



2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

MEMORANDUM

Date: June 27, 2022

To: Chief Executive Officer/Chief Financial Officer

From: Kim S. Morris, Director of Reimbursement ^{KSM}
Division of Financial Management

Subject: State Fiscal Year 2022 Upper Payment Limit (UPL) Hospital

BY ELECTRONIC MAIL

The federal Centers for Medicare and Medicaid Services (CMS) has accepted the Department's hospital UPL calculation for State Fiscal Year (SFY) 2022. We will proceed in issuing UPL payments to hospitals for the remaining 4th quarter of SFY 2022. Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts are attached. This information is also available on the Department's web site at www.dch.georgia.gov by selecting options for "Providers," "Provider types," "Hospital providers," then "Hospital Supplemental Reimbursement."

To assure that the timely receipt of intergovernmental transfers can be confirmed, a Notice of Intent to Transfer form **must be submitted** by July 6, 2022, to document the expected method of transfer. If the required intergovernmental transfer is not received by noon on Monday, July 11, 2022, the associated UPL payment will be delayed until later this year.

The UPL payment to hospitals will be issued through Georgia Medicaid Management Information System (GAMMIS). The same system that currently processes and pays Georgia Medicaid claims.

Please be aware that the Centers for Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either negatively or positively.

If you have any questions about this notice, please contact Annetta Smith at (404) 463-6669 or asmith@dch.ga.gov.

**Georgia Department of Community Health
Schedule of Key Events**

**SFY 2022 Hospital Upper Payment Limit
4th quarter**

Monday	June 27, 2022	Notice to Hospitals
Wednesday	July 6, 2022	Due Notice of Intent to Transfer
Monday	July 11, 2022	Due Intergovernmental Transfers
Thursday	July 28, 2022	Payment

Georgia Department of Community Health
SFY 2022 Hospital UPL - Notice of Intent to Transfer Form
4th quarter payment

Notice of Intent to Transfer form for Hospital UPL payment is **due by Wednesday, July 6, 2022**. Intergovernmental transfer for Hospital UPL payment is **due no later than 12 p.m. on Monday, July 11, 2022**.

Name of Governmental Unit Making IGT: _____

(IGT can only be accepted from hospital authorities or other governmental entities.)

Name of affiliated Hospital	IGT amount
1.	
2.	
3.	
Total IGT amount due	

Expected method of transfer (select one):

EFT _____ ACH _____

Designated contact if additional information is needed:

Name _____

Title / Organization _____

E-mail address _____

Telephone number _____

Return completed form by e-mail to DCH.Supplemental@dch.ga.gov

**Georgia Department of Community Health
Instructions for Hospital UPL Intergovernmental Transfers
June 2022**

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Hospital UPL is **due by 12 p.m. on Monday, July 11, 2022.**
NO EXCEPTIONS
- Intergovernmental Transfers can only be accepted from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**

- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33
General Bank Ref Address: JPM Chase New York, NY 10017
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the hospital affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the hospital affiliated with the hospital authority or governmental entity.

- Questions regarding *transfer procedures* should be directed to Ms. Marquita Cain, Sr. Manager 2, Grants Management & Revenue, by e-mail at MCain@dch.ga.gov .

Georgia Department of Community Health
SFY 2022 Hospital UPL - 4th quarter

	Facility Name	CAH status (1 = yes)	Annual SFY2022 Inpatient UPL	Annual SFY2022 Outpatient UPL	Total Annual UPL
	<u>state governmental hospitals</u>				
1	Augusta University Medical Center	0	1,133,672	3,817,080	4,950,752
2	Roosevelt Warm Springs Rehabilitation & Specialty	0	0	0	0
3	Roosevelt Warm Springs LTAC	0	0	0	0
	<i>total state governmental</i>		1,133,672	3,817,080	4,950,752
	<u>nonstate governmental hospitals</u>				
4	Appling Hospital	0	301,244	89,681	390,925
5	Children's Healthcare of Atlanta at Hughes Spalding	0	107,172	291,439	398,611
6	Coffee Regional Medical Center, Inc.	0	1,593,786	500,471	2,094,257
7	Colquitt Regional Medical Center	0	1,741,218	644,479	2,385,697
8	Crisp Regional Hospital, Inc.	0	847,366	869,252	1,716,618
9	Dodge County Hospital	0	383,253	61,127	444,380
10	Dorminy Medical Center	0	281,786	68,326	350,112
11	Emanuel Medical Center	0	316,783	148,816	465,599
12	Emory Decatur Hospital	0	5,647,786	485,446	6,133,232
13	Emory Hillandale Hospital	0	2,173,539	140,867	2,314,406
14	Evans Memorial Hospital, Inc.	0	105,001	37,735	142,736
15	Floyd Medical Center	0	5,429,700	1,467,793	6,897,493
16	Grady General Hospital	0	246,286	53,795	300,081
17	Grady Memorial Hospital	0	36,508,710	1,721,410	38,230,120
18	Habersham Medical Center	0	331,937	61,692	393,629
19	Houston Medical Center	0	3,460,461	403,992	3,864,453
20	Irwin County Hospital	0	148,740	41,161	189,901
21	Jefferson Hospital	0	85,626	53,594	139,220
22	Memorial Hospital And Manor	0	310,322	138,865	449,187
23	Northeast Georgia Medical Center Gainesville	0	14,709,268	1,256,398	15,965,666
24	Northside Hospital	0	13,894,389	525,801	14,420,190
25	Northside Hospital Cherokee	0	2,652,648	655,752	3,308,400
26	Northside Hospital Duluth	0	1,876,325	328,865	2,205,190
27	Northside Hospital Forsyth	0	3,373,986	780,787	4,154,773
28	Northside Hospital Gwinnett	0	11,083,500	906,625	11,990,125

Georgia Department of Community Health
SFY 2022 Hospital UPL - 4th quarter

	Facility Name	CAH status (1 = yes)	Annual SFY2022 Inpatient UPL	Annual SFY2022 Outpatient UPL	Total Annual UPL
29	Perry Hospital	0	180,398	39,579	219,977
30	Phoebe Putney Memorial Hospital	0	9,785,579	2,892,799	12,678,378
31	Phoebe Sumter Medical Center	0	1,220,084	396,194	1,616,278
32	Piedmont Athens Regional Medical Center	0	6,419,563	423,573	6,843,136
33	Piedmont Columbus Regional - Midtown	0	5,564,267	977,966	6,542,233
34	Piedmont Columbus Regional - Northside	0	0	35,659	35,659
35	Piedmont Henry Hospital	0	4,012,590	319,345	4,331,935
36	Piedmont Newton Hospital	0	1,348,008	124,023	1,472,031
37	South Georgia Medical Center	0	4,309,934	402,892	4,712,826
38	South Georgia Medical Center Berrien Campus	0	24,374	21,642	46,016
39	Southeast Georgia Health System - Brunswick	0	3,848,730	549,078	4,397,808
40	Southeast Georgia Health System - Camden	0	258,454	83,151	341,605
41	Southwell Medical Center	0	60,253	5,980	66,233
42	Stephens County Hospital	0	336,656	128,235	464,891
43	Tanner Medical Center - Carrollton	0	1,936,592	934,679	2,871,271
44	Tanner Medical Center Villa Rica	0	3,095,515	465,998	3,561,513
45	Medical Center - Navicent Health	0	13,656,516	1,169,055	14,825,571
46	Tift Regional Medical Center	0	2,691,959	1,717,514	4,409,473
47	Union General Hospital, Inc.	0	181,810	61,602	243,412
48	University Hospital	0	5,459,666	523,885	5,983,551
49	University Hospital McDuffie	0	136,611	34,234	170,845
50	Upson Regional Medical Center	0	1,439,089	156,527	1,595,616
51	Washington County Regional Medical	0	78,136	97,949	176,085
52	Wayne Memorial Hospital	0	564,891	552,999	1,117,890
53	Wellstar Cobb Hospital	0	6,465,762	3,226,344	9,692,106
54	Wellstar Douglas Hospital	0	1,836,890	228,505	2,065,395
55	Wellstar Kennestone Hospital	0	11,333,858	751,504	12,085,362
56	Wellstar Paulding Hospital	0	1,950,105	392,976	2,343,081
57	Wellstar West Georgia Medical Center	0	2,363,476	557,444	2,920,920
58	Wellstar Windy Hill Hospital	0	0	48,665	48,665
	subtotal		198,170,598	29,054,165	227,224,763

Georgia Department of Community Health
SFY 2022 Hospital UPL - 4th quarter

	Facility Name	CAH status (1 = yes)	Annual SFY2022 Inpatient UPL	Annual SFY2022 Outpatient UPL	Total Annual UPL
59	Bacon County Hospital	1	352,635	127,887	480,522
60	Bleckley Memorial Hospital	1	0	7,810	7,810
61	Brooks County Hospital	1	22,284	75,547	97,831
62	Candler County Hospital	1	0	19,828	19,828
63	Chatuge Regional Hospital, Inc.	1	14,535	57,182	71,717
64	Clinch Memorial Hospital	1	17,907	44,060	61,967
65	Effingham Health System	1	60,510	80,742	141,252
66	Elbert Memorial Hospital	1	0	21,082	21,082
67	Floyd Polk Medical Center	1	0	46,755	46,755
68	Higgins General Hospital	1	50,599	121,974	172,573
69	Jasper Memorial Hospital	1	0	23,534	23,534
70	Jeff Davis Hospital	1	14,442	28,783	43,225
71	Jenkins County Medical Center	1	55,505	38,163	93,668
72	Liberty Regional Medical Center	1	3,404	71,026	74,430
73	Medical Center of Peach County, Navicent	1	0	20,840	20,840
74	Miller County Hospital	1	1,080,691	159,020	1,239,711
75	Mitchell County Hospital	1	20,116	61,015	81,131
76	Monroe County Hospital	1	3,885	32,890	36,775
77	Morgan Memorial Hospital	1	326	18,469	18,795
78	Lifebrite Community Hospital of Early	1	91,654	74,891	166,545
79	Putnam General Hospital	1	0	43,385	43,385
80	South Georgia Medical Center Lanier Campus	1	22,809	32,171	54,980
81	Warm Springs Medical Center	1	22,227	29,302	51,529
82	Wellstar Sylvan Grove Hospital	1	874	22,731	23,605
83	Wills Memorial Hospital	1	45,171	15,795	60,966
	subtotal - CAH		1,879,574	1,274,882	3,154,456
	total non-state governmental		200,050,172	30,329,047	230,379,219
	<u>nongovernmental hospitals</u>				
84	Mountain Lakes Medical Center	1	32,379	31,532	63,911
85	Optim Medical Center - Screven	1	26,785	21,851	48,636

