

Georgia Department of Community Health

	Facility Name	Appling Hospital	Athens Regional Medical Center	Bacon County Hospital	BJC Medical Center	Bleckley Memorial Hospital
1	Medicaid Provider ID	00000052A	00000074A	00000118A	00000151A	00000195A
2	base period report period beginning date	9/1/2003	10/1/2003	7/1/2003	7/1/2003	4/1/2003
3	base period report period ending date	8/31/2004	9/30/2004	6/30/2004	6/30/2004	3/31/2004
4	HS&R processing date for Medicaid data	9/6/2005	9/6/2005	9/6/2005	9/6/2005	9/7/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000	1.00000
6						
7	CAH status (1 = yes)	0	0	1	0	1
8						
9	<u>subject to cost settlement</u>					
10	cost of Medicaid covered services	755,769	6,361,737	730,270	472,791	427,452
11	covered charges	2,511,680	20,917,280	1,556,881	1,441,678	547,483
12	outpatient Medicaid ratio of costs to charges	0.300902	0.304138	0.469060	0.327945	0.780758
13	annual cost of Medicaid covered services	755,769	6,361,737	730,270	472,791	427,452
14	cost settlement rate	85.6%	85.6%	100.0%	85.6%	100.0%
15	annual Medicaid payments after cost settlement	646,938	5,445,647	730,270	404,709	427,452
16						
17	<u>fee schedule lab only</u>					
18	covered charges	813,178	3,938,848	527,194	415,884	185,690
19	payments	102,275	514,591	70,695	57,923	28,615
20	annual covered charges	813,178	3,938,848	527,194	415,884	185,690
21	annual interim payments	102,275	514,591	70,695	57,923	28,615
22	annual cost of services if CAH	0	0	247,285	0	144,979
23	annual Medicare payments if not CAH	116,594	586,634	0	66,032	0
24						
25	<u>subject to fixed fee payment</u>					
26	covered charges	223,627	667,404	78,627	225,134	59,957
27	payments	26,427	81,900	14,836	42,450	16,060
28	annual covered charges	223,627	667,404	78,627	225,134	59,957
29	annual interim payments	26,427	81,900	14,836	42,450	16,060
30	annual cost of services	67,290	202,983	36,881	73,832	46,812
31						
32	<u>subject to limit of inpatient rate</u>					
33	covered charges	137,463	2,952,011	13,230	18,052	0
34	payments	48,481	832,786	4,094	6,202	0
35	annual covered charges	137,463	2,952,011	13,230	18,052	0
36	annual interim payments	48,481	832,786	4,094	6,202	0
37	annual cost of services	41,363	897,818	6,206	5,920	0
38						
39	Medicaid annual payments	824,121	6,874,924	819,895	511,284	472,127
40	maximum annual payments for UPL	981,016	8,049,172	1,020,642	618,575	619,243
41						
42	adjustment factors					
43	inflation	1.073852	1.089069	1.104723	1.104723	1.116955
44	volume allowance	1.027698	1.026439	1.030216	1.030216	1.033993
45	combined factors	1.103596	1.117863	1.138103	1.138103	1.154924
46						
47	adjusted Medicaid annual payments	909,497	7,685,223	933,125	581,894	545,271
48	adjusted maximum annual payments for UPL	1,082,645	8,997,872	1,161,596	704,002	715,179
49	facility specific UPL amount	173,148	1,312,649	228,471	122,108	169,908
50						
51	allocation of charge limit (if applicable)	158	1,192	66	86	9
52						
53	UPL amount after aggregate limit adjustments	173,306	1,313,841	228,537	122,194	169,917
54						
55	Intergovernmental transfer amount	68,283	517,653	0	48,144	0
56						
57	Net funds amount	105,023	796,188	228,537	74,050	169,917

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	Facility Name	Brooks County Hospital	Burke Medical Center	Calhoun Memorial Hospital	Camden Medical Center	Candler County Hospital
1	Medicaid Provider ID	00000239A	00000283A	00000305A	00000811A	00000316A
2	base period report period beginning date	10/1/2003	6/1/2003	4/1/2003	10/1/2003	10/1/2003
3	base period report period ending date	9/30/2004	5/31/2004	3/31/2004	9/30/2004	9/30/2004
4	HS&R processing date for Medicaid data	9/7/2005	9/7/2005	9/7/2005	9/7/2005	9/7/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000	1.00000
6						
7	CAH status (1 = yes)	1	0	1	0	1
8						
9	<u>subject to cost settlement</u>					
10	cost of Medicaid covered services	457,676	1,156,506	330,476	2,036,881	804,060
11	covered charges	979,381	1,729,751	434,245	3,596,111	1,205,047
12	outpatient Medicaid ratio of costs to charges	0.467311	0.668597	0.761036	0.566412	0.667244
13	annual cost of Medicaid covered services	457,676	1,156,506	330,476	2,036,881	804,060
14	cost settlement rate	100.0%	85.6%	100.0%	85.6%	100.0%
15	annual Medicaid payments after cost settlement	457,676	989,969	330,476	1,743,570	804,060
16						
17	<u>fee schedule lab only</u>					
18	covered charges	250,476	177,365	87,486	572,813	245,427
19	payments	38,692	52,467	15,582	82,648	44,178
20	annual covered charges	250,476	177,365	87,486	572,813	245,427
21	annual interim payments	38,692	52,467	15,582	82,648	44,178
22	annual cost of services if CAH	117,050	0	66,580	0	163,760
23	annual Medicare payments if not CAH	0	59,812	0	94,219	0
24						
25	<u>subject to fixed fee payment</u>					
26	covered charges	26,765	45,340	22,292	190,045	84,383
27	payments	8,850	14,200	8,050	36,700	24,570
28	annual covered charges	26,765	45,340	22,292	190,045	84,383
29	annual interim payments	8,850	14,200	8,050	36,700	24,570
30	annual cost of services	12,508	30,314	16,965	107,644	56,304
31						
32	<u>subject to limit of inpatient rate</u>					
33	covered charges	70,493	41,341	0	77,163	23,101
34	payments	34,637	19,437	0	32,158	11,666
35	annual covered charges	70,493	41,341	0	77,163	23,101
36	annual interim payments	34,637	19,437	0	32,158	11,666
37	annual cost of services	32,942	27,640	0	43,706	15,414
38						
39	Medicaid annual payments	539,855	1,076,073	354,108	1,895,076	884,474
40	maximum annual payments for UPL	620,176	1,274,272	414,021	2,282,450	1,039,538
41						
42	adjustment factors					
43	inflation	1.089069	1.092756	1.116955	1.089069	1.089069
44	volume allowance	1.026439	1.031475	1.033993	1.026439	1.026439
45	combined factors	1.117863	1.127150	1.154924	1.117863	1.117863
46						
47	adjusted Medicaid annual payments	603,484	1,212,896	408,968	2,118,435	988,721
48	adjusted maximum annual payments for UPL	693,272	1,436,296	478,163	2,551,466	1,162,061
49	facility specific UPL amount	89,788	223,400	69,195	433,031	173,340
50						
51	allocation of charge limit (if applicable)	41	41	7	124	29
52						
53	UPL amount after aggregate limit adjustments	89,829	223,441	69,202	433,155	173,369
54						
55	Intergovernmental transfer amount	0	88,036	0	170,663	0
56						
57	Net funds amount	89,829	135,405	69,202	262,492	173,369

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	Facility Name	Charlton Memorial Hospital	Chatuge Regional Hospital	Clinch Healthcare Center	Coffee Regional Medical Center	Colquitt Regional Medical Center
1	Medicaid Provider ID	00000338A	00001933A	00000415A	00000448A	00002021A
2	base period report period beginning date	7/1/2003	5/1/2003	7/1/2003	1/1/2004	10/1/2003
3	base period report period ending date	6/30/2004	4/30/2004	6/30/2004	12/31/2004	9/30/2004
4	HS&R processing date for Medicaid data	9/7/2005	9/10/2005	9/7/2005	10/7/2005	9/7/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000	1.00000
6						
7	CAH status (1 = yes)	1	1	1	0	0
8						
9	<u>subject to cost settlement</u>					
10	cost of Medicaid covered services	448,460	188,481	528,867	3,732,573	3,464,972
11	covered charges	655,888	260,260	702,899	10,142,889	7,427,925
12	outpatient Medicaid ratio of costs to charges	0.683745	0.724203	0.752408	0.367999	0.466479
13	annual cost of Medicaid covered services	448,460	188,481	528,867	3,732,573	3,464,972
14	cost settlement rate	100.0%	100.0%	100.0%	85.6%	85.6%
15	annual Medicaid payments after cost settlement	448,460	188,481	528,867	3,195,082	2,966,016
16						
17	<u>fee schedule lab only</u>					
18	covered charges	239,910	76,408	306,893	2,433,042	1,038,626
19	payments	40,287	15,783	41,391	328,687	345,710
20	annual covered charges	239,910	76,408	306,893	2,433,042	1,038,626
21	annual interim payments	40,287	15,783	41,391	328,687	345,710
22	annual cost of services if CAH	164,037	55,335	230,909	0	0
23	annual Medicare payments if not CAH	0	0	0	374,703	394,109
24						
25	<u>subject to fixed fee payment</u>					
26	covered charges	89,805	26,362	56,608	600,623	226,045
27	payments	24,247	7,050	18,150	80,053	51,900
28	annual covered charges	89,805	26,362	56,608	600,623	226,045
29	annual interim payments	24,247	7,050	18,150	80,053	51,900
30	annual cost of services	61,404	19,091	42,592	221,029	105,445
31						
32	<u>subject to limit of inpatient rate</u>					
33	covered charges	5,530	0	13,738	22,963	735,984
34	payments	4,017	0	7,693	91,374	265,351
35	annual covered charges	5,530	0	13,738	22,963	735,984
36	annual interim payments	4,017	0	7,693	91,374	265,351
37	annual cost of services	3,781	0	10,337	8,450	343,321
38						
39	Medicaid annual payments	517,011	211,314	596,101	3,695,196	3,628,977
40	maximum annual payments for UPL	677,682	262,907	812,705	4,336,755	4,307,847
41						
42	adjustment factors					
43	inflation	1.104723	1.104723	1.104723	1.073138	1.089069
44	volume allowance	1.030216	1.032734	1.030216	1.022662	1.026439
45	combined factors	1.138103	1.140885	1.138103	1.097457	1.117863
46						
47	adjusted Medicaid annual payments	588,412	241,085	678,424	4,055,319	4,056,699
48	adjusted maximum annual payments for UPL	771,272	299,947	924,942	4,759,402	4,815,583
49	facility specific UPL amount	182,860	58,862	246,518	704,083	758,884
50						
51	allocation of charge limit (if applicable)	17	5	14	517	296
52						
53	UPL amount after aggregate limit adjustments	182,877	58,867	246,532	704,600	759,180
54						
55	Intergovernmental transfer amount	0	0	0	277,612	299,117
56						
57	Net funds amount	182,877	58,867	246,532	426,988	460,063

