st - 3rd quarters	1,015,512
46	Amount paid in April 2013 for 1st - 3rd quarters	2,030,267
47	Difference - amount due back to department	(676,251)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Memorial Health Univ. Med Ctr
2 base period report period beginning date	01/01/10
3 base period report period ending date	12/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	4,679,489
11 covered charges	22,038,471
12 outpatient Medicaid ratio of costs to charges	0.212333
13 annual cost of Medicaid covered services	4,679,489
14 cost settlement rate	95.77%
15 annual Medicaid payments after cost settlement	4,481,547
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	530,768
19 payments	40,340
20 annual covered charges	530,768
21 annual interim payments	40,340
22 annual cost of services	112,700
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	5,680,545
26 payments	849,222
27 annual covered charges	5,680,545
28 annual interim payments	849,222
29 annual cost of services	1,206,167
30	
31 Medicaid annual payments	5,371,109
32 Cost of services - max annual payments for UPL	5,998,356
33	
34 <u>adjustment factor</u>	
35 inflation	1.022716
36	
37 adjusted Medicaid annual payments	5,493,119
38 adjusted maximum annual payments for UPL	6,134,615
39 annual facility specific UPL amount	641,496
40	
41 annual allocation of charge limit (if applicable)	341
42	
annual UPL amount after aggregate limit	
43 adjustments	641,837
44 UPL adjustment available for SFY2013	641,837
45 SFY2013 UPL funds for 1st - 3rd quarters	481,378
46 Amount paid in April 2013 for 1st - 3rd quarters	962,244
47 Difference - amount due back to department	(320,407)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Memorial Hospital - Bainbridge
2 base period report period beginning date	04/01/09
3 base period report period ending date	03/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	488,584
11 covered charges	1,374,395
12 outpatient Medicaid ratio of costs to charges	0.35549
13 annual cost of Medicaid covered services	488,584
14 cost settlement rate	95.77%
15 annual Medicaid payments after cost settlement	467,917
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	80,943
19 payments	11,988
20 annual covered charges	80,943
21 annual interim payments	11,988
22 annual cost of services	28,774
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	0
26 payments	0
27 annual covered charges	0
28 annual interim payments	0
29 annual cost of services	0
30	
31 Medicaid annual payments	479,905
32 Cost of services - max annual payments for UPL	517,358
33	
34 <u>adjustment factor</u>	
35 inflation	1.045408
36	
37 adjusted Medicaid annual payments	501,697
38 adjusted maximum annual payments for UPL	540,851
39 annual facility specific UPL amount	39,154
40	
41 annual allocation of charge limit (if applicable)	31
42	
annual UPL amount after aggregate limit	
43 adjustments	39,185
44 UPL adjustment available for SFY2013	39,185
45 SFY2013 UPL funds for 1st - 3rd quarters	29,389
46 Amount paid in April 2013 for 1st - 3rd quarters	58,731
47 Difference - amount due back to department	(19,546)
Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Murray Medical Center
2	base period report period beginning date	10/01/09
3	base period report period ending date	09/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	464,143
11	covered charges	1,743,267
12	outpatient Medicaid ratio of costs to charges	0.266249
13	annual cost of Medicaid covered services	464,143
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	444,509
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	168,715
19	payments	11,995
20	annual covered charges	168,715
21	annual interim payments	11,995
22	annual cost of services	44,920
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	456,504
32	Cost of services - max annual payments for UPL	509,063
33		
34	<u>adjustment factor</u>	
35	inflation	1.020655
36		
37	adjusted Medicaid annual payments	465,933
38	adjusted maximum annual payments for UPL	519,577
39	annual facility specific UPL amount	53,644
40		
41	annual allocation of charge limit (if applicable)	29
42		
	annual UPL amount after aggregate limit	
43	adjustments	53,673
44	UPL adjustment available for SFY2013	53,673
45	SFY2013 UPL funds for 1st - 3rd quarters	40,255
46	Amount paid in April 2013 for 1st - 3rd quarters	80,466
47	Difference - amount due back to department	(26,793)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Newton Medical Center
2	base period report period beginning date	01/01/10
3	base period report period ending date	12/31/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,663,237
11	covered charges	6,597,022
12	outpatient Medicaid ratio of costs to charges	0.252119
13	annual cost of Medicaid covered services	1,663,237
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	1,592,883
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	568,222
19	payments	33,485
20	annual covered charges	568,222
21	annual interim payments	33,485
22	annual cost of services	143,260
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	106,168
26	payments	22,740
27	annual covered charges	106,168
28	annual interim payments	22,740
29	annual cost of services	26,767
30		
31	Medicaid annual payments	1,649,108
32	Cost of services - max annual payments for UPL	1,833,264
33		
34	<u>adjustment factor</u>	
35	inflation	1.022716
36		
37	adjusted Medicaid annual payments	1,686,569
38	adjusted maximum annual payments for UPL	1,874,909
39	annual facility specific UPL amount	188,340
40		
41	annual allocation of charge limit (if applicable)	105
42		
	annual UPL amount after aggregate limit	
43	adjustments	188,445
44	UPL adjustment available for SFY2013	188,445
45	SFY2013 UPL funds for 1st - 3rd quarters	141,334
46	Amount paid in April 2013 for 1st - 3rd quarters	282,510
47	Difference - amount due back to department	(94,065)
	Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Northeast GA Medical Center	
2	base period report period beginning date	10/01/09
3	base period report period ending date	09/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	4,131,056
11	covered charges	18,422,738
12	outpatient Medicaid ratio of costs to charges	0.224237
13	annual cost of Medicaid covered services	4,131,056
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	3,956,312
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	826,339
19	payments	41,124
20	annual covered charges	826,339
21	annual interim payments	41,124
22	annual cost of services	185,296
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	4,921,851
26	payments	678,753
27	annual covered charges	4,921,851
28	annual interim payments	678,753
29	annual cost of services	1,103,661
30		
31	Medicaid annual payments	4,676,189
32	Cost of services - max annual payments for UPL	5,420,013
33		
34	<u>adjustment factor</u>	
35	inflation	1.020655
36		
37	adjusted Medicaid annual payments	4,772,776
38	adjusted maximum annual payments for UPL	5,531,963
39	annual facility specific UPL amount	759,187
40		
41	annual allocation of charge limit (if applicable)	297
42		
	annual UPL amount after aggregate limit	
43	adjustments	759,484
44	UPL adjustment available for SFY2013	759,484
45	SFY2013 UPL funds for 1st - 3rd quarters	569,613
46	Amount paid in April 2013 for 1st - 3rd quarters	1,138,781
47	Difference - amount due back to department	(379,297)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Northside - Cherokee	
2 base period report period beginning date		10/01/09
3 base period report period ending date		09/30/10
4		
5 adjustment factor (if period not equal to 1 year)		1.0000
6		
7 CAH status (1 = yes)		0
8		
9 <u>subject to cost settlement</u>		
10 cost of Medicaid covered services		782,962
11 covered charges		4,238,683
12 outpatient Medicaid ratio of costs to charges		0.184718
13 annual cost of Medicaid covered services		782,962
14 cost settlement rate		95.77%
15 annual Medicaid payments after cost settlement		749,843
16		
17 <u>subject to fixed fee payment</u>		
18 covered charges		423,736
19 payments		21,557
20 annual covered charges		423,736
21 annual interim payments		21,557
22 annual cost of services		78,272
23		
24 <u>subject to limit of inpatient rate</u>		
25 covered charges		1,042,219
26 payments		88,031
27 annual covered charges		1,042,219
28 annual interim payments		88,031
29 annual cost of services		192,517
30		
31 Medicaid annual payments		859,431
32 Cost of services - max annual payments for UPL		1,053,751
33		
34 <u>adjustment factor</u>		
35 inflation		1.020655
36		
37 adjusted Medicaid annual payments		877,183
38 adjusted maximum annual payments for UPL		1,075,516
39 annual facility specific UPL amount		198,333
40		
41 annual allocation of charge limit (if applicable)		55
42		
annual UPL amount after aggregate limit		
43 adjustments		198,388
44 UPL adjustment available for SFY2013		198,388
45 SFY2013 UPL funds for 1st - 3rd quarters		148,791
46 Amount paid in April 2013 for 1st - 3rd quarters		297,500
47 Difference - amount due back to department		(99,112)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Northside - Forsyth	
2	base period report period beginning date	10/01/09
3	base period report period ending date	09/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	991,332
11	covered charges	5,702,552
12	outpatient Medicaid ratio of costs to charges	0.17384
13	annual cost of Medicaid covered services	991,332
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	949,399
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	518,819
19	payments	20,868
20	annual covered charges	518,819
21	annual interim payments	20,868
22	annual cost of services	90,191
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	1,237,433
26	payments	177,892
27	annual covered charges	1,237,433
28	annual interim payments	177,892
29	annual cost of services	215,115
30		
31	Medicaid annual payments	1,148,159
32	Cost of services - max annual payments for UPL	1,296,638
33		
34	<u>adjustment factor</u>	
35	inflation	1.020655
36		
37	adjusted Medicaid annual payments	1,171,874
38	adjusted maximum annual payments for UPL	1,323,420
39	annual facility specific UPL amount	151,546
40		
41	annual allocation of charge limit (if applicable)	73
42		
	annual UPL amount after aggregate limit	
43	adjustments	151,619
44	UPL adjustment available for SFY2013	151,619
45	SFY2013 UPL funds for 1st - 3rd quarters	113,714
46	Amount paid in April 2013 for 1st - 3rd quarters	227,319
47	Difference - amount due back to department	(75,700)
	Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Northside Hospital	
2	base period report period beginning date	10/01/09
3	base period report period ending date	09/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,950,073
11	covered charges	8,762,723
12	outpatient Medicaid ratio of costs to charges	0.222542
13	annual cost of Medicaid covered services	1,950,073
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	1,867,585
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	358,452
19	payments	12,695
20	annual covered charges	358,452
21	annual interim payments	12,695
22	annual cost of services	79,771
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	1,790,826
26	payments	286,212
27	annual covered charges	1,790,826
28	annual interim payments	286,212
29	annual cost of services	398,534
30		
31	Medicaid annual payments	2,166,492
32	Cost of services - max annual payments for UPL	2,428,378
33		
34	<u>adjustment factor</u>	
35	inflation	1.020655
36		
37	adjusted Medicaid annual payments	2,211,241
38	adjusted maximum annual payments for UPL	2,478,536
39	annual facility specific UPL amount	267,295
40		
41	annual allocation of charge limit (if applicable)	138
42		
	annual UPL amount after aggregate limit	
43	adjustments	267,433
44	UPL adjustment available for SFY2013	267,433
45	SFY2013 UPL funds for 1st - 3rd quarters	200,575
46	Amount paid in April 2013 for 1st - 3rd quarters	400,943
47	Difference - amount due back to department	(133,510)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Oconee Regional Medical Center	
2	base period report period beginning date	10/01/09
3	base period report period ending date	09/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,007,361
11	covered charges	3,332,005
12	outpatient Medicaid ratio of costs to charges	0.302329
13	annual cost of Medicaid covered services	1,007,361
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	964,749
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	254,029
19	payments	25,803