Georgia Department of Community Health
SFY 2022 Hospital UPL - 4th quarter

	Facility Name	CAH status (1 = yes)	Annual SFY2022 Inpatient UPL	Annual SFY2022 Outpatient UPL	Total Annual UPL
86	Optim Medical Center - Tattnall	1	55,477	77,777	133,254
87	Phoebe Worth Medical Center	1	19,623	27,977	47,600
88	St. Mary's Good Samaritan Hospital	1	0	38,431	38,431
	subtotal - CAH		134,264	197,568	331,832
	TOTAL		201,318,108	34,343,695	235,661,803

Georgia Department of Community Health
SFY 2022 Hospital UPL - 4th quarter

	Facility Name	Inpatient 4th qtr payment	4th qtr IGT	Outpatient 4th qtr payment	4th qtr IGT	Total Payment for 4th quarter	Total IGT due for 4th quarter
	<u>state governmental hospitals</u>						
1	Augusta University Medical Center	283,418	76,381	954,270	257,176	1,237,688	333,557
2	Roosevelt Warm Springs Rehabilitation & Specialty	0	0	0	0	0	0
3	Roosevelt Warm Springs LTAC	0	0	0	0	0	0
	<i>total state governmental</i>	283,418	76,381	954,270	257,176	1,237,688	333,557
	<u>nonstate governmental hospitals</u>						
4	Appling Hospital	75,316	20,298	22,420	6,042	97,736	26,340
5	Children's Healthcare of Atlanta at Hughes Spalding	26,795	7,221	72,860	19,636	99,655	26,857
6	Coffee Regional Medical Center, Inc.	398,474	107,389	125,118	33,719	523,592	141,108
7	Colquitt Regional Medical Center	435,334	117,323	161,120	43,422	596,454	160,745
8	Crisp Regional Hospital, Inc.	211,856	57,095	217,313	58,566	429,169	115,661
9	Dodge County Hospital	95,820	25,823	15,282	4,118	111,102	29,941
10	Dorminy Medical Center	70,451	18,987	17,082	4,604	87,533	23,591
11	Emanuel Medical Center	79,201	21,345	37,204	10,026	116,405	31,371
12	Emory Decatur Hospital	1,412,041	380,545	216,034	58,221	1,628,075	438,766
13	Emory Hillandale Hospital	543,421	146,452	35,217	9,491	578,638	155,943
14	Evans Memorial Hospital, Inc.	26,252	7,075	9,434	2,542	35,686	9,617
15	Floyd Medical Center	1,357,517	365,851	366,948	98,892	1,724,465	464,743
16	Grady General Hospital	61,575	16,594	13,449	3,625	75,024	20,219
17	Grady Memorial Hospital	9,127,791	2,459,940	430,353	115,980	9,558,144	2,575,920
18	Habersham Medical Center	82,990	22,366	15,423	4,156	98,413	26,522
19	Houston Medical Center	865,173	233,164	100,998	27,219	966,171	260,383
20	Irwin County Hospital	37,187	10,022	10,290	2,773	47,477	12,795
21	Jefferson Hospital	21,408	5,769	13,399	3,611	34,807	9,380
22	Memorial Hospital And Manor	77,587	20,910	34,716	9,356	112,303	30,266
23	Northeast Georgia Medical Center Gainesville	3,677,564	991,103	314,100	84,650	3,991,664	1,075,753
24	Northside Hospital	3,473,831	936,197	131,450	35,426	3,605,281	971,623
25	Northside Hospital Cherokee	663,207	178,734	163,938	44,181	827,145	222,915
26	Northside Hospital Duluth	469,114	126,426	82,216	22,157	551,330	148,583
27	Northside Hospital Forsyth	843,554	227,338	195,197	52,606	1,038,751	279,944
28	Northside Hospital Gwinnett	2,771,062	746,801	226,656	61,084	2,997,718	807,885

Georgia Department of Community Health
SFY 2022 Hospital UPL - 4th quarter

	Facility Name	Inpatient 4th qtr payment	4th qtr IGT	Outpatient 4th qtr payment	4th qtr IGT	Total Payment for 4th quarter	Total IGT due for 4th quarter
29	Perry Hospital	45,103	12,155	9,895	2,667	54,998	14,822
30	Phoebe Putney Memorial Hospital	2,446,559	659,348	723,200	194,902	3,169,759	854,250
31	Phoebe Sumter Medical Center	305,041	82,209	99,049	26,694	404,090	108,903
32	Piedmont Athens Regional Medical Center	1,604,999	432,547	105,893	28,538	1,710,892	461,085
33	Piedmont Columbus Regional - Midtown	1,391,161	374,918	244,492	65,891	1,635,653	440,809
34	Piedmont Columbus Regional - Northside	0	0	8,915	2,403	8,915	2,403
35	Piedmont Henry Hospital	1,003,215	270,366	79,836	21,516	1,083,051	291,882
36	Piedmont Newton Hospital	337,025	90,828	31,006	8,356	368,031	99,184
37	South Georgia Medical Center	1,077,556	290,401	100,723	27,145	1,178,279	317,546
38	South Georgia Medical Center Berrien Campus	6,094	1,642	5,411	1,458	11,505	3,100
39	Southeast Georgia Health System - Brunswick	962,247	259,326	137,270	36,994	1,099,517	296,320
40	Southeast Georgia Health System - Camden	64,618	17,415	20,788	5,602	85,406	23,017
41	Southwell Medical Center	15,065	4,060	1,495	403	16,560	4,463
42	Stephens County Hospital	84,170	22,684	32,059	8,640	116,229	31,324
43	Tanner Medical Center - Carrollton	484,181	130,487	233,670	62,974	717,851	193,461
44	Tanner Medical Center Villa Rica	773,931	208,574	116,500	31,397	890,431	239,971
45	Medical Center - Navicent Health	3,414,359	920,170	292,264	78,765	3,706,623	998,935
46	Tift Regional Medical Center	673,035	181,383	429,379	115,718	1,102,414	297,101
47	Union General Hospital, Inc.	45,456	12,250	15,401	4,151	60,857	16,401
48	University Hospital	1,365,008	367,870	130,971	35,297	1,495,979	403,167
49	University Hospital McDuffie	34,155	9,205	8,559	2,307	42,714	11,512
50	Upson Regional Medical Center	359,796	96,965	39,132	10,546	398,928	107,511
51	Washington County Regional Medical	19,535	5,265	24,487	6,599	44,022	11,864
52	Wayne Memorial Hospital	141,232	38,062	138,250	37,258	279,482	75,320
53	Wellstar Cobb Hospital	1,616,549	435,660	806,586	217,375	2,423,135	653,035
54	Wellstar Douglas Hospital	459,253	123,769	57,126	15,395	516,379	139,164
55	Wellstar Kennestone Hospital	2,833,655	763,670	187,876	50,633	3,021,531	814,303
56	Wellstar Paulding Hospital	487,560	131,397	98,244	26,477	585,804	157,874
57	Wellstar West Georgia Medical Center	590,909	159,250	139,361	37,558	730,270	196,808
58	Wellstar Windy Hill Hospital	0	0	12,166	3,279	12,166	3,279
	subtotal	49,545,988	13,352,644	7,358,221	1,983,041	56,904,209	15,335,685

Georgia Department of Community Health
SFY 2022 Hospital UPL - 4th quarter

	Facility Name	Inpatient 4th qtr payment	4th qtr IGT	Outpatient 4th qtr payment	4th qtr IGT	Total Payment for 4th quarter	Total IGT due for 4th quarter
59	Bacon County Hospital	88,165	0	31,972	0	120,137	0
60	Bleckley Memorial Hospital	0	0	1,953	0	1,953	0
61	Brooks County Hospital	5,572	0	18,887	0	24,459	0
62	Candler County Hospital	0	0	4,957	0	4,957	0
63	Chatuge Regional Hospital, Inc.	3,634	0	14,296	0	17,930	0
64	Clinch Memorial Hospital	4,478	0	11,015	0	15,493	0
65	Effingham Health System	15,129	0	20,186	0	35,315	0
66	Elbert Memorial Hospital	0	0	5,271	0	5,271	0
67	Floyd Polk Medical Center	0	0	11,689	0	11,689	0
68	Higgins General Hospital	12,651	0	30,494	0	43,145	0
69	Jasper Memorial Hospital	0	0	5,884	0	5,884	0
70	Jeff Davis Hospital	3,611	0	7,196	0	10,807	0
71	Jenkins County Medical Center	20,705	0	9,893	0	30,598	0
72	Liberty Regional Medical Center	851	0	17,757	0	18,608	0
73	Medical Center of Peach County, Navicent	0	0	5,210	0	5,210	0
74	Miller County Hospital	270,191	0	39,755	0	309,946	0
75	Mitchell County Hospital	5,029	0	15,254	0	20,283	0
76	Monroe County Hospital	971	0	8,223	0	9,194	0
77	Morgan Memorial Hospital	82	0	4,617	0	4,699	0
78	Lifebrite Community Hospital of Early	22,915	0	18,723	0	41,638	0
79	Putnam General Hospital	0	0	10,846	0	10,846	0
80	South Georgia Medical Center Lanier Campus	5,702	0	8,043	0	13,745	0
81	Warm Springs Medical Center	5,558	0	7,326	0	12,884	0
82	Wellstar Sylvan Grove Hospital	219	0	5,683	0	5,902	0
83	Wills Memorial Hospital	11,294	0	3,949	0	15,243	0
	subtotal - CAH	476,757	0	319,079	0	795,836	0
	total non-state governmental	50,022,745	13,352,644	7,677,300	1,983,041	57,700,045	15,335,685
	<u>nongovernmental hospitals</u>						
84	Mountain Lakes Medical Center	8,087	0	7,883	0	15,970	0
85	Optim Medical Center - Screven	6,690	0	5,463	0	12,153	0