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	Facility Name	Crisp Regional Hospital	DeKalb Medical Center	Dodge County Hospital	Dorminy Medical Center	Early Memorial Hospital
1	Medicaid Provider ID	00000514A	00000536A	00000591A	00000613A	00000635A
2	base period report period beginning date	7/1/2003	7/1/2003	10/1/2003	8/1/2003	10/1/2003
3	base period report period ending date	6/30/2004	6/30/2004	9/30/2004	7/31/2004	9/30/2004
4	HS&R processing date for Medicaid data	9/7/2005	9/7/2005	9/7/2005	9/10/2005	9/7/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000	1.00000
6						
7	CAH status (1 = yes)	0	0	0	0	1
8						
9	<u>subject to cost settlement</u>					
10	cost of Medicaid covered services	1,829,133	6,563,608	1,726,706	978,198	549,121
11	covered charges	5,183,964	18,174,491	4,328,145	2,023,044	965,357
12	outpatient Medicaid ratio of costs to charges	0.352844	0.361144	0.398948	0.483528	0.568827
13	annual cost of Medicaid covered services	1,829,133	6,563,608	1,726,706	978,198	549,121
14	cost settlement rate	85.6%	85.6%	85.6%	85.6%	100.0%
15	annual Medicaid payments after cost settlement	1,565,738	5,618,448	1,478,060	837,337	549,121
16						
17	<u>fee schedule lab only</u>					
18	covered charges	1,574,078	3,040,792	940,840	448,209	276,301
19	payments	234,285	524,450	119,712	86,160	52,131
20	annual covered charges	1,574,078	3,040,792	940,840	448,209	276,301
21	annual interim payments	234,285	524,450	119,712	86,160	52,131
22	annual cost of services if CAH	0	0	0	0	157,167
23	annual Medicare payments if not CAH	267,085	597,873	136,472	98,222	0
24						
25	<u>subject to fixed fee payment</u>					
26	covered charges	243,576	1,121,497	420,101	234,593	90,267
27	payments	46,297	110,237	58,047	50,122	21,597
28	annual covered charges	243,576	1,121,497	420,101	234,593	90,267
29	annual interim payments	46,297	110,237	58,047	50,122	21,597
30	annual cost of services	85,944	405,022	167,599	113,432	51,346
31						
32	<u>subject to limit of inpatient rate</u>					
33	covered charges	121,469	3,499,687	125,777	73,483	0
34	payments	43,846	878,229	42,785	27,535	0
35	annual covered charges	121,469	3,499,687	125,777	73,483	0
36	annual interim payments	43,846	878,229	42,785	27,535	0
37	annual cost of services	42,860	1,263,891	50,179	35,531	0
38						
39	Medicaid annual payments	1,890,166	7,131,364	1,698,604	1,001,154	622,849
40	maximum annual payments for UPL	2,225,022	8,830,394	2,080,956	1,225,383	757,634
41						
42	adjustment factors					
43	inflation	1.104723	1.104723	1.089069	1.089069	1.089069
44	volume allowance	1.030216	1.030216	1.026439	1.028957	1.026439
45	combined factors	1.138103	1.138103	1.117863	1.120605	1.117863
46						
47	adjusted Medicaid annual payments	2,151,204	8,116,227	1,898,807	1,121,898	696,260
48	adjusted maximum annual payments for UPL	2,532,304	10,049,898	2,326,224	1,373,170	846,931
49	facility specific UPL amount	381,100	1,933,671	427,417	251,272	150,671
50						
51	allocation of charge limit (if applicable)	285	986	217	90	33
52						
53	UPL amount after aggregate limit adjustments	381,385	1,934,657	427,634	251,362	150,704
54						
55	Intergovernmental transfer amount	150,266	762,255	168,488	99,037	0
56						
57	Net funds amount	231,119	1,172,402	259,146	152,325	150,704

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	Facility Name	Effingham Hospital	Elbert Memorial Hospital	Emanuel Medical Center	Evans Memorial Hospital	Fannin Regional Hospital
1	Medicaid Provider ID	00000657A	00000668A	00000701A	00000734A	00134406A
2	base period report period beginning date	7/1/2003	7/1/2003	7/1/2003	10/1/2003	1/1/2004
3	base period report period ending date	6/30/2004	6/30/2004	6/30/2004	9/30/2004	12/31/2004
4	HS&R processing date for Medicaid data	9/7/2005	9/7/2005	9/7/2005	10/7/2005	9/7/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000	1.00000
6						
7	CAH status (1 = yes)	1	0	0	0	0
8						
9	<u>subject to cost settlement</u>					
10	cost of Medicaid covered services	490,880	596,946	1,198,866	858,758	629,970
11	covered charges	799,165	1,582,592	3,363,098	2,319,234	2,597,376
12	outpatient Medicaid ratio of costs to charges	0.614241	0.377195	0.356477	0.370277	0.242541
13	annual cost of Medicaid covered services	490,880	596,946	1,198,866	858,758	629,970
14	cost settlement rate	100.0%	85.6%	85.6%	85.6%	85.6%
15	annual Medicaid payments after cost settlement	490,880	510,986	1,026,229	735,097	539,254
16						
17	<u>fee schedule lab only</u>					
18	covered charges	213,542	405,982	723,556	711,831	523,515
19	payments	42,009	37,145	83,112	95,458	37,403
20	annual covered charges	213,542	405,982	723,556	711,831	523,515
21	annual interim payments	42,009	37,145	83,112	95,458	37,403
22	annual cost of services if CAH	131,166	0	0	0	0
23	annual Medicare payments if not CAH	0	42,345	94,748	108,822	42,639
24						
25	<u>subject to fixed fee payment</u>					
26	covered charges	107,444	147,573	104,931	79,511	200,899
27	payments	24,300	23,830	17,450	15,500	21,409
28	annual covered charges	107,444	147,573	104,931	79,511	200,899
29	annual interim payments	24,300	23,830	17,450	15,500	21,409
30	annual cost of services	65,997	55,664	37,405	29,441	48,726
31						
32	<u>subject to limit of inpatient rate</u>					
33	covered charges	11,353	25,693	23,093	132,255	661,282
34	payments	4,119	7,868	8,117	47,982	220,673
35	annual covered charges	11,353	25,693	23,093	132,255	661,282
36	annual interim payments	4,119	7,868	8,117	47,982	220,673
37	annual cost of services	6,973	9,691	8,232	48,971	160,388
38						
39	Medicaid annual payments	561,308	579,829	1,134,908	894,037	818,739
40	maximum annual payments for UPL	695,016	704,646	1,339,251	1,045,992	881,723
41						
42	adjustment factors					
43	inflation	1.104723	1.104723	1.104723	1.089069	1.073138
44	volume allowance	1.030216	1.030216	1.030216	1.026439	1.022662
45	combined factors	1.138103	1.138103	1.138103	1.117863	1.097457
46						
47	adjusted Medicaid annual payments	638,826	659,905	1,291,642	999,411	898,531
48	adjusted maximum annual payments for UPL	791,000	801,960	1,524,206	1,169,276	967,653
49	facility specific UPL amount	152,174	142,055	232,564	169,865	69,122
50						
51	allocation of charge limit (if applicable)	25	85	167	128	182
52						
53	UPL amount after aggregate limit adjustments	152,199	142,140	232,731	169,993	69,304
54						
55	Intergovernmental transfer amount	0	56,003	91,696	66,977	27,306
56						
57	Net funds amount	152,199	86,137	141,035	103,016	41,998