20	annual covered charges	254,029
21	annual interim payments	25,803
22	annual cost of services	76,800
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	293,828
26	payments	70,370
27	annual covered charges	293,828
28	annual interim payments	70,370
29	annual cost of services	88,833
30		
31	Medicaid annual payments	1,060,922
32	Cost of services - max annual payments for UPL	1,172,994
33		
34	<u>adjustment factor</u>	
35	inflation	1.020655
36		
37	adjusted Medicaid annual payments	1,082,835
38	adjusted maximum annual payments for UPL	1,197,222
39	annual facility specific UPL amount	114,387
40		
41	annual allocation of charge limit (if applicable)	67
42		
	annual UPL amount after aggregate limit	
43	adjustments	114,454
44	UPL adjustment available for SFY2013	114,454
45	SFY2013 UPL funds for 1st - 3rd quarters	85,841
46	Amount paid in April 2013 for 1st - 3rd quarters	171,581
47	Difference - amount due back to department	(57,127)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Perry Hospital	
2	base period report period beginning date		01/01/10
3	base period report period ending date		12/31/10
4			
5	adjustment factor (if period not equal to 1 year)		1.0000
6			
7	CAH status (1 = yes)		0
8			
9	<u>subject to cost settlement</u>		
10	cost of Medicaid covered services		333,472
11	covered charges		1,201,598
12	outpatient Medicaid ratio of costs to charges		0.277524
13	annual cost of Medicaid covered services		333,472
14	cost settlement rate		95.77%
15	annual Medicaid payments after cost settlement		319,366
16			
17	<u>subject to fixed fee payment</u>		
18	covered charges		65,893
19	payments		6,828
20	annual covered charges		65,893
21	annual interim payments		6,828
22	annual cost of services		18,287
23			
24	<u>subject to limit of inpatient rate</u>		
25	covered charges		0
26	payments		0
27	annual covered charges		0
28	annual interim payments		0
29	annual cost of services		0
30			
31	Medicaid annual payments		326,194
32	Cost of services - max annual payments for UPL		351,759
33			
34	<u>adjustment factor</u>		
35	inflation		1.022716
36			
37	adjusted Medicaid annual payments		333,604
38	adjusted maximum annual payments for UPL		359,750
39	annual facility specific UPL amount		26,146
40			
41	annual allocation of charge limit (if applicable)		21
42			
	annual UPL amount after aggregate limit		
43	adjustments		26,167
44	UPL adjustment available for SFY2013		26,167
45	SFY2013 UPL funds for 1st - 3rd quarters		19,625
46	Amount paid in April 2013 for 1st - 3rd quarters		39,219
47	Difference - amount due back to department		(13,052)
	Overpayment will be netted against inpatient UPL and DSH		

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Phoebe Dorminy Medical Center
2	base period report period beginning date	08/01/09
3	base period report period ending date	07/31/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	490,778
11	covered charges	1,425,171
12	outpatient Medicaid ratio of costs to charges	0.344365
13	annual cost of Medicaid covered services	490,778
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	470,018
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	144,306
19	payments	16,359
20	annual covered charges	144,306
21	annual interim payments	16,359
22	annual cost of services	49,694
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	77,573
26	payments	12,900
27	annual covered charges	77,573
28	annual interim payments	12,900
29	annual cost of services	26,713
30		
31	Medicaid annual payments	499,277
32	Cost of services - max annual payments for UPL	567,185
33		
34	<u>adjustment factor</u>	
35	inflation	1.028252
36		
37	adjusted Medicaid annual payments	513,383
38	adjusted maximum annual payments for UPL	583,210
39	annual facility specific UPL amount	69,827
40		
41	annual allocation of charge limit (if applicable)	32
42		
	annual UPL amount after aggregate limit	
43	adjustments	69,859
44	UPL adjustment available for SFY2013	69,859
45	SFY2013 UPL funds for 1st - 3rd quarters	52,394
46	Amount paid in April 2013 for 1st - 3rd quarters	104,741
47	Difference - amount due back to department	(34,882)
	Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Phoebe Putney	
2	base period report period beginning date		08/01/09
3	base period report period ending date		07/31/10
4			
5	adjustment factor (if period not equal to 1 year)		1.0000
6			
7	CAH status (1 = yes)		0
8			
9	<u>subject to cost settlement</u>		
10	cost of Medicaid covered services		6,616,577
11	covered charges		22,795,746
12	outpatient Medicaid ratio of costs to charges		0.290255
13	annual cost of Medicaid covered services		6,616,577
14	cost settlement rate		95.77%
15	annual Medicaid payments after cost settlement		6,336,696
16			
17	<u>subject to fixed fee payment</u>		
18	covered charges		785,151
19	payments		38,102
20	annual covered charges		785,151
21	annual interim payments		38,102
22	annual cost of services		227,894
23			
24	<u>subject to limit of inpatient rate</u>		
25	covered charges		6,480,239
26	payments		879,771
27	annual covered charges		6,480,239
28	annual interim payments		879,771
29	annual cost of services		1,880,922
30			
31	Medicaid annual payments		7,254,569
32	Cost of services - max annual payments for UPL		8,725,393
33			
34	<u>adjustment factor</u>		
35	inflation		1.028252
36			
37	adjusted Medicaid annual payments		7,459,525
38	adjusted maximum annual payments for UPL		8,971,903
39	annual facility specific UPL amount		1,512,378
40			
41	annual allocation of charge limit (if applicable)		461
42			
	annual UPL amount after aggregate limit		
43	adjustments		1,512,839
44	UPL adjustment available for SFY2013		1,512,839
45	SFY2013 UPL funds for 1st - 3rd quarters		1,134,629
46	Amount paid in April 2013 for 1st - 3rd quarters		2,268,567
47	Difference - amount due back to department		(755,728)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Phoebe Sumter Medical Center, Inc.
2	base period report period beginning date	07/01/09
3	base period report period ending date	07/31/10
4		
5	adjustment factor (if period not equal to 1 year)	0.9217
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,077,708
11	covered charges	3,760,600
12	outpatient Medicaid ratio of costs to charges	0.286579
13	annual cost of Medicaid covered services	993,342
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	951,324
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	422,727
19	payments	30,388
20	annual covered charges	389,635
21	annual interim payments	28,009
22	annual cost of services	111,661
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	549,413
26	payments	101,612
27	annual covered charges	506,403
28	annual interim payments	93,658
29	annual cost of services	145,124
30		
31	Medicaid annual payments	1,072,991
32	Cost of services - max annual payments for UPL	1,250,127
33		
34	<u>adjustment factor</u>	
35	inflation	1.028252
36		
37	adjusted Medicaid annual payments	1,103,305
38	adjusted maximum annual payments for UPL	1,285,446
39	annual facility specific UPL amount	182,141
40		
41	annual allocation of charge limit (if applicable)	68
42		
	annual UPL amount after aggregate limit	
43	adjustments	182,209
44	UPL adjustment available for SFY2013	182,209
45	SFY2013 UPL funds for 1st - 3rd quarters	136,657
46	Amount paid in April 2013 for 1st - 3rd quarters	273,212
47	Difference - amount due back to department	(91,003)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	South Georgia Medical Center
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	3,259,945
11 covered charges	7,153,739
12 outpatient Medicaid ratio of costs to charges	0.455698
13 annual cost of Medicaid covered services	3,259,945
14 cost settlement rate	95.77%
15 annual Medicaid payments after cost settlement	3,122,049
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	513,271
19 payments	52,282
20 annual covered charges	513,271
21 annual interim payments	52,282
22 annual cost of services	233,897
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	3,495,954
26 payments	642,302
27 annual covered charges	3,495,954
28 annual interim payments	642,302
29 annual cost of services	1,593,099
30	
31 Medicaid annual payments	3,816,633
32 Cost of services - max annual payments for UPL	5,086,941
33	
34 <u>adjustment factor</u>	
35 inflation	1.020655
36	
37 adjusted Medicaid annual payments	3,895,466
38 adjusted maximum annual payments for UPL	5,192,012
39 annual facility specific UPL amount	1,296,546
40	
41 annual allocation of charge limit (if applicable)	243
42	
annual UPL amount after aggregate limit	
43 adjustments	1,296,789
44 UPL adjustment available for SFY2013	1,296,789
45 SFY2013 UPL funds for 1st - 3rd quarters	972,592
46 Amount paid in April 2013 for 1st - 3rd quarters	1,944,819
47 Difference - amount due back to department	(648,030)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Southeast GA Health System - Brunswick
2	base period report period beginning date	05/01/09
3	base period report period ending date	04/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,831,890
11	covered charges	6,525,159
12	outpatient Medicaid ratio of costs to charges	0.280743
13	annual cost of Medicaid covered services	1,831,890
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	1,754,401
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	384,919
19	payments	32,750
20	annual covered charges	384,919
21	annual interim payments	32,750
22	annual cost of services	108,063
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	676,586
26	payments	125,208
27	annual covered charges	676,586
28	annual interim payments	125,208
29	annual cost of services	189,947
30		
31	Medicaid annual payments	1,912,359
32	Cost of services - max annual payments for UPL	2,129,900
33		
34	<u>adjustment factor</u>	
35	inflation	1.040932
36		
37	adjusted Medicaid annual payments	1,990,636
38	adjusted maximum annual payments for UPL	2,217,081
39	annual facility specific UPL amount	226,445
40		
41	annual allocation of charge limit (if applicable)	122
42		
	annual UPL amount after aggregate limit	
43	adjustments	226,567
44	UPL adjustment available for SFY2013	226,567
45	SFY2013 UPL funds for 1st - 3rd quarters	169,925
46	Amount paid in April 2013 for 1st - 3rd quarters	339,668
47	Difference - amount due back to department	(113,101)
	Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Southeast GA Health System - Camden
2	base period report period beginning date	05/01/09
3	base period report period ending date	04/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	563,377
11	covered charges	1,518,269
12	outpatient Medicaid ratio of costs to charges	0.371065
13	annual cost of Medicaid covered services	563,377
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	539,546
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	125,467
19	payments	12,400
20	annual covered charges	125,467
21	annual interim payments	12,400
22	annual cost of services	46,556
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	33,789
26	payments	8,867
27	annual covered charges	33,789
28	annual interim payments	8,867
29	annual cost of services	12,538
30		
31	Medicaid annual payments	560,813
32	Cost of services - max annual payments for UPL	622,471
33		
34	<u>adjustment factor</u>	
35	inflation	1.040932
36		
37	adjusted Medicaid annual payments	583,768
38	adjusted maximum annual payments for UPL	647,950
39	annual facility specific UPL amount	64,182
40		
41	annual allocation of charge limit (if applicable)	36
42		
	annual UPL amount after aggregate limit	
43	adjustments	64,218
44	UPL adjustment available for SFY2013	64,218
45	SFY2013 UPL funds for 1st - 3rd quarters	48,164
46	Amount paid in April 2013 for 1st - 3rd quarters	96,273
47	Difference - amount due back to department	(32,055)
	Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Southern Regional Medical Center
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	3,275,683
11 covered charges	13,976,588
12 outpatient Medicaid ratio of costs to charges	0.234369
13 annual cost of Medicaid covered services	3,275,683
14 cost settlement rate	95.77%
15 annual Medicaid payments after cost settlement	3,137,121
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	1,152,080
19 payments	69,450
20 annual covered charges	1,152,080
21 annual interim payments	69,450
22 annual cost of services	270,012
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	2,341,305
26 payments	353,714
27 annual covered charges	2,341,305
28 annual interim payments	353,714
29 annual cost of services	548,729
30	
31 Medicaid annual payments	3,560,285