Georgia Department of Community Health
SFY 2022 Hospital UPL - 4th quarter

	Facility Name	Inpatient 4th qtr payment	4th qtr IGT	Outpatient 4th qtr payment	4th qtr IGT	Total Payment for 4th quarter	Total IGT due for 4th quarter
86	Optim Medical Center - Tattnell	13,856	0	19,445	0	33,301	0
87	Phoebe Worth Medical Center	4,901	0	6,994	0	11,895	0
88	St. Mary's Good Samaritan Hospital	0	0	9,608	0	9,608	0
	subtotal - CAH	33,534	0	49,393	0	82,927	0
	TOTAL	50,339,697	13,429,025	8,680,963	2,240,217	59,020,660	15,669,242

SFY 2022

REVISED

INPATIENT

Hospital UPL

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Augusta University Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	140,098,514
11	payments for services	30,614,626
12	annual covered charges	140,098,514
13	annual payments for services	30,614,626
14		
15	total hospital CCR	23.59%
16		
17	annual cost of services	33,044,768
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	151,426,880
23	adjusted Medicaid payments for services	33,090,125
24	supplemental rate adjustment payments	11,411,786
25	total adjusted Medicaid payments	44,501,911
26	adjusted cost of services	35,716,768
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.41685
32	maximum annual payments (at DRG differential)	46,883,744
33		
34	maximum annual payments	46,883,744
35	facility specific UPL amount	2,381,833
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,248,161)
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	(1,248,161)
41		
42	UPL amount after aggregate limit adjustments	1,133,672

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Roosevelt Warm Springs Rehabilitation & Specialty
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	7,337,616
11	payments for services	3,193,180
12	annual covered charges	7,337,616
13	annual payments for services	3,193,180
14		
15	total hospital CCR	35.68%
16		
17	annual cost of services	2,617,954
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	7,930,936
23	adjusted Medicaid payments for services	3,451,381
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,451,381
26	adjusted cost of services	2,829,642
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	2,829,642
35	facility specific UPL amount	(621,739)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	621,739
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	621,739
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Roosevelt Warm Springs LTAC
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	4,926,965
11	payments for services	2,816,308
12	annual covered charges	4,926,965
13	annual payments for services	2,816,308
14		
15	total hospital CCR	45.43%
16		
17	annual cost of services	2,238,494
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	5,341,441
23	adjusted Medicaid payments for services	3,053,227
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,053,227
26	adjusted cost of services	2,426,805
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	2,426,805
35	facility specific UPL amount	(626,422)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	626,422
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	626,422
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Applying Hospital
2	base period report period beginning date	9/1/2019
3	base period report period ending date	8/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,470,574
11	payments for services	777,251
12	annual covered charges	1,470,574
13	annual payments for services	777,251
14		
15	total hospital CCR	78.75%
16		
17	annual cost of services	1,158,023
18		
19	<u>adjustment factor</u>	
20	inflation	1.078695
21		
22	adjusted annual charges	1,586,301
23	adjusted Medicaid payments for services	838,417
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	838,417
26	adjusted cost of services	1,249,154
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	1,242,350
33		
34	maximum annual payments	1,242,350
35	facility specific UPL amount	403,933
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(685)
39	allocation of supplemental payments	(102,004)
40	total aggregate limit adjustments	(102,689)
41		
42	UPL amount after aggregate limit adjustments	301,244

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Children's Healthcare of Atlanta at Hughes Spalding
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	5,048,471
11	payments for services	845,670
12	annual covered charges	5,048,471
13	annual payments for services	845,670
14		
15	total hospital CCR	19.38%
16		
17	annual cost of services	978,225
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	5,473,169
23	adjusted Medicaid payments for services	916,811
24	supplemental rate adjustment payments	1,330,424
25	total adjusted Medicaid payments	2,247,235
26	adjusted cost of services	1,060,517
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	1,060,517
35	facility specific UPL amount	(1,186,718)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(244)
39	allocation of supplemental payments	1,294,134
40	total aggregate limit adjustments	1,293,890
41		
42	UPL amount after aggregate limit adjustments	107,172

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Coffee Regional Medical Center, Inc.
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	17,216,570
11	payments for services	4,091,599
12	annual covered charges	17,216,570
13	annual payments for services	4,091,599
14		
15	total hospital CCR	20.73%
16		
17	annual cost of services	3,568,946
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	18,664,897
23	adjusted Medicaid payments for services	4,435,801
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,435,801
26	adjusted cost of services	3,869,180
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	6,572,881
33		
34	maximum annual payments	6,572,881
35	facility specific UPL amount	2,137,080
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,623)
39	allocation of supplemental payments	(539,671)
40	total aggregate limit adjustments	(543,294)
41		
42	UPL amount after aggregate limit adjustments	1,593,786

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Colquitt Regional Medical Center
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	17,968,220
11	payments for services	4,497,088
12	annual covered charges	17,968,220
13	annual payments for services	4,497,088
14		
15	total hospital CCR	28.49%
16		
17	annual cost of services	5,118,975
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	19,362,841
23	adjusted Medicaid payments for services	4,846,134
24	supplemental rate adjustment payments	1,096,201
25	total adjusted Medicaid payments	5,942,335
26	adjusted cost of services	5,516,289
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	7,180,904
33		
34	maximum annual payments	7,180,904
35	facility specific UPL amount	1,238,569
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,958)
39	allocation of supplemental payments	506,607
40	total aggregate limit adjustments	502,649
41		
42	UPL amount after aggregate limit adjustments	1,741,218

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Crisp Regional Hospital, Inc.
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	6,471,624
11	payments for services	2,181,943
12	annual covered charges	6,471,624
13	annual payments for services	2,181,943
14		
15	total hospital CCR	31.69%
16		
17	annual cost of services	2,051,152
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	6,994,920
23	adjusted Medicaid payments for services	2,358,375
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,358,375
26	adjusted cost of services	2,217,008
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	3,494,593
33		
34	maximum annual payments	3,494,593
35	facility specific UPL amount	1,136,218
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,926)
39	allocation of supplemental payments	(286,926)
40	total aggregate limit adjustments	(288,852)
41		
42	UPL amount after aggregate limit adjustments	847,366

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Dodge County Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,982,505
11	payments for services	989,837
12	annual covered charges	2,982,505
13	annual payments for services	989,837
14		
15	total hospital CCR	26.77%
16		
17	annual cost of services	798,492
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	3,213,995
23	adjusted Medicaid payments for services	1,066,664
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,066,664
26	adjusted cost of services	860,468
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	1,580,561
33		
34	maximum annual payments	1,580,561
35	facility specific UPL amount	513,897
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(871)
39	allocation of supplemental payments	(129,773)
40	total aggregate limit adjustments	(130,644)
41		
42	UPL amount after aggregate limit adjustments	383,253

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Dorminy Medical Center
2	base period report period beginning date	8/1/2019
3	base period report period ending date	7/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,671,559
11	payments for services	726,320
12	annual covered charges	2,671,559
13	annual payments for services	726,320
14		
15	total hospital CCR	28.42%
16		
17	annual cost of services	759,278
18		
19	<u>adjustment factor</u>	
20	inflation	1.079777
21		
22	adjusted annual charges	2,884,688
23	adjusted Medicaid payments for services	784,264
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	784,264
26	adjusted cost of services	819,851
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	1,162,107
33		
34	maximum annual payments	1,162,107
35	facility specific UPL amount	377,843
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(641)
39	allocation of supplemental payments	(95,416)
40	total aggregate limit adjustments	(96,057)
41		
42	UPL amount after aggregate limit adjustments	281,786

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Emanuel Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,902,987
11	payments for services	815,708
12	annual covered charges	2,902,987
13	annual payments for services	815,708
14		
15	total hospital CCR	27.64%
16		
17	annual cost of services	802,415
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	3,137,723
23	adjusted Medicaid payments for services	881,666
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	881,666
26	adjusted cost of services	867,298
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	1,306,435
33		
34	maximum annual payments	1,306,435
35	facility specific UPL amount	424,769
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(720)
39	allocation of supplemental payments	(107,266)
40	total aggregate limit adjustments	(107,986)
41		
42	UPL amount after aggregate limit adjustments	316,783

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Emory Decatur Hospital
2	base period report period beginning date	9/1/2019
3	base period report period ending date	8/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	57,213,442
11	payments for services	14,572,087
12	annual covered charges	57,213,442
13	annual payments for services	14,572,087
14		
15	total hospital CCR	28.35%
16		
17	annual cost of services	16,221,576
18		
19	<u>adjustment factor</u>	
20	inflation	1.078695
21		
22	adjusted annual charges	61,715,854
23	adjusted Medicaid payments for services	15,718,837
24	supplemental rate adjustment payments	77,213
25	total adjusted Medicaid payments	15,796,050
26	adjusted cost of services	17,498,133
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	23,291,858
33		
34	maximum annual payments	23,291,858
35	facility specific UPL amount	7,495,808
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(12,839)
39	allocation of supplemental payments	(1,835,183)
40	total aggregate limit adjustments	(1,848,022)
41		
42	UPL amount after aggregate limit adjustments	5,647,786

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Emory Hillandale Hospital
2	base period report period beginning date	9/1/2019
3	base period report period ending date	8/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	19,460,897
11	payments for services	5,608,038
12	annual covered charges	19,460,897
13	annual payments for services	5,608,038
14		
15	total hospital CCR	22.47%
16		
17	annual cost of services	4,373,725
18		
19	<u>adjustment factor</u>	
20	inflation	1.078695
21		
22	adjusted annual charges	20,992,372
23	adjusted Medicaid payments for services	6,049,363
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	6,049,363
26	adjusted cost of services	4,717,915
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	8,963,825
33		
34	maximum annual payments	8,963,825
35	facility specific UPL amount	2,914,462
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4,941)
39	allocation of supplemental payments	(735,982)
40	total aggregate limit adjustments	(740,923)
41		
42	UPL amount after aggregate limit adjustments	2,173,539

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Evans Memorial Hospital, Inc.
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	777,565
11	payments for services	271,191
12	annual covered charges	777,565
13	annual payments for services	271,191
14		
15	total hospital CCR	22.32%
16		
17	annual cost of services	173,587
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	837,916
23	adjusted Medicaid payments for services	292,240
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	292,240
26	adjusted cost of services	187,060
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	433,035
33		
34	maximum annual payments	433,035
35	facility specific UPL amount	140,795
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(239)
39	allocation of supplemental payments	(35,555)
40	total aggregate limit adjustments	(35,794)
41		
42	UPL amount after aggregate limit adjustments	105,001