Georgia Department of Community Health

	Facility Name	Floyd Medical Center	Grady General Hospital	Grady Memorial Hospital	Gwinnett Medical Center	Habersham County Medical Center
1	Medicaid Provider ID	00000756A	00000844A	00000855A	00000294A	00000877A
2	base period report period beginning date	7/1/2003	10/1/2003	1/1/2004	7/1/2003	7/1/2003
3	base period report period ending date	6/30/2004	9/30/2004	12/31/2004	6/30/2004	6/30/2004
4	HS&R processing date for Medicaid data	9/7/2005	9/7/2005	10/5/2005	9/7/2005	9/7/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000	1.00000
6						
7	CAH status (1 = yes)	0	0	0	0	0
8						
9	<u>subject to cost settlement</u>					
10	cost of Medicaid covered services	6,486,253	801,999	29,003,556	6,971,813	940,814
11	covered charges	22,432,686	2,129,002	35,361,746	17,899,121	2,342,071
12	outpatient Medicaid ratio of costs to charges	0.289143	0.376702	0.820196	0.389506	0.401702
13	annual cost of Medicaid covered services	6,486,253	801,999	29,003,556	6,971,813	940,814
14	cost settlement rate	85.6%	85.6%	85.6%	85.6%	85.6%
15	annual Medicaid payments after cost settlement	5,552,233	686,511	24,827,044	5,967,872	805,337
16						
17	<u>fee schedule lab only</u>					
18	covered charges	3,776,097	370,710	9,149,695	4,668,069	474,889
19	payments	359,112	74,552	2,871,056	472,671	77,615
20	annual covered charges	3,776,097	370,710	9,149,695	4,668,069	474,889
21	annual interim payments	359,112	74,552	2,871,056	472,671	77,615
22	annual cost of services if CAH	0	0	0	0	0
23	annual Medicare payments if not CAH	409,388	84,989	3,273,004	538,845	88,481
24						
25	<u>subject to fixed fee payment</u>					
26	covered charges	1,257,121	70,211	926,438	924,810	192,104
27	payments	179,400	19,000	116,105	94,947	35,550
28	annual covered charges	1,257,121	70,211	926,438	924,810	192,104
29	annual interim payments	179,400	19,000	116,105	94,947	35,550
30	annual cost of services	363,488	26,449	759,861	360,219	77,169
31						
32	<u>subject to limit of inpatient rate</u>					
33	covered charges	4,140,127	174,788	7,400,669	3,137,311	54,105
34	payments	896,670	61,749	3,785,323	979,191	20,187
35	annual covered charges	4,140,127	174,788	7,400,669	3,137,311	54,105
36	annual interim payments	896,670	61,749	3,785,323	979,191	20,187
37	annual cost of services	1,197,089	65,843	6,069,998	1,222,001	21,734
38						
39	Medicaid annual payments	6,987,415	841,812	31,599,528	7,514,681	938,689
40	maximum annual payments for UPL	8,456,218	979,280	39,106,419	9,092,878	1,128,198
41						
42	adjustment factors					
43	inflation	1.104723	1.089069	1.073138	1.104723	1.104723
44	volume allowance	1.030216	1.026439	1.022662	1.030216	1.030216
45	combined factors	1.138103	1.117863	1.097457	1.138103	1.138103
46						
47	adjusted Medicaid annual payments	7,952,398	941,030	34,679,123	8,552,481	1,068,325
48	adjusted maximum annual payments for UPL	9,624,047	1,094,701	42,917,613	10,348,632	1,284,006
49	facility specific UPL amount	1,671,649	153,671	8,238,490	1,796,151	215,681
50						
51	allocation of charge limit (if applicable)	1,349	103	764	1,018	112
52						
53	UPL amount after aggregate limit adjustments	1,672,998	153,774	8,239,254	1,797,169	215,793
54						
55	Intergovernmental transfer amount	659,161	60,587	3,246,266	708,085	85,022
56						
57	Net funds amount	1,013,837	93,187	4,992,988	1,089,084	130,771

Georgia Department of Community Health

	Facility Name	Hart County Hospital	Henry Medical Center	Higgins General Hospital	Houston Medical Center	Hughes Spalding Children's Hospital
1	Medicaid Provider ID	00000921A	00182388A	00000954A	00000976A	00679808A
2	base period report period beginning date	1/1/2004	7/1/2003	7/1/2003	3/1/2003	1/1/2004
3	base period report period ending date	12/31/2004	6/30/2004	6/30/2004	2/29/2004	12/31/2004
4	HS&R processing date for Medicaid data	9/7/2005	9/7/2005	9/7/2005	9/7/2005	9/7/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000	1.00000
6						
7	CAH status (1 = yes)	0	0	1	0	0
8						
9	<u>subject to cost settlement</u>					
10	cost of Medicaid covered services	436,190	2,647,619	725,157	4,194,080	12,222,039
11	covered charges	1,136,686	6,978,465	1,688,261	8,761,829	19,347,283
12	outpatient Medicaid ratio of costs to charges	0.383738	0.379398	0.429529	0.478676	0.631719
13	annual cost of Medicaid covered services	436,190	2,647,619	725,157	4,194,080	12,222,039
14	cost settlement rate	85.6%	85.6%	100.0%	85.6%	85.6%
15	annual Medicaid payments after cost settlement	373,379	2,266,362	725,157	3,590,132	10,462,065
16						
17	<u>fee schedule lab only</u>					
18	covered charges	275,626	1,552,900	403,226	1,281,475	1,355,338
19	payments	51,363	162,409	44,612	200,150	452,537
20	annual covered charges	275,626	1,552,900	403,226	1,281,475	1,355,338
21	annual interim payments	51,363	162,409	44,612	200,150	452,537
22	annual cost of services if CAH	0	0	173,197	0	0
23	annual Medicare payments if not CAH	58,554	185,146	0	228,171	515,892
24						
25	<u>subject to fixed fee payment</u>					
26	covered charges	41,561	415,993	220,821	442,188	2,800,408
27	payments	8,700	53,400	50,700	84,650	452,050
28	annual covered charges	41,561	415,993	220,821	442,188	2,800,408
29	annual interim payments	8,700	53,400	50,700	84,650	452,050
30	annual cost of services	15,949	157,827	94,849	211,665	1,769,070
31						
32	<u>subject to limit of inpatient rate</u>					
33	covered charges	0	609,262	162,418	438,229	606,733
34	payments	0	207,376	64,357	163,071	294,046
35	annual covered charges	0	609,262	162,418	438,229	606,733
36	annual interim payments	0	207,376	64,357	163,071	294,046
37	annual cost of services	0	231,153	69,763	209,770	383,285
38						
39	Medicaid annual payments	433,442	2,689,547	884,826	4,038,003	11,660,698
40	maximum annual payments for UPL	510,693	3,221,745	1,062,966	4,843,686	14,890,286
41						
42	adjustment factors					
43	inflation	1.073138	1.104723	1.104723	1.098707	1.073138
44	volume allowance	1.022662	1.030216	1.030216	1.035252	1.022662
45	combined factors	1.097457	1.138103	1.138103	1.137439	1.097457
46						
47	adjusted Medicaid annual payments	475,684	3,060,982	1,007,023	4,592,982	12,797,115
48	adjusted maximum annual payments for UPL	560,464	3,666,678	1,209,765	5,509,397	16,341,449
49	facility specific UPL amount	84,780	605,696	202,742	916,415	3,544,334
50						
51	allocation of charge limit (if applicable)	55	368	82	351	523
52						
53	UPL amount after aggregate limit adjustments	84,835	606,064	202,824	916,766	3,544,857
54						
55	Intergovernmental transfer amount	33,425	238,789	0	361,206	1,396,674
56						
57	Net funds amount	51,410	367,275	202,824	555,560	2,148,183

Georgia Department of Community Health

	Facility Name	Hutcheson Medical Center	Irwin County Hospital	Jasper Memorial Hospital	Jeff Davis Hospital	Jefferson Hospital
1	Medicaid Provider ID	00001075A	00000987A	00000998A	00001009A	00001031A
2	base period report period beginning date	10/1/2003	12/1/2003	10/1/2003	10/1/2003	1/1/2004
3	base period report period ending date	9/30/2004	11/30/2004	9/30/2004	9/30/2004	12/31/2004
4	HS&R processing date for Medicaid data	9/7/2005	9/7/2005	9/10/2005	9/7/2005	9/7/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000	1.00000
6						
7	CAH status (1 = yes)	0	0	1	1	0
8						
9	<u>subject to cost settlement</u>					
10	cost of Medicaid covered services	2,945,645	1,766,984	340,520	544,888	519,512
11	covered charges	8,255,685	4,612,483	337,590	1,018,571	890,253
12	outpatient Medicaid ratio of costs to charges	0.356802	0.383087	1.008679	0.534953	0.583555
13	annual cost of Medicaid covered services	2,945,645	1,766,984	340,520	544,888	519,512
14	cost settlement rate	85.6%	85.6%	100.0%	100.0%	85.6%
15	annual Medicaid payments after cost settlement	2,521,472	1,512,538	340,520	544,888	444,702
16						
17	<u>fee schedule lab only</u>					
18	covered charges	2,089,520	519,777	114,006	318,540	257,889
19	payments	293,178	79,136	22,874	41,656	66,501
20	annual covered charges	2,089,520	519,777	114,006	318,540	257,889
21	annual interim payments	293,178	79,136	22,874	41,656	66,501
22	annual cost of services if CAH	0	0	114,995	170,404	0
23	annual Medicare payments if not CAH	334,223	90,215	0	0	75,811
24						
25	<u>subject to fixed fee payment</u>					
26	covered charges	293,690	117,719	41,356	138,770	52,231
27	payments	40,100	19,200	11,100	25,816	13,800
28	annual covered charges	293,690	117,719	41,356	138,770	52,231
29	annual interim payments	40,100	19,200	11,100	25,816	13,800
30	annual cost of services	104,789	45,097	41,715	74,235	30,480
31						
32	<u>subject to limit of inpatient rate</u>					
33	covered charges	99,333	28,173	13,720	16,571	6,600
34	payments	26,615	8,111	8,296	7,816	3,914
35	annual covered charges	99,333	28,173	13,720	16,571	6,600
36	annual interim payments	26,615	8,111	8,296	7,816	3,914
37	annual cost of services	35,442	10,793	13,839	8,865	3,851
38						
39	Medicaid annual payments	2,881,365	1,618,985	382,790	620,176	528,917
40	maximum annual payments for UPL	3,420,099	1,913,089	511,069	798,392	629,654
41						
42	adjustment factors					
43	inflation	1.089069	1.057667	1.089069	1.089069	1.073138
44	volume allowance	1.026439	1.023921	1.026439	1.026439	1.022662
45	combined factors	1.117863	1.082967	1.117863	1.117863	1.097457
46						
47	adjusted Medicaid annual payments	3,220,971	1,753,307	427,907	693,272	580,464
48	adjusted maximum annual payments for UPL	3,823,202	2,071,812	571,305	892,493	691,018
49	facility specific UPL amount	602,231	318,505	143,398	199,221	110,554
50						
51	allocation of charge limit (if applicable)	426	196	(19,516)	40	33
52						
53	UPL amount after aggregate limit adjustments	602,657	318,701	123,882	199,261	110,587
54						
55	Intergovernmental transfer amount	237,447	125,568	0	0	43,571
56						
57	Net funds amount	365,210	193,133	123,882	199,261	67,016