32 Cost of services - max annual payments for UPL	4,094,424
33	
34 <u>adjustment factor</u>	
35 inflation	1.032094
36	
37 adjusted Medicaid annual payments	3,674,549
38 adjusted maximum annual payments for UPL	4,225,830
39 annual facility specific UPL amount	551,281
40	
41 annual allocation of charge limit (if applicable)	226
42	
annual UPL amount after aggregate limit	
43 adjustments	551,507
44 UPL adjustment available for SFY2013	551,507
45 SFY2013 UPL funds for 1st - 3rd quarters	413,630
46 Amount paid in April 2013 for 1st - 3rd quarters	826,922
47 Difference - amount due back to department	(275,415)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Stephens County Hospital	
2	base period report period beginning date	10/01/09
3	base period report period ending date	09/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	987,434
11	covered charges	2,384,422
12	outpatient Medicaid ratio of costs to charges	0.414119
13	annual cost of Medicaid covered services	987,434
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	945,666
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	162,269
19	payments	21,006
20	annual covered charges	162,269
21	annual interim payments	21,006
22	annual cost of services	67,199
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	66,847
26	payments	23,428
27	annual covered charges	66,847
28	annual interim payments	23,428
29	annual cost of services	27,683
30		
31	Medicaid annual payments	990,100
32	Cost of services - max annual payments for UPL	1,082,316
33		
34	<u>adjustment factor</u>	
35	inflation	1.020655
36		
37	adjusted Medicaid annual payments	1,010,551
38	adjusted maximum annual payments for UPL	1,104,672
39	annual facility specific UPL amount	94,121
40		
41	annual allocation of charge limit (if applicable)	63
42		
	annual UPL amount after aggregate limit	
43	adjustments	94,184
44	UPL adjustment available for SFY2013	94,184
45	SFY2013 UPL funds for 1st - 3rd quarters	70,638
46	Amount paid in April 2013 for 1st - 3rd quarters	141,182
47	Difference - amount due back to department	(46,998)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Tanner Med Ctr - Carrollton
2	base period report period beginning date	07/01/09
3	base period report period ending date	06/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	2,786,704
11	covered charges	10,232,280
12	outpatient Medicaid ratio of costs to charges	0.272344
13	annual cost of Medicaid covered services	2,786,704
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	2,668,827
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	420,995
19	payments	31,138
20	annual covered charges	420,995
21	annual interim payments	31,138
22	annual cost of services	114,655
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	1,485,396
26	payments	262,181
27	annual covered charges	1,485,396
28	annual interim payments	262,181
29	annual cost of services	404,539
30		
31	Medicaid annual payments	2,962,146
32	Cost of services - max annual payments for UPL	3,305,898
33		
34	<u>adjustment factor</u>	
35	inflation	1.032094
36		
37	adjusted Medicaid annual payments	3,057,213
38	adjusted maximum annual payments for UPL	3,411,998
39	annual facility specific UPL amount	354,785
40		
41	annual allocation of charge limit (if applicable)	188
42		
	annual UPL amount after aggregate limit	
43	adjustments	354,973
44	UPL adjustment available for SFY2013	354,973
45	SFY2013 UPL funds for 1st - 3rd quarters	266,230
46	Amount paid in April 2013 for 1st - 3rd quarters	532,178
47	Difference - amount due back to department	(177,205)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Tanner Med Ctr - Villa Rica
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	2,122,709
11 covered charges	5,619,402
12 outpatient Medicaid ratio of costs to charges	0.377746
13 annual cost of Medicaid covered services	2,122,709
14 cost settlement rate	95.77%
15 annual Medicaid payments after cost settlement	2,032,919
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	321,574
19 payments	28,917
20 annual covered charges	321,574
21 annual interim payments	28,917
22 annual cost of services	121,473
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	153,015
26 payments	34,125
27 annual covered charges	153,015
28 annual interim payments	34,125
29 annual cost of services	57,801
30	
31 Medicaid annual payments	2,095,961
32 Cost of services - max annual payments for UPL	2,301,983
33	
34 <u>adjustment factor</u>	
35 inflation	1.032094
36	
37 adjusted Medicaid annual payments	2,163,229
38 adjusted maximum annual payments for UPL	2,375,863
39 annual facility specific UPL amount	212,634
40	
41 annual allocation of charge limit (if applicable)	133
42	
annual UPL amount after aggregate limit	
43 adjustments	212,767
44 UPL adjustment available for SFY2013	212,767
45 SFY2013 UPL funds for 1st - 3rd quarters	159,575
46 Amount paid in April 2013 for 1st - 3rd quarters	318,951
47 Difference - amount due back to department	(106,184)
Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	The Medical Center	
2	base period report period beginning date	07/01/09
3	base period report period ending date	06/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	4,637,411
11	covered charges	15,717,550
12	outpatient Medicaid ratio of costs to charges	0.295047
13	annual cost of Medicaid covered services	4,637,411
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	4,441,249
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	593,307
19	payments	36,153
20	annual covered charges	593,307
21	annual interim payments	36,153
22	annual cost of services	175,053
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	5,179,010
26	payments	930,154
27	annual covered charges	5,179,010
28	annual interim payments	930,154
29	annual cost of services	1,528,051
30		
31	Medicaid annual payments	5,407,556
32	Cost of services - max annual payments for UPL	6,340,515
33		
34	<u>adjustment factor</u>	
35	inflation	1.032094
36		
37	adjusted Medicaid annual payments	5,581,106
38	adjusted maximum annual payments for UPL	6,544,008
39	annual facility specific UPL amount	962,902
40		
41	annual allocation of charge limit (if applicable)	344
42		
	annual UPL amount after aggregate limit	
43	adjustments	963,246
44	UPL adjustment available for SFY2013	963,246
45	SFY2013 UPL funds for 1st - 3rd quarters	722,435
46	Amount paid in April 2013 for 1st - 3rd quarters	1,444,353
47	Difference - amount due back to department	(481,107)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Tift Regional Medical Center
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	1,920,057
11 covered charges	7,811,788
12 outpatient Medicaid ratio of costs to charges	0.24579
13 annual cost of Medicaid covered services	1,920,057
14 cost settlement rate	95.77%
15 annual Medicaid payments after cost settlement	1,838,838
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	587,743
19 payments	41,695
20 annual covered charges	587,743
21 annual interim payments	41,695
22 annual cost of services	144,461
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	1,904,449
26 payments	252,786
27 annual covered charges	1,904,449
28 annual interim payments	252,786
29 annual cost of services	468,095
30	
31 Medicaid annual payments	2,133,319
32 Cost of services - max annual payments for UPL	2,532,613
33	
34 <u>adjustment factor</u>	
35 inflation	1.020655
36	
37 adjusted Medicaid annual payments	2,177,383
38 adjusted maximum annual payments for UPL	2,584,924
39 annual facility specific UPL amount	407,541
40	
41 annual allocation of charge limit (if applicable)	136
42	
annual UPL amount after aggregate limit	
43 adjustments	407,677
44 UPL adjustment available for SFY2013	407,677
45 SFY2013 UPL funds for 1st - 3rd quarters	305,758
46 Amount paid in April 2013 for 1st - 3rd quarters	611,312
47 Difference - amount due back to department	(203,635)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Union General Hospital	
2	base period report period beginning date	05/01/09
3	base period report period ending date	04/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	274,273
11	covered charges	880,036
12	outpatient Medicaid ratio of costs to charges	0.311661
13	annual cost of Medicaid covered services	274,273
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	262,671
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	80,499
19	payments	9,225
20	annual covered charges	80,499
21	annual interim payments	9,225
22	annual cost of services	25,088
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	271,896
32	Cost of services - max annual payments for UPL	299,361
33		
34	<u>adjustment factor</u>	
35	inflation	1.040932
36		
37	adjusted Medicaid annual payments	283,025
38	adjusted maximum annual payments for UPL	311,615
39	annual facility specific UPL amount	28,590
40		
41	annual allocation of charge limit (if applicable)	17
42		
	annual UPL amount after aggregate limit	
43	adjustments	28,607
44	UPL adjustment available for SFY2013	28,607
45	SFY2013 UPL funds for 1st - 3rd quarters	21,455
46	Amount paid in April 2013 for 1st - 3rd quarters	42,885
47	Difference - amount due back to department	(14,278)
	Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	University Hospital	
2	base period report period beginning date	01/01/10
3	base period report period ending date	12/31/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	3,056,062
11	covered charges	9,514,694
12	outpatient Medicaid ratio of costs to charges	0.321194
13	annual cost of Medicaid covered services	3,056,062
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	2,926,790
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	325,433
19	payments	29,475
20	annual covered charges	325,433
21	annual interim payments	29,475
22	annual cost of services	104,527
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	1,245,946
26	payments	151,729
27	annual covered charges	1,245,946
28	annual interim payments	151,729
29	annual cost of services	400,190
30		
31	Medicaid annual payments	3,107,994
32	Cost of services - max annual payments for UPL	3,560,779
33		
34	<u>adjustment factor</u>	
35	inflation	1.022716
36		
37	adjusted Medicaid annual payments	3,178,595
38	adjusted maximum annual payments for UPL	3,641,665
39	annual facility specific UPL amount	463,070
40		
41	annual allocation of charge limit (if applicable)	198
42		
	annual UPL amount after aggregate limit	
43	adjustments	463,268
44	UPL adjustment available for SFY2013	463,268
45	SFY2013 UPL funds for 1st - 3rd quarters	347,451
46	Amount paid in April 2013 for 1st - 3rd quarters	694,605
47	Difference - amount due back to department	(231,337)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	University Hospital McDuffie
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	559,071
11 covered charges	1,817,380
12 outpatient Medicaid ratio of costs to charges	0.307625
13 annual cost of Medicaid covered services	559,071
14 cost settlement rate	95.77%
15 annual Medicaid payments after cost settlement	535,422
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	129,701
19 payments	9,861
20 annual covered charges	129,701
21 annual interim payments	9,861
22 annual cost of services	39,899
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	26,410
26 payments	5,090
27 annual covered charges	26,410
28 annual interim payments	5,090
29 annual cost of services	8,124
30	
31 Medicaid annual payments	550,373
32 Cost of services - max annual payments for UPL	607,094
33	
34 <u>adjustment factor</u>	
35 inflation	1.020655
36	
37 adjusted Medicaid annual payments	561,741
38 adjusted maximum annual payments for UPL	619,633
39 annual facility specific UPL amount	57,892
40	
41 annual allocation of charge limit (if applicable)	35
42	
annual UPL amount after aggregate limit	
43 adjustments	57,927
44 UPL adjustment available for SFY2013	57,927
45 SFY2013 UPL funds for 1st - 3rd quarters	43,445
46 Amount paid in April 2013 for 1st - 3rd quarters	86,838
47 Difference - amount due back to department	(28,911)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Upson Regional Medical Center
2 base period report period beginning date	01/01/10
3 base period report period ending date	12/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	1,474,053
11 covered charges	7,854,106
12 outpatient Medicaid ratio of costs to charges	0.187679
13 annual cost of Medicaid covered services	1,474,053
14 cost settlement rate	95.77%
15 annual Medicaid payments after cost settlement	1,411,700
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	640,896