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Floyd Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	66,322,735
11	payments for services	13,981,331
12	annual covered charges	66,322,735
13	annual payments for services	13,981,331
14		
15	total hospital CCR	19.75%
16		
17	annual cost of services	13,099,202
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	71,685,591
23	adjusted Medicaid payments for services	15,111,861
24	supplemental rate adjustment payments	1,737,140
25	total adjusted Medicaid payments	16,849,001
26	adjusted cost of services	14,158,403
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	22,392,453
33		
34	maximum annual payments	22,392,453
35	facility specific UPL amount	5,543,452
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(12,343)
39	allocation of supplemental payments	(101,409)
40	total aggregate limit adjustments	(113,752)
41		
42	UPL amount after aggregate limit adjustments	5,429,700

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Grady General Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,585,479
11	payments for services	636,090
12	annual covered charges	1,585,479
13	annual payments for services	636,090
14		
15	total hospital CCR	35.16%
16		
17	annual cost of services	557,412
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	1,708,538
23	adjusted Medicaid payments for services	685,461
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	685,461
26	adjusted cost of services	600,676
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	1,015,702
33		
34	maximum annual payments	1,015,702
35	facility specific UPL amount	330,241
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(560)
39	allocation of supplemental payments	(83,395)
40	total aggregate limit adjustments	(83,955)
41		
42	UPL amount after aggregate limit adjustments	246,286

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Grady Memorial Hospital
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	570,065,715
11	payments for services	93,725,912
12	annual covered charges	570,065,715
13	annual payments for services	93,725,912
14		
15	total hospital CCR	19.38%
16		
17	annual cost of services	110,459,647
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	618,021,923
23	adjusted Medicaid payments for services	101,610,511
24	supplemental rate adjustment payments	35,361,467
25	total adjusted Medicaid payments	136,971,978
26	adjusted cost of services	119,751,954
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	150,564,423
33		
34	maximum annual payments	150,564,423
35	facility specific UPL amount	13,592,445
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(82,996)
39	allocation of supplemental payments	22,999,261
40	total aggregate limit adjustments	22,916,265
41		
42	UPL amount after aggregate limit adjustments	36,508,710

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Habersham Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,150,358
11	payments for services	854,730
12	annual covered charges	2,150,358
13	annual payments for services	854,730
14		
15	total hospital CCR	40.54%
16		
17	annual cost of services	871,857
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	2,324,236
23	adjusted Medicaid payments for services	923,843
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	923,843
26	adjusted cost of services	942,355
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	1,368,932
33		
34	maximum annual payments	1,368,932
35	facility specific UPL amount	445,089
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(755)
39	allocation of supplemental payments	(112,397)
40	total aggregate limit adjustments	(113,152)
41		
42	UPL amount after aggregate limit adjustments	331,937

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Houston Medical Center
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	30,155,473
11	payments for services	8,883,768
12	annual covered charges	30,155,473
13	annual payments for services	8,883,768
14		
15	total hospital CCR	29.81%
16		
17	annual cost of services	8,989,845
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	32,692,272
23	adjusted Medicaid payments for services	9,631,106
24	supplemental rate adjustment payments	1,294,014
25	total adjusted Medicaid payments	10,925,120
26	adjusted cost of services	9,746,107
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	14,271,180
33		
34	maximum annual payments	14,271,180
35	facility specific UPL amount	3,346,060
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(7,867)
39	allocation of supplemental payments	122,268
40	total aggregate limit adjustments	114,401
41		
42	UPL amount after aggregate limit adjustments	3,460,461

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Irwin County Hospital
2	base period report period beginning date	12/1/2019
3	base period report period ending date	11/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,070,250
11	payments for services	382,617
12	annual covered charges	1,070,250
13	annual payments for services	382,617
14		
15	total hospital CCR	34.38%
16		
17	annual cost of services	367,952
18		
19	<u>adjustment factor</u>	
20	inflation	1.081946
21		
22	adjusted annual charges	1,157,953
23	adjusted Medicaid payments for services	413,971
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	413,971
26	adjusted cost of services	398,104
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	613,414
33		
34	maximum annual payments	613,414
35	facility specific UPL amount	199,443
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(338)
39	allocation of supplemental payments	(50,365)
40	total aggregate limit adjustments	(50,703)
41		
42	UPL amount after aggregate limit adjustments	148,740

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Jefferson Hospital
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	266,768
11	payments for services	219,822
12	annual covered charges	266,768
13	annual payments for services	219,822
14		
15	total hospital CCR	80.75%
16		
17	annual cost of services	215,405
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	289,210
23	adjusted Medicaid payments for services	238,314
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	238,314
26	adjusted cost of services	233,526
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	353,129
33		
34	maximum annual payments	353,129
35	facility specific UPL amount	114,815
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(195)
39	allocation of supplemental payments	(28,994)
40	total aggregate limit adjustments	(29,189)
41		
42	UPL amount after aggregate limit adjustments	85,626

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Memorial Hospital And Manor
2	base period report period beginning date	4/1/2019
3	base period report period ending date	3/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,664,564
11	payments for services	791,165
12	annual covered charges	2,664,564
13	annual payments for services	791,165
14		
15	total hospital CCR	34.74%
16		
17	annual cost of services	925,645
18		
19	<u>adjustment factor</u>	
20	inflation	1.091659
21		
22	adjusted annual charges	2,908,795
23	adjusted Medicaid payments for services	863,682
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	863,682
26	adjusted cost of services	1,010,489
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	1,279,787
33		
34	maximum annual payments	1,279,787
35	facility specific UPL amount	416,105
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(705)
39	allocation of supplemental payments	(105,078)
40	total aggregate limit adjustments	(105,783)
41		
42	UPL amount after aggregate limit adjustments	310,322

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Northeast Georgia Medical Center Gainesville
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	218,642,542
11	payments for services	37,989,991
12	annual covered charges	218,642,542
13	annual payments for services	37,989,991
14		
15	total hospital CCR	19.76%
16		
17	annual cost of services	43,206,025
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	235,612,702
23	adjusted Medicaid payments for services	40,938,622
24	supplemental rate adjustment payments	1,491,240
25	total adjusted Medicaid payments	42,429,862
26	adjusted cost of services	46,559,504
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	60,662,031
33		
34	maximum annual payments	60,662,031
35	facility specific UPL amount	18,232,169
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(33,439)
39	allocation of supplemental payments	(3,489,462)
40	total aggregate limit adjustments	(3,522,901)
41		
42	UPL amount after aggregate limit adjustments	14,709,268

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Northside Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	206,826,461
11	payments for services	35,885,381
12	annual covered charges	206,826,461
13	annual payments for services	35,885,381
14		
15	total hospital CCR	21.10%
16		
17	annual cost of services	43,645,928
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	222,879,504
23	adjusted Medicaid payments for services	38,670,661
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	38,670,661
26	adjusted cost of services	47,033,550
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	57,301,412
33		
34	maximum annual payments	57,301,412
35	facility specific UPL amount	18,630,751
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(31,586)
39	allocation of supplemental payments	(4,704,776)
40	total aggregate limit adjustments	(4,736,362)
41		
42	UPL amount after aggregate limit adjustments	13,894,389

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Northside Hospital Cherokee
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	45,150,492
11	payments for services	6,851,057
12	annual covered charges	45,150,492
13	annual payments for services	6,851,057
14		
15	total hospital CCR	19.55%
16		
17	annual cost of services	8,826,770
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	48,654,893
23	adjusted Medicaid payments for services	7,382,809
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	7,382,809
26	adjusted cost of services	9,511,869
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	10,939,699
33		
34	maximum annual payments	10,939,699
35	facility specific UPL amount	3,556,890
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(6,030)
39	allocation of supplemental payments	(898,212)
40	total aggregate limit adjustments	(904,242)
41		
42	UPL amount after aggregate limit adjustments	2,652,648

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Northside Hospital Duluth
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	24,225,461
11	payments for services	4,846,030
12	annual covered charges	24,225,461
13	annual payments for services	4,846,030
14		
15	total hospital CCR	21.17%
16		
17	annual cost of services	5,127,876
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	26,105,744
23	adjusted Medicaid payments for services	5,222,159
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,222,159
26	adjusted cost of services	5,525,881
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	7,738,091
33		
34	maximum annual payments	7,738,091
35	facility specific UPL amount	2,515,932
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4,265)
39	allocation of supplemental payments	(635,342)
40	total aggregate limit adjustments	(639,607)
41		
42	UPL amount after aggregate limit adjustments	1,876,325

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Northside Hospital Forsyth
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	52,484,613
11	payments for services	8,714,075
12	annual covered charges	52,484,613
13	annual payments for services	8,714,075
14		
15	total hospital CCR	19.85%
16		
17	annual cost of services	10,420,019
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	56,558,259
23	adjusted Medicaid payments for services	9,390,427
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	9,390,427
26	adjusted cost of services	11,228,779
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	13,914,547
33		
34	maximum annual payments	13,914,547
35	facility specific UPL amount	4,524,120
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(7,670)
39	allocation of supplemental payments	(1,142,464)
40	total aggregate limit adjustments	(1,150,134)
41		
42	UPL amount after aggregate limit adjustments	3,373,986

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Northside Hospital Gwinnett
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	132,800,426
11	payments for services	28,625,627
12	annual covered charges	132,800,426
13	annual payments for services	28,625,627
14		
15	total hospital CCR	21.17%
16		
17	annual cost of services	28,110,267
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	143,107,864
23	adjusted Medicaid payments for services	30,847,434
24	supplemental rate adjustment payments	3,124,991
25	total adjusted Medicaid payments	33,972,425
26	adjusted cost of services	30,292,073
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	45,709,111
33		
34	maximum annual payments	45,709,111
35	facility specific UPL amount	11,736,686
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(25,196)
39	allocation of supplemental payments	(627,990)
40	total aggregate limit adjustments	(653,186)
41		
42	UPL amount after aggregate limit adjustments	11,083,500

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Perry Hospital
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,913,039
11	payments for services	463,121
12	annual covered charges	1,913,039
13	annual payments for services	463,121
14		
15	total hospital CCR	25.94%
16		
17	annual cost of services	496,166
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	2,073,971
23	adjusted Medicaid payments for services	502,081
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	502,081
26	adjusted cost of services	537,905
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	743,974
33		
34	maximum annual payments	743,974
35	facility specific UPL amount	241,893
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(410)
39	allocation of supplemental payments	(61,085)
40	total aggregate limit adjustments	(61,495)
41		
42	UPL amount after aggregate limit adjustments	180,398