Georgia Department of Community Health

	Facility Name	Jenkins County Hospital	Joan Glancy Memorial Hospital	John D. Archbold Memorial Hospital	Liberty Regional Medical Center	Louis Smith Memorial Hospital
1	Medicaid Provider ID	00001042A	00001064A	00000063A	00001152A	00001163A
2	base period report period beginning date	7/1/2003	7/1/2003	10/1/2003	12/1/2003	10/1/2003
3	base period report period ending date	6/30/2004	6/30/2004	9/30/2004	9/29/2004	9/30/2004
4	HS&R processing date for Medicaid data	9/7/2005	9/7/2005	9/7/2005	9/7/2005	9/10/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.20066	1.00000
6						
7	CAH status (1 = yes)	1	0	0	1	1
8						
9	<u>subject to cost settlement</u>					
10	cost of Medicaid covered services	306,521	1,103,281	4,145,318	1,343,517	390,565
11	covered charges	305,921	2,832,513	10,498,181	3,311,876	573,790
12	outpatient Medicaid ratio of costs to charges	1.001961	0.389506	0.394861	0.405666	0.680676
13	annual cost of Medicaid covered services	306,521	1,103,281	4,145,318	1,613,107	390,565
14	cost settlement rate	100.0%	85.6%	85.6%	100.0%	100.0%
15	annual Medicaid payments after cost settlement	306,521	944,409	3,548,392	1,613,107	390,565
16						
17	<u>fee schedule lab only</u>					
18	covered charges	51,610	573,854	1,404,414	640,369	99,755
19	payments	15,164	52,291	345,291	121,929	28,247
20	annual covered charges	51,610	573,854	1,404,414	768,865	99,755
21	annual interim payments	15,164	52,291	345,291	146,395	28,247
22	annual cost of services if CAH	51,711	0	0	311,903	67,901
23	annual Medicare payments if not CAH	0	59,612	393,632	0	0
24						
25	<u>subject to fixed fee payment</u>					
26	covered charges	43,396	160,234	263,590	223,597	107,728
27	payments	19,000	13,450	49,127	48,700	24,700
28	annual covered charges	43,396	160,234	263,590	268,464	107,728
29	annual interim payments	19,000	13,450	49,127	58,472	24,700
30	annual cost of services	43,481	62,412	104,081	108,907	73,328
31						
32	<u>subject to limit of inpatient rate</u>					
33	covered charges	33,538	412,462	2,160,058	82,619	6,865
34	payments	11,750	152,651	572,351	39,199	3,997
35	annual covered charges	33,538	412,462	2,160,058	99,197	6,865
36	annual interim payments	11,750	152,651	572,351	47,065	3,997
37	annual cost of services	33,604	160,656	852,922	40,241	4,673
38						
39	Medicaid annual payments	352,435	1,162,801	4,515,161	1,865,039	447,509
40	maximum annual payments for UPL	435,317	1,385,961	5,495,953	2,074,158	536,467
41						
42	adjustment factors					
43	inflation	1.104723	1.104723	1.089069	1.089069	1.089069
44	volume allowance	1.030216	1.030216	1.026439	1.026439	1.026439
45	combined factors	1.138103	1.138103	1.117863	1.117863	1.117863
46						
47	adjusted Medicaid annual payments	401,107	1,323,387	5,047,331	2,084,858	500,254
48	adjusted maximum annual payments for UPL	495,436	1,577,366	6,143,723	2,318,624	599,697
49	facility specific UPL amount	94,329	253,979	1,096,392	233,766	99,443
50						
51	allocation of charge limit (if applicable)	(12,299)	151	512	177	14
52						
53	UPL amount after aggregate limit adjustments	82,030	254,130	1,096,904	233,943	99,457
54						
55	Intergovernmental transfer amount	0	100,127	432,180	0	0
56						
57	Net funds amount	82,030	154,003	664,724	233,943	99,457

Georgia Department of Community Health

	Facility Name	McDuffie Regional Medical Center	Meadows Regional Medical Center	Medical Center of Central Georgia	Medical College of Georgia Hospitals and Clinics	Memorial Health University Medical Center
1	Medicaid Provider ID	00001185A	00001086A	00001207A	00000723A	00001273A
2	base period report period beginning date	10/1/2003	7/1/2003	10/1/2003	7/1/2003	1/1/2004
3	base period report period ending date	9/30/2004	6/30/2004	9/30/2004	6/30/2004	12/31/2004
4	HS&R processing date for Medicaid data	9/7/2005	9/7/2005	9/7/2005	9/7/2005	9/7/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000	1.00000
6						
7	CAH status (1 = yes)	0	0	0	0	0
8						
9	<u>subject to cost settlement</u>					
10	cost of Medicaid covered services	1,147,021	2,287,499	14,430,923	14,728,204	14,391,265
11	covered charges	3,038,305	7,537,971	28,360,899	29,387,124	35,139,375
12	outpatient Medicaid ratio of costs to charges	0.377520	0.303463	0.508832	0.501179	0.409548
13	annual cost of Medicaid covered services	1,147,021	2,287,499	14,430,923	14,728,204	14,391,265
14	cost settlement rate	85.6%	85.6%	85.6%	100.0%	85.6%
15	annual Medicaid payments after cost settlement	981,850	1,958,099	12,352,870	14,728,204	12,318,923
16						
17	<u>fee schedule lab only</u>					
18	covered charges	212,306	1,026,916	9,316,630	4,485,372	4,736,593
19	payments	60,220	153,654	2,328,081	1,297,316	716,850
20	annual covered charges	212,306	1,026,916	9,316,630	4,485,372	4,736,593
21	annual interim payments	60,220	153,654	2,328,081	1,297,316	716,850
22	annual cost of services if CAH	0	0	0	0	0
23	annual Medicare payments if not CAH	68,651	175,166	2,654,012	1,478,940	817,209
24						
25	<u>subject to fixed fee payment</u>					
26	covered charges	72,990	681,986	1,056,827	1,382,344	1,521,988
27	payments	13,195	74,799	86,981	263,938	147,147
28	annual covered charges	72,990	681,986	1,056,827	1,382,344	1,521,988
29	annual interim payments	13,195	74,799	86,981	263,938	147,147
30	annual cost of services	27,555	206,958	537,747	692,802	623,327
31						
32	<u>subject to limit of inpatient rate</u>					
33	covered charges	9,827	1,218,397	7,183,794	3,686,581	10,729,528
34	payments	4,113	459,284	2,870,332	1,263,482	3,674,222
35	annual covered charges	9,827	1,218,397	7,183,794	3,686,581	10,729,528
36	annual interim payments	4,113	459,284	2,870,332	1,263,482	3,674,222
37	annual cost of services	3,710	369,739	3,655,342	1,847,636	4,394,258
38						
39	Medicaid annual payments	1,059,378	2,645,836	17,638,264	17,552,940	16,857,142
40	maximum annual payments for UPL	1,246,937	3,039,362	21,278,024	18,747,582	20,226,059
41						
42	adjustment factors					
43	inflation	1.089069	1.104723	1.089069	1.104723	1.073138
44	volume allowance	1.026439	1.030216	1.026439	1.030216	1.022662
45	combined factors	1.117863	1.138103	1.117863	1.138103	1.097457
46						
47	adjusted Medicaid annual payments	1,184,239	3,011,234	19,717,163	19,977,054	18,499,988
48	adjusted maximum annual payments for UPL	1,393,905	3,459,107	23,785,916	21,336,679	22,197,230
49	facility specific UPL amount	209,666	447,873	4,068,753	1,359,625	3,697,242
50						
51	allocation of charge limit (if applicable)	121	433	1,423	0	1,856
52						
53	UPL amount after aggregate limit adjustments	209,787	448,306	4,070,176	1,359,625	3,699,098
54						
55	Intergovernmental transfer amount	82,656	176,633	1,603,649	535,692	1,457,445
56						
57	Net funds amount	127,131	271,673	2,466,527	823,933	2,241,653