19 payments	30,854
20 annual covered charges	640,896
21 annual interim payments	30,854
22 annual cost of services	120,283
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	451,141
26 payments	81,670
27 annual covered charges	451,141
28 annual interim payments	81,670
29 annual cost of services	84,670
30	
31 Medicaid annual payments	1,524,224
32 Cost of services - max annual payments for UPL	1,679,006
33	
34 <u>adjustment factor</u>	
35 inflation	1.022716
36	
37 adjusted Medicaid annual payments	1,558,848
38 adjusted maximum annual payments for UPL	1,717,146
39 annual facility specific UPL amount	158,298
40	
41 annual allocation of charge limit (if applicable)	97
42	
annual UPL amount after aggregate limit	
43 adjustments	158,395
44 UPL adjustment available for SFY2013	158,395
45 SFY2013 UPL funds for 1st - 3rd quarters	118,796
46 Amount paid in April 2013 for 1st - 3rd quarters	237,447
47 Difference - amount due back to department	(79,052)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Washington County Regional Medical Center
2 base period report period beginning date	09/01/09
3 base period report period ending date	08/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	369,351
11 covered charges	969,830
12 outpatient Medicaid ratio of costs to charges	0.380841
13 annual cost of Medicaid covered services	369,351
14 cost settlement rate	95.77%
15 annual Medicaid payments after cost settlement	353,727
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	38,188
19 payments	5,944
20 annual covered charges	38,188
21 annual interim payments	5,944
22 annual cost of services	14,544
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	41,616
26 payments	7,505
27 annual covered charges	41,616
28 annual interim payments	7,505
29 annual cost of services	15,849
30	
31 Medicaid annual payments	367,176
32 Cost of services - max annual payments for UPL	399,744
33	
34 <u>adjustment factor</u>	
35 inflation	1.02444
36	
37 adjusted Medicaid annual payments	376,150
38 adjusted maximum annual payments for UPL	409,514
39 annual facility specific UPL amount	33,364
40	
41 annual allocation of charge limit (if applicable)	23
42	
annual UPL amount after aggregate limit	
43 adjustments	33,387
44 UPL adjustment available for SFY2013	33,387
45 SFY2013 UPL funds for 1st - 3rd quarters	25,040
46 Amount paid in April 2013 for 1st - 3rd quarters	50,046
47 Difference - amount due back to department	(16,659)
Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Wayne Memorial Hospital
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	829,330
11 covered charges	3,001,362
12 outpatient Medicaid ratio of costs to charges	0.276318
13 annual cost of Medicaid covered services	829,330
14 cost settlement rate	95.77%
15 annual Medicaid payments after cost settlement	794,249
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	287,685
19 payments	28,331
20 annual covered charges	287,685
21 annual interim payments	28,331
22 annual cost of services	79,493
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	443,086
26 payments	107,603
27 annual covered charges	443,086
28 annual interim payments	107,603
29 annual cost of services	122,433
30	
31 Medicaid annual payments	930,183
32 Cost of services - max annual payments for UPL	1,031,256
33	
34 <u>adjustment factor</u>	
35 inflation	1.032094
36	
37 adjusted Medicaid annual payments	960,036
38 adjusted maximum annual payments for UPL	1,064,353
39 annual facility specific UPL amount	104,317
40	
41 annual allocation of charge limit (if applicable)	59
42	
annual UPL amount after aggregate limit	
43 adjustments	104,376
44 UPL adjustment available for SFY2013	104,376
45 SFY2013 UPL funds for 1st - 3rd quarters	78,282
46 Amount paid in April 2013 for 1st - 3rd quarters	156,476
47 Difference - amount due back to department	(52,100)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	WellStar Cobb Hospital
2	base period report period beginning date	07/01/09
3	base period report period ending date	06/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	2,824,471
11	covered charges	13,813,910
12	outpatient Medicaid ratio of costs to charges	0.204466
13	annual cost of Medicaid covered services	2,824,471
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	2,704,996
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	968,133
19	payments	60,949
20	annual covered charges	968,133
21	annual interim payments	60,949
22	annual cost of services	197,950
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	1,655,920
26	payments	198,028
27	annual covered charges	1,655,920
28	annual interim payments	198,028
29	annual cost of services	338,579
30		
31	Medicaid annual payments	2,963,973
32	Cost of services - max annual payments for UPL	3,361,000
33		
34	<u>adjustment factor</u>	
35	inflation	1.032094
36		
37	adjusted Medicaid annual payments	3,059,099
38	adjusted maximum annual payments for UPL	3,468,868
39	annual facility specific UPL amount	409,769
40		
41	annual allocation of charge limit (if applicable)	188
42		
	annual UPL amount after aggregate limit	
43	adjustments	409,957
44	UPL adjustment available for SFY2013	409,957
45	SFY2013 UPL funds for 1st - 3rd quarters	307,468
46	Amount paid in April 2013 for 1st - 3rd quarters	614,654
47	Difference - amount due back to department	(204,697)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Wellstar Douglas Hospital	
2	base period report period beginning date	07/01/09
3	base period report period ending date	06/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,215,375
11	covered charges	6,259,094
12	outpatient Medicaid ratio of costs to charges	0.194177
13	annual cost of Medicaid covered services	1,215,375
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	1,163,965
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	446,059
19	payments	35,150
20	annual covered charges	446,059
21	annual interim payments	35,150
22	annual cost of services	86,614
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	218,789
26	payments	36,793
27	annual covered charges	218,789
28	annual interim payments	36,793
29	annual cost of services	42,484
30		
31	Medicaid annual payments	1,235,908
32	Cost of services - max annual payments for UPL	1,344,473
33		
34	<u>adjustment factor</u>	
35	inflation	1.032094
36		
37	adjusted Medicaid annual payments	1,275,573
38	adjusted maximum annual payments for UPL	1,387,623
39	annual facility specific UPL amount	112,050
40		
41	annual allocation of charge limit (if applicable)	79
42		
	annual UPL amount after aggregate limit	
43	adjustments	112,129
44	UPL adjustment available for SFY2013	112,129
45	SFY2013 UPL funds for 1st - 3rd quarters	84,097
46	Amount paid in April 2013 for 1st - 3rd quarters	168,075
47	Difference - amount due back to department	(55,946)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	WellStar Kennestone Hospital
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	3,035,776
11 covered charges	16,506,177
12 outpatient Medicaid ratio of costs to charges	0.183918
13 annual cost of Medicaid covered services	3,035,776
14 cost settlement rate	95.77%
15 annual Medicaid payments after cost settlement	2,907,363
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	541,811
19 payments	27,384
20 annual covered charges	541,811
21 annual interim payments	27,384
22 annual cost of services	99,649
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	4,172,601
26 payments	433,762
27 annual covered charges	4,172,601
28 annual interim payments	433,762
29 annual cost of services	767,416
30	
31 Medicaid annual payments	3,368,509
32 Cost of services - max annual payments for UPL	3,902,841
33	
34 <u>adjustment factor</u>	
35 inflation	1.032094
36	
37 adjusted Medicaid annual payments	3,476,618
38 adjusted maximum annual payments for UPL	4,028,099
39 annual facility specific UPL amount	551,481
40	
41 annual allocation of charge limit (if applicable)	214
42	
annual UPL amount after aggregate limit	
43 adjustments	551,695
44 UPL adjustment available for SFY2013	551,695
45 SFY2013 UPL funds for 1st - 3rd quarters	413,771
46 Amount paid in April 2013 for 1st - 3rd quarters	827,222
47 Difference - amount due back to department	(275,527)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	WellStar Paulding Hospital
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	641,737
11 covered charges	3,556,853
12 outpatient Medicaid ratio of costs to charges	0.180423
13 annual cost of Medicaid covered services	641,737
14 cost settlement rate	95.77%
15 annual Medicaid payments after cost settlement	614,592
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	324,145
19 payments	25,184
20 annual covered charges	324,145
21 annual interim payments	25,184
22 annual cost of services	58,483
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	31,019
26 payments	4,661
27 annual covered charges	31,019
28 annual interim payments	4,661
29 annual cost of services	5,597
30	
31 Medicaid annual payments	644,437
32 Cost of services - max annual payments for UPL	705,817
33	
34 <u>adjustment factor</u>	
35 inflation	1.032094
36	
37 adjusted Medicaid annual payments	665,120
38 adjusted maximum annual payments for UPL	728,470
39 annual facility specific UPL amount	63,350
40	
41 annual allocation of charge limit (if applicable)	41
42	
annual UPL amount after aggregate limit	
43 adjustments	63,391
44 UPL adjustment available for SFY2013	63,391
45 SFY2013 UPL funds for 1st - 3rd quarters	47,543
46 Amount paid in April 2013 for 1st - 3rd quarters	95,025
47 Difference - amount due back to department	(31,634)
Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	WellStar Windy Hill Hospital
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	251,290
11 covered charges	720,447
12 outpatient Medicaid ratio of costs to charges	0.348797
13 annual cost of Medicaid covered services	251,290
14 cost settlement rate	95.77%
15 annual Medicaid payments after cost settlement	240,660
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	0
19 payments	0
20 annual covered charges	0
21 annual interim payments	0
22 annual cost of services	-
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	305,002
26 payments	65,229
27 annual covered charges	305,002
28 annual interim payments	65,229
29 annual cost of services	106,384
30	
31 Medicaid annual payments	305,889
32 Cost of services - max annual payments for UPL	357,674
33	
34 <u>adjustment factor</u>	
35 inflation	1.032094
36	
37 adjusted Medicaid annual payments	315,706
38 adjusted maximum annual payments for UPL	369,153
39 annual facility specific UPL amount	53,447
40	
41 annual allocation of charge limit (if applicable)	19
42	
annual UPL amount after aggregate limit	
43 adjustments	53,466
44 UPL adjustment available for SFY2013	53,466
45 SFY2013 UPL funds for 1st - 3rd quarters	40,100
46 Amount paid in April 2013 for 1st - 3rd quarters	80,171
47 Difference - amount due back to department	(26,705)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Piedmont Henry Hospital	
2	base period report period beginning date	07/01/09
3	base period report period ending date	06/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,152,116
11	covered charges	5,808,688
12	outpatient Medicaid ratio of costs to charges	0.198344
13	annual cost of Medicaid covered services	1,152,116
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	1,103,381
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	572,118
19	payments	35,000
20	annual covered charges	572,118
21	annual interim payments	35,000
22	annual cost of services	113,476
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	722,137
26	payments	48,823
27	annual covered charges	722,137
28	annual interim payments	48,823
29	annual cost of services	143,232
30		
31	Medicaid annual payments	1,187,204
32	Cost of services - max annual payments for UPL	1,408,824
33		
34	<u>adjustment factor</u>	
35	inflation	1.032094
36		
37	adjusted Medicaid annual payments	1,225,306
38	adjusted maximum annual payments for UPL	1,454,038
39	annual facility specific UPL amount	228,732
40		
41	annual allocation of charge limit (if applicable)	75
42		
	annual UPL amount after aggregate limit	
43	adjustments	228,807
44	UPL adjustment available for SFY2013	228,807
45	SFY2013 UPL funds for 1st - 3rd quarters	171,605
46	Amount paid in April 2013 for 1st - 3rd quarters	343,098
47	Difference - amount due back to department	(114,291)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	West Georgia Health Systems, Inc.