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Phoebe Putney Memorial Hospital
2	base period report period beginning date	8/1/2019
3	base period report period ending date	7/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	116,090,947
11	payments for services	25,222,876
12	annual covered charges	116,090,947
13	annual payments for services	25,222,876
14		
15	total hospital CCR	24.60%
16		
17	annual cost of services	28,553,649
18		
19	<u>adjustment factor</u>	
20	inflation	1.079777
21		
22	adjusted annual charges	125,352,334
23	adjusted Medicaid payments for services	27,235,081
24	supplemental rate adjustment payments	3,159,784
25	total adjusted Medicaid payments	30,394,865
26	adjusted cost of services	30,831,573
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	40,356,398
33		
34	maximum annual payments	40,356,398
35	facility specific UPL amount	9,961,533
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(22,246)
39	allocation of supplemental payments	(153,708)
40	total aggregate limit adjustments	(175,954)
41		
42	UPL amount after aggregate limit adjustments	9,785,579

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Phoebe Sumter Medical Center
2	base period report period beginning date	8/1/2019
3	base period report period ending date	7/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	12,059,393
11	payments for services	3,144,835
12	annual covered charges	12,059,393
13	annual payments for services	3,144,835
14		
15	total hospital CCR	24.58%
16		
17	annual cost of services	2,963,961
18		
19	<u>adjustment factor</u>	
20	inflation	1.079777
21		
22	adjusted annual charges	13,021,455
23	adjusted Medicaid payments for services	3,395,721
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,395,721
26	adjusted cost of services	3,200,417
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	5,031,711
33		
34	maximum annual payments	5,031,711
35	facility specific UPL amount	1,635,990
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,774)
39	allocation of supplemental payments	(413,132)
40	total aggregate limit adjustments	(415,906)
41		
42	UPL amount after aggregate limit adjustments	1,220,084

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Piedmont Athens Regional Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	79,616,446
11	payments for services	16,530,203
12	annual covered charges	79,616,446
13	annual payments for services	16,530,203
14		
15	total hospital CCR	20.02%
16		
17	annual cost of services	15,938,611
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	86,054,232
23	adjusted Medicaid payments for services	17,866,835
24	supplemental rate adjustment payments	2,383,436
25	total adjusted Medicaid payments	20,250,271
26	adjusted cost of services	17,227,407
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	26,474,719
33		
34	maximum annual payments	26,474,719
35	facility specific UPL amount	6,224,448
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(14,594)
39	allocation of supplemental payments	209,709
40	total aggregate limit adjustments	195,115
41		
42	UPL amount after aggregate limit adjustments	6,419,563

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Piedmont Columbus Regional-Midtown
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	50,859,427
11	payments for services	14,327,837
12	annual covered charges	50,859,427
13	annual payments for services	14,327,837
14		
15	total hospital CCR	22.86%
16		
17	annual cost of services	11,628,507
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	54,971,920
23	adjusted Medicaid payments for services	15,486,386
24	supplemental rate adjustment payments	4,348,691
25	total adjusted Medicaid payments	19,835,077
26	adjusted cost of services	12,568,788
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	22,947,417
33		
34	maximum annual payments	22,947,417
35	facility specific UPL amount	3,112,340
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(12,649)
39	allocation of supplemental payments	2,464,576
40	total aggregate limit adjustments	2,451,927
41		
42	UPL amount after aggregate limit adjustments	5,564,267

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Piedmont Columbus Regional - Northside
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,659,852
11	payments for services	670,698
12	annual covered charges	2,659,852
13	annual payments for services	670,698
14		
15	total hospital CCR	20.55%
16		
17	annual cost of services	546,624
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	2,874,928
23	adjusted Medicaid payments for services	724,931
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	724,931
26	adjusted cost of services	590,824
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	590,824
35	facility specific UPL amount	(134,107)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	134,107
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	134,107
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Piedmont Henry Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	53,172,339
11	payments for services	10,332,312
12	annual covered charges	53,172,339
13	annual payments for services	10,332,312
14		
15	total hospital CCR	15.78%
16		
17	annual cost of services	8,388,492
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	57,471,854
23	adjusted Medicaid payments for services	11,167,783
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	11,167,783
26	adjusted cost of services	9,066,785
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	16,548,197
33		
34	maximum annual payments	16,548,197
35	facility specific UPL amount	5,380,414
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(9,122)
39	allocation of supplemental payments	(1,358,702)
40	total aggregate limit adjustments	(1,367,824)
41		
42	UPL amount after aggregate limit adjustments	4,012,590

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Piedmont Newton Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	16,533,537
11	payments for services	3,471,084
12	annual covered charges	16,533,537
13	annual payments for services	3,471,084
14		
15	total hospital CCR	15.32%
16		
17	annual cost of services	2,533,326
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	17,870,439
23	adjusted Medicaid payments for services	3,751,756
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,751,756
26	adjusted cost of services	2,738,171
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	5,559,277
33		
34	maximum annual payments	5,559,277
35	facility specific UPL amount	1,807,521
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,064)
39	allocation of supplemental payments	(456,449)
40	total aggregate limit adjustments	(459,513)
41		
42	UPL amount after aggregate limit adjustments	1,348,008

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	South Georgia Medical Center
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	41,643,556
11	payments for services	11,131,374
12	annual covered charges	41,643,556
13	annual payments for services	11,131,374
14		
15	total hospital CCR	27.57%
16		
17	annual cost of services	11,479,407
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	44,875,762
23	adjusted Medicaid payments for services	11,995,347
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	11,995,347
26	adjusted cost of services	12,370,393
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	17,774,465
33		
34	maximum annual payments	17,774,465
35	facility specific UPL amount	5,779,118
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(9,798)
39	allocation of supplemental payments	(1,459,386)
40	total aggregate limit adjustments	(1,469,184)
41		
42	UPL amount after aggregate limit adjustments	4,309,934

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	South Georgia Medical Center Berrien Campus
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	192,193
11	payments for services	62,949
12	annual covered charges	192,193
13	annual payments for services	62,949
14		
15	total hospital CCR	39.78%
16		
17	annual cost of services	76,453
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	207,110
23	adjusted Medicaid payments for services	67,835
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	67,835
26	adjusted cost of services	82,387
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	100,517
33		
34	maximum annual payments	100,517
35	facility specific UPL amount	32,682
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(55)
39	allocation of supplemental payments	(8,253)
40	total aggregate limit adjustments	(8,308)
41		
42	UPL amount after aggregate limit adjustments	24,374

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Southeast Georgia Health System - Brunswick
2	base period report period beginning date	5/1/2019
3	base period report period ending date	4/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	35,653,474
11	payments for services	9,845,013
12	annual covered charges	35,653,474
13	annual payments for services	9,845,013
14		
15	total hospital CCR	29.95%
16		
17	annual cost of services	10,679,126
18		
19	<u>adjustment factor</u>	
20	inflation	1.088036
21		
22	adjusted annual charges	38,792,263
23	adjusted Medicaid payments for services	10,711,729
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	10,711,729
26	adjusted cost of services	11,619,274
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	15,872,426
33		
34	maximum annual payments	15,872,426
35	facility specific UPL amount	5,160,697
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(8,749)
39	allocation of supplemental payments	(1,303,218)
40	total aggregate limit adjustments	(1,311,967)
41		
42	UPL amount after aggregate limit adjustments	3,848,730

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Southeast Georgia Health System - Camden
2	base period report period beginning date	5/1/2019
3	base period report period ending date	4/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,768,181
11	payments for services	661,124
12	annual covered charges	1,768,181
13	annual payments for services	661,124
14		
15	total hospital CCR	32.93%
16		
17	annual cost of services	582,295
18		
19	<u>adjustment factor</u>	
20	inflation	1.088036
21		
22	adjusted annual charges	1,923,845
23	adjusted Medicaid payments for services	719,327
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	719,327
26	adjusted cost of services	633,558
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	1,065,884
33		
34	maximum annual payments	1,065,884
35	facility specific UPL amount	346,557
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(588)
39	allocation of supplemental payments	(87,515)
40	total aggregate limit adjustments	(88,103)
41		
42	UPL amount after aggregate limit adjustments	258,454

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Southwell Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	522,129
11	payments for services	155,149
12	annual covered charges	522,129
13	annual payments for services	155,149
14		
15	total hospital CCR	75.63%
16		
17	annual cost of services	394,863
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	564,348
23	adjusted Medicaid payments for services	167,694
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	167,694
26	adjusted cost of services	426,792
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	248,486
33		
34	maximum annual payments	248,486
35	facility specific UPL amount	80,792
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(137)
39	allocation of supplemental payments	(20,402)
40	total aggregate limit adjustments	(20,539)
41		
42	UPL amount after aggregate limit adjustments	60,253

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Stephens County Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,873,092
11	payments for services	869,490
12	annual covered charges	1,873,092
13	annual payments for services	869,490
14		
15	total hospital CCR	39.85%
16		
17	annual cost of services	746,499
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	2,018,474
23	adjusted Medicaid payments for services	936,976
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	936,976
26	adjusted cost of services	804,439
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	1,388,392
33		
34	maximum annual payments	1,388,392
35	facility specific UPL amount	451,416
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(765)
39	allocation of supplemental payments	(113,995)
40	total aggregate limit adjustments	(114,760)
41		
42	UPL amount after aggregate limit adjustments	336,656

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Tanner Medical Center - Carrollton
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	20,190,084
11	payments for services	4,986,671
12	annual covered charges	20,190,084
13	annual payments for services	4,986,671
14		
15	total hospital CCR	26.54%
16		
17	annual cost of services	5,359,149
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	21,822,654
23	adjusted Medicaid payments for services	5,389,893
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,389,893
26	adjusted cost of services	5,792,490
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	7,986,636
33		
34	maximum annual payments	7,986,636
35	facility specific UPL amount	2,596,743
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4,402)
39	allocation of supplemental payments	(655,749)
40	total aggregate limit adjustments	(660,151)
41		
42	UPL amount after aggregate limit adjustments	1,936,592

