

Georgia Department of Community Health

	Facility Name	Appling General	Athens Regional	Bacon County Hospital
1	Medicaid Provider ID	000000052A	000000074A	000000118A
2	base period report period beginning date	9/1/2006	10/1/2006	7/1/2006
3	base period report period ending date	8/31/2007	9/30/2007	6/30/2007
4	HS&R processing date for Medicaid data	10/20/2008	9/29/2008	9/29/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	1
8				
9	Medicaid inpatient claims paid at amount > 0:			
10	covered charges	2,973,660	37,071,088	1,240,883
11	payments for services	1,150,666	13,920,650	549,932
12	annual covered charges	2,973,660	37,071,088	1,240,883
13	annual payments for services	1,150,666	13,920,650	549,932
14				
15	inpatient CCR	0.370731	0.386701	0.421621
16				
17	annual cost of services	1,102,428	14,335,427	523,182
18				
19	adjustment factors			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.036842	1.047253	1.057876
22	volume allowance	1.026556	1.025349	1.028970
23	combined adjustment factors	1.064376	1.073800	1.088523
24				
25	adjusted annual charges	3,165,092	39,806,934	1,350,730
26	adjusted Medicaid payments for services	1,224,741	14,947,994	598,614
27	supplemental rate adjustment payments	0	0	0
28	total adjusted Medicaid payments	1,224,741	14,947,994	598,614
29	adjusted cost of services	1,173,398	15,393,382	575,191
30				
31	other UPL calculation data			
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	cost
34	DRG differential adjustment rate	1.185749	1.185749	
35	maximum annual payments (at DRG differential)	1,452,235	17,724,564	0
36				
37	maximum annual payments	1,452,235	17,724,564	575,191
38	facility specific UPL amount	227,494	2,776,570	(23,423)
39				
40	aggregate limit adjustments			
41	allocation of UPL amounts < 0	(1,109)	(13,539)	23,423
42	allocation of supplemental payments	(152,288)	(1,858,679)	0
43	total aggregate limit adjustments	(153,397)	(1,872,218)	23,423
44				
45	UPL amount after aggregate limit adjustments	74,097	904,352	0
46	UPL adjustment available for 3Q + 4Q SFY2009	37,049	452,176	0

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	Facility Name	Banks Jackson Commerce Med Ctr	Bleckley Memorial	Brooks County
1	Medicaid Provider ID	000000151A	000000195A	000000239A
2	base period report period beginning date	7/1/2006	4/1/2006	10/1/2006
3	base period report period ending date	6/30/2007	3/31/2007	9/30/2007
4	HS&R processing date for Medicaid data	9/29/2008	9/29/2008	9/29/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	1	1
8				
9	Medicaid inpatient claims paid at amount > 0:			
10	covered charges	1,495,432	324,177	380,006
11	payments for services	624,713	269,649	176,815
12	annual covered charges	1,495,432	324,177	380,006
13	annual payments for services	624,713	269,649	176,815
14				
15	inpatient CCR	0.386475	0.944	0.339034
16				
17	annual cost of services	577,947	306,023	128,835
18				
19	adjustment factors			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.057876	1.070006	1.047253
22	volume allowance	1.028970	1.032591	1.025349
23	combined adjustment factors	1.088523	1.104879	1.073800
24				
25	adjusted annual charges	1,627,812	358,176	408,050
26	adjusted Medicaid payments for services	680,014	297,930	189,864
27	supplemental rate adjustment payments	0	0	0
28	total adjusted Medicaid payments	680,014	297,930	189,864
29	adjusted cost of services	629,109	341,499	139,726
30				
31	other UPL calculation data			
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	cost	cost
34	DRG differential adjustment rate	1.185749		
35	maximum annual payments (at DRG differential)	806,326	0	0
36				
37	maximum annual payments	806,326	341,499	139,726
38	facility specific UPL amount	126,312	43,569	(50,138)
39				
40	aggregate limit adjustments			
41	allocation of UPL amounts < 0	(616)	(212)	50,138
42	allocation of supplemental payments	(84,555)	(29,166)	0
43	total aggregate limit adjustments	(85,171)	(29,378)	50,138
44				
45	UPL amount after aggregate limit adjustments	41,141	14,191	(0)
46	UPL adjustment available for 3Q + 4Q SFY2009	20,571	7,096	0

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	Facility Name	Burke Medical Center	Calhoun Memorial	Camden Medical Ctr.
1	Medicaid Provider ID	000000283A	000000305A	000000811A
2	base period report period beginning date	6/1/2006	4/1/2006	10/1/2006
3	base period report period ending date	5/31/2007	3/31/2007	9/30/2007
4	HS&R processing date for Medicaid data	9/29/2008	9/29/2008	9/29/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	1	0
8				
9	Medicaid inpatient claims paid at amount > 0:			
10	covered charges	1,353,640	136,348	1,112,714
11	payments for services	1,079,196	111,091	496,301
12	annual covered charges	1,353,640	136,348	1,112,714
13	annual payments for services	1,079,196	111,091	496,301
14				
15	inpatient CCR	0.714715	0.532358	0.465478
16				
17	annual cost of services	967,467	72,586	517,944
18				
19	adjustment factors			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.046018	1.070006	1.047253
22	volume allowance	1.030177	1.032591	1.025349
23	combined adjustment factors	1.077584	1.104879	1.073800
24				
25	adjusted annual charges	1,458,661	150,648	1,194,832
26	adjusted Medicaid payments for services	1,162,924	122,742	532,928
27	supplemental rate adjustment payments	0	0	0
28	total adjusted Medicaid payments	1,162,924	122,742	532,928
29	adjusted cost of services	1,042,527	81,001	556,168
30				
31	other UPL calculation data			
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	cost	DRG differential
34	DRG differential adjustment rate	1.185749		1.185749
35	maximum annual payments (at DRG differential)	1,378,936	0	631,919
36				
37	maximum annual payments	1,378,936	81,001	631,919
38	facility specific UPL amount	216,012	(41,741)	98,991
39				
40	aggregate limit adjustments			
41	allocation of UPL amounts < 0	(1,053)	41,741	(483)
42	allocation of supplemental payments	(144,602)	0	(66,266)
43	total aggregate limit adjustments	(145,655)	41,741	(66,749)
44				
45	UPL amount after aggregate limit adjustments	70,357	0	32,242
46	UPL adjustment available for 3Q + 4Q SFY2009	35,179	0	16,121

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	Facility Name	Candler County	Charlton Memorial	Chatuge Regional
1	Medicaid Provider ID	000000316A	000000338A	000001933A
2	base period report period beginning date	1/1/2007	7/1/2006	5/1/2006
3	base period report period ending date	12/31/2007	6/30/2007	4/30/2007
4	HS&R processing date for Medicaid data	9/29/2008	9/29/2008	9/29/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	1
8				
9	Medicaid inpatient claims paid at amount > 0:			
10	covered charges	839,669	50,383	96,120
11	payments for services	652,457	32,353	61,727
12	annual covered charges	839,669	50,383	96,120
13	annual payments for services	652,457	32,353	61,727
14				
15	inpatient CCR	0.762465	0.762678	0.549147
16				
17	annual cost of services	640,218	38,426	52,784
18				
19	adjustment factors			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.032615	1.057876	1.057876
22	volume allowance	1.021728	1.028970	1.031384
23	combined adjustment factors	1.055051	1.088523	1.091077
24				
25	adjusted annual charges	885,894	54,843	104,874
26	adjusted Medicaid payments for services	688,375	35,217	67,349
27	supplemental rate adjustment payments	0	0	0
28	total adjusted Medicaid payments	688,375	35,217	67,349
29	adjusted cost of services	682,218	42,246	58,167
30				
31	other UPL calculation data			
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	cost	cost	cost
34	DRG differential adjustment rate			
35	maximum annual payments (at DRG differential)	0	0	0
36				
37	maximum annual payments	682,218	42,246	58,167
38	facility specific UPL amount	(6,157)	7,029	(9,182)
39				
40	aggregate limit adjustments			
41	allocation of UPL amounts < 0	6,157	(34)	9,182
42	allocation of supplemental payments	0	(4,706)	0
43	total aggregate limit adjustments	6,157	(4,740)	9,182
44				
45	UPL amount after aggregate limit adjustments	0	2,289	0
46	UPL adjustment available for 3Q + 4Q SFY2009	0	1,145	0