Georgia Department of Community Health

	Facility Name	Memorial Hospital of Bainbridge	Miller County Hospital	Minnie G. Boswell Memorial Hospital	Mitchell County Hospital	Monroe County Hospital
1	Medicaid Provider ID	00001262A	00001317A	00001328A	00001339A	00001361A
2	base period report period beginning date	4/1/2003	7/1/2003	8/1/2003	10/1/2003	10/1/2003
3	base period report period ending date	3/31/2004	6/30/2004	7/31/2004	9/30/2004	9/30/2004
4	HS&R processing date for Medicaid data	9/7/2005	9/10/2005	9/10/2005	9/10/2005	9/10/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000	1.00000
6						
7	CAH status (1 = yes)	0	1	1	1	1
8						
9	<u>subject to cost settlement</u>					
10	cost of Medicaid covered services	1,242,029	1,288,758	541,885	823,151	515,019
11	covered charges	2,436,495	2,515,814	765,486	1,846,290	802,165
12	outpatient Medicaid ratio of costs to charges	0.509761	0.512263	0.707897	0.445841	0.642036
13	annual cost of Medicaid covered services	1,242,029	1,288,758	541,885	823,151	515,019
14	cost settlement rate	85.6%	100.0%	100.0%	100.0%	100.0%
15	annual Medicaid payments after cost settlement	1,063,177	1,288,758	541,885	823,151	515,019
16						
17	<u>fee schedule lab only</u>					
18	covered charges	679,199	307,672	154,308	389,205	149,713
19	payments	131,604	55,285	36,247	67,130	31,821
20	annual covered charges	679,199	307,672	154,308	389,205	149,713
21	annual interim payments	131,604	55,285	36,247	67,130	31,821
22	annual cost of services if CAH	0	157,609	109,234	173,523	96,121
23	annual Medicare payments if not CAH	150,029	0	0	0	0
24						
25	<u>subject to fixed fee payment</u>					
26	covered charges	109,929	107,225	94,546	42,460	87,715
27	payments	31,094	25,500	28,242	11,800	21,383
28	annual covered charges	109,929	107,225	94,546	42,460	87,715
29	annual interim payments	31,094	25,500	28,242	11,800	21,383
30	annual cost of services	56,037	54,927	66,929	18,930	56,316
31						
32	<u>subject to limit of inpatient rate</u>					
33	covered charges	0	216,593	159,228	33,669	9,483
34	payments	0	152,999	63,314	11,464	3,593
35	annual covered charges	0	216,593	159,228	33,669	9,483
36	annual interim payments	0	152,999	63,314	11,464	3,593
37	annual cost of services	0	110,953	112,717	15,011	6,088
38						
39	Medicaid annual payments	1,225,875	1,522,542	669,688	913,545	571,816
40	maximum annual payments for UPL	1,448,095	1,612,247	830,765	1,030,615	673,544
41						
42	adjustment factors					
43	inflation	1.116955	1.104723	1.089069	1.089069	1.089069
44	volume allowance	1.033993	1.030216	1.028957	1.026439	1.026439
45	combined factors	1.154924	1.138103	1.120605	1.117863	1.117863
46						
47	adjusted Medicaid annual payments	1,415,792	1,732,810	750,456	1,021,218	639,212
48	adjusted maximum annual payments for UPL	1,672,440	1,834,903	930,959	1,152,086	752,930
49	facility specific UPL amount	256,648	102,093	180,503	130,868	113,718
50						
51	allocation of charge limit (if applicable)	102	89	0	74	21
52						
53	UPL amount after aggregate limit adjustments	256,750	102,182	180,503	130,942	113,739
54						
55	Intergovernmental transfer amount	101,160	0	0	0	0
56						
57	Net funds amount	155,590	102,182	180,503	130,942	113,739

Georgia Department of Community Health

	Facility Name	Morgan Memorial Hospital	Mountain Lakes Medical Center	Murray Medical Center	Newton General Hospital	Northeast Georgia Medical Center
1	Medicaid Provider ID	00694229A	00001559A	00001383A	00001394A	00000888A
2	base period report period beginning date	7/1/2003	7/1/2003	10/1/2003	1/1/2004	10/1/2003
3	base period report period ending date	6/30/2004	6/30/2004	9/30/2004	12/31/2004	9/30/2004
4	HS&R processing date for Medicaid data	9/10/2005	9/10/2005	9/10/2005	9/10/2005	9/10/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000	1.00000
6						
7	CAH status (1 = yes)	1	1	0	0	0
8						
9	<u>subject to cost settlement</u>					
10	cost of Medicaid covered services	517,407	367,932	582,207	2,393,353	9,788,566
11	covered charges	632,517	553,808	1,725,461	6,468,834	28,615,886
12	outpatient Medicaid ratio of costs to charges	0.818013	0.664368	0.337421	0.369982	0.342068
13	annual cost of Medicaid covered services	517,407	367,932	582,207	2,393,353	9,788,566
14	cost settlement rate	100.0%	100.0%	85.6%	85.6%	85.6%
15	annual Medicaid payments after cost settlement	517,407	367,932	498,369	2,048,710	8,379,012
16						
17	<u>fee schedule lab only</u>					
18	covered charges	208,020	138,767	674,635	1,092,232	4,649,448
19	payments	23,635	27,091	63,333	170,166	782,576
20	annual covered charges	208,020	138,767	674,635	1,092,232	4,649,448
21	annual interim payments	23,635	27,091	63,333	170,166	782,576
22	annual cost of services if CAH	170,163	92,192	0	0	0
23	annual Medicare payments if not CAH	0	0	72,200	193,989	892,137
24						
25	<u>subject to fixed fee payment</u>					
26	covered charges	36,192	56,998	427,335	360,773	1,496,260
27	payments	8,950	14,050	60,750	68,021	159,900
28	annual covered charges	36,192	56,998	427,335	360,773	1,496,260
29	annual interim payments	8,950	14,050	60,750	68,021	159,900
30	annual cost of services	29,606	37,868	144,192	133,480	511,822
31						
32	<u>subject to limit of inpatient rate</u>					
33	covered charges	32,998	7,733	12,676	738,851	3,048,238
34	payments	16,591	3,958	4,328	260,115	844,792
35	annual covered charges	32,998	7,733	12,676	738,851	3,048,238
36	annual interim payments	16,591	3,958	4,328	260,115	844,792
37	annual cost of services	26,993	5,138	4,277	273,362	1,042,703
38						
39	Medicaid annual payments	566,583	413,031	626,780	2,547,012	10,166,280
40	maximum annual payments for UPL	744,169	503,130	802,876	2,994,184	12,235,228
41						
42	adjustment factors					
43	inflation	1.104723	1.104723	1.089069	1.073138	1.089069
44	volume allowance	1.030216	1.030216	1.026439	1.022662	1.026439
45	combined factors	1.138103	1.138103	1.117863	1.097457	1.117863
46						
47	adjusted Medicaid annual payments	644,830	470,072	700,654	2,795,236	11,364,508
48	adjusted maximum annual payments for UPL	846,941	572,614	897,505	3,285,988	13,677,309
49	facility specific UPL amount	202,119	102,542	196,851	490,752	2,312,801
50						
51	allocation of charge limit (if applicable)	8	0	119	330	1,489
52						
53	UPL amount after aggregate limit adjustments	202,119	102,542	196,970	491,082	2,314,290
54						
55	Intergovernmental transfer amount	0	0	77,606	193,486	911,830
56						
57	Net funds amount	202,119	102,542	119,364	297,596	1,402,460

Georgia Department of Community Health

	Facility Name	Northside Hospital	Northside Hospital-Cherokee	Northside-Forsyth	Oconee Regional Medical Center	Peach Regional Medical Center
1	Medicaid Provider ID	00001405A	00001108A	00000767A	00000129A	00001449A
2	base period report period beginning date	10/1/2003	10/1/2003	10/1/2003	10/1/2003	11/1/2003
3	base period report period ending date	9/30/2004	9/30/2004	9/30/2004	9/30/2004	10/31/2004
4	HS&R processing date for Medicaid data	9/10/2005	9/10/2005	9/10/2005	9/10/2005	9/10/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000	1.00000
6						
7	CAH status (1 = yes)	0	0	0	0	1
8						
9	<u>subject to cost settlement</u>					
10	cost of Medicaid covered services	3,252,965	1,574,016	782,872	2,735,581	944,142
11	covered charges	10,998,806	5,508,805	3,817,587	5,541,946	2,093,528
12	outpatient Medicaid ratio of costs to charges	0.295756	0.285727	0.205070	0.493614	0.450981
13	annual cost of Medicaid covered services	3,252,965	1,574,016	782,872	2,735,581	944,142
14	cost settlement rate	85.6%	85.6%	85.6%	85.6%	100.0%
15	annual Medicaid payments after cost settlement	2,784,538	1,347,358	670,138	2,341,657	944,142
16						
17	<u>fee schedule lab only</u>					
18	covered charges	1,610,344	597,956	633,971	1,659,929	461,672
19	payments	196,692	86,557	57,961	330,790	70,799
20	annual covered charges	1,610,344	597,956	633,971	1,659,929	461,672
21	annual interim payments	196,692	86,557	57,961	330,790	70,799
22	annual cost of services if CAH	0	0	0	0	208,205
23	annual Medicare payments if not CAH	224,229	98,675	66,076	377,101	0
24						
25	<u>subject to fixed fee payment</u>					
26	covered charges	388,128	365,726	320,960	266,310	166,172
27	payments	22,770	41,900	28,641	50,765	36,088
28	annual covered charges	388,128	365,726	320,960	266,310	166,172
29	annual interim payments	22,770	41,900	28,641	50,765	36,088
30	annual cost of services	114,791	104,498	65,819	131,454	74,940
31						
32	<u>subject to limit of inpatient rate</u>					
33	covered charges	2,126,354	650,374	569,349	376,691	46,500
34	payments	619,680	202,304	212,500	141,749	19,734
35	annual covered charges	2,126,354	650,374	569,349	376,691	46,500
36	annual interim payments	619,680	202,304	212,500	141,749	19,734
37	annual cost of services	628,882	185,830	116,756	185,940	20,971
38						
39	Medicaid annual payments	3,623,680	1,678,119	969,240	2,864,961	1,070,763
40	maximum annual payments for UPL	4,220,867	1,963,019	1,031,523	3,430,076	1,248,258
41						
42	adjustment factors					
43	inflation	1.089069	1.089069	1.089069	1.089069	1.073138
44	volume allowance	1.026439	1.026439	1.026439	1.026439	1.025180
45	combined factors	1.117863	1.117863	1.117863	1.117863	1.100160
46						
47	adjusted Medicaid annual payments	4,050,778	1,875,907	1,083,478	3,202,634	1,178,011
48	adjusted maximum annual payments for UPL	4,718,351	2,194,386	1,153,101	3,834,355	1,373,284
49	facility specific UPL amount	667,573	318,479	69,623	631,721	195,273
50						
51	allocation of charge limit (if applicable)	637	301	253	256	88
52						
53	UPL amount after aggregate limit adjustments	668,210	318,780	69,876	631,977	195,361
54						
55	Intergovernmental transfer amount	263,275	125,599	27,531	248,999	0
56						
57	Net funds amount	404,935	193,181	42,345	382,978	195,361