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	0
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	1,329,741
11 covered charges	5,897,259
12 outpatient Medicaid ratio of costs to charges	0.225485
13 annual cost of Medicaid covered services	1,329,741
14 cost settlement rate	95.77%
15 annual Medicaid payments after cost settlement	1,273,493
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	466,944
19 payments	47,175
20 annual covered charges	466,944
21 annual interim payments	47,175
22 annual cost of services	105,289
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	362,664
26 payments	67,159
27 annual covered charges	362,664
28 annual interim payments	67,159
29 annual cost of services	81,775
30	
31 Medicaid annual payments	1,387,827
32 Cost of services - max annual payments for UPL	1,516,805
33	
34 <u>adjustment factor</u>	
35 inflation	1.020655
36	
37 adjusted Medicaid annual payments	1,416,493
38 adjusted maximum annual payments for UPL	1,548,135
39 annual facility specific UPL amount	131,642
40	
41 annual allocation of charge limit (if applicable)	88
42	
annual UPL amount after aggregate limit	
43 adjustments	131,730
44 UPL adjustment available for SFY2013	131,730
45 SFY2013 UPL funds for 1st - 3rd quarters	98,798
46 Amount paid in April 2013 for 1st - 3rd quarters	197,463
47 Difference - amount due back to department	(65,733)
Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Bacon County Hospital
2	base period report period beginning date	07/01/09
3	base period report period ending date	06/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	302,520
11	covered charges	860,507
12	outpatient Medicaid ratio of costs to charges	0.351561
13	annual cost of Medicaid covered services	302,520
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	302,520
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	196,539
19	payments	15,926
20	annual covered charges	196,539
21	annual interim payments	15,926
22	annual cost of services	69,095
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	18,443
26	payments	4,477
27	annual covered charges	18,443
28	annual interim payments	4,477
29	annual cost of services	6,484
30		
31	Medicaid annual payments	322,923
32	Cost of services - max annual payments for UPL	378,099
33		
34	<u>adjustment factor</u>	
35	inflation	1.032094
36		
37	adjusted Medicaid annual payments	333,287
38	adjusted maximum annual payments for UPL	390,234
39	annual facility specific UPL amount	56,947
40		
41	annual allocation of charge limit (if applicable)	21
42		
	annual UPL amount after aggregate limit	
43	adjustments	56,968
44	UPL adjustment available for SFY2013	56,968
45	SFY2013 UPL funds for 1st - 3rd quarters	42,726
46	Amount paid in April 2013 for 1st - 3rd quarters	85,421
47	Difference - amount due back to department	(28,453)
	Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Bleckley Memorial Hospital
2 base period report period beginning date	04/01/09
3 base period report period ending date	03/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	171,354
11 covered charges	166,164
12 outpatient Medicaid ratio of costs to charges	1.031233
13 annual cost of Medicaid covered services	171,354
14 cost settlement rate	100.00%
15 annual Medicaid payments after cost settlement	171,354
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	47,406
19 payments	7,460
20 annual covered charges	47,406
21 annual interim payments	7,460
22 annual cost of services	48,887
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	0
26 payments	0
27 annual covered charges	0
28 annual interim payments	0
29 annual cost of services	0
30	
31 Medicaid annual payments	178,814
32 Cost of services - max annual payments for UPL	220,241
33	
34 <u>adjustment factor</u>	
35 inflation	1.045408
36	
37 adjusted Medicaid annual payments	186,934
38 adjusted maximum annual payments for UPL	230,242
39 annual facility specific UPL amount	43,308
40	
41 annual allocation of charge limit (if applicable)	(8,552)
42	
annual UPL amount after aggregate limit	
43 adjustments	34,756
44 UPL adjustment available for SFY2013	34,756
45 SFY2013 UPL funds for 1st - 3rd quarters	26,067
46 Amount paid in April 2013 for 1st - 3rd quarters	64,962
47 Difference - amount due back to department	(30,206)
Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Brooks County Hospital
2	base period report period beginning date	10/01/09
3	base period report period ending date	09/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	226,718
11	covered charges	683,766
12	outpatient Medicaid ratio of costs to charges	0.331572
13	annual cost of Medicaid covered services	226,718
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	226,718
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	33,654
19	payments	3,880
20	annual covered charges	33,654
21	annual interim payments	3,880
22	annual cost of services	11,159
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	230,598
32	Cost of services - max annual payments for UPL	237,877
33		
34	<u>adjustment factor</u>	
35	inflation	1.020655
36		
37	adjusted Medicaid annual payments	235,361
38	adjusted maximum annual payments for UPL	242,790
39	annual facility specific UPL amount	7,429
40		
41	annual allocation of charge limit (if applicable)	15
42		
	annual UPL amount after aggregate limit	
43	adjustments	7,444
44	UPL adjustment available for SFY2013	7,444
45	SFY2013 UPL funds for 1st - 3rd quarters	5,583
46	Amount paid in April 2013 for 1st - 3rd quarters	11,144
47	Difference - amount due back to department	(3,700)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Calhoun Memorial Hospital	
2	base period report period beginning date	04/01/09
3	base period report period ending date	03/31/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	119,895
11	covered charges	194,578
12	outpatient Medicaid ratio of costs to charges	0.616179
13	annual cost of Medicaid covered services	119,895
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	119,895
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	18,366
19	payments	3,499
20	annual covered charges	18,366
21	annual interim payments	3,499
22	annual cost of services	11,317
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	7,338
26	payments	4,283
27	annual covered charges	7,338
28	annual interim payments	4,283
29	annual cost of services	4,522
30		
31	Medicaid annual payments	127,677
32	Cost of services - max annual payments for UPL	135,734
33		
34	<u>adjustment factor</u>	
35	inflation	1.045408
36		
37	adjusted Medicaid annual payments	133,475
38	adjusted maximum annual payments for UPL	141,897
39	annual facility specific UPL amount	8,422
40		
41	annual allocation of charge limit (if applicable)	8
42		
	annual UPL amount after aggregate limit	
43	adjustments	8,430
44	UPL adjustment available for SFY2013	8,430
45	SFY2013 UPL funds for 1st - 3rd quarters	4,215
46	Amount paid in April 2013 for 1st - 3rd quarters	8,422
47	Difference - amount due back to department	(4,207)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Candler County Hospital
2 base period report period beginning date	01/01/10
3 base period report period ending date	12/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	284,992
11 covered charges	579,305
12 outpatient Medicaid ratio of costs to charges	0.491955
13 annual cost of Medicaid covered services	284,992
14 cost settlement rate	100.00%
15 annual Medicaid payments after cost settlement	284,992
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	45,938
19 payments	8,600
20 annual covered charges	45,938
21 annual interim payments	8,600
22 annual cost of services	22,599
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	75,529
26 payments	31,316
27 annual covered charges	75,529
28 annual interim payments	31,316
29 annual cost of services	37,157
30	
31 Medicaid annual payments	324,908
32 Cost of services - max annual payments for UPL	344,748
33	
34 <u>adjustment factor</u>	
35 inflation	1.022716
36	
37 adjusted Medicaid annual payments	332,289
38 adjusted maximum annual payments for UPL	352,579
39 annual facility specific UPL amount	20,290
40	
41 annual allocation of charge limit (if applicable)	21
42	
annual UPL amount after aggregate limit	
43 adjustments	20,311
44 UPL adjustment available for SFY2013	20,311
45 SFY2013 UPL funds for 1st - 3rd quarters	15,233
46 Amount paid in April 2013 for 1st - 3rd quarters	30,435
47 Difference - amount due back to department	(10,124)
Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Charlton Memorial Hospital
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	154,459
11 covered charges	301,696
12 outpatient Medicaid ratio of costs to charges	0.511968
13 annual cost of Medicaid covered services	154,459
14 cost settlement rate	100.00%
15 annual Medicaid payments after cost settlement	154,459
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	36,540
19 payments	4,900
20 annual covered charges	36,540
21 annual interim payments	4,900
22 annual cost of services	18,707
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	0
26 payments	0
27 annual covered charges	0
28 annual interim payments	0
29 annual cost of services	0
30	
31 Medicaid annual payments	159,359
32 Cost of services - max annual payments for UPL	173,166
33	
34 <u>adjustment factor</u>	
35 inflation	1.032094
36	
37 adjusted Medicaid annual payments	164,473
38 adjusted maximum annual payments for UPL	178,723
39 annual facility specific UPL amount	14,250
40	
41 annual allocation of charge limit (if applicable)	10
42	
annual UPL amount after aggregate limit	
43 adjustments	14,260
44 UPL adjustment available for SFY2013	14,260
45 SFY2013 UPL funds for 1st - 3rd quarters	10,695
46 Amount paid in April 2013 for 1st - 3rd quarters	21,375
47 Difference - amount due back to department	(7,115)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Chatuge Regional Hospital	
2	base period report period beginning date	05/01/09
3	base period report period ending date	04/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	82,607
11	covered charges	220,887
12	outpatient Medicaid ratio of costs to charges	0.373979
13	annual cost of Medicaid covered services	82,607
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	82,607
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	19,666
19	payments	2,450
20	annual covered charges	19,666
21	annual interim payments	2,450
22	annual cost of services	7,355
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	85,057
32	Cost of services - max annual payments for UPL	89,962
33		
34	<u>adjustment factor</u>	
35	inflation	1.040932
36		
37	adjusted Medicaid annual payments	88,539
38	adjusted maximum annual payments for UPL	93,644
39	annual facility specific UPL amount	5,105
40		
41	annual allocation of charge limit (if applicable)	5
42		
	annual UPL amount after aggregate limit	
43	adjustments	5,110
44	UPL adjustment available for SFY2013	5,110
45	SFY2013 UPL funds for 1st - 3rd quarters	3,833
46	Amount paid in April 2013 for 1st - 3rd quarters	7,658
47	Difference - amount due back to department	(2,548)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Clinch Memorial Hospital	
2	base period report period beginning date	07/01/09
3	base period report period ending date	06/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	219,575
11	covered charges	312,853
12	outpatient Medicaid ratio of costs to charges	0.701848
13	annual cost of Medicaid covered services	219,575
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	219,575
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	18,058
19	payments	1,700
20	annual covered charges	18,058
21	annual interim payments	1,700
22	annual cost of services	12,674
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	32,614
26	payments	16,966
27	annual covered charges	32,614
28	annual interim payments	16,966
29	annual cost of services	22,890
30		
31	Medicaid annual payments	238,241
32	Cost of services - max annual payments for UPL	255,139
33		
34	<u>adjustment factor</u>	
35	inflation	1.032094
36		
37	adjusted Medicaid annual payments	245,887
38	adjusted maximum annual payments for UPL	263,328
39	annual facility specific UPL amount	17,441
40		
41	annual allocation of charge limit (if applicable)	15
42		
	annual UPL amount after aggregate limit	
43	adjustments	17,456
44	UPL adjustment available for SFY2013	17,456
45	SFY2013 UPL funds for 1st - 3rd quarters	13,092
46	Amount paid in April 2013 for 1st - 3rd quarters	26,162
47	Difference - amount due back to department	(8,706)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Effingham Hospital	
2	base period report period beginning date		07/01/09
3	base period report period ending date		06/30/10