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	Facility Name	Clinch Memorial	Cobb Hosp. & Med. Ctr.	Coffee Regional	Colquitt Regional
1	Medicaid Provider ID	000000415A	000000426A	000000448A	000002021A
2	base period report period beginning date	7/1/2006	7/1/2006	1/1/2007	10/1/2006
3	base period report period ending date	6/30/2007	6/30/2007	12/31/2007	9/30/2007
4	HS&R processing date for Medicaid data	9/29/2008	9/29/2008	9/29/2008	9/29/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	1	0	0	0
8					
9	Medicaid inpatient claims paid at amount > 0:				
10	covered charges	251,440	41,706,607	7,433,938	5,961,410
11	payments for services	143,959	14,331,207	3,488,054	2,638,196
12	annual covered charges	251,440	41,706,607	7,433,938	5,961,410
13	annual payments for services	143,959	14,331,207	3,488,054	2,638,196
14					
15	inpatient CCR	0.652629	0.415237	0.43347	0.54268
16					
17	annual cost of services	164,097	17,318,126	3,222,389	3,235,138
18					
19	adjustment factors				
20	claim completion	1.000000	1.000000	1.000000	1.000000
21	inflation	1.057876	1.057876	1.032615	1.047253
22	volume allowance	1.028970	1.028970	1.021728	1.025349
23	combined adjustment factors	1.088523	1.088523	1.055051	1.073800
24					
25	adjusted annual charges	273,698	45,398,601	7,843,184	6,401,362
26	adjusted Medicaid payments for services	156,703	15,599,848	3,680,075	2,832,895
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	156,703	15,599,848	3,680,075	2,832,895
29	adjusted cost of services	180,409	18,851,178	3,399,785	3,473,891
30					
31	other UPL calculation data				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	cost	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate		1.185749	1.185749	1.185749
35	maximum annual payments (at DRG differential)	0	18,497,499	4,363,644	3,359,101
36					
37	maximum annual payments	180,409	18,497,499	4,363,644	3,359,101
38	facility specific UPL amount	23,706	2,897,651	683,569	526,206
39					
40	aggregate limit adjustments				
41	allocation of UPL amounts < 0	(116)	(14,129)	(3,333)	(2,566)
42	allocation of supplemental payments	(15,869)	(1,939,732)	(457,592)	(352,250)
43	total aggregate limit adjustments	(15,985)	(1,953,861)	(460,925)	(354,816)
44					
45	UPL amount after aggregate limit adjustments	7,721	943,790	222,644	171,390
46	UPL adjustment available for 3Q + 4Q SFY2009	3,861	471,895	111,322	85,695

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	Facility Name	Crisp Regional	Dekalb Hillandale	DeKalb Medical Center	Doctors Hospital Columbus
1	Medicaid Provider ID	000000514A	000000536U	000000536A	000148233A
2	base period report period beginning date	7/1/2006	7/1/2006	7/1/2006	1/1/2007
3	base period report period ending date	6/30/2007	6/30/2007	6/30/2007	12/31/2007
4	HS&R processing date for Medicaid data	9/29/2008	9/29/2008	9/29/2008	9/29/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	0	0	0	0
8					
9	Medicaid inpatient claims paid at amount > 0:				
10	covered charges	4,169,729	5,778,737	41,598,307	7,820,608
11	payments for services	2,203,185	2,241,079	15,452,896	1,951,818
12	annual covered charges	4,169,729	5,778,737	41,598,307	7,820,608
13	annual payments for services	2,203,185	2,241,079	15,452,896	1,951,818
14					
15	inpatient CCR	0.501145	0.523905	0.470583	0.341482
16					
17	annual cost of services	2,089,639	3,027,509	19,575,456	2,670,597
18					
19	adjustment factors				
20	claim completion	1.000000	1.000000	1.000000	1.000000
21	inflation	1.057876	1.057876	1.057876	1.032615
22	volume allowance	1.028970	1.028970	1.028970	1.021728
23	combined adjustment factors	1.088523	1.088523	1.088523	1.055051
24					
25	adjusted annual charges	4,538,846	6,290,288	45,280,714	8,251,140
26	adjusted Medicaid payments for services	2,398,218	2,439,466	16,820,833	2,059,268
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	2,398,218	2,439,466	16,820,833	2,059,268
29	adjusted cost of services	2,274,620	3,295,513	21,308,334	2,817,616
30					
31	other UPL calculation data				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.185749	1.185749	1.185749	1.185749
35	maximum annual payments (at DRG differential)	2,843,684	2,892,594	19,945,280	2,441,774
36					
37	maximum annual payments	2,843,684	2,892,594	19,945,280	2,441,774
38	facility specific UPL amount	445,466	453,128	3,124,447	382,506
39					
40	aggregate limit adjustments				
41	allocation of UPL amounts < 0	(2,172)	(2,210)	(15,235)	(1,865)
42	allocation of supplemental payments	(298,202)	(303,331)	(2,091,553)	(256,056)
43	total aggregate limit adjustments	(300,374)	(305,541)	(2,106,788)	(257,921)
44					
45	UPL amount after aggregate limit adjustments	145,092	147,587	1,017,659	124,585
46	UPL adjustment available for 3Q + 4Q SFY2009	72,546	73,794	508,830	62,293

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	Facility Name	Dodge County	Dorminy Medical Ctr.	Douglas
1	Medicaid Provider ID	000000591A	000000613A	000000624A
2	base period report period beginning date	10/1/2006	8/1/2006	7/1/2006
3	base period report period ending date	9/30/2007	7/31/2007	6/30/2007
4	HS&R processing date for Medicaid data	9/29/2008	9/29/2008	9/29/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	Medicaid inpatient claims paid at amount > 0:			
10	covered charges	2,014,361	2,347,194	7,725,430
11	payments for services	1,347,571	1,283,955	3,061,634
12	annual covered charges	2,014,361	2,347,194	7,725,430
13	annual payments for services	1,347,571	1,283,955	3,061,634
14				
15	inpatient CCR	0.691828	0.545757	0.474061
16				
17	annual cost of services	1,393,591	1,280,998	3,662,325
18				
19	adjustment factors			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.047253	1.047253	1.057876
22	volume allowance	1.025349	1.027763	1.028970
23	combined adjustment factors	1.073800	1.076328	1.088523
24				
25	adjusted annual charges	2,163,021	2,526,351	8,409,308
26	adjusted Medicaid payments for services	1,447,022	1,381,957	3,332,659
27	supplemental rate adjustment payments	0	0	0
28	total adjusted Medicaid payments	1,447,022	1,381,957	3,332,659
29	adjusted cost of services	1,496,438	1,378,774	3,986,525
30				
31	other UPL calculation data			
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.185749	1.185749	1.185749
35	maximum annual payments (at DRG differential)	1,715,804	1,638,654	3,951,696
36				
37	maximum annual payments	1,715,804	1,638,654	3,951,696
38	facility specific UPL amount	268,782	256,697	619,037
39				
40	aggregate limit adjustments			
41	allocation of UPL amounts < 0	(1,311)	(1,252)	(3,019)
42	allocation of supplemental payments	(179,927)	(171,837)	(414,393)
43	total aggregate limit adjustments	(181,238)	(173,089)	(417,412)
44				
45	UPL amount after aggregate limit adjustments	87,544	83,608	201,625
46	UPL adjustment available for 3Q + 4Q SFY2009	43,772	41,804	100,813

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	Facility Name	Early Memorial	Effingham County	Elbert Memorial
1	Medicaid Provider ID	000000635A	000000657A	000000668A
2	base period report period beginning date	10/1/2006	7/1/2006	7/1/2006
3	base period report period ending date	9/30/2007	6/30/2007	6/30/2007
4	HS&R processing date for Medicaid data	9/29/2008	9/29/2008	9/29/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	0
8				
9	Medicaid inpatient claims paid at amount > 0:			
10	covered charges	137,039	7,954	1,351,407
11	payments for services	78,187	11,022	621,524
12	annual covered charges	137,039	7,954	1,351,407
13	annual payments for services	78,187	11,022	621,524
14				
15	inpatient CCR	0.427236	0.692985	0.429896
16				
17	annual cost of services	58,548	5,512	580,964
18				
19	adjustment factors			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.047253	1.057876	1.057876
22	volume allowance	1.025349	1.028970	1.028970
23	combined adjustment factors	1.073800	1.088523	1.088523
24				
25	adjusted annual charges	147,152	8,658	1,471,038
26	adjusted Medicaid payments for services	83,957	11,998	676,543
27	supplemental rate adjustment payments	0	0	0
28	total adjusted Medicaid payments	83,957	11,998	676,543
29	adjusted cost of services	63,498	6,060	632,393
30				
31	other UPL calculation data			
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	cost	cost	DRG differential
34	DRG differential adjustment rate			1.185749
35	maximum annual payments (at DRG differential)	0	0	802,210
36				
37	maximum annual payments	63,498	6,060	802,210
38	facility specific UPL amount	(20,459)	(5,938)	125,667
39				
40	aggregate limit adjustments			
41	allocation of UPL amounts < 0	20,459	5,938	(613)
42	allocation of supplemental payments	0	0	(84,123)
43	total aggregate limit adjustments	20,459	5,938	(84,736)
44				
45	UPL amount after aggregate limit adjustments	0	0	40,931
46	UPL adjustment available for 3Q + 4Q SFY2009	0	0	20,466