Georgia Department of Community Health

	Facility Name	Perry Hospital	Phoebe Putney Memorial Hospital	Phoebe Worth Medical Center	Polk Medical Center	Putnam General Hospital
1	Medicaid Provider ID	00001471A	00001482A	00002109A	00001526A	00001537A
2	base period report period beginning date	3/1/2003	8/1/2003	8/1/2003	10/1/2003	10/1/2003
3	base period report period ending date	2/29/2004	7/31/2004	7/31/2004	9/30/2004	9/30/2004
4	HS&R processing date for Medicaid data	9/10/2005	9/10/2005	10/5/2005	9/10/2005	9/10/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000	1.00000
6						
7	CAH status (1 = yes)	0	0	1	1	1
8						
9	<u>subject to cost settlement</u>					
10	cost of Medicaid covered services	729,928	10,929,148	917,978	1,040,100	493,408
11	covered charges	1,391,660	30,430,313	1,673,767	2,456,655	724,063
12	outpatient Medicaid ratio of costs to charges	0.524502	0.359153	0.548450	0.423381	0.681443
13	annual cost of Medicaid covered services	729,928	10,929,148	917,978	1,040,100	493,408
14	cost settlement rate	85.6%	85.6%	100.0%	100.0%	100.0%
15	annual Medicaid payments after cost settlement	624,818	9,355,351	917,978	1,040,100	493,408
16						
17	<u>fee schedule lab only</u>					
18	covered charges	405,652	3,084,378	281,836	825,255	188,018
19	payments	54,005	605,341	40,520	79,657	36,431
20	annual covered charges	405,652	3,084,378	281,836	825,255	188,018
21	annual interim payments	54,005	605,341	40,520	79,657	36,431
22	annual cost of services if CAH	0	0	154,573	349,397	128,124
23	annual Medicare payments if not CAH	61,566	690,089	0	0	0
24						
25	<u>subject to fixed fee payment</u>					
26	covered charges	86,063	840,133	247,843	591,580	62,481
27	payments	19,624	124,944	43,048	88,600	24,000
28	annual covered charges	86,063	840,133	247,843	591,580	62,481
29	annual interim payments	19,624	124,944	43,048	88,600	24,000
30	annual cost of services	45,140	301,737	135,930	250,463	42,577
31						
32	<u>subject to limit of inpatient rate</u>					
33	covered charges	138,936	6,260,965	29,484	11,097	98,183
34	payments	71,066	1,705,446	16,402	4,082	44,540
35	annual covered charges	138,936	6,260,965	29,484	11,097	98,183
36	annual interim payments	71,066	1,705,446	16,402	4,082	44,540
37	annual cost of services	72,872	2,248,646	16,171	4,698	66,906
38						
39	Medicaid annual payments	769,513	11,791,082	1,017,948	1,212,439	598,379
40	maximum annual payments for UPL	909,506	14,169,620	1,224,652	1,644,658	731,015
41						
42	adjustment factors					
43	inflation	1.098707	1.089069	1.089069	1.089069	1.089069
44	volume allowance	1.035252	1.028957	1.028957	1.026439	1.026439
45	combined factors	1.137439	1.120605	1.120605	1.117863	1.117863
46						
47	adjusted Medicaid annual payments	875,274	13,213,145	1,140,718	1,355,341	668,906
48	adjusted maximum annual payments for UPL	1,034,508	15,878,547	1,372,351	1,838,502	817,175
49	facility specific UPL amount	159,234	2,665,402	231,633	483,161	148,269
50						
51	allocation of charge limit (if applicable)	64	1,537	0	129	19
52						
53	UPL amount after aggregate limit adjustments	159,298	2,666,939	231,633	483,290	148,288
54						
55	Intergovernmental transfer amount	62,763	1,050,774	0	0	0
56						
57	Net funds amount	96,535	1,616,165	231,633	483,290	148,288

Georgia Department of Community Health

	Facility Name	Rockdale Hospital & Health Systems	Roosevelt Warm Springs Institute for Rehabilitation	Satilla Regional Medical Center	Scriven County Hospital	South Georgia Medical Center
1	Medicaid Provider ID	00001603A	00000778A	00001229A	00001647A	00001724A
2	base period report period beginning date	10/1/2003	7/1/2003	1/1/2004	7/1/2003	10/1/2003
3	base period report period ending date	9/30/2004	6/30/2004	12/31/2004	6/30/2004	9/30/2004
4	HS&R processing date for Medicaid data	9/10/2005	9/10/2005	9/10/2005	9/10/2005	9/10/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000	1.00000
6						
7	CAH status (1 = yes)	0	0	0	1	0
8						
9	<u>subject to cost settlement</u>					
10	cost of Medicaid covered services	3,136,735	188,214	4,541,107	371,692	7,459,640
11	covered charges	9,059,440	263,632	13,912,174	561,924	16,393,106
12	outpatient Medicaid ratio of costs to charges	0.346239	0.713927	0.326412	0.661463	0.455047
13	annual cost of Medicaid covered services	3,136,735	188,214	4,541,107	371,692	7,459,640
14	cost settlement rate	85.6%	100.0%	85.6%	100.0%	85.6%
15	annual Medicaid payments after cost settlement	2,685,045	188,214	3,887,188	371,692	6,385,452
16						
17	<u>fee schedule lab only</u>					
18	covered charges	1,774,655	990	1,247,252	106,900	1,779,152
19	payments	202,532	257	362,442	29,552	501,040
20	annual covered charges	1,774,655	990	1,247,252	106,900	1,779,152
21	annual interim payments	202,532	257	362,442	29,552	501,040
22	annual cost of services if CAH	0	0	0	70,710	0
23	annual Medicare payments if not CAH	230,886	293	413,184	0	571,186
24						
25	<u>subject to fixed fee payment</u>					
26	covered charges	770,286	0	659,353	79,946	394,287
27	payments	69,777	0	77,950	15,196	52,600
28	annual covered charges	770,286	0	659,353	79,946	394,287
29	annual interim payments	69,777	0	77,950	15,196	52,600
30	annual cost of services	266,703	0	215,221	52,881	179,419
31						
32	<u>subject to limit of inpatient rate</u>					
33	covered charges	793,728	0	1,080,636	0	2,719,415
34	payments	236,235	0	348,335	0	687,740
35	annual covered charges	793,728	0	1,080,636	0	2,719,415
36	annual interim payments	236,235	0	348,335	0	687,740
37	annual cost of services	274,820	0	352,733	0	1,237,463
38						
39	Medicaid annual payments	3,193,589	188,471	4,675,915	416,440	7,626,832
40	maximum annual payments for UPL	3,909,144	188,507	5,522,245	495,283	9,447,708
41						
42	adjustment factors					
43	inflation	1.089069	1.104723	1.073138	1.104723	1.089069
44	volume allowance	1.026439	1.030216	1.022662	1.030216	1.026439
45	combined factors	1.117863	1.138103	1.097457	1.138103	1.117863
46						
47	adjusted Medicaid annual payments	3,569,995	214,499	5,131,616	473,952	8,525,753
48	adjusted maximum annual payments for UPL	4,369,887	214,540	6,060,426	563,683	10,561,243
49	facility specific UPL amount	799,892	41	928,810	89,731	2,035,490
50						
51	allocation of charge limit (if applicable)	494	0	664	14	683
52						
53	UPL amount after aggregate limit adjustments	800,386	41	929,474	89,745	2,036,173
54						
55	Intergovernmental transfer amount	315,352	16	366,213	0	802,252
56						
57	Net funds amount	485,034	25	563,261	89,745	1,233,921

Georgia Department of Community Health

	Facility Name	Southeast Georgia Regional Medical Center	Southern Regional Health Center	Southwest Georgia Regional Medical Center	Stephens County Hospital	Stewart Webster Hospital
1	Medicaid Provider ID	00000822A	00000404A	00001427A	00001834A	00001845A
2	base period report period beginning date	10/1/2003	7/1/2003	7/1/2003	10/1/2003	10/1/2003
3	base period report period ending date	9/30/2004	6/30/2004	6/30/2004	9/30/2004	9/30/2004
4	HS&R processing date for Medicaid data	9/10/2005	9/10/2005	9/10/2005	10/7/2005	10/5/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000	1.00000
6						
7	CAH status (1 = yes)	0	0	1	0	1
8						
9	<u>subject to cost settlement</u>					
10	cost of Medicaid covered services	3,368,379	9,079,708	637,345	2,154,846	431,476
11	covered charges	9,395,194	25,130,696	1,137,970	3,995,256	719,104
12	outpatient Medicaid ratio of costs to charges	0.358521	0.361300	0.560072	0.539351	0.600019
13	annual cost of Medicaid covered services	3,368,379	9,079,708	637,345	2,154,846	431,476
14	cost settlement rate	85.6%	85.6%	100.0%	85.6%	100.0%
15	annual Medicaid payments after cost settlement	2,883,332	7,772,230	637,345	1,844,548	431,476
16						
17	<u>fee schedule lab only</u>					
18	covered charges	1,002,375	3,878,710	241,530	461,676	113,982
19	payments	211,509	569,774	44,967	104,821	24,355
20	annual covered charges	1,002,375	3,878,710	241,530	461,676	113,982
21	annual interim payments	211,509	569,774	44,967	104,821	24,355
22	annual cost of services if CAH	0	0	135,274	0	68,391
23	annual Medicare payments if not CAH	241,120	649,542	0	119,496	0
24						
25	<u>subject to fixed fee payment</u>					
26	covered charges	403,745	990,917	179,498	181,819	44,982
27	payments	83,800	135,494	29,300	38,232	10,550
28	annual covered charges	403,745	990,917	179,498	181,819	44,982
29	annual interim payments	83,800	135,494	29,300	38,232	10,550
30	annual cost of services	144,751	358,018	100,532	98,064	26,990
31						
32	<u>subject to limit of inpatient rate</u>					
33	covered charges	2,201,495	4,970,945	110,394	162,878	59,356
34	payments	732,630	1,605,646	65,407	72,637	32,283
35	annual covered charges	2,201,495	4,970,945	110,394	162,878	59,356
36	annual interim payments	732,630	1,605,646	65,407	72,637	32,283
37	annual cost of services	789,283	1,796,000	61,829	87,848	35,615
38						
39	Medicaid annual payments	3,911,271	10,083,144	777,019	2,060,238	498,664
40	maximum annual payments for UPL	4,543,533	11,883,268	934,980	2,460,254	562,472
41						
42	adjustment factors					
43	inflation	1.089069	1.104723	1.104723	1.089069	1.089069
44	volume allowance	1.026439	1.030216	1.030216	1.026439	1.026439
45	combined factors	1.117863	1.138103	1.138103	1.117863	1.117863
46						
47	adjusted Medicaid annual payments	4,372,265	11,475,656	884,328	2,303,064	557,438
48	adjusted maximum annual payments for UPL	5,079,047	13,524,383	1,064,104	2,750,227	628,767
49	facility specific UPL amount	706,782	2,048,727	179,776	447,163	71,329
50						
51	allocation of charge limit (if applicable)	493	1,342	42	135	0
52						
53	UPL amount after aggregate limit adjustments	707,275	2,050,069	179,818	447,298	71,329
54						
55	Intergovernmental transfer amount	278,666	807,727	0	176,235	0
56						
57	Net funds amount	428,609	1,242,342	179,818	271,063	71,329