4			
5	adjustment factor (if period not equal to 1 year)		1.0000
6			
7	CAH status (1 = yes)		1
8			
9	<u>subject to cost settlement</u>		
10	cost of Medicaid covered services		249,816
11	covered charges		619,456
12	outpatient Medicaid ratio of costs to charges		0.403283
13	annual cost of Medicaid covered services		249,816
14	cost settlement rate		100.00%
15	annual Medicaid payments after cost settlement		249,816
16			
17	<u>subject to fixed fee payment</u>		
18	covered charges		94,602
19	payments		5,900
20	annual covered charges		94,602
21	annual interim payments		5,900
22	annual cost of services		38,151
23			
24	<u>subject to limit of inpatient rate</u>		
25	covered charges		0
26	payments		0
27	annual covered charges		0
28	annual interim payments		0
29	annual cost of services		0
30			
31	Medicaid annual payments		255,716
32	Cost of services - max annual payments for UPL		287,967
33			
34	<u>adjustment factor</u>		
35	inflation		1.032094
36			
37	adjusted Medicaid annual payments		263,923
38	adjusted maximum annual payments for UPL		297,209
39	annual facility specific UPL amount		33,286
40			
41	annual allocation of charge limit (if applicable)		16
42			
	annual UPL amount after aggregate limit		
43	adjustments		33,302
44	UPL adjustment available for SFY2013		33,302
45	SFY2013 UPL funds for 1st - 3rd quarters		24,977
46	Amount paid in April 2013 for 1st - 3rd quarters		49,929
47	Difference - amount due back to department		(16,627)
	Overpayment will be netted against inpatient UPL and DSH		

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Higgins General Hospital
2	base period report period beginning date	07/01/09
3	base period report period ending date	06/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	879,823
11	covered charges	3,046,132
12	outpatient Medicaid ratio of costs to charges	0.288833
13	annual cost of Medicaid covered services	879,823
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	879,823
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	172,818
19	payments	14,946
20	annual covered charges	172,818
21	annual interim payments	14,946
22	annual cost of services	49,916
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	63,120
26	payments	18,605
27	annual covered charges	63,120
28	annual interim payments	18,605
29	annual cost of services	18,231
30		
31	Medicaid annual payments	913,374
32	Cost of services - max annual payments for UPL	947,970
33		
34	<u>adjustment factor</u>	
35	inflation	1.032094
36		
37	adjusted Medicaid annual payments	942,688
38	adjusted maximum annual payments for UPL	978,394
39	annual facility specific UPL amount	35,706
40		
41	annual allocation of charge limit (if applicable)	58
42		
	annual UPL amount after aggregate limit	
43	adjustments	35,764
44	UPL adjustment available for SFY2013	35,764
45	SFY2013 UPL funds for 1st - 3rd quarters	26,823
46	Amount paid in April 2013 for 1st - 3rd quarters	53,559
47	Difference - amount due back to department	(17,795)
	Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Jasper Memorial Hospital	
2	base period report period beginning date	10/01/09
3	base period report period ending date	09/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	136,045
11	covered charges	167,812
12	outpatient Medicaid ratio of costs to charges	0.810698
13	annual cost of Medicaid covered services	136,045
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	136,045
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	25,845
19	payments	4,776
20	annual covered charges	25,845
21	annual interim payments	4,776
22	annual cost of services	20,952
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	140,821
32	Cost of services - max annual payments for UPL	156,997
33		
34	<u>adjustment factor</u>	
35	inflation	1.020655
36		
37	adjusted Medicaid annual payments	143,730
38	adjusted maximum annual payments for UPL	160,239
39	annual facility specific UPL amount	16,509
40		
41	annual allocation of charge limit (if applicable)	9
42		
	annual UPL amount after aggregate limit	
43	adjustments	16,518
44	UPL adjustment available for SFY2013	16,518
45	SFY2013 UPL funds for 1st - 3rd quarters	12,389
46	Amount paid in April 2013 for 1st - 3rd quarters	24,764
47	Difference - amount due back to department	(8,246)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Jeff Davis Hospital	
2	base period report period beginning date		10/01/09
3	base period report period ending date		09/30/10
4			
5	adjustment factor (if period not equal to 1 year)		1.0000
6			
7	CAH status (1 = yes)		1
8			
9	<u>subject to cost settlement</u>		
10	cost of Medicaid covered services		273,115
11	covered charges		804,605
12	outpatient Medicaid ratio of costs to charges		0.33944
13	annual cost of Medicaid covered services		273,115
14	cost settlement rate		100.00%
15	annual Medicaid payments after cost settlement		273,115
16			
17	<u>subject to fixed fee payment</u>		
18	covered charges		93,012
19	payments		8,400
20	annual covered charges		93,012
21	annual interim payments		8,400
22	annual cost of services		31,572
23			
24	<u>subject to limit of inpatient rate</u>		
25	covered charges		10,009
26	payments		4,456
27	annual covered charges		10,009
28	annual interim payments		4,456
29	annual cost of services		3,397
30			
31	Medicaid annual payments		285,971
32	Cost of services - max annual payments for UPL		308,084
33			
34	<u>adjustment factor</u>		
35	inflation		1.020655
36			
37	adjusted Medicaid annual payments		291,878
38	adjusted maximum annual payments for UPL		314,448
39	annual facility specific UPL amount		22,570
40			
41	annual allocation of charge limit (if applicable)		18
42			
	annual UPL amount after aggregate limit		
43	adjustments		22,588
44	UPL adjustment available for SFY2013		22,588
45	SFY2013 UPL funds for 1st - 3rd quarters		16,941
46	Amount paid in April 2013 for 1st - 3rd quarters		33,855
47	Difference - amount due back to department		(11,267)
	Overpayment will be netted against inpatient UPL and DSH		

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Liberty Regional Medical Center
2 base period report period beginning date	12/01/09
3 base period report period ending date	11/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	523,321
11 covered charges	2,038,686
12 outpatient Medicaid ratio of costs to charges	0.256695
13 annual cost of Medicaid covered services	523,321
14 cost settlement rate	100.00%
15 annual Medicaid payments after cost settlement	523,321
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	342,190
19 payments	23,781
20 annual covered charges	342,190
21 annual interim payments	23,781
22 annual cost of services	87,838
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	19,425
26 payments	4,556
27 annual covered charges	19,425
28 annual interim payments	4,556
29 annual cost of services	4,986
30	
31 Medicaid annual payments	551,658
32 Cost of services - max annual payments for UPL	616,145
33	
34 <u>adjustment factor</u>	
35 inflation	1.022028
36	
37 adjusted Medicaid annual payments	563,810
38 adjusted maximum annual payments for UPL	629,717
39 annual facility specific UPL amount	65,907
40	
41 annual allocation of charge limit (if applicable)	35
42	
annual UPL amount after aggregate limit	
43 adjustments	65,942
44 UPL adjustment available for SFY2013	65,942
45 SFY2013 UPL funds for 1st - 3rd quarters	49,457
46 Amount paid in April 2013 for 1st - 3rd quarters	98,861
47 Difference - amount due back to department	(32,919)
Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Louis Smith Memorial Hospital
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	207,279
11 covered charges	430,303
12 outpatient Medicaid ratio of costs to charges	0.481706
13 annual cost of Medicaid covered services	207,279
14 cost settlement rate	100.00%
15 annual Medicaid payments after cost settlement	207,279
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	58,485
19 payments	6,682
20 annual covered charges	58,485
21 annual interim payments	6,682
22 annual cost of services	28,173
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	501,915
26 payments	78,971
27 annual covered charges	501,915
28 annual interim payments	78,971
29 annual cost of services	241,775
30	
31 Medicaid annual payments	292,932
32 Cost of services - max annual payments for UPL	477,227
33	
34 <u>adjustment factor</u>	
35 inflation	1.020655
36	
37 adjusted Medicaid annual payments	298,983
38 adjusted maximum annual payments for UPL	487,084
39 annual facility specific UPL amount	188,101
40	
41 annual allocation of charge limit (if applicable)	19
42	
annual UPL amount after aggregate limit	
43 adjustments	188,120
44 UPL adjustment available for SFY2013	188,120
45 SFY2013 UPL funds for 1st - 3rd quarters	141,090
46 Amount paid in April 2013 for 1st - 3rd quarters	282,152
47 Difference - amount due back to department	(94,032)
Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Miller County Hospital	
2	base period report period beginning date	07/01/09
3	base period report period ending date	06/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	314,617
11	covered charges	777,442
12	outpatient Medicaid ratio of costs to charges	0.404683
13	annual cost of Medicaid covered services	314,617
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	314,617
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	58,141
19	payments	5,551
20	annual covered charges	58,141
21	annual interim payments	5,551
22	annual cost of services	23,529
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	44,281
26	payments	17,233
27	annual covered charges	44,281
28	annual interim payments	17,233
29	annual cost of services	17,920
30		
31	Medicaid annual payments	337,401
32	Cost of services - max annual payments for UPL	356,066
33		
34	<u>adjustment factor</u>	
35	inflation	1.032094
36		
37	adjusted Medicaid annual payments	348,230
38	adjusted maximum annual payments for UPL	367,494
39	annual facility specific UPL amount	19,264
40		
41	annual allocation of charge limit (if applicable)	21
42		
	annual UPL amount after aggregate limit	
43	adjustments	19,285
44	UPL adjustment available for SFY2013	19,285
45	SFY2013 UPL funds for 1st - 3rd quarters	14,464
46	Amount paid in April 2013 for 1st - 3rd quarters	28,896
47	Difference - amount due back to department	(9,611)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Mitchell County Hospital
2	base period report period beginning date	10/01/09
3	base period report period ending date	09/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	453,740
11	covered charges	1,440,825
12	outpatient Medicaid ratio of costs to charges	0.314917
13	annual cost of Medicaid covered services	453,740
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	453,740
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	65,287
19	payments	6,520
20	annual covered charges	65,287
21	annual interim payments	6,520
22	annual cost of services	20,560
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	460,260
32	Cost of services - max annual payments for UPL	474,300
33		
34	<u>adjustment factor</u>	
35	inflation	1.020655
36		
37	adjusted Medicaid annual payments	469,767
38	adjusted maximum annual payments for UPL	484,097
39	annual facility specific UPL amount	14,330
40		
41	annual allocation of charge limit (if applicable)	29
42		
	annual UPL amount after aggregate limit	
43	adjustments	14,359
44	UPL adjustment available for SFY2013	14,359
45	SFY2013 UPL funds for 1st - 3rd quarters	10,769
46	Amount paid in April 2013 for 1st - 3rd quarters	21,495
47	Difference - amount due back to department	(7,136)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Monroe County Hospital
2	base period report period beginning date	10/01/09
3	base period report period ending date	09/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	170,762
11	covered charges	448,183
12	outpatient Medicaid ratio of costs to charges	0.38101
13	annual cost of Medicaid covered services	170,762
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	170,762
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	60,895
19	payments	9,693
20	annual covered charges	60,895
21	annual interim payments	9,693
22	annual cost of services	23,202
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	13,674
26	payments	4,383
27	annual covered charges	13,674
28	annual interim payments	4,383
29	annual cost of services	5,210
30		
31	Medicaid annual payments	184,838
32	Cost of services - max annual payments for UPL	199,174
33		
34	<u>adjustment factor</u>	
35	inflation	1.020655
36		
37	adjusted Medicaid annual payments	188,656
38	adjusted maximum annual payments for UPL	203,288
39	annual facility specific UPL amount	14,632