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	Facility Name	Emanuel Medical Ctr.	Evans Memorial	Floyd Medical Center
1	Medicaid Provider ID	000000701A	000000734A	000000756A
2	base period report period beginning date	7/1/2006	10/1/2006	7/1/2006
3	base period report period ending date	6/30/2007	9/30/2007	6/30/2007
4	HS&R processing date for Medicaid data	9/29/2008	9/29/2008	9/29/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	Medicaid inpatient claims paid at amount > 0:			
10	covered charges	3,924,416	1,550,862	39,119,376
11	payments for services	1,607,575	959,927	11,778,932
12	annual covered charges	3,924,416	1,550,862	39,119,376
13	annual payments for services	1,607,575	959,927	11,778,932
14				
15	inpatient CCR	0.411268	0.62614	0.372334
16				
17	annual cost of services	1,613,987	971,057	14,565,474
18				
19	adjustment factors			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.057876	1.047253	1.057876
22	volume allowance	1.028970	1.025349	1.028970
23	combined adjustment factors	1.088523	1.073800	1.088523
24				
25	adjusted annual charges	4,271,817	1,665,316	42,582,341
26	adjusted Medicaid payments for services	1,749,882	1,030,770	12,821,638
27	supplemental rate adjustment payments	0	0	1,171,991
28	total adjusted Medicaid payments	1,749,882	1,030,770	13,993,629
29	adjusted cost of services	1,756,862	1,042,721	15,854,853
30				
31	other UPL calculation data			
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.185749	1.185749	1.185749
35	maximum annual payments (at DRG differential)	2,074,920	1,222,234	15,203,240
36				
37	maximum annual payments	2,074,920	1,222,234	15,203,240
38	facility specific UPL amount	325,038	191,464	1,209,611
39				
40	aggregate limit adjustments			
41	allocation of UPL amounts < 0	(1,585)	(934)	(11,613)
42	allocation of supplemental payments	(217,585)	(128,169)	(422,290)
43	total aggregate limit adjustments	(219,170)	(129,103)	(433,903)
44				
45	UPL amount after aggregate limit adjustments	105,868	62,361	775,708
46	UPL adjustment available for 3Q + 4Q SFY2009	52,934	31,181	387,854

Georgia Department of Community Health

	Facility Name	Grady General	Grady Memorial	Gwinnett	Habersham County
1	Medicaid Provider ID	000000844A	000000855A	000000294A	000000877A
2	base period report period beginning date	10/1/2006	1/1/2007	7/1/2006	7/1/2006
3	base period report period ending date	9/30/2007	12/31/2007	6/30/2007	6/30/2007
4	HS&R processing date for Medicaid data	10/1/2008	10/1/2008	10/1/2008	10/1/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	0	0	0	0
8					
9	Medicaid inpatient claims paid at amount > 0:				
10	covered charges	1,291,633	174,906,523	37,058,121	2,920,212
11	payments for services	586,297	61,925,299	17,348,251	1,296,704
12	annual covered charges	1,291,633	174,906,523	37,058,121	2,920,212
13	annual payments for services	586,297	61,925,299	17,348,251	1,296,704
14					
15	inpatient CCR	0.478578	0.444739	0.66171	0.496559
16					
17	annual cost of services	618,147	77,787,752	24,521,729	1,450,058
18					
19	adjustment factors				
20	claim completion	1.000000	1.000000	1.000000	1.000000
21	inflation	1.047253	1.032615	1.057876	1.057876
22	volume allowance	1.025349	1.021728	1.028970	1.028970
23	combined adjustment factors	1.073800	1.055051	1.088523	1.088523
24					
25	adjusted annual charges	1,386,956	184,535,302	40,338,617	3,178,718
26	adjusted Medicaid payments for services	629,566	65,334,349	18,883,970	1,411,492
27	supplemental rate adjustment payments	0	42,172,991	0	0
28	total adjusted Medicaid payments	629,566	107,507,340	18,883,970	1,411,492
29	adjusted cost of services	663,766	82,070,046	26,692,466	1,578,421
30					
31	other UPL calculation data				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.185749	1.185749	1.185749	1.185749
35	maximum annual payments (at DRG differential)	746,507	77,470,117	22,391,642	1,673,675
36					
37	maximum annual payments	746,507	77,470,117	22,391,642	1,673,675
38	facility specific UPL amount	116,941	(30,037,223)	3,507,672	262,183
39					
40	aggregate limit adjustments				
41	allocation of UPL amounts < 0	(570)	(59,176)	(17,104)	(1,278)
42	allocation of supplemental payments	(78,282)	34,049,121	(2,348,090)	(175,510)
43	total aggregate limit adjustments	(78,852)	33,989,945	(2,365,194)	(176,788)
44					
45	UPL amount after aggregate limit adjustments	38,089	3,952,722	1,142,478	85,395
46	UPL adjustment available for 3Q + 4Q SFY2009	19,045	1,976,361	571,239	42,698

Georgia Department of Community Health

	Facility Name	Hart County	Henry Medical Center	Higgins General
1	Medicaid Provider ID	000000921A	000182388A	000000954A
2	base period report period beginning date	1/1/2007	7/1/2006	7/1/2006
3	base period report period ending date	12/31/2007	6/30/2007	6/30/2007
4	HS&R processing date for Medicaid data	10/1/2008	10/1/2008	10/1/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	1
8				
9	Medicaid inpatient claims paid at amount > 0:			
10	covered charges	426,911	12,458,001	683,071
11	payments for services	225,042	4,017,993	249,557
12	annual covered charges	426,911	12,458,001	683,071
13	annual payments for services	225,042	4,017,993	249,557
14				
15	inpatient CCR	0.551408	0.355567	0.423733
16				
17	annual cost of services	235,402	4,429,654	289,440
18				
19	adjustment factors			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.032615	1.057876	1.057876
22	volume allowance	1.021728	1.028970	1.028970
23	combined adjustment factors	1.055051	1.088523	1.088523
24				
25	adjusted annual charges	450,413	13,560,821	743,538
26	adjusted Medicaid payments for services	237,431	4,373,678	271,649
27	supplemental rate adjustment payments	0	0	0
28	total adjusted Medicaid payments	237,431	4,373,678	271,649
29	adjusted cost of services	248,361	4,869,998	318,213
30				
31	other UPL calculation data			
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	cost
34	DRG differential adjustment rate	1.185749	1.185749	
35	maximum annual payments (at DRG differential)	281,533	5,186,083	0
36				
37	maximum annual payments	281,533	5,186,083	318,213
38	facility specific UPL amount	44,102	812,405	46,564
39				
40	aggregate limit adjustments			
41	allocation of UPL amounts < 0	(215)	(3,961)	(227)
42	allocation of supplemental payments	(29,523)	(543,837)	(31,170)
43	total aggregate limit adjustments	(29,738)	(547,798)	(31,397)
44				
45	UPL amount after aggregate limit adjustments	14,364	264,607	15,167
46	UPL adjustment available for 3Q + 4Q SFY2009	7,182	132,304	7,584

Georgia Department of Community Health

	Facility Name	Houston Medical Center	Hughes Spalding Child.
1	Medicaid Provider ID	000000976A	000679808A
2	base period report period beginning date	3/1/2006	1/1/2007
3	base period report period ending date	2/28/2007	12/31/2007
4	HS&R processing date for Medicaid data	10/1/2008	10/1/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	0	0
8			
9	Medicaid inpatient claims paid at amount > 0:		
10	covered charges	15,323,939	5,186,685
11	payments for services	6,754,413	2,249,974
12	annual covered charges	15,323,939	5,186,685
13	annual payments for services	6,754,413	2,249,974
14			
15	inpatient CCR	0.481918	0.426644
16			
17	annual cost of services	7,384,882	2,212,868
18			
19	adjustment factors		
20	claim completion	1.000000	1.000000
21	inflation	1.060407	1.032615
22	volume allowance	1.033799	1.021728
23	combined adjustment factors	1.096247	1.055051
24			
25	adjusted annual charges	16,798,822	5,472,217
26	adjusted Medicaid payments for services	7,404,505	2,373,837
27	supplemental rate adjustment payments	0	0
28	total adjusted Medicaid payments	7,404,505	2,373,837
29	adjusted cost of services	8,095,655	2,334,689
30			
31	other UPL calculation data		
32	provider category for UPL calculation	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential
34	DRG differential adjustment rate	1.185749	1.185749
35	maximum annual payments (at DRG differential)	8,779,882	2,814,774
36			
37	maximum annual payments	8,779,882	2,814,774
38	facility specific UPL amount	1,375,377	440,937
39			
40	aggregate limit adjustments		
41	allocation of UPL amounts < 0	(6,707)	(2,150)
42	allocation of supplemental payments	(920,698)	(295,170)
43	total aggregate limit adjustments	(927,405)	(297,320)
44			
45	UPL amount after aggregate limit adjustments	447,972	143,617
46	UPL adjustment available for 3Q + 4Q SFY2009	223,986	71,809