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Tanner Medical Center Villa Rica
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	23,139,400
11	payments for services	7,970,868
12	annual covered charges	23,139,400
13	annual payments for services	7,970,868
14		
15	total hospital CCR	29.66%
16		
17	annual cost of services	6,862,068
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	25,010,452
23	adjusted Medicaid payments for services	8,615,392
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	8,615,392
26	adjusted cost of services	7,416,935
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	12,766,116
33		
34	maximum annual payments	12,766,116
35	facility specific UPL amount	4,150,724
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(7,037)
39	allocation of supplemental payments	(1,048,172)
40	total aggregate limit adjustments	(1,055,209)
41		
42	UPL amount after aggregate limit adjustments	3,095,515

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Medical Center - Navicent Health
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	157,275,027
11	payments for services	35,059,290
12	annual covered charges	157,275,027
13	annual payments for services	35,059,290
14		
15	total hospital CCR	21.67%
16		
17	annual cost of services	34,088,231
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	170,505,631
23	adjusted Medicaid payments for services	38,008,618
24	supplemental rate adjustment payments	7,301,051
25	total adjusted Medicaid payments	45,309,669
26	adjusted cost of services	36,955,869
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	56,320,410
33		
34	maximum annual payments	56,320,410
35	facility specific UPL amount	11,010,741
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(31,046)
39	allocation of supplemental payments	2,676,821
40	total aggregate limit adjustments	2,645,775
41		
42	UPL amount after aggregate limit adjustments	13,656,516

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Tift Regional Medical Center
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	35,945,376
11	payments for services	6,952,591
12	annual covered charges	35,945,376
13	annual payments for services	6,952,591
14		
15	total hospital CCR	22.63%
16		
17	annual cost of services	8,133,333
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	38,735,312
23	adjusted Medicaid payments for services	7,492,223
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	7,492,223
26	adjusted cost of services	8,764,610
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	11,101,826
33		
34	maximum annual payments	11,101,826
35	facility specific UPL amount	3,609,603
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(6,120)
39	allocation of supplemental payments	(911,524)
40	total aggregate limit adjustments	(917,644)
41		
42	UPL amount after aggregate limit adjustments	2,691,959

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Union General Hospital, Inc.
2	base period report period beginning date	5/1/2019
3	base period report period ending date	4/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,426,443
11	payments for services	465,066
12	annual covered charges	1,426,443
13	annual payments for services	465,066
14		
15	total hospital CCR	36.63%
16		
17	annual cost of services	522,528
18		
19	<u>adjustment factor</u>	
20	inflation	1.088036
21		
22	adjusted annual charges	1,552,021
23	adjusted Medicaid payments for services	506,009
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	506,009
26	adjusted cost of services	568,529
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	749,794
33		
34	maximum annual payments	749,794
35	facility specific UPL amount	243,785
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(413)
39	allocation of supplemental payments	(61,562)
40	total aggregate limit adjustments	(61,975)
41		
42	UPL amount after aggregate limit adjustments	181,810

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	University Hospital
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	53,399,929
11	payments for services	14,016,168
12	annual covered charges	53,399,929
13	annual payments for services	14,016,168
14		
15	total hospital CCR	28.88%
16		
17	annual cost of services	15,421,734
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	57,892,145
23	adjusted Medicaid payments for services	15,195,264
24	supplemental rate adjustment payments	132,423
25	total adjusted Medicaid payments	15,327,687
26	adjusted cost of services	16,719,072
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	22,516,038
33		
34	maximum annual payments	22,516,038
35	facility specific UPL amount	7,188,351
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(12,412)
39	allocation of supplemental payments	(1,716,273)
40	total aggregate limit adjustments	(1,728,685)
41		
42	UPL amount after aggregate limit adjustments	5,459,666

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	University Hospital Mcduffie
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	973,735
11	payments for services	350,713
12	annual covered charges	973,735
13	annual payments for services	350,713
14		
15	total hospital CCR	23.62%
16		
17	annual cost of services	230,014
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	1,055,649
23	adjusted Medicaid payments for services	380,216
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	380,216
26	adjusted cost of services	249,364
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	563,396
33		
34	maximum annual payments	563,396
35	facility specific UPL amount	183,180
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(311)
39	allocation of supplemental payments	(46,258)
40	total aggregate limit adjustments	(46,569)
41		
42	UPL amount after aggregate limit adjustments	136,611

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Upson Regional Medical Center
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	14,252,945
11	payments for services	3,694,460
12	annual covered charges	14,252,945
13	annual payments for services	3,694,460
14		
15	total hospital CCR	22.89%
16		
17	annual cost of services	3,263,186
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	15,451,960
23	adjusted Medicaid payments for services	4,005,253
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,005,253
26	adjusted cost of services	3,537,698
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	5,934,904
33		
34	maximum annual payments	5,934,904
35	facility specific UPL amount	1,929,651
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,272)
39	allocation of supplemental payments	(487,290)
40	total aggregate limit adjustments	(490,562)
41		
42	UPL amount after aggregate limit adjustments	1,439,089

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Washington County Regional Medical
2	base period report period beginning date	9/1/2019
3	base period report period ending date	8/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	286,849
11	payments for services	201,604
12	annual covered charges	286,849
13	annual payments for services	201,604
14		
15	total hospital CCR	37.45%
16		
17	annual cost of services	107,418
18		
19	<u>adjustment factor</u>	
20	inflation	1.078695
21		
22	adjusted annual charges	309,423
23	adjusted Medicaid payments for services	217,469
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	217,469
26	adjusted cost of services	115,871
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	322,241
33		
34	maximum annual payments	322,241
35	facility specific UPL amount	104,772
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(178)
39	allocation of supplemental payments	(26,458)
40	total aggregate limit adjustments	(26,636)
41		
42	UPL amount after aggregate limit adjustments	78,136

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Wayne Memorial Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	5,910,224
11	payments for services	1,454,580
12	annual covered charges	5,910,224
13	annual payments for services	1,454,580
14		
15	total hospital CCR	24.23%
16		
17	annual cost of services	1,432,141
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	6,388,125
23	adjusted Medicaid payments for services	1,572,197
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,572,197
26	adjusted cost of services	1,547,944
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	2,329,650
33		
34	maximum annual payments	2,329,650
35	facility specific UPL amount	757,453
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,284)
39	allocation of supplemental payments	(191,278)
40	total aggregate limit adjustments	(192,562)
41		
42	UPL amount after aggregate limit adjustments	564,891

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Wellstar Cobb Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	108,896,608
11	payments for services	16,649,164
12	annual covered charges	108,896,608
13	annual payments for services	16,649,164
14		
15	total hospital CCR	17.14%
16		
17	annual cost of services	18,668,056
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	117,701,988
23	adjusted Medicaid payments for services	17,995,415
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	17,995,415
26	adjusted cost of services	20,177,555
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	26,665,246
33		
34	maximum annual payments	26,665,246
35	facility specific UPL amount	8,669,831
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(14,699)
39	allocation of supplemental payments	(2,189,370)
40	total aggregate limit adjustments	(2,204,069)
41		
42	UPL amount after aggregate limit adjustments	6,465,762

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Wellstar Douglas Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	27,214,246
11	payments for services	4,729,944
12	annual covered charges	27,214,246
13	annual payments for services	4,729,944
14		
15	total hospital CCR	16.15%
16		
17	annual cost of services	4,395,175
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	29,414,790
23	adjusted Medicaid payments for services	5,112,407
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,112,407
26	adjusted cost of services	4,750,569
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	7,575,462
33		
34	maximum annual payments	7,575,462
35	facility specific UPL amount	2,463,055
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4,176)
39	allocation of supplemental payments	(621,989)
40	total aggregate limit adjustments	(626,165)
41		
42	UPL amount after aggregate limit adjustments	1,836,890

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Wellstar Kennestone Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	218,675,712
11	payments for services	29,184,378
12	annual covered charges	218,675,712
13	annual payments for services	29,184,378
14		
15	total hospital CCR	16.09%
16		
17	annual cost of services	35,187,245
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	236,357,830
23	adjusted Medicaid payments for services	31,544,227
24	supplemental rate adjustment payments	4,900,868
25	total adjusted Medicaid payments	36,445,095
26	adjusted cost of services	38,032,486
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	46,741,605
33		
34	maximum annual payments	46,741,605
35	facility specific UPL amount	10,296,510
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(25,765)
39	allocation of supplemental payments	1,063,113
40	total aggregate limit adjustments	1,037,348
41		
42	UPL amount after aggregate limit adjustments	11,333,858

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Wellstar Paulding Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	26,460,889
11	payments for services	5,021,467
12	annual covered charges	26,460,889
13	annual payments for services	5,021,467
14		
15	total hospital CCR	15.89%
16		
17	annual cost of services	4,204,027
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	28,600,516
23	adjusted Medicaid payments for services	5,427,503
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,427,503
26	adjusted cost of services	4,543,965
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	8,042,365
33		
34	maximum annual payments	8,042,365
35	facility specific UPL amount	2,614,862
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4,433)
39	allocation of supplemental payments	(660,324)
40	total aggregate limit adjustments	(664,757)
41		
42	UPL amount after aggregate limit adjustments	1,950,105

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Wellstar West Georgia Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	34,888,190
11	payments for services	6,085,886
12	annual covered charges	34,888,190
13	annual payments for services	6,085,886
14		
15	total hospital CCR	18.81%
16		
17	annual cost of services	6,561,138
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	37,709,249
23	adjusted Medicaid payments for services	6,577,991
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	6,577,991
26	adjusted cost of services	7,091,672
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	9,747,136
33		
34	maximum annual payments	9,747,136
35	facility specific UPL amount	3,169,145
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(5,373)
39	allocation of supplemental payments	(800,296)
40	total aggregate limit adjustments	(805,669)
41		
42	UPL amount after aggregate limit adjustments	2,363,476

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Wellstar Windy Hill Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	0
11	payments for services	0
12	annual covered charges	0
13	annual payments for services	0
14		
15	total hospital CCR	19.52%
16		
17	annual cost of services	0
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	0
23	adjusted Medicaid payments for services	0
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	0
26	adjusted cost of services	0
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	0
35	facility specific UPL amount	0
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	0
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	0
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Bacon County Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,346,606
11	payments for services	643,066
12	annual covered charges	2,346,606
13	annual payments for services	643,066
14		
15	total hospital CCR	46.05%
16		
17	annual cost of services	1,080,535
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	2,536,353
23	adjusted Medicaid payments for services	695,064
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	695,064
26	adjusted cost of services	1,167,907
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	1,167,907
35	facility specific UPL amount	472,843
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(802)
39	allocation of supplemental payments	(119,406)
40	total aggregate limit adjustments	(120,208)
41		
42	UPL amount after aggregate limit adjustments	352,635