40		
41	annual allocation of charge limit (if applicable)	12
42		
	annual UPL amount after aggregate limit	
43	adjustments	14,644
44	UPL adjustment available for SFY2013	14,644
45	SFY2013 UPL funds for 1st - 3rd quarters	10,983
46	Amount paid in April 2013 for 1st - 3rd quarters	21,948
47	Difference - amount due back to department	(7,304)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Morgan Memorial Hospital
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	198,229
11 covered charges	355,594
12 outpatient Medicaid ratio of costs to charges	0.55746
13 annual cost of Medicaid covered services	198,229
14 cost settlement rate	100.00%
15 annual Medicaid payments after cost settlement	198,229
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	26,891
19 payments	3,650
20 annual covered charges	26,891
21 annual interim payments	3,650
22 annual cost of services	14,991
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	0
26 payments	0
27 annual covered charges	0
28 annual interim payments	0
29 annual cost of services	0
30	
31 Medicaid annual payments	201,879
32 Cost of services - max annual payments for UPL	213,220
33	
34 <u>adjustment factor</u>	
35 inflation	1.032094
36	
37 adjusted Medicaid annual payments	208,358
38 adjusted maximum annual payments for UPL	220,063
39 annual facility specific UPL amount	11,705
40	
41 annual allocation of charge limit (if applicable)	13
42	
annual UPL amount after aggregate limit	
43 adjustments	11,718
44 UPL adjustment available for SFY2013	11,718
45 SFY2013 UPL funds for 1st - 3rd quarters	8,789
46 Amount paid in April 2013 for 1st - 3rd quarters	17,558
47 Difference - amount due back to department	(5,840)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Optim Medical Center-Jenkins
2	base period report period beginning date	07/01/09
3	base period report period ending date	06/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	115,567
11	covered charges	196,335
12	outpatient Medicaid ratio of costs to charges	0.588624
13	annual cost of Medicaid covered services	115,567
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	115,567
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	33,416
19	payments	8,050
20	annual covered charges	33,416
21	annual interim payments	8,050
22	annual cost of services	19,669
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	123,617
32	Cost of services - max annual payments for UPL	135,236
33		
34	<u>adjustment factor</u>	
35	inflation	1.032094
36		
37	adjusted Medicaid annual payments	127,584
38	adjusted maximum annual payments for UPL	139,577
39	annual facility specific UPL amount	11,993
40		
41	annual allocation of charge limit (if applicable)	0
42		
	annual UPL amount after aggregate limit	
43	adjustments	11,993
44	UPL adjustment available for SFY2013	11,993
45	SFY2013 UPL funds for 1st - 3rd quarters	8,995
46	Amount paid in April 2013 for 1st - 3rd quarters	17,990
47	Difference - amount due back to department	(5,997)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Peach Regional Medical Center
2 base period report period beginning date	11/01/09
3 base period report period ending date	10/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	430,301
11 covered charges	1,096,592
12 outpatient Medicaid ratio of costs to charges	0.392398
13 annual cost of Medicaid covered services	430,301
14 cost settlement rate	100.00%
15 annual Medicaid payments after cost settlement	430,301
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	105,665
19 payments	19,025
20 annual covered charges	105,665
21 annual interim payments	19,025
22 annual cost of services	41,463
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	0
26 payments	0
27 annual covered charges	0
28 annual interim payments	0
29 annual cost of services	0
30	
31 Medicaid annual payments	449,326
32 Cost of services - max annual payments for UPL	471,764
33	
34 <u>adjustment factor</u>	
35 inflation	1.021341
36	
37 adjusted Medicaid annual payments	458,915
38 adjusted maximum annual payments for UPL	481,832
39 annual facility specific UPL amount	22,917
40	
41 annual allocation of charge limit (if applicable)	29
42	
annual UPL amount after aggregate limit	
43 adjustments	22,946
44 UPL adjustment available for SFY2013	22,946
45 SFY2013 UPL funds for 1st - 3rd quarters	17,210
46 Amount paid in April 2013 for 1st - 3rd quarters	34,376
47 Difference - amount due back to department	(11,430)
Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Pioneer Community Hospital of Early
2	base period report period beginning date	10/01/09
3	base period report period ending date	09/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	296,548
11	covered charges	711,197
12	outpatient Medicaid ratio of costs to charges	0.416971
13	annual cost of Medicaid covered services	296,548
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	296,548
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	49,035
19	payments	6,020
20	annual covered charges	49,035
21	annual interim payments	6,020
22	annual cost of services	20,446
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	10,660
26	payments	4,358
27	annual covered charges	10,660
28	annual interim payments	4,358
29	annual cost of services	4,445
30		
31	Medicaid annual payments	306,926
32	Cost of services - max annual payments for UPL	321,439
33		
34	<u>adjustment factor</u>	
35	inflation	1.020655
36		
37	adjusted Medicaid annual payments	313,266
38	adjusted maximum annual payments for UPL	328,079
39	annual facility specific UPL amount	14,813
40		
41	annual allocation of charge limit (if applicable)	20
42		
	annual UPL amount after aggregate limit	
43	adjustments	14,833
44	UPL adjustment available for SFY2013	14,833
45	SFY2013 UPL funds for 1st - 3rd quarters	11,125
46	Amount paid in April 2013 for 1st - 3rd quarters	22,220
47	Difference - amount due back to department	(7,387)
	Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Polk Medical Center	
2	base period report period beginning date		10/01/09
3	base period report period ending date		09/30/10
4			
5	adjustment factor (if period not equal to 1 year)		1.0000
6			
7	CAH status (1 = yes)		1
8			
9	<u>subject to cost settlement</u>		
10	cost of Medicaid covered services		514,404
11	covered charges		2,228,744
12	outpatient Medicaid ratio of costs to charges		0.230804
13	annual cost of Medicaid covered services		514,404
14	cost settlement rate		100.00%
15	annual Medicaid payments after cost settlement		514,404
16			
17	<u>subject to fixed fee payment</u>		
18	covered charges		586,144
19	payments		33,300
20	annual covered charges		586,144
21	annual interim payments		33,300
22	annual cost of services		135,284
23			
24	<u>subject to limit of inpatient rate</u>		
25	covered charges		0
26	payments		0
27	annual covered charges		0
28	annual interim payments		0
29	annual cost of services		0
30			
31	Medicaid annual payments		547,704
32	Cost of services - max annual payments for UPL		649,688
33			
34	<u>adjustment factor</u>		
35	inflation		1.020655
36			
37	adjusted Medicaid annual payments		559,017
38	adjusted maximum annual payments for UPL		663,107
39	annual facility specific UPL amount		104,090
40			
41	annual allocation of charge limit (if applicable)		35
42			
	annual UPL amount after aggregate limit		
43	adjustments		104,125
44	UPL adjustment available for SFY2013		104,125
45	SFY2013 UPL funds for 1st - 3rd quarters		78,094
46	Amount paid in April 2013 for 1st - 3rd quarters		156,135
47	Difference - amount due back to department		(52,010)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Putnam General Hospital
2 base period report period beginning date	10/01/09
3 base period report period ending date	09/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	328,055
11 covered charges	625,562
12 outpatient Medicaid ratio of costs to charges	0.524416
13 annual cost of Medicaid covered services	328,055
14 cost settlement rate	100.00%
15 annual Medicaid payments after cost settlement	328,055
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	46,678
19 payments	6,032
20 annual covered charges	46,678
21 annual interim payments	6,032
22 annual cost of services	24,479
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	93,438
26 payments	35,907
27 annual covered charges	93,438
28 annual interim payments	35,907
29 annual cost of services	49,000
30	
31 Medicaid annual payments	369,994
32 Cost of services - max annual payments for UPL	401,534
33	
34 <u>adjustment factor</u>	
35 inflation	1.020655
36	
37 adjusted Medicaid annual payments	377,636
38 adjusted maximum annual payments for UPL	409,827
39 annual facility specific UPL amount	32,191
40	
41 annual allocation of charge limit (if applicable)	24
42	
annual UPL amount after aggregate limit	
43 adjustments	32,215
44 UPL adjustment available for SFY2013	32,215
45 SFY2013 UPL funds for 1st - 3rd quarters	24,161
46 Amount paid in April 2013 for 1st - 3rd quarters	48,287
47 Difference - amount due back to department	(16,072)
Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Southwest GA Regional Med. Ctr.
2 base period report period beginning date	07/01/09
3 base period report period ending date	06/30/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	252,776
11 covered charges	713,330
12 outpatient Medicaid ratio of costs to charges	0.354361
13 annual cost of Medicaid covered services	252,776
14 cost settlement rate	100.00%
15 annual Medicaid payments after cost settlement	252,776
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	120,401
19 payments	9,803
20 annual covered charges	120,401
21 annual interim payments	9,803
22 annual cost of services	42,665
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	0
26 payments	0
27 annual covered charges	0
28 annual interim payments	0
29 annual cost of services	0
30	
31 Medicaid annual payments	262,579
32 Cost of services - max annual payments for UPL	295,441
33	
34 <u>adjustment factor</u>	
35 inflation	1.032094
36	
37 adjusted Medicaid annual payments	271,006
38 adjusted maximum annual payments for UPL	304,923
39 annual facility specific UPL amount	33,917
40	
41 annual allocation of charge limit (if applicable)	17
42	
annual UPL amount after aggregate limit	
43 adjustments	33,934
44 UPL adjustment available for SFY2013	33,934
45 SFY2013 UPL funds for 1st - 3rd quarters	25,451
46 Amount paid in April 2013 for 1st - 3rd quarters	50,876
47 Difference - amount due back to department	(16,942)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

	Facility Name	Sylvan Grove Hospital	
2	base period report period beginning date		01/01/10
3	base period report period ending date		12/31/10
4			
5	adjustment factor (if period not equal to 1 year)		1.0000
6			
7	CAH status (1 = yes)		1
8			
9	<u>subject to cost settlement</u>		
10	cost of Medicaid covered services		190,205
11	covered charges		1,104,139
12	outpatient Medicaid ratio of costs to charges		0.172265
13	annual cost of Medicaid covered services		190,205
14	cost settlement rate		100.00%
15	annual Medicaid payments after cost settlement		190,205
16			
17	<u>subject to fixed fee payment</u>		
18	covered charges		223,762
19	payments		12,150
20	annual covered charges		223,762
21	annual interim payments		12,150
22	annual cost of services		38,546
23			
24	<u>subject to limit of inpatient rate</u>		
25	covered charges		0
26	payments		0
27	annual covered charges		0
28	annual interim payments		0
29	annual cost of services		0
30			
31	Medicaid annual payments		202,355
32	Cost of services - max annual payments for UPL		228,751
33			
34	<u>adjustment factor</u>		
35	inflation		1.022716
36			
37	adjusted Medicaid annual payments		206,952
38	adjusted maximum annual payments for UPL		233,947
39	annual facility specific UPL amount		26,995
40			
41	annual allocation of charge limit (if applicable)		13
42			
	annual UPL amount after aggregate limit		
43	adjustments		27,008
44	UPL adjustment available for SFY2013		27,008
45	SFY2013 UPL funds for 1st - 3rd quarters		20,256
46	Amount paid in April 2013 for 1st - 3rd quarters		40,493
47	Difference - amount due back to department		(13,485)
	Overpayment will be netted against inpatient UPL and DSH		

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Warm Springs Medical Center
2 base period report period beginning date	01/01/10
3 base period report period ending date	12/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	290,033
11 covered charges	741,802
12 outpatient Medicaid ratio of costs to charges	0.390985
13 annual cost of Medicaid covered services	290,033
14 cost settlement rate	100.00%
15 annual Medicaid payments after cost settlement	290,033
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	103,208