Georgia Department of Community Health

	Facility Name	Hughston Sports Med.	Hutcheson Med. Ctr.	Irwin County
1	Medicaid Provider ID	000315642A	000001075A	000000987A
2	base period report period beginning date	10/1/2006	10/1/2006	12/1/2006
3	base period report period ending date	9/30/2007	9/30/2007	11/30/2007
4	HS&R processing date for Medicaid data	10/1/2008	10/1/2008	10/1/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	Medicaid inpatient claims paid at amount > 0:			
10	covered charges	1,282,835	9,587,558	2,082,921
11	payments for services	292,497	3,678,600	962,841
12	annual covered charges	1,282,835	9,587,558	2,082,921
13	annual payments for services	292,497	3,678,600	962,841
14				
15	inpatient CCR	0.285903	0.39937	0.430884
16				
17	annual cost of services	366,766	3,828,983	897,497
18				
19	adjustment factors			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.047253	1.047253	1.018380
22	volume allowance	1.025349	1.025349	1.022935
23	combined adjustment factors	1.073800	1.073800	1.041736
24				
25	adjusted annual charges	1,377,508	10,295,120	2,169,854
26	adjusted Medicaid payments for services	314,083	3,950,081	1,003,026
27	supplemental rate adjustment payments	0	0	0
28	total adjusted Medicaid payments	314,083	3,950,081	1,003,026
29	adjusted cost of services	393,833	4,111,562	934,955
30				
31	other UPL calculation data			
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.185749	1.185749	1.185749
35	maximum annual payments (at DRG differential)	372,423	4,683,803	1,189,337
36				
37	maximum annual payments	372,423	4,683,803	1,189,337
38	facility specific UPL amount	58,340	733,722	186,311
39				
40	aggregate limit adjustments			
41	allocation of UPL amounts < 0	(284)	(3,578)	(908)
42	allocation of supplemental payments	(39,054)	(491,165)	(124,720)
43	total aggregate limit adjustments	(39,338)	(494,743)	(125,628)
44				
45	UPL amount after aggregate limit adjustments	19,002	238,979	60,683
46	UPL adjustment available for 3Q + 4Q SFY2009	9,501	119,490	30,342

Georgia Department of Community Health

	Facility Name	Jasper Memorial	Jeff Davis	Jefferson	Jenkins County
1	Medicaid Provider ID	000000998A	000001009A	000001031A	000001042A
2	base period report period beginning date	10/1/2006	10/1/2006	1/1/2007	7/1/2006
3	base period report period ending date	9/30/2007	9/30/2007	12/31/2007	6/30/2007
4	HS&R processing date for Medicaid data	10/1/2008	10/1/2008	10/1/2008	10/1/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	1	1	0	1
8					
9	Medicaid inpatient claims paid at amount > 0:				
10	covered charges	43,667	734,256	776,643	121,008
11	payments for services	54,097	410,453	561,018	101,661
12	annual covered charges	43,667	734,256	776,643	121,008
13	annual payments for services	54,097	410,453	561,018	101,661
14					
15	inpatient CCR	0.995947	0.464074	0.429425	0.631322
16					
17	annual cost of services	43,490	340,749	333,510	76,395
18					
19	adjustment factors				
20	claim completion	1.000000	1.000000	1.000000	1.000000
21	inflation	1.047253	1.047253	1.032615	1.057876
22	volume allowance	1.025349	1.025349	1.021728	1.028970
23	combined adjustment factors	1.073800	1.073800	1.055051	1.088523
24					
25	adjusted annual charges	46,890	788,444	819,398	131,720
26	adjusted Medicaid payments for services	58,089	440,744	591,903	110,660
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	58,089	440,744	591,903	110,660
29	adjusted cost of services	47,167	369,555	351,870	83,990
30					
31	other UPL calculation data				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	cost	cost	DRG differential	cost
34	DRG differential adjustment rate			1.185749	
35	maximum annual payments (at DRG differential)	0	0	701,848	0
36					
37	maximum annual payments	47,167	369,555	701,848	83,990
38	facility specific UPL amount	(10,922)	(71,189)	109,945	(26,670)
39					
40	aggregate limit adjustments				
41	allocation of UPL amounts < 0	10,922	71,189	(536)	26,670
42	allocation of supplemental payments	0	0	(73,599)	0
43	total aggregate limit adjustments	10,922	71,189	(74,135)	26,670
44					
45	UPL amount after aggregate limit adjustments	0	0	35,810	0
46	UPL adjustment available for 3Q + 4Q SFY2009	0	0	17,905	0

Georgia Department of Community Health

	Facility Name	Joan Glancey	Kennestone	Liberty Regional Med.
1	Medicaid Provider ID	000001064A	000001119A	000001152A
2	base period report period beginning date	7/1/2006	7/1/2006	12/1/2006
3	base period report period ending date	6/30/2007	6/30/2007	11/30/2007
4	HS&R processing date for Medicaid data	10/1/2008	10/1/2008	10/1/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	1
8				
9	Medicaid inpatient claims paid at amount > 0:			
10	covered charges	3,472,842	52,484,517	1,331,860
11	payments for services	1,098,192	18,626,094	605,604
12	annual covered charges	3,472,842	52,484,517	1,331,860
13	annual payments for services	1,098,192	18,626,094	605,604
14				
15	inpatient CCR	0.527622	0.522184	0.533376
16				
17	annual cost of services	1,832,348	27,406,575	710,382
18				
19	adjustment factors			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.057876	1.057876	1.018380
22	volume allowance	1.028970	1.028970	1.022935
23	combined adjustment factors	1.088523	1.088523	1.041736
24				
25	adjusted annual charges	3,780,268	57,130,604	1,387,447
26	adjusted Medicaid payments for services	1,195,407	20,274,932	630,879
27	supplemental rate adjustment payments	0	0	0
28	total adjusted Medicaid payments	1,195,407	20,274,932	630,879
29	adjusted cost of services	1,994,553	29,832,687	747,431
30				
31	other UPL calculation data			
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	cost
34	DRG differential adjustment rate	1.185749	1.185749	
35	maximum annual payments (at DRG differential)	1,417,452	24,040,973	0
36				
37	maximum annual payments	1,417,452	24,040,973	747,431
38	facility specific UPL amount	222,045	3,766,041	116,552
39				
40	aggregate limit adjustments			
41	allocation of UPL amounts < 0	(1,083)	(18,364)	(568)
42	allocation of supplemental payments	(148,640)	(2,521,046)	(78,022)
43	total aggregate limit adjustments	(149,723)	(2,539,410)	(78,590)
44				
45	UPL amount after aggregate limit adjustments	72,322	1,226,631	37,962
46	UPL adjustment available for 3Q + 4Q SFY2009	36,161	613,316	18,981

Georgia Department of Community Health

	Facility Name	Louis Smith Memorial	Lower Oconee Community	McDuffie Regional
1	Medicaid Provider ID	000001163A	000002076A	000001185A
2	base period report period beginning date	10/1/2006	10/1/2006	10/1/2006
3	base period report period ending date	9/30/2007	9/30/2007	9/30/2007
4	HS&R processing date for Medicaid data	10/1/2008	12/9/2008	10/1/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	0
8				
9	Medicaid inpatient claims paid at amount > 0:			
10	covered charges	202,613	759,900	806,446
11	payments for services	111,374	367,080	425,017
12	annual covered charges	202,613	759,900	806,446
13	annual payments for services	111,374	367,080	425,017
14				
15	inpatient CCR	0.477413	0.537768	0.527119
16				
17	annual cost of services	96,730	408,650	425,093
18				
19	adjustment factors			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.047253	1.047253	1.047253
22	volume allowance	1.025349	1.025349	1.025349
23	combined adjustment factors	1.073800	1.073800	1.073800
24				
25	adjusted annual charges	217,566	815,981	865,962
26	adjusted Medicaid payments for services	119,593	394,171	456,383
27	supplemental rate adjustment payments	0	0	0
28	total adjusted Medicaid payments	119,593	394,171	456,383
29	adjusted cost of services	104,908	443,196	456,465
30				
31	other UPL calculation data			
32	provider category for UPL calculation	nonstate governmental	private	nonstate governmental
33	basis for UPL calculation	cost	cost	DRG differential
34	DRG differential adjustment rate			1.185749
35	maximum annual payments (at DRG differential)	0	0	541,156
36				
37	maximum annual payments	104,908	443,196	541,156
38	facility specific UPL amount	(14,685)	49,025	84,773
39				
40	aggregate limit adjustments			
41	allocation of UPL amounts < 0	14,685	(14,788)	(413)
42	allocation of supplemental payments	0	0	(56,749)
43	total aggregate limit adjustments	14,685	(14,788)	(57,162)
44				
45	UPL amount after aggregate limit adjustments	0	34,237	27,611
46	UPL adjustment available for 3Q + 4Q SFY2009	0	17,119	13,806