Georgia Department of Community Health

	Facility Name	Sumter Regional Hospital, Inc.	Sylvan Grove Hospital	Tanner Medical Center/Carrollton	Tanner Medical Center/Villa Rica	Tattnall Community Hospital
1	Medicaid Provider ID	00000019A	00001856A	00001867A	00002032A	00001878A
2	base period report period beginning date	10/1/2003	1/1/2004	7/1/2003	7/1/2003	1/1/2004
3	base period report period ending date	9/30/2004	12/31/2004	6/30/2004	6/30/2004	12/31/2004
4	HS&R processing date for Medicaid data	9/10/2005	9/10/2005	9/10/2005	9/10/2005	9/10/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000	1.00000
6						
7	CAH status (1 = yes)	0	1	0	0	1
8						
9	<u>subject to cost settlement</u>					
10	cost of Medicaid covered services	2,942,686	542,487	4,354,405	1,924,455	596,643
11	covered charges	7,933,906	1,390,732	13,624,999	4,689,178	1,344,642
12	outpatient Medicaid ratio of costs to charges	0.370900	0.390073	0.319589	0.410403	0.443719
13	annual cost of Medicaid covered services	2,942,686	542,487	4,354,405	1,924,455	596,643
14	cost settlement rate	85.6%	100.0%	85.6%	85.6%	100.0%
15	annual Medicaid payments after cost settlement	2,518,939	542,487	3,727,371	1,647,333	596,643
16						
17	<u>fee schedule lab only</u>					
18	covered charges	2,234,860	384,500	2,232,992	620,781	433,738
19	payments	257,970	39,898	314,462	82,489	53,811
20	annual covered charges	2,234,860	384,500	2,232,992	620,781	433,738
21	annual interim payments	257,970	39,898	314,462	82,489	53,811
22	annual cost of services if CAH	0	149,983	0	0	192,458
23	annual Medicare payments if not CAH	294,086	0	358,487	94,037	0
24						
25	<u>subject to fixed fee payment</u>					
26	covered charges	516,624	184,416	726,916	376,315	147,054
27	payments	70,918	26,900	114,156	69,902	21,950
28	annual covered charges	516,624	184,416	726,916	376,315	147,054
29	annual interim payments	70,918	26,900	114,156	69,902	21,950
30	annual cost of services	191,616	71,936	232,315	154,441	65,251
31						
32	<u>subject to limit of inpatient rate</u>					
33	covered charges	3,470,351	8,376	3,267,238	2,257,038	65,076
34	payments	1,084,850	4,148	981,950	849,809	30,106
35	annual covered charges	3,470,351	8,376	3,267,238	2,257,038	65,076
36	annual interim payments	1,084,850	4,148	981,950	849,809	30,106
37	annual cost of services	1,287,153	3,267	1,044,175	926,296	28,875
38						
39	Medicaid annual payments	3,932,677	613,433	5,137,939	2,649,533	702,510
40	maximum annual payments for UPL	4,715,541	767,673	5,989,382	3,099,229	883,227
41						
42	adjustment factors					
43	inflation	1.089069	1.073138	1.104723	1.104723	1.073138
44	volume allowance	1.026439	1.022662	1.030216	1.030216	1.022662
45	combined factors	1.117863	1.097457	1.138103	1.138103	1.097457
46						
47	adjusted Medicaid annual payments	4,396,194	673,216	5,847,504	3,015,441	770,975
48	adjusted maximum annual payments for UPL	5,271,329	842,488	6,816,534	3,527,242	969,304
49	facility specific UPL amount	875,135	169,272	969,030	511,801	198,329
50						
51	allocation of charge limit (if applicable)	549	70	808	281	0
52						
53	UPL amount after aggregate limit adjustments	875,684	169,342	969,838	512,082	198,329
54						
55	Intergovernmental transfer amount	345,019	0	382,116	201,760	0
56						
57	Net funds amount	530,665	169,342	587,722	310,322	198,329

Georgia Department of Community Health

	Facility Name	Taylor Telfair Regional Hospital	The Medical Center	Tift Regional Medical Center	Union General Hospital	University Hospital
1	Medicaid Provider ID	00001889A	00001196A	00001922A	00001966A	00001977A
2	base period report period beginning date	4/1/2003	7/1/2003	10/1/2003	5/1/2003	1/1/2004
3	base period report period ending date	3/31/2004	6/30/2004	9/30/2004	4/30/2004	12/31/2004
4	HS&R processing date for Medicaid data	9/10/2005	9/7/2005	9/10/2005	9/10/2005	9/10/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000	1.00000
6						
7	CAH status (1 = yes)	1	0	0	0	0
8						
9	<u>subject to cost settlement</u>					
10	cost of Medicaid covered services	417,971	6,508,240	4,205,444	562,332	6,159,581
11	covered charges	615,458	14,729,585	10,634,592	1,374,368	16,653,185
12	outpatient Medicaid ratio of costs to charges	0.679122	0.441848	0.395450	0.409157	0.369874
13	annual cost of Medicaid covered services	417,971	6,508,240	4,205,444	562,332	6,159,581
14	cost settlement rate	100.0%	85.6%	85.6%	85.6%	85.6%
15	annual Medicaid payments after cost settlement	417,971	5,571,053	3,599,860	481,356	5,272,601
16						
17	<u>fee schedule lab only</u>					
18	covered charges	239,467	2,478,943	2,487,717	254,373	1,827,908
19	payments	29,545	462,045	387,283	56,341	478,393
20	annual covered charges	239,467	2,478,943	2,487,717	254,373	1,827,908
21	annual interim payments	29,545	462,045	387,283	56,341	478,393
22	annual cost of services if CAH	162,627	0	0	0	0
23	annual Medicare payments if not CAH	0	526,731	441,503	64,229	545,368
24						
25	<u>subject to fixed fee payment</u>					
26	covered charges	21,700	545,754	469,258	93,474	394,656
27	payments	7,500	88,338	96,194	26,275	56,492
28	annual covered charges	21,700	545,754	469,258	93,474	394,656
29	annual interim payments	7,500	88,338	96,194	26,275	56,492
30	annual cost of services	14,737	241,140	185,568	38,246	145,973
31						
32	<u>subject to limit of inpatient rate</u>					
33	covered charges	30,202	2,629,466	3,219,628	22,315	2,098,221
34	payments	16,455	907,484	824,698	7,583	651,730
35	annual covered charges	30,202	2,629,466	3,219,628	22,315	2,098,221
36	annual interim payments	16,455	907,484	824,698	7,583	651,730
37	annual cost of services	20,511	1,161,825	1,273,200	9,130	776,077
38						
39	Medicaid annual payments	471,471	7,028,920	4,908,035	571,555	6,459,216
40	maximum annual payments for UPL	615,846	8,437,936	6,105,715	673,937	7,626,999
41						
42	adjustment factors					
43	inflation	1.116955	1.104723	1.089069	1.104723	1.073138
44	volume allowance	1.033993	1.030216	1.026439	1.032734	1.022662
45	combined factors	1.154924	1.138103	1.117863	1.140885	1.097457
46						
47	adjusted Medicaid annual payments	544,513	7,999,635	5,486,511	652,079	7,088,712
48	adjusted maximum annual payments for UPL	711,255	9,603,240	6,825,353	768,885	8,370,303
49	facility specific UPL amount	166,742	1,603,605	1,338,842	116,806	1,281,591
50						
51	allocation of charge limit (if applicable)	0	691	621	62	778
52						
53	UPL amount after aggregate limit adjustments	166,742	1,604,296	1,339,463	116,868	1,282,369
54						
55	Intergovernmental transfer amount	0	632,093	527,748	46,046	505,253
56						
57	Net funds amount	166,742	972,203	811,715	70,822	777,116