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Bleckley Memorial Hospital
2	base period report period beginning date	4/1/2019
3	base period report period ending date	3/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	17,274
11	payments for services	16,676
12	annual covered charges	17,274
13	annual payments for services	16,676
14		
15	total hospital CCR	66.70%
16		
17	annual cost of services	11,522
18		
19	<u>adjustment factor</u>	
20	inflation	1.091659
21		
22	adjusted annual charges	18,857
23	adjusted Medicaid payments for services	18,205
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	18,205
26	adjusted cost of services	12,578
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	12,578
35	facility specific UPL amount	(5,627)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	5,627
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	5,627
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Brooks County Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	226,849
11	payments for services	78,478
12	annual covered charges	226,849
13	annual payments for services	78,478
14		
15	total hospital CCR	46.82%
16		
17	annual cost of services	106,206
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	244,456
23	adjusted Medicaid payments for services	84,569
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	84,569
26	adjusted cost of services	114,449
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	114,449
35	facility specific UPL amount	29,880
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(51)
39	allocation of supplemental payments	(7,545)
40	total aggregate limit adjustments	(7,596)
41		
42	UPL amount after aggregate limit adjustments	22,284

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Candler County Hospital
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	583,360
11	payments for services	272,335
12	annual covered charges	583,360
13	annual payments for services	272,335
14		
15	total hospital CCR	30.40%
16		
17	annual cost of services	177,353
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	632,435
23	adjusted Medicaid payments for services	295,245
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	295,245
26	adjusted cost of services	192,273
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	192,273
35	facility specific UPL amount	(102,972)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	102,972
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	102,972
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Chatuge Regional Hospital, Inc.
2	base period report period beginning date	5/1/2019
3	base period report period ending date	4/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	78,272
11	payments for services	39,925
12	annual covered charges	78,272
13	annual payments for services	39,925
14		
15	total hospital CCR	73.89%
16		
17	annual cost of services	57,838
18		
19	<u>adjustment factor</u>	
20	inflation	1.088036
21		
22	adjusted annual charges	85,163
23	adjusted Medicaid payments for services	43,440
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	43,440
26	adjusted cost of services	62,930
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	62,930
35	facility specific UPL amount	19,490
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(33)
39	allocation of supplemental payments	(4,922)
40	total aggregate limit adjustments	(4,955)
41		
42	UPL amount after aggregate limit adjustments	14,535

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Clinch Memorial Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	141,606
11	payments for services	92,160
12	annual covered charges	141,606
13	annual payments for services	92,160
14		
15	total hospital CCR	80.77%
16		
17	annual cost of services	114,375
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	153,056
23	adjusted Medicaid payments for services	99,612
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	99,612
26	adjusted cost of services	123,623
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	123,623
35	facility specific UPL amount	24,011
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(41)
39	allocation of supplemental payments	(6,063)
40	total aggregate limit adjustments	(6,104)
41		
42	UPL amount after aggregate limit adjustments	17,907

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Effingham Health System
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,012,101
11	payments for services	293,238
12	annual covered charges	1,012,101
13	annual payments for services	293,238
14		
15	total hospital CCR	36.39%
16		
17	annual cost of services	368,305
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	1,093,939
23	adjusted Medicaid payments for services	316,949
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	316,949
26	adjusted cost of services	398,086
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	398,086
35	facility specific UPL amount	81,137
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(138)
39	allocation of supplemental payments	(20,489)
40	total aggregate limit adjustments	(20,627)
41		
42	UPL amount after aggregate limit adjustments	60,510

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Elbert Memorial Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	210,707
11	payments for services	94,538
12	annual covered charges	210,707
13	annual payments for services	94,538
14		
15	total hospital CCR	37.62%
16		
17	annual cost of services	79,274
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	227,745
23	adjusted Medicaid payments for services	102,182
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	102,182
26	adjusted cost of services	85,684
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	85,684
35	facility specific UPL amount	(16,498)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	16,498
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	16,498
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Floyd Polk Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	22,204
11	payments for services	5,881
12	annual covered charges	22,204
13	annual payments for services	5,881
14		
15	total hospital CCR	21.72%
16		
17	annual cost of services	4,822
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	23,999
23	adjusted Medicaid payments for services	6,357
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	6,357
26	adjusted cost of services	5,212
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	5,212
35	facility specific UPL amount	(1,145)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	1,145
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	1,145
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Higgins General Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	458,412
11	payments for services	105,092
12	annual covered charges	458,412
13	annual payments for services	105,092
14		
15	total hospital CCR	36.62%
16		
17	annual cost of services	167,864
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	495,479
23	adjusted Medicaid payments for services	113,590
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	113,590
26	adjusted cost of services	181,437
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	181,437
35	facility specific UPL amount	67,847
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(115)
39	allocation of supplemental payments	(17,133)
40	total aggregate limit adjustments	(17,248)
41		
42	UPL amount after aggregate limit adjustments	50,599

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Jasper Memorial Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	0
11	payments for services	0
12	annual covered charges	0
13	annual payments for services	0
14		
15	total hospital CCR	114.62%
16		
17	annual cost of services	0
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	0
23	adjusted Medicaid payments for services	0
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	0
26	adjusted cost of services	0
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	0
35	facility specific UPL amount	0
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	0
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	0
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Jeff Davis Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,430,187
11	payments for services	355,161
12	annual covered charges	1,430,187
13	annual payments for services	355,161
14		
15	total hospital CCR	26.09%
16		
17	annual cost of services	373,131
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	1,541,192
23	adjusted Medicaid payments for services	382,727
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	382,727
26	adjusted cost of services	402,092
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	402,092
35	facility specific UPL amount	19,365
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(33)
39	allocation of supplemental payments	(4,890)
40	total aggregate limit adjustments	(4,923)
41		
42	UPL amount after aggregate limit adjustments	14,442

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Jenkins County Medical Center
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	205,840
11	payments for services	69,535
12	annual covered charges	205,840
13	annual payments for services	69,535
14		
15	total hospital CCR	67.13%
16		
17	annual cost of services	138,185
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	223,156
23	adjusted Medicaid payments for services	75,385
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	75,385
26	adjusted cost of services	149,810
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	149,810
35	facility specific UPL amount	74,425
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(126)
39	allocation of supplemental payments	(18,794)
40	total aggregate limit adjustments	(18,920)
41		
42	UPL amount after aggregate limit adjustments	55,505

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Liberty Regional Medical Center
2	base period report period beginning date	12/1/2019
3	base period report period ending date	11/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,914,411
11	payments for services	443,016
12	annual covered charges	1,914,411
13	annual payments for services	443,016
14		
15	total hospital CCR	23.36%
16		
17	annual cost of services	447,235
18		
19	<u>adjustment factor</u>	
20	inflation	1.081946
21		
22	adjusted annual charges	2,071,289
23	adjusted Medicaid payments for services	479,319
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	479,319
26	adjusted cost of services	483,884
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	483,884
35	facility specific UPL amount	4,565
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(8)
39	allocation of supplemental payments	(1,153)
40	total aggregate limit adjustments	(1,161)
41		
42	UPL amount after aggregate limit adjustments	3,404

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Medical Center Of Peach County, Navicent
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,385,882
11	payments for services	592,116
12	annual covered charges	1,385,882
13	annual payments for services	592,116
14		
15	total hospital CCR	31.33%
16		
17	annual cost of services	434,249
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	1,502,468
23	adjusted Medicaid payments for services	641,927
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	641,927
26	adjusted cost of services	470,780
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	470,780
35	facility specific UPL amount	(171,147)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	171,147
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	171,147
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Miller County Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,635,630
11	payments for services	837,930
12	annual covered charges	1,635,630
13	annual payments for services	837,930
14		
15	total hospital CCR	133.20%
16		
17	annual cost of services	2,178,603
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	1,767,887
23	adjusted Medicaid payments for services	905,685
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	905,685
26	adjusted cost of services	2,354,765
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	2,354,765
35	facility specific UPL amount	1,449,080
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,457)
39	allocation of supplemental payments	(365,932)
40	total aggregate limit adjustments	(368,389)
41		
42	UPL amount after aggregate limit adjustments	1,080,691

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Mitchell County Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	57,006
11	payments for services	19,498
12	annual covered charges	57,006
13	annual payments for services	19,498
14		
15	total hospital CCR	78.11%
16		
17	annual cost of services	44,529
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	61,431
23	adjusted Medicaid payments for services	21,011
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	21,011
26	adjusted cost of services	47,985
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	47,985
35	facility specific UPL amount	26,974
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(46)
39	allocation of supplemental payments	(6,812)
40	total aggregate limit adjustments	(6,858)
41		
42	UPL amount after aggregate limit adjustments	20,116

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Monroe County Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	78,165
11	payments for services	31,511
12	annual covered charges	78,165
13	annual payments for services	31,511
14		
15	total hospital CCR	46.50%
16		
17	annual cost of services	36,345
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	84,232
23	adjusted Medicaid payments for services	33,957
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	33,957
26	adjusted cost of services	39,166
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	39,166
35	facility specific UPL amount	5,209
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(9)
39	allocation of supplemental payments	(1,315)
40	total aggregate limit adjustments	(1,324)
41		
42	UPL amount after aggregate limit adjustments	3,885

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Morgan Memorial Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	18,268
11	payments for services	11,419
12	annual covered charges	18,268
13	annual payments for services	11,419
14		
15	total hospital CCR	64.72%
16		
17	annual cost of services	11,824
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	19,745
23	adjusted Medicaid payments for services	12,342
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	12,342
26	adjusted cost of services	12,780
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	12,780
35	facility specific UPL amount	438
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1)
39	allocation of supplemental payments	(111)
40	total aggregate limit adjustments	(112)
41		
42	UPL amount after aggregate limit adjustments	326