Georgia Department of Community Health

	Facility Name	Meadows Reg. Med.	Medical College of GA	Medical Ctr. Central GA
1	Medicaid Provider ID	000001086A	000000723A	000001207A
2	base period report period beginning date	7/1/2006	7/1/2006	10/1/2006
3	base period report period ending date	6/30/2007	6/30/2007	9/30/2007
4	HS&R processing date for Medicaid data	10/1/2008	10/1/2008	10/1/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	Medicaid inpatient claims paid at amount > 0:			
10	covered charges	7,434,051	80,118,663	107,339,436
11	payments for services	2,819,189	38,598,341	37,484,548
12	annual covered charges	7,434,051	80,118,663	107,339,436
13	annual payments for services	2,819,189	38,598,341	37,484,548
14				
15	inpatient CCR	0.466347	0.540425	0.344381
16				
17	annual cost of services	3,466,847	43,298,128	36,965,662
18				
19	adjustment factors			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.057876	1.057876	1.047253
22	volume allowance	1.028970	1.028970	1.025349
23	combined adjustment factors	1.088523	1.088523	1.073800
24				
25	adjusted annual charges	8,092,135	87,211,007	115,261,086
26	adjusted Medicaid payments for services	3,068,752	42,015,182	40,250,908
27	supplemental rate adjustment payments	0	4,748,607	4,101,411
28	total adjusted Medicaid payments	3,068,752	46,763,789	44,352,319
29	adjusted cost of services	3,773,743	47,131,008	39,693,728
30				
31	other UPL calculation data			
32	provider category for UPL calculation	nonstate governmental	state governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.185749	1.176010	1.185749
35	maximum annual payments (at DRG differential)	3,638,769	49,410,274	47,727,460
36				
37	maximum annual payments	3,638,769	49,410,274	47,727,460
38	facility specific UPL amount	570,017	2,646,485	3,375,141
39				
40	aggregate limit adjustments			
41	allocation of UPL amounts < 0	(2,779)	0	(36,457)
42	allocation of supplemental payments	(381,578)	306,880	(903,508)
43	total aggregate limit adjustments	(384,357)	306,880	(939,965)
44				
45	UPL amount after aggregate limit adjustments	185,660	2,953,365	2,435,176
46	UPL adjustment available for 3Q + 4Q SFY2009	92,830	1,476,683	1,217,588

Georgia Department of Community Health

	Facility Name	Memorial - Bainbridge	Memorial Medical Ctr.	Miller County
1	Medicaid Provider ID	000001262A	000001273A	000001317A
2	base period report period beginning date	4/1/2006	1/1/2007	7/1/2006
3	base period report period ending date	3/31/2007	12/31/2007	6/30/2007
4	HS&R processing date for Medicaid data	10/1/2008	10/1/2008	10/1/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	1
8				
9	Medicaid inpatient claims paid at amount > 0:			
10	covered charges	3,311,507	79,524,443	1,148,446
11	payments for services	1,745,048	29,139,536	469,844
12	annual covered charges	3,311,507	79,524,443	1,148,446
13	annual payments for services	1,745,048	29,139,536	469,844
14				
15	inpatient CCR	0.550623	0.402126	0.426024
16				
17	annual cost of services	1,823,392	31,978,846	489,266
18				
19	adjustment factors			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.070006	1.032615	1.057876
22	volume allowance	1.032591	1.021728	1.028970
23	combined adjustment factors	1.104879	1.055051	1.088523
24				
25	adjusted annual charges	3,658,815	83,902,343	1,250,110
26	adjusted Medicaid payments for services	1,928,067	30,743,697	511,436
27	supplemental rate adjustment payments	0	3,681,953	0
28	total adjusted Medicaid payments	1,928,067	34,425,650	511,436
29	adjusted cost of services	2,014,628	34,076,706	537,903
30				
31	other UPL calculation data			
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	cost
34	DRG differential adjustment rate	1.185749	1.185749	
35	maximum annual payments (at DRG differential)	2,286,203	36,454,297	0
36				
37	maximum annual payments	2,286,203	36,454,297	537,903
38	facility specific UPL amount	358,136	2,028,647	26,467
39				
40	aggregate limit adjustments			
41	allocation of UPL amounts < 0	(1,746)	(27,846)	(129)
42	allocation of supplemental payments	(239,742)	(140,810)	(17,717)
43	total aggregate limit adjustments	(241,488)	(168,656)	(17,846)
44				
45	UPL amount after aggregate limit adjustments	116,648	1,859,991	8,621
46	UPL adjustment available for 3Q + 4Q SFY2009	58,324	929,996	4,311

Georgia Department of Community Health

	Facility Name	Minnie G. Boswell	Mitchell County	Monroe County
1	Medicaid Provider ID	000001328A	000001339A	000001361A
2	base period report period beginning date	1/1/2007	10/1/2006	10/1/2006
3	base period report period ending date	12/31/2007	9/30/2007	9/30/2007
4	HS&R processing date for Medicaid data	10/1/2008	10/1/2008	10/1/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	1
8				
9	Medicaid inpatient claims paid at amount > 0:			
10	covered charges	262,824	526,694	170,624
11	payments for services	132,178	184,488	95,009
12	annual covered charges	262,824	526,694	170,624
13	annual payments for services	132,178	184,488	95,009
14				
15	inpatient CCR	0.550684	0.426285	0.834173
16				
17	annual cost of services	144,733	224,522	142,330
18				
19	adjustment factors			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.032615	1.047253	1.047253
22	volume allowance	1.021728	1.025349	1.025349
23	combined adjustment factors	1.055051	1.073800	1.073800
24				
25	adjusted annual charges	277,293	565,564	183,216
26	adjusted Medicaid payments for services	139,455	198,103	102,021
27	supplemental rate adjustment payments	0	0	0
28	total adjusted Medicaid payments	139,455	198,103	102,021
29	adjusted cost of services	154,228	243,503	154,362
30				
31	other UPL calculation data			
32	provider category for UPL calculation	private	nonstate governmental	nonstate governmental
33	basis for UPL calculation	cost	cost	cost
34	DRG differential adjustment rate			
35	maximum annual payments (at DRG differential)	0	0	0
36				
37	maximum annual payments	154,228	243,503	154,362
38	facility specific UPL amount	14,773	45,400	52,341
39				
40	aggregate limit adjustments			
41	allocation of UPL amounts < 0	(4,456)	(221)	(255)
42	allocation of supplemental payments	0	(30,392)	(35,038)
43	total aggregate limit adjustments	(4,456)	(30,613)	(35,293)
44				
45	UPL amount after aggregate limit adjustments	10,317	14,787	17,048
46	UPL adjustment available for 3Q + 4Q SFY2009	5,159	7,394	8,524

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	Facility Name	Morgan Memorial	Mountain Lakes Med.	Murray Medical Ctr.
1	Medicaid Provider ID	000694229A	000001559A	000001383A
2	base period report period beginning date	7/1/2006	1/1/2007	10/1/2006
3	base period report period ending date	6/30/2007	12/31/2007	9/30/2007
4	HS&R processing date for Medicaid data	10/1/2008	10/1/2008	10/1/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	0
8				
9	Medicaid inpatient claims paid at amount > 0:			
10	covered charges	60,305	179,661	1,850,722
11	payments for services	35,337	121,101	486,858
12	annual covered charges	60,305	179,661	1,850,722
13	annual payments for services	35,337	121,101	486,858
14				
15	inpatient CCR	0.541298	0.832462	0.302938
16				
17	annual cost of services	32,643	149,561	560,654
18				
19	adjustment factors			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.057876	1.032615	1.047253
22	volume allowance	1.028970	1.021728	1.025349
23	combined adjustment factors	1.088523	1.055051	1.073800
24				
25	adjusted annual charges	65,643	189,552	1,987,305
26	adjusted Medicaid payments for services	38,465	127,768	522,788
27	supplemental rate adjustment payments	0	0	0
28	total adjusted Medicaid payments	38,465	127,768	522,788
29	adjusted cost of services	35,888	159,372	602,030
30				
31	other UPL calculation data			
32	provider category for UPL calculation	nonstate governmental	private	nonstate governmental
33	basis for UPL calculation	cost	cost	DRG differential
34	DRG differential adjustment rate			1.185749
35	maximum annual payments (at DRG differential)	0	0	619,895
36				
37	maximum annual payments	35,888	159,372	619,895
38	facility specific UPL amount	(2,577)	31,604	97,107
39				
40	aggregate limit adjustments			
41	allocation of UPL amounts < 0	2,577	(9,533)	(474)
42	allocation of supplemental payments	0	0	(65,005)
43	total aggregate limit adjustments	2,577	(9,533)	(65,479)
44				
45	UPL amount after aggregate limit adjustments	(0)	22,071	31,628
46	UPL adjustment available for 3Q + 4Q SFY2009	0	11,036	15,814