Georgia Department of Community Health

	Facility Name	Upson Regional Medical Center	Warm Springs Medical Center	Washington County Regional Medical Center	Wayne Memorial Hospital	WellStar Cobb Hospital
1	Medicaid Provider ID	00001988A	00001284A	00001218A	00002054A	00000426A
2	base period report period beginning date	1/1/2004	1/1/2004	9/1/2003	7/1/2003	7/1/2003
3	base period report period ending date	12/31/2004	12/31/2004	8/31/2004	6/30/2004	6/30/2004
4	HS&R processing date for Medicaid data	9/10/2005	9/10/2005	9/10/2005	10/5/2005	9/7/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000	1.00000
6						
7	CAH status (1 = yes)	0	1	0	0	0
8						
9	<u>subject to cost settlement</u>					
10	cost of Medicaid covered services	2,794,873	209,449	998,506	1,819,845	4,964,580
11	covered charges	7,847,902	417,184	1,972,294	3,744,611	17,725,956
12	outpatient Medicaid ratio of costs to charges	0.356130	0.502054	0.506266	0.485990	0.280074
13	annual cost of Medicaid covered services	2,794,873	209,449	998,506	1,819,845	4,964,580
14	cost settlement rate	85.6%	100.0%	85.6%	85.6%	85.6%
15	annual Medicaid payments after cost settlement	2,392,411	209,449	854,721	1,557,787	4,249,680
16						
17	<u>fee schedule lab only</u>					
18	covered charges	1,437,000	294,532	369,610	625,234	2,921,766
19	payments	217,890	46,883	64,816	93,842	315,751
20	annual covered charges	1,437,000	294,532	369,610	625,234	2,921,766
21	annual interim payments	217,890	46,883	64,816	93,842	315,751
22	annual cost of services if CAH	0	147,871	0	0	0
23	annual Medicare payments if not CAH	248,395	0	73,890	106,980	359,956
24						
25	<u>subject to fixed fee payment</u>					
26	covered charges	545,718	89,972	96,282	272,510	1,057,127
27	payments	68,522	18,050	15,454	51,897	131,250
28	annual covered charges	545,718	89,972	96,282	272,510	1,057,127
29	annual interim payments	68,522	18,050	15,454	51,897	131,250
30	annual cost of services	194,347	45,171	48,744	132,437	296,074
31						
32	<u>subject to limit of inpatient rate</u>					
33	covered charges	272,931	143,001	458,055	526,274	1,284,480
34	payments	95,549	80,023	87,872	224,280	344,558
35	annual covered charges	272,931	143,001	458,055	526,274	1,284,480
36	annual interim payments	95,549	80,023	87,872	224,280	344,558
37	annual cost of services	97,199	71,794	231,898	255,764	359,749
38						
39	Medicaid annual payments	2,774,372	354,405	1,022,863	1,927,806	5,041,239
40	maximum annual payments for UPL	3,334,814	474,285	1,353,038	2,315,026	5,980,359
41						
42	adjustment factors					
43	inflation	1.073138	1.073138	1.073852	1.104723	1.104723
44	volume allowance	1.022662	1.022662	1.027698	1.030216	1.030216
45	combined factors	1.097457	1.097457	1.103596	1.138103	1.138103
46						
47	adjusted Medicaid annual payments	3,044,754	388,944	1,128,828	2,194,042	5,737,449
48	adjusted maximum annual payments for UPL	3,659,815	520,507	1,493,207	2,634,738	6,806,265
49	facility specific UPL amount	615,061	131,563	364,379	440,696	1,068,816
50						
51	allocation of charge limit (if applicable)	395	27	89	165	992
52						
53	UPL amount after aggregate limit adjustments	615,456	131,590	364,468	440,861	1,069,808
54						
55	Intergovernmental transfer amount	242,490	0	143,600	173,699	421,504
56						
57	Net funds amount	372,966	131,590	220,868	267,162	648,304

Georgia Department of Community Health

	Facility Name	WellStar Douglas Hospital	WellStar Kennestone Hospital	WellStar Paulding Hospital	WellStar Windy Hill Hospital	West Georgia Medical Center
1	Medicaid Provider ID	00000624A	00001119A	00001438A	00001999A	00002065A
2	base period report period beginning date	7/1/2003	7/1/2003	7/1/2003	7/1/2003	10/1/2003
3	base period report period ending date	6/30/2004	6/30/2004	6/30/2004	6/30/2004	9/30/2004
4	HS&R processing date for Medicaid data	9/7/2005	9/7/2005	9/10/2005	9/10/2005	10/5/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000	1.00000
6						
7	CAH status (1 = yes)	0	0	0	0	0
8						
9	<u>subject to cost settlement</u>					
10	cost of Medicaid covered services	1,666,982	4,987,539	814,764	397,764	2,487,721
11	covered charges	6,573,653	18,296,124	3,071,965	1,025,326	6,464,546
12	outpatient Medicaid ratio of costs to charges	0.253585	0.272601	0.265226	0.387939	0.384825
13	annual cost of Medicaid covered services	1,666,982	4,987,539	814,764	397,764	2,487,721
14	cost settlement rate	85.6%	85.6%	85.6%	85.6%	85.6%
15	annual Medicaid payments after cost settlement	1,426,937	4,269,333	697,438	340,486	2,129,489
16						
17	<u>fee schedule lab only</u>					
18	covered charges	1,258,020	3,440,161	592,458	45,930	714,109
19	payments	123,496	367,119	58,159	5,422	190,551
20	annual covered charges	1,258,020	3,440,161	592,458	45,930	714,109
21	annual interim payments	123,496	367,119	58,159	5,422	190,551
22	annual cost of services if CAH	0	0	0	0	0
23	annual Medicare payments if not CAH	140,785	418,516	66,301	6,181	217,228
24						
25	<u>subject to fixed fee payment</u>					
26	covered charges	618,065	1,249,644	278,575	0	284,812
27	payments	71,097	140,212	37,797	0	66,512
28	annual covered charges	618,065	1,249,644	278,575	0	284,812
29	annual interim payments	71,097	140,212	37,797	0	66,512
30	annual cost of services	156,732	340,654	73,885	0	109,603
31						
32	<u>subject to limit of inpatient rate</u>					
33	covered charges	193,611	1,774,889	0	180,193	168,038
34	payments	64,723	510,302	0	66,365	55,440
35	annual covered charges	193,611	1,774,889	0	180,193	168,038
36	annual interim payments	64,723	510,302	0	66,365	55,440
37	annual cost of services	49,097	483,836	0	69,904	64,665
38						
39	Medicaid annual payments	1,686,253	5,286,966	793,394	412,273	2,441,992
40	maximum annual payments for UPL	2,013,596	6,230,545	954,950	473,849	2,879,217
41						
42	adjustment factors					
43	inflation	1.104723	1.104723	1.104723	1.104723	1.089069
44	volume allowance	1.030216	1.030216	1.030216	1.030216	1.026439
45	combined factors	1.138103	1.138103	1.138103	1.138103	1.117863
46						
47	adjusted Medicaid annual payments	1,919,130	6,017,112	902,964	469,209	2,729,813
48	adjusted maximum annual payments for UPL	2,291,680	7,091,002	1,086,831	539,289	3,218,570
49	facility specific UPL amount	372,550	1,073,890	183,867	70,080	488,757
50						
51	allocation of charge limit (if applicable)	387	1,081	174	45	276
52						
53	UPL amount after aggregate limit adjustments	372,937	1,074,971	184,041	70,125	489,033
54						
55	Intergovernmental transfer amount	146,937	423,539	72,512	27,629	192,679
56						
57	Net funds amount	226,000	651,432	111,529	42,496	296,354

Georgia Department of Community Health

	Facility Name	Wheeler County Hospital	Wills Memorial Hospital
1	Medicaid Provider ID	00002076A	00002087A
2	base period report period beginning date	10/1/2003	5/1/2003
3	base period report period ending date	9/30/2004	4/30/2004
4	HS&R processing date for Medicaid data	10/5/2005	9/10/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000
6			
7	CAH status (1 = yes)	1	1
8			
9	<u>subject to cost settlement</u>		
10	cost of Medicaid covered services	527,616	648,105
11	covered charges	1,164,889	1,112,193
12	outpatient Medicaid ratio of costs to charges	0.452933	0.582727
13	annual cost of Medicaid covered services	527,616	648,105
14	cost settlement rate	100.0%	100.0%
15	annual Medicaid payments after cost settlement	527,616	648,105
16			
17	<u>fee schedule lab only</u>		
18	covered charges	328,294	158,315
19	payments	38,014	35,229
20	annual covered charges	328,294	158,315
21	annual interim payments	38,014	35,229
22	annual cost of services if CAH	148,695	92,254
23	annual Medicare payments if not CAH	0	0
24			
25	<u>subject to fixed fee payment</u>		
26	covered charges	161,090	99,362
27	payments	23,742	24,524
28	annual covered charges	161,090	99,362
29	annual interim payments	23,742	24,524
30	annual cost of services	72,963	57,901
31			
32	<u>subject to limit of inpatient rate</u>		
33	covered charges	347,240	29,233
34	payments	188,469	11,801
35	annual covered charges	347,240	29,233
36	annual interim payments	188,469	11,801
37	annual cost of services	157,276	17,035
38			
39	Medicaid annual payments	777,841	719,659
40	maximum annual payments for UPL	906,550	815,295
41			
42	adjustment factors		
43	inflation	1.089069	1.104723
44	volume allowance	1.026439	1.032734
45	combined factors	1.117863	1.140885
46			
47	adjusted Medicaid annual payments	869,520	821,048
48	adjusted maximum annual payments for UPL	1,013,399	930,158
49	facility specific UPL amount	143,879	109,110
50			
51	allocation of charge limit (if applicable)	0	34
52			
53	UPL amount after aggregate limit adjustments	143,879	109,144
54			
55	Intergovernmental transfer amount	0	0
56			
57	Net funds amount	143,879	109,144