19 payments	9,250
20 annual covered charges	103,208
21 annual interim payments	9,250
22 annual cost of services	40,353
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	23,766
26 payments	4,543
27 annual covered charges	23,766
28 annual interim payments	4,543
29 annual cost of services	9,292
30	
31 Medicaid annual payments	303,826
32 Cost of services - max annual payments for UPL	339,678
33	
34 <u>adjustment factor</u>	
35 inflation	1.022716
36	
37 adjusted Medicaid annual payments	310,728
38 adjusted maximum annual payments for UPL	347,394
39 annual facility specific UPL amount	36,666
40	
41 annual allocation of charge limit (if applicable)	19
42	
annual UPL amount after aggregate limit	
43 adjustments	36,685
44 UPL adjustment available for SFY2013	36,685
45 SFY2013 UPL funds for 1st - 3rd quarters	27,514
46 Amount paid in April 2013 for 1st - 3rd quarters	54,999
47 Difference - amount due back to department	(18,314)
Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Wills Memorial Hospital	
2	base period report period beginning date	05/01/09
3	base period report period ending date	04/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	199,055
11	covered charges	346,597
12	outpatient Medicaid ratio of costs to charges	0.574312
13	annual cost of Medicaid covered services	199,055
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	199,055
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	20,639
19	payments	5,850
20	annual covered charges	20,639
21	annual interim payments	5,850
22	annual cost of services	11,853
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	204,905
32	Cost of services - max annual payments for UPL	210,908
33		
34	<u>adjustment factor</u>	
35	inflation	1.040932
36		
37	adjusted Medicaid annual payments	213,292
38	adjusted maximum annual payments for UPL	219,541
39	annual facility specific UPL amount	6,249
40		
41	annual allocation of charge limit (if applicable)	13
42		
	annual UPL amount after aggregate limit	
43	adjustments	6,262
44	UPL adjustment available for SFY2013	6,262
45	SFY2013 UPL funds for 1st - 3rd quarters	4,697
46	Amount paid in April 2013 for 1st - 3rd quarters	9,374
47	Difference - amount due back to department	(3,112)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Good Samaritan Hospital
2 base period report period beginning date	01/01/10
3 base period report period ending date	12/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	240,711
11 covered charges	443,249
12 outpatient Medicaid ratio of costs to charges	0.54306
13 annual cost of Medicaid covered services	240,711
14 cost settlement rate	100.00%
15 annual Medicaid payments after cost settlement	240,711
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	75,766
19 payments	8,700
20 annual covered charges	75,766
21 annual interim payments	8,700
22 annual cost of services	41,145
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	73,797
26 payments	17,497
27 annual covered charges	73,797
28 annual interim payments	17,497
29 annual cost of services	40,076
30	
31 Medicaid annual payments	266,908
32 Cost of services - max annual payments for UPL	321,932
33	
34 <u>adjustment factor</u>	
35 inflation	1.022716
36	
37 adjusted Medicaid annual payments	272,971
38 adjusted maximum annual payments for UPL	329,245
39 annual facility specific UPL amount	56,274
40	
41 annual allocation of charge limit (if applicable)	0
42	
annual UPL amount after aggregate limit	
43 adjustments	56,274
44 UPL adjustment available for SFY2013	56,274
45 SFY2013 UPL funds for 1st - 3rd quarters	42,206
46 Amount paid in April 2013 for 1st - 3rd quarters	84,411
47 Difference - amount due back to department	(28,137)
Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Lower Oconee Community Hospital
2 base period report period beginning date	01/01/10
3 base period report period ending date	12/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	536,745
11 covered charges	2,118,504
12 outpatient Medicaid ratio of costs to charges	0.25336
13 annual cost of Medicaid covered services	536,745
14 cost settlement rate	100.00%
15 annual Medicaid payments after cost settlement	536,745
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	91,221
19 payments	6,097
20 annual covered charges	91,221
21 annual interim payments	6,097
22 annual cost of services	23,112
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	16,856
26 payments	4,748
27 annual covered charges	16,856
28 annual interim payments	4,748
29 annual cost of services	4,271
30	
31 Medicaid annual payments	547,590
32 Cost of services - max annual payments for UPL	564,128
33	
34 <u>adjustment factor</u>	
35 inflation	1.022716
36	
37 adjusted Medicaid annual payments	560,029
38 adjusted maximum annual payments for UPL	576,943
39 annual facility specific UPL amount	16,914
40	
41 annual allocation of charge limit (if applicable)	0
42	
annual UPL amount after aggregate limit	
43 adjustments	16,914
44 UPL adjustment available for SFY2013	16,914
45 SFY2013 UPL funds for 1st - 3rd quarters	12,686
46 Amount paid in April 2013 for 1st - 3rd quarters	25,371
47 Difference - amount due back to department	(8,457)
Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Mountain Lakes Medical Center
2 base period report period beginning date	01/01/10
3 base period report period ending date	12/31/10
4	
5 adjustment factor (if period not equal to 1 year)	1.0000
6	
7 CAH status (1 = yes)	1
8	
9 <u>subject to cost settlement</u>	
10 cost of Medicaid covered services	236,224
11 covered charges	478,139
12 outpatient Medicaid ratio of costs to charges	0.494049
13 annual cost of Medicaid covered services	236,224
14 cost settlement rate	100.00%
15 annual Medicaid payments after cost settlement	236,224
16	
17 <u>subject to fixed fee payment</u>	
18 covered charges	27,727
19 payments	2,300
20 annual covered charges	27,727
21 annual interim payments	2,300
22 annual cost of services	13,698
23	
24 <u>subject to limit of inpatient rate</u>	
25 covered charges	75,966
26 payments	22,816
27 annual covered charges	75,966
28 annual interim payments	22,816
29 annual cost of services	37,531
30	
31 Medicaid annual payments	261,340
32 Cost of services - max annual payments for UPL	287,453
33	
34 <u>adjustment factor</u>	
35 inflation	1.022716
36	
37 adjusted Medicaid annual payments	267,277
38 adjusted maximum annual payments for UPL	293,983
39 annual facility specific UPL amount	26,706
40	
41 annual allocation of charge limit (if applicable)	0
42	
annual UPL amount after aggregate limit	
43 adjustments	26,706
44 UPL adjustment available for SFY2013	26,706
45 SFY2013 UPL funds for 1st - 3rd quarters	20,030
46 Amount paid in April 2013 for 1st - 3rd quarters	40,059
47 Difference - amount due back to department	(13,353)
Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Optim Medical Center-Screven	
2	base period report period beginning date	07/01/09
3	base period report period ending date	06/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	213,191
11	covered charges	528,164
12	outpatient Medicaid ratio of costs to charges	0.403645
13	annual cost of Medicaid covered services	213,191
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	213,191
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	84,394
19	payments	8,771
20	annual covered charges	84,394
21	annual interim payments	8,771
22	annual cost of services	34,065
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	221,962
32	Cost of services - max annual payments for UPL	247,256
33		
34	<u>adjustment factor</u>	
35	inflation	1.032094
36		
37	adjusted Medicaid annual payments	229,086
38	adjusted maximum annual payments for UPL	255,191
39	annual facility specific UPL amount	26,105
40		
41	annual allocation of charge limit (if applicable)	0
42		
	annual UPL amount after aggregate limit	
43	adjustments	26,105
44	UPL adjustment available for SFY2013	26,105
45	SFY2013 UPL funds for 1st - 3rd quarters	19,579
46	Amount paid in April 2013 for 1st - 3rd quarters	39,158
47	Difference - amount due back to department	(13,053)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Optim Medical Center-Tattnall	
2	base period report period beginning date	01/01/10
3	base period report period ending date	12/31/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	444,327
11	covered charges	1,960,720
12	outpatient Medicaid ratio of costs to charges	0.226614
13	annual cost of Medicaid covered services	444,327
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	444,327
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	106,126
19	payments	7,550
20	annual covered charges	106,126
21	annual interim payments	7,550
22	annual cost of services	24,050
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	2,667,687
26	payments	431,760
27	annual covered charges	2,667,687
28	annual interim payments	431,760
29	annual cost of services	604,535
30		
31	Medicaid annual payments	883,637
32	Cost of services - max annual payments for UPL	1,072,912
33		
34	<u>adjustment factor</u>	
35	inflation	1.022716
36		
37	adjusted Medicaid annual payments	903,710
38	adjusted maximum annual payments for UPL	1,097,284
39	annual facility specific UPL amount	193,574
40		
41	annual allocation of charge limit (if applicable)	0
42		
	annual UPL amount after aggregate limit	
43	adjustments	193,574
44	UPL adjustment available for SFY2013	193,574
45	SFY2013 UPL funds for 1st - 3rd quarters	145,181
46	Amount paid in April 2013 for 1st - 3rd quarters	290,361
47	Difference - amount due back to department	(96,787)

Overpayment will be netted against inpatient UPL and DSH

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Phoebe Worth Medical Center	
2	base period report period beginning date	08/01/09
3	base period report period ending date	07/31/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	227,479
11	covered charges	630,354
12	outpatient Medicaid ratio of costs to charges	0.360875
13	annual cost of Medicaid covered services	227,479
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	227,479
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	158,141
19	payments	12,900
20	annual covered charges	158,141
21	annual interim payments	12,900
22	annual cost of services	57,069
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	9,998
26	payments	4,401
27	annual covered charges	9,998
28	annual interim payments	4,401
29	annual cost of services	3,608
30		
31	Medicaid annual payments	244,780
32	Cost of services - max annual payments for UPL	288,156
33		
34	<u>adjustment factor</u>	
35	inflation	1.028252
36		
37	adjusted Medicaid annual payments	251,696
38	adjusted maximum annual payments for UPL	296,297
39	annual facility specific UPL amount	44,601
40		
41	annual allocation of charge limit (if applicable)	0
42		
	annual UPL amount after aggregate limit	
43	adjustments	44,601
44	UPL adjustment available for SFY2013	44,601
45	SFY2013 UPL funds for 1st - 3rd quarters	33,451
46	Amount paid in April 2013 for 1st - 3rd quarters	66,902
47	Difference - amount due back to department	(22,301)
	Overpayment will be netted against inpatient UPL and DSH	

Georgia Department of Community Health
SFY2013 Hospital Outpatient UPL Calculation - 4th quarter

Facility Name	Stewart Webster Hospital	
2	base period report period beginning date	10/01/09
3	base period report period ending date	09/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	120,450
11	covered charges	250,895
12	outpatient Medicaid ratio of costs to charges	0.480083
13	annual cost of Medicaid covered services	120,450
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	120,450
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	29,156
19	payments	4,633
20	annual covered charges	29,156
21	annual interim payments	4,633
22	annual cost of services	13,997
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	7,627
26	payments	4,340
27	annual covered charges	7,627
28	annual interim payments	4,340
29	annual cost of services	3,662
30		
31	Medicaid annual payments	129,423
32	Cost of services - max annual payments for UPL	138,109
33		
34	<u>adjustment factor</u>	
35	inflation	1.020655
36		
37	adjusted Medicaid annual payments	132,096
38	adjusted maximum annual payments for UPL	140,962
39	annual facility specific UPL amount	8,866
40		
41	annual allocation of charge limit (if applicable)	0
42		
	annual UPL amount after aggregate limit	
43	adjustments	8,866
44	UPL adjustment available for SFY2013	8,866
45	SFY2013 UPL funds for 1st - 3rd quarters	6,650
46	Amount paid in April 2013 for 1st - 3rd quarters	13,299
47	Difference - amount due back to department	(4,433)

Overpayment will be netted against inpatient UPL and DSH