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	Facility Name	Newton General	Northeast GA Med.	Northside
1	Medicaid Provider ID	000001394A	000000888A	000001405A
2	base period report period beginning date	1/1/2007	10/1/2006	10/1/2006
3	base period report period ending date	12/31/2007	9/30/2007	9/30/2007
4	HS&R processing date for Medicaid data	10/1/2008	10/1/2008	10/1/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	Medicaid inpatient claims paid at amount > 0:			
10	covered charges	6,000,005	46,917,081	55,089,642
11	payments for services	2,714,842	15,899,486	18,081,968
12	annual covered charges	6,000,005	46,917,081	55,089,642
13	annual payments for services	2,714,842	15,899,486	18,081,968
14				
15	inpatient CCR	0.409093	0.405249	0.416293
16				
17	annual cost of services	2,454,560	19,013,100	22,933,432
18				
19	adjustment factors			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.032615	1.047253	1.047253
22	volume allowance	1.021728	1.025349	1.025349
23	combined adjustment factors	1.055051	1.073800	1.073800
24				
25	adjusted annual charges	6,330,311	50,379,562	59,155,258
26	adjusted Medicaid payments for services	2,864,297	17,072,868	19,416,417
27	supplemental rate adjustment payments	0	0	0
28	total adjusted Medicaid payments	2,864,297	17,072,868	19,416,417
29	adjusted cost of services	2,589,686	20,416,267	24,625,919
30				
31	other UPL calculation data			
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.185749	1.185749	1.185749
35	maximum annual payments (at DRG differential)	3,396,336	20,244,130	23,022,990
36				
37	maximum annual payments	3,396,336	20,244,130	23,022,990
38	facility specific UPL amount	532,039	3,171,262	3,606,573
39				
40	aggregate limit adjustments			
41	allocation of UPL amounts < 0	(2,594)	(15,463)	(17,586)
42	allocation of supplemental payments	(356,155)	(2,122,892)	(2,414,296)
43	total aggregate limit adjustments	(358,749)	(2,138,355)	(2,431,882)
44				
45	UPL amount after aggregate limit adjustments	173,290	1,032,907	1,174,691
46	UPL adjustment available for 3Q + 4Q SFY2009	86,645	516,454	587,346

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	Facility Name	Northside - Cherokee	Northside - Forsyth	Oconee Regional Ctr.
1	Medicaid Provider ID	000001108A	000000767A	000000129A
2	base period report period beginning date	10/1/2006	10/1/2006	10/1/2006
3	base period report period ending date	9/30/2007	9/30/2007	9/30/2007
4	HS&R processing date for Medicaid data	10/1/2008	10/1/2008	10/1/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	Medicaid inpatient claims paid at amount > 0:			
10	covered charges	10,452,121	5,568,796	5,358,454
11	payments for services	3,937,732	1,596,792	2,129,470
12	annual covered charges	10,452,121	5,568,796	5,358,454
13	annual payments for services	3,937,732	1,596,792	2,129,470
14				
15	inpatient CCR	0.347338	0.289772	0.487976
16				
17	annual cost of services	3,630,419	1,613,681	2,614,797
18				
19	adjustment factors			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.047253	1.047253	1.047253
22	volume allowance	1.025349	1.025349	1.025349
23	combined adjustment factors	1.073800	1.073800	1.073800
24				
25	adjusted annual charges	11,223,488	5,979,773	5,753,908
26	adjusted Medicaid payments for services	4,228,337	1,714,635	2,286,625
27	supplemental rate adjustment payments	0	0	0
28	total adjusted Medicaid payments	4,228,337	1,714,635	2,286,625
29	adjusted cost of services	3,898,344	1,732,771	2,807,769
30				
31	other UPL calculation data			
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.185749	1.185749	1.185749
35	maximum annual payments (at DRG differential)	5,013,745	2,033,126	2,711,363
36				
37	maximum annual payments	5,013,745	2,033,126	2,711,363
38	facility specific UPL amount	785,408	318,491	424,738
39				
40	aggregate limit adjustments			
41	allocation of UPL amounts < 0	(3,830)	(1,553)	(2,071)
42	allocation of supplemental payments	(525,764)	(213,203)	(284,326)
43	total aggregate limit adjustments	(529,594)	(214,756)	(286,397)
44				
45	UPL amount after aggregate limit adjustments	255,814	103,735	138,341
46	UPL adjustment available for 3Q + 4Q SFY2009	127,907	51,868	69,171

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	Facility Name	Paulding Medical Ctr.	Peach Regional	Perry General
1	Medicaid Provider ID	000001438A	000001449A	000001471A
2	base period report period beginning date	7/1/2006	11/1/2006	3/1/2006
3	base period report period ending date	6/30/2007	10/31/2007	2/28/2007
4	HS&R processing date for Medicaid data	10/1/2008	10/1/2008	11/25/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	1	0
8				
9	Medicaid inpatient claims paid at amount > 0:			
10	covered charges	1,050,357	568,403	1,213,284
11	payments for services	408,829	345,029	626,702
12	annual covered charges	1,050,357	568,403	1,213,284
13	annual payments for services	408,829	345,029	626,702
14				
15	inpatient CCR	0.471935	0.550447	0.644565
16				
17	annual cost of services	495,700	312,876	782,040
18				
19	adjustment factors			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.057876	1.032615	1.060407
22	volume allowance	1.028970	1.024142	1.033799
23	combined adjustment factors	1.088523	1.057544	1.096247
24				
25	adjusted annual charges	1,143,338	601,111	1,330,059
26	adjusted Medicaid payments for services	445,020	364,883	687,020
27	supplemental rate adjustment payments	0	0	0
28	total adjusted Medicaid payments	445,020	364,883	687,020
29	adjusted cost of services	544,977	334,189	857,309
30				
31	other UPL calculation data			
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	cost	DRG differential
34	DRG differential adjustment rate	1.185749		1.185749
35	maximum annual payments (at DRG differential)	527,682	0	814,633
36				
37	maximum annual payments	527,682	334,189	814,633
38	facility specific UPL amount	82,662	(30,694)	127,613
39				
40	aggregate limit adjustments			
41	allocation of UPL amounts < 0	(403)	30,694	(622)
42	allocation of supplemental payments	(55,335)	0	(85,426)
43	total aggregate limit adjustments	(55,738)	30,694	(86,048)
44				
45	UPL amount after aggregate limit adjustments	26,924	0	41,565
46	UPL adjustment available for 3Q + 4Q SFY2009	13,462	0	20,783

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	Facility Name	Phoebe Putney Mem.	Phoebe Worth Medical	Polk General
1	Medicaid Provider ID	000001482A	000002109A	000001526A
2	base period report period beginning date	8/1/2006	8/1/2006	10/1/2006
3	base period report period ending date	7/31/2007	7/31/2007	9/30/2007
4	HS&R processing date for Medicaid data	10/2/2008	10/2/2008	10/2/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	1	1
8				
9	Medicaid inpatient claims paid at amount > 0:			
10	covered charges	75,990,332	239,427	316,850
11	payments for services	24,859,181	143,990	151,734
12	annual covered charges	75,990,332	239,427	316,850
13	annual payments for services	24,859,181	143,990	151,734
14				
15	inpatient CCR	0.420631	0.650081	0.797848
16				
17	annual cost of services	31,963,889	155,647	252,798
18				
19	adjustment factors			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.047253	1.047253	1.047253
22	volume allowance	1.027763	1.027763	1.025349
23	combined adjustment factors	1.076328	1.076328	1.073800
24				
25	adjusted annual charges	81,790,522	257,702	340,234
26	adjusted Medicaid payments for services	26,756,633	154,980	162,932
27	supplemental rate adjustment payments	2,688,832	0	0
28	total adjusted Medicaid payments	29,445,465	154,980	162,932
29	adjusted cost of services	34,403,629	169,202	274,169
30				
31	other UPL calculation data			
32	provider category for UPL calculation	nonstate governmental	private	nonstate governmental
33	basis for UPL calculation	DRG differential	cost	cost
34	DRG differential adjustment rate	1.185749		
35	maximum annual payments (at DRG differential)	31,726,642	0	0
36				
37	maximum annual payments	31,726,642	169,202	274,169
38	facility specific UPL amount	2,281,177	14,222	111,237
39				
40	aggregate limit adjustments			
41	allocation of UPL amounts < 0	(24,234)	(4,290)	(542)
42	allocation of supplemental payments	(638,169)	0	(74,464)
43	total aggregate limit adjustments	(662,403)	(4,290)	(75,006)
44				
45	UPL amount after aggregate limit adjustments	1,618,774	9,932	36,231
46	UPL adjustment available for 3Q + 4Q SFY2009	809,387	4,966	18,116

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	Facility Name	Putnam General	Roosevelt Warm Springs	Satilla Regional	Screven County
1	Medicaid Provider ID	000001537A	000000778A	000001229A	000001647A
2	base period report period beginning date	10/1/2006	7/1/2006	1/1/2007	7/1/2006
3	base period report period ending date	9/30/2007	6/30/2007	12/31/2007	6/30/2007
4	HS&R processing date for Medicaid data	10/2/2008	10/2/2008	10/2/2008	10/2/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	1	0	0	1
8					
9	Medicaid inpatient claims paid at amount > 0:				
10	covered charges	351,428	3,098,666	13,871,660	218,929
11	payments for services	281,609	2,666,767	4,256,945	194,969
12	annual covered charges	351,428	3,098,666	13,871,660	218,929
13	annual payments for services	281,609	2,666,767	4,256,945	194,969
14					
15	inpatient CCR	0.867219	0.943206	0.426699	0.715424
16					
17	annual cost of services	304,765	2,922,680	5,919,023	156,627
18					
19	adjustment factors				
20	claim completion	1.000000	1.000000	1.000000	1.000000
21	inflation	1.047253	1.057876	1.032615	1.057876
22	volume allowance	1.025349	1.028970	1.021728	1.028970
23	combined adjustment factors	1.073800	1.088523	1.055051	1.088523
24					
25	adjusted annual charges	377,363	3,372,969	14,635,309	238,309
26	adjusted Medicaid payments for services	302,392	2,902,837	4,491,294	212,228
27	supplemental rate adjustment payments	0	0	225,721	0
28	total adjusted Medicaid payments	302,392	2,902,837	4,717,015	212,228
29	adjusted cost of services	330,530	3,181,404	6,244,871	172,197
30					
31	other UPL calculation data				
32	provider category for UPL calculation	nonstate governmental	state governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	cost	DRG differential	DRG differential	cost
34	DRG differential adjustment rate		1.176010	1.185749	
35	maximum annual payments (at DRG differential)	0	3,413,765	5,325,546	0
36					
37	maximum annual payments	330,530	3,413,765	5,325,546	172,197
38	facility specific UPL amount	28,138	510,928	608,531	(40,031)
39					
40	aggregate limit adjustments				
41	allocation of UPL amounts < 0	(137)	0	(4,068)	40,031
42	allocation of supplemental payments	(18,836)	(306,880)	(332,740)	0
43	total aggregate limit adjustments	(18,973)	(306,880)	(336,808)	40,031
44					
45	UPL amount after aggregate limit adjustments	9,165	204,048	271,723	0
46	UPL adjustment available for 3Q + 4Q SFY2009	4,583	102,024	135,862	0

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	Facility Name	South Georgia Medical	Southeast Georgia Medical	Southern Regional
1	Medicaid Provider ID	000001724A	000000822A	000000404A
2	base period report period beginning date	10/1/2006	10/1/2006	7/1/2006
3	base period report period ending date	9/30/2007	9/30/2007	6/30/2007
4	HS&R processing date for Medicaid data	10/2/2008	10/2/2008	10/2/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	Medicaid inpatient claims paid at amount > 0:			
10	covered charges	18,765,794	19,490,235	47,685,168
11	payments for services	7,626,755	7,125,502	17,208,943
12	annual covered charges	18,765,794	19,490,235	47,685,168
13	annual payments for services	7,626,755	7,125,502	17,208,943
14				
15	inpatient CCR	0.517016	0.422826	0.380716
16				
17	annual cost of services	9,702,216	8,240,978	18,154,506
18				
19	adjustment factors			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.047253	1.047253	1.057876
22	volume allowance	1.025349	1.025349	1.028970
23	combined adjustment factors	1.073800	1.073800	1.088523
24				
25	adjusted annual charges	20,150,710	20,928,614	51,906,402
26	adjusted Medicaid payments for services	8,189,610	7,651,364	18,732,330
27	supplemental rate adjustment payments	0	0	0
28	total adjusted Medicaid payments	8,189,610	7,651,364	18,732,330
29	adjusted cost of services	10,418,240	8,849,162	19,761,597
30				
31	other UPL calculation data			
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.185749	1.185749	1.185749
35	maximum annual payments (at DRG differential)	9,710,819	9,072,595	22,211,835
36				
37	maximum annual payments	9,710,819	9,072,595	22,211,835
38	facility specific UPL amount	1,521,209	1,421,231	3,479,505
39				
40	aggregate limit adjustments			
41	allocation of UPL amounts < 0	(7,418)	(6,930)	(16,967)
42	allocation of supplemental payments	(1,018,320)	(951,394)	(2,329,234)
43	total aggregate limit adjustments	(1,025,738)	(958,324)	(2,346,201)
44				
45	UPL amount after aggregate limit adjustments	495,471	462,907	1,133,304
46	UPL adjustment available for 3Q + 4Q SFY2009	247,736	231,454	566,652

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	Facility Name	Southwest GA Reg. Med. Ctr.	Stephens County	Stewart Webster
1	Medicaid Provider ID	000001427A	000001834A	000001845A
2	base period report period beginning date	7/1/2006	10/1/2006	10/1/2006
3	base period report period ending date	6/30/2007	9/30/2007	9/30/2007
4	HS&R processing date for Medicaid data	10/2/2008	10/2/2008	10/2/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	0	1
8				
9	Medicaid inpatient claims paid at amount > 0:			
10	covered charges	230,948	2,592,612	267,620
11	payments for services	84,831	1,114,711	199,598
12	annual covered charges	230,948	2,592,612	267,620
13	annual payments for services	84,831	1,114,711	199,598
14				
15	inpatient CCR	0.406862	0.549527	0.608049
16				
17	annual cost of services	93,964	1,424,710	162,726
18				
19	adjustment factors			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.057876	1.047253	1.047253
22	volume allowance	1.028970	1.025349	1.025349
23	combined adjustment factors	1.088523	1.073800	1.073800
24				
25	adjusted annual charges	251,392	2,783,947	287,370
26	adjusted Medicaid payments for services	92,340	1,196,977	214,328
27	supplemental rate adjustment payments	0	0	0
28	total adjusted Medicaid payments	92,340	1,196,977	214,328
29	adjusted cost of services	103,305	1,529,854	176,482
30				
31	other UPL calculation data			
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	private
33	basis for UPL calculation	cost	DRG differential	cost
34	DRG differential adjustment rate		1.185749	
35	maximum annual payments (at DRG differential)	0	1,419,314	0
36				
37	maximum annual payments	103,305	1,419,314	176,482
38	facility specific UPL amount	10,965	222,337	(37,846)
39				
40	aggregate limit adjustments			
41	allocation of UPL amounts < 0	(53)	(1,084)	37,846
42	allocation of supplemental payments	(7,340)	(148,836)	0
43	total aggregate limit adjustments	(7,393)	(149,920)	37,846
44				
45	UPL amount after aggregate limit adjustments	3,572	72,417	(0)
46	UPL adjustment available for 3Q + 4Q SFY2009	1,786	36,209	0

Georgia Department of Community Health

	Facility Name	Sumter Regional	Sylvan Grove	Tanner Med. -Villa Rica
1	Medicaid Provider ID	000000019A	000001856A	000002032A
2	base period report period beginning date	10/1/2006	1/1/2007	7/1/2006
3	base period report period ending date	9/30/2007	12/31/2007	6/30/2007
4	HS&R processing date for Medicaid data	10/2/2008	11/5/2008	10/2/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	1	0
8				
9	Medicaid inpatient claims paid at amount > 0:			
10	covered charges	2,683,581	117,756	2,827,491
11	payments for services	835,331	62,665	1,152,117
12	annual covered charges	2,683,581	117,756	2,827,491
13	annual payments for services	835,331	62,665	1,152,117
14				
15	inpatient CCR	0.721913	0.338055	0.67334
16				
17	annual cost of services	1,937,312	39,808	1,903,863
18				
19	adjustment factors			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.047253	1.032615	1.057876
22	volume allowance	1.025349	1.021728	1.028970
23	combined adjustment factors	1.073800	1.055051	1.088523
24				
25	adjusted annual charges	2,881,629	124,239	3,077,789
26	adjusted Medicaid payments for services	896,978	66,115	1,254,106
27	supplemental rate adjustment payments	0	0	0
28	total adjusted Medicaid payments	896,978	66,115	1,254,106
29	adjusted cost of services	2,080,286	42,419	2,072,399
30				
31	other UPL calculation data			
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	cost	DRG differential
34	DRG differential adjustment rate	1.185749		1.185749
35	maximum annual payments (at DRG differential)	1,063,590	0	1,487,055
36				
37	maximum annual payments	1,063,590	42,419	1,487,055
38	facility specific UPL amount	166,612	(23,696)	232,949
39				
40	aggregate limit adjustments			
41	allocation of UPL amounts < 0	(812)	23,696	(1,136)
42	allocation of supplemental payments	(111,533)	0	(155,940)
43	total aggregate limit adjustments	(112,345)	23,696	(157,076)
44				
45	UPL amount after aggregate limit adjustments	54,267	0	75,873
46	UPL adjustment available for 3Q + 4Q SFY2009	27,134	0	37,937

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	Facility Name	Tanner Medical Center	Tattnall Community	The Medical Center
1	Medicaid Provider ID	000001867A	000001878A	000001196A
2	base period report period beginning date	7/1/2006	1/1/2007	7/1/2006
3	base period report period ending date	6/30/2007	12/31/2007	6/30/2007
4	HS&R processing date for Medicaid data	10/2/2008	10/2/2008	10/2/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	1	0
8				
9	Medicaid inpatient claims paid at amount > 0:			
10	covered charges	10,200,178	869,242	31,723,811
11	payments for services	3,647,002	387,569	12,889,077
12	annual covered charges	10,200,178	869,242	31,723,811
13	annual payments for services	3,647,002	387,569	12,889,077
14				
15	inpatient CCR	0.46799	0.458555	0.484229
16				
17	annual cost of services	4,773,581	398,595	15,361,589
18				
19	adjustment factors			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.057876	1.032615	1.057876
22	volume allowance	1.028970	1.021728	1.028970
23	combined adjustment factors	1.088523	1.055051	1.088523
24				
25	adjusted annual charges	11,103,128	917,095	34,532,098
26	adjusted Medicaid payments for services	3,969,846	408,905	14,030,057
27	supplemental rate adjustment payments	0	0	3,302,516
28	total adjusted Medicaid payments	3,969,846	408,905	17,332,573
29	adjusted cost of services	5,196,153	424,743	16,721,443
30				
31	other UPL calculation data			
32	provider category for UPL calculation	nonstate governmental	private	nonstate governmental
33	basis for UPL calculation	DRG differential	cost	DRG differential
34	DRG differential adjustment rate	1.185749		1.185749
35	maximum annual payments (at DRG differential)	4,707,240	0	16,636,121
36				
37	maximum annual payments	4,707,240	424,743	16,636,121
38	facility specific UPL amount	737,394	15,838	(696,452)
39				
40	aggregate limit adjustments			
41	allocation of UPL amounts < 0	(3,596)	(4,778)	(12,708)
42	allocation of supplemental payments	(493,623)	0	1,557,977
43	total aggregate limit adjustments	(497,219)	(4,778)	1,545,269
44				
45	UPL amount after aggregate limit adjustments	240,175	11,060	848,817
46	UPL adjustment available for 3Q + 4Q SFY2009	120,088	5,530	424,409

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	Facility Name	Tift Regional	Union General	University	Upson Regional
1	Medicaid Provider ID	000001922A	000001966A	000001977A	000001988A
2	base period report period beginning date	10/1/2006	5/1/2006	1/1/2007	1/1/2007
3	base period report period ending date	9/30/2007	4/30/2007	12/31/2007	12/31/2007
4	HS&R processing date for Medicaid data	10/2/2008	10/2/2008	10/2/2008	10/2/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	0	0	0	0
8					
9	Medicaid inpatient claims paid at amount > 0:				
10	covered charges	15,349,033	889,409	40,345,653	6,054,021
11	payments for services	4,869,759	566,577	12,509,825	2,602,191
12	annual covered charges	15,349,033	889,409	40,345,653	6,054,021
13	annual payments for services	4,869,759	566,577	12,509,825	2,602,191
14					
15	inpatient CCR	0.411258	0.882596	0.343191	0.531309
16					
17	annual cost of services	6,312,413	784,989	13,846,265	3,216,556
18					
19	adjustment factors				
20	claim completion	1.000000	1.000000	1.000000	1.000000
21	inflation	1.047253	1.057876	1.032615	1.032615
22	volume allowance	1.025349	1.031384	1.021728	1.021728
23	combined adjustment factors	1.073800	1.091077	1.055051	1.055051
24					
25	adjusted annual charges	16,481,792	970,414	42,566,722	6,387,301
26	adjusted Medicaid payments for services	5,229,147	618,179	13,198,503	2,745,444
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	5,229,147	618,179	13,198,503	2,745,444
29	adjusted cost of services	6,778,269	856,483	14,608,516	3,393,631
30					
31	other UPL calculation data				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.185749	1.185749	1.185749	1.185749
35	maximum annual payments (at DRG differential)	6,200,454	733,005	15,650,107	3,255,407
36					
37	maximum annual payments	6,200,454	733,005	15,650,107	3,255,407
38	facility specific UPL amount	971,307	114,826	2,451,604	509,963
39					
40	aggregate limit adjustments				
41	allocation of UPL amounts < 0	(4,736)	(560)	(11,954)	(2,487)
42	allocation of supplemental payments	(650,208)	(76,866)	(1,641,142)	(341,377)
43	total aggregate limit adjustments	(654,944)	(77,426)	(1,653,096)	(343,864)
44					
45	UPL amount after aggregate limit adjustments	316,363	37,400	798,508	166,099
46	UPL adjustment available for 3Q + 4Q SFY2009	158,182	18,700	399,254	83,050

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	Facility Name	Warm Springs Med Ctr	Washington County Reg	Wayne Memorial
1	Medicaid Provider ID	000001284A	000001218A	000002054A
2	base period report period beginning date	1/1/2007	9/1/2006	7/1/2006
3	base period report period ending date	12/31/2007	8/31/2007	6/30/2007
4	HS&R processing date for Medicaid data	10/2/2008	10/2/2008	10/2/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	0	0
8				
9	Medicaid inpatient claims paid at amount > 0:			
10	covered charges	339,856	2,648,412	4,555,429
11	payments for services	219,108	1,401,836	1,801,654
12	annual covered charges	339,856	2,648,412	4,555,429
13	annual payments for services	219,108	1,401,836	1,801,654
14				
15	inpatient CCR	0.527294	0.475092	0.506628
16				
17	annual cost of services	179,204	1,258,239	2,307,908
18				
19	adjustment factors			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.032615	1.036842	1.057876
22	volume allowance	1.021728	1.026556	1.028970
23	combined adjustment factors	1.055051	1.064376	1.088523
24				
25	adjusted annual charges	358,565	2,818,906	4,958,689
26	adjusted Medicaid payments for services	231,170	1,492,081	1,961,142
27	supplemental rate adjustment payments	0	0	0
28	total adjusted Medicaid payments	231,170	1,492,081	1,961,142
29	adjusted cost of services	190,960	1,339,239	2,512,211
30				
31	other UPL calculation data			
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	cost	DRG differential	DRG differential
34	DRG differential adjustment rate		1.185749	1.185749
35	maximum annual payments (at DRG differential)	0	1,769,233	2,325,421
36				
37	maximum annual payments	190,960	1,769,233	2,325,421
38	facility specific UPL amount	(40,210)	277,152	364,279
39				
40	aggregate limit adjustments			
41	allocation of UPL amounts < 0	40,210	(1,351)	(1,776)
42	allocation of supplemental payments	0	(185,530)	(243,854)
43	total aggregate limit adjustments	40,210	(186,881)	(245,630)
44				
45	UPL amount after aggregate limit adjustments	0	90,271	118,649
46	UPL adjustment available for 3Q + 4Q SFY2009	0	45,136	59,325

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	Facility Name	West Georgia Medical	Wills Memorial	Windy Hill
1	Medicaid Provider ID	000002065A	000002087A	000001999A
2	base period report period beginning date	10/1/2006	5/1/2006	7/1/2006
3	base period report period ending date	9/30/2007	4/30/2007	6/30/2007
4	HS&R processing date for Medicaid data	10/2/2008	10/2/2008	10/2/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	1	0
8				
9	Medicaid inpatient claims paid at amount > 0:			
10	covered charges	6,052,582	504,600	2,368,670
11	payments for services	3,230,879	267,184	1,551,928
12	annual covered charges	6,052,582	504,600	2,368,670
13	annual payments for services	3,230,879	267,184	1,551,928
14				
15	inpatient CCR	0.667013	0.649503	0.431378
16				
17	annual cost of services	4,037,151	327,739	1,021,792
18				
19	adjustment factors			
20	claim completion	1.000000	1.000000	1.000000
21	inflation	1.047253	1.057876	1.057876
22	volume allowance	1.025349	1.031384	1.028970
23	combined adjustment factors	1.073800	1.091077	1.088523
24				
25	adjusted annual charges	6,499,263	550,557	2,578,352
26	adjusted Medicaid payments for services	3,469,318	291,518	1,689,309
27	supplemental rate adjustment payments	0	0	0
28	total adjusted Medicaid payments	3,469,318	291,518	1,689,309
29	adjusted cost of services	4,335,093	361,164	1,112,244
30				
31	other UPL calculation data			
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	cost	DRG differential
34	DRG differential adjustment rate	1.185749		1.185749
35	maximum annual payments (at DRG differential)	4,113,739	0	2,003,096
36				
37	maximum annual payments	4,113,739	361,164	2,003,096
38	facility specific UPL amount	644,421	69,646	313,787
39				
40	aggregate limit adjustments			
41	allocation of UPL amounts < 0	(3,142)	(340)	(1,530)
42	allocation of supplemental payments	(431,386)	(46,622)	(210,054)
43	total aggregate limit adjustments	(434,528)	(46,962)	(211,584)
44				
45	UPL amount after aggregate limit adjustments	209,893	22,684	102,203
46	UPL adjustment available for 3Q + 4Q SFY2009	104,947	11,342	51,102