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Lifebrite Community Hospital of Early
2	base period report period beginning date	10/1/2019
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	0.8
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	212,814
11	payments for services	85,633
12	annual covered charges	170,251
13	annual payments for services	68,506
14		
15	total hospital CCR	106.82%
16		
17	annual cost of services	181,867
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	184,573
23	adjusted Medicaid payments for services	74,269
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	74,269
26	adjusted cost of services	197,166
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	197,166
35	facility specific UPL amount	122,897
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(208)
39	allocation of supplemental payments	(31,035)
40	total aggregate limit adjustments	(31,243)
41		
42	UPL amount after aggregate limit adjustments	91,654

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Putnam General Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	121,919
11	payments for services	81,637
12	annual covered charges	121,919
13	annual payments for services	81,637
14		
15	total hospital CCR	49.24%
16		
17	annual cost of services	60,032
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	131,382
23	adjusted Medicaid payments for services	87,973
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	87,973
26	adjusted cost of services	64,691
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	64,691
35	facility specific UPL amount	(23,282)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	23,282
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	23,282
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	South Georgia Medical Center Lanier Campus
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	68,639
11	payments for services	36,661
12	annual covered charges	68,639
13	annual payments for services	36,661
14		
15	total hospital CCR	94.76%
16		
17	annual cost of services	65,043
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	73,966
23	adjusted Medicaid payments for services	39,506
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	39,506
26	adjusted cost of services	70,091
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	70,091
35	facility specific UPL amount	30,585
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(52)
39	allocation of supplemental payments	(7,724)
40	total aggregate limit adjustments	(7,776)
41		
42	UPL amount after aggregate limit adjustments	22,809

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Warm Springs Medical Center
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	61,664
11	payments for services	33,588
12	annual covered charges	61,664
13	annual payments for services	33,588
14		
15	total hospital CCR	99.05%
16		
17	annual cost of services	61,080
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	66,851
23	adjusted Medicaid payments for services	36,414
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	36,414
26	adjusted cost of services	66,218
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	66,218
35	facility specific UPL amount	29,804
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(51)
39	allocation of supplemental payments	(7,526)
40	total aggregate limit adjustments	(7,577)
41		
42	UPL amount after aggregate limit adjustments	22,227

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Wellstar Sylvan Grove Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	24,509
11	payments for services	4,748
12	annual covered charges	24,509
13	annual payments for services	4,748
14		
15	total hospital CCR	23.80%
16		
17	annual cost of services	5,832
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	26,491
23	adjusted Medicaid payments for services	5,132
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,132
26	adjusted cost of services	6,304
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	6,304
35	facility specific UPL amount	1,172
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2)
39	allocation of supplemental payments	(296)
40	total aggregate limit adjustments	(298)
41		
42	UPL amount after aggregate limit adjustments	874

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Wills Memorial Hospital
2	base period report period beginning date	5/1/2019
3	base period report period ending date	4/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	165,045
11	payments for services	66,041
12	annual covered charges	165,045
13	annual payments for services	66,041
14		
15	total hospital CCR	73.74%
16		
17	annual cost of services	121,709
18		
19	<u>adjustment factor</u>	
20	inflation	1.088036
21		
22	adjusted annual charges	179,575
23	adjusted Medicaid payments for services	71,855
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	71,855
26	adjusted cost of services	132,424
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	132,424
35	facility specific UPL amount	60,569
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(103)
39	allocation of supplemental payments	(15,295)
40	total aggregate limit adjustments	(15,398)
41		
42	UPL amount after aggregate limit adjustments	45,171

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Mountain Lakes Medical Center
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	389,291
11	payments for services	154,036
12	annual covered charges	389,291
13	annual payments for services	154,036
14		
15	total hospital CCR	51.88%
16		
17	annual cost of services	201,957
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	422,040
23	adjusted Medicaid payments for services	166,994
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	166,994
26	adjusted cost of services	218,946
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	218,946
35	facility specific UPL amount	51,952
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,773)
39	allocation of supplemental payments	(16,800)
40	total aggregate limit adjustments	(19,573)
41		
42	UPL amount after aggregate limit adjustments	32,379

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Optim Medical Center - Screven
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	145,830
11	payments for services	41,475
12	annual covered charges	145,830
13	annual payments for services	41,475
14		
15	total hospital CCR	55.62%
16		
17	annual cost of services	81,117
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	158,098
23	adjusted Medicaid payments for services	44,964
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	44,964
26	adjusted cost of services	87,941
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	87,941
35	facility specific UPL amount	42,977
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,294)
39	allocation of supplemental payments	(13,898)
40	total aggregate limit adjustments	(16,192)
41		
42	UPL amount after aggregate limit adjustments	26,785

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Optim Medical Center - Tattnall
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	3,456,511
11	payments for services	314,566
12	annual covered charges	3,456,511
13	annual payments for services	314,566
14		
15	total hospital CCR	11.48%
16		
17	annual cost of services	396,672
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	3,747,287
23	adjusted Medicaid payments for services	341,029
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	341,029
26	adjusted cost of services	430,042
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	430,042
35	facility specific UPL amount	89,013
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4,751)
39	allocation of supplemental payments	(28,785)
40	total aggregate limit adjustments	(33,536)
41		
42	UPL amount after aggregate limit adjustments	55,477

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	Phoebe Worth Medical Center
2	base period report period beginning date	8/1/2019
3	base period report period ending date	7/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	281,389
11	payments for services	104,641
12	annual covered charges	281,389
13	annual payments for services	104,641
14		
15	total hospital CCR	47.55%
16		
17	annual cost of services	133,799
18		
19	<u>adjustment factor</u>	
20	inflation	1.079777
21		
22	adjusted annual charges	303,837
23	adjusted Medicaid payments for services	112,989
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	112,989
26	adjusted cost of services	144,473
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	144,473
35	facility specific UPL amount	31,484
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,680)
39	allocation of supplemental payments	(10,181)
40	total aggregate limit adjustments	(11,861)
41		
42	UPL amount after aggregate limit adjustments	19,623

Georgia Department of Community Health
SFY 2022 Hospital Inpatient UPL - **REVISED**

	Facility Name	St. Mary's Good Samaritan Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	799,835
11	payments for services	353,149
12	annual covered charges	799,835
13	annual payments for services	353,149
14		
15	total hospital CCR	31.75%
16		
17	annual cost of services	253,913
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	864,510
23	adjusted Medicaid payments for services	381,705
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	381,705
26	adjusted cost of services	274,444
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	274,444
35	facility specific UPL amount	(107,261)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	107,261
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	107,261
41		
42	UPL amount after aggregate limit adjustments	0

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REVISED

OUTPATIENT

Hospital UPL

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Augusta University Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	89,452,326
11	cost of Medicaid covered services	18,091,208
	Medicaid CCR	0.2022
12	total hospital CCR	0.235868087
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	18,091,208
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	2,750,672
18	payments	83,700
19	annual covered charges	2,750,672
20	annual interim payments	83,700
21	annual cost of services	648,796
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	21,770,528
25	payments	2,168,548
26	annual covered charges	21,770,528
27	annual interim payments	2,168,548
28	annual cost of services	5,134,973
29		
30	Medicaid annual payments	20,343,456
31	Cost of services - max annual payments for UPL	23,874,977
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	21,988,428
37	adjusted maximum annual payments for UPL	25,805,508
38	annual facility specific UPL amount	3,817,080
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	3,817,080
43	UPL adjustment available for SFY2022	3,817,080

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Roosevelt Warm Springs Rehabilitation & Specialty
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	96,063
11	cost of Medicaid covered services	23,663
	Medicaid CCR	0.2463
12	total hospital CCR	0.3567853
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	23,663
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	0
18	payments	0
19	annual covered charges	0
20	annual interim payments	0
21	annual cost of services	0
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	23,663
31	Cost of services - max annual payments for UPL	23,663
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	25,576
37	adjusted maximum annual payments for UPL	25,576
38	annual facility specific UPL amount	0
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	0
43	UPL adjustment available for SFY2022	0

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Roosevelt Warm Springs LTAC
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	22,248
11	cost of Medicaid covered services	9,357
	Medicaid CCR	0.4206
12	total hospital CCR	0.454335343
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	9,357
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	0
18	payments	0
19	annual covered charges	0
20	annual interim payments	0
21	annual cost of services	0
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	9,357
31	Cost of services - max annual payments for UPL	9,357
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	10,144
37	adjusted maximum annual payments for UPL	10,144
38	annual facility specific UPL amount	0
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	0
43	UPL adjustment available for SFY2022	0

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Appling Hospital
2	base period report period beginning date	9/1/2019
3	base period report period ending date	8/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,168,636
11	cost of Medicaid covered services	446,358
	Medicaid CCR	0.3819
12	total hospital CCR	0.787463023
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	427,477
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	57,420
18	payments	4,934
19	annual covered charges	57,420
20	annual interim payments	4,934
21	annual cost of services	45,216
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	37,082
25	payments	5,225
26	annual covered charges	37,082
27	annual interim payments	5,225
28	annual cost of services	29,201
29		
30	Medicaid annual payments	437,636
31	Cost of services - max annual payments for UPL	520,775
32		
33	<u>adjustment factor</u>	
34	inflation	1.078695
35		
36	adjusted Medicaid annual payments	472,076
37	adjusted maximum annual payments for UPL	561,757
38	annual facility specific UPL amount	89,681
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	89,681
43	UPL adjustment available for SFY2022	89,681

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Children's Healthcare of Atlanta at Hughes Spalding
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	12,039,592
11	cost of Medicaid covered services	3,001,118
	Medicaid CCR	0.2493
12	total hospital CCR	0.193766516
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,874,171
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	916,228
18	payments	29,134
19	annual covered charges	916,228
20	annual interim payments	29,134
21	annual cost of services	177,534
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	74,151
25	payments	20,891
26	annual covered charges	74,151
27	annual interim payments	20,891
28	annual cost of services	14,368
29		
30	Medicaid annual payments	2,924,196
31	Cost of services - max annual payments for UPL	3,193,020
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	3,170,191
37	adjusted maximum annual payments for UPL	3,461,630
38	annual facility specific UPL amount	291,439
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	291,439
43	UPL adjustment available for SFY2022	291,439

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Coffee Regional Medical Center, Inc.
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	7,919,689
11	cost of Medicaid covered services	1,616,108
	Medicaid CCR	0.2041
12	total hospital CCR	0.207297176
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,547,747
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	362,050
18	payments	17,857
19	annual covered charges	362,050
20	annual interim payments	17,857
21	annual cost of services	75,052
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,309,786
25	payments	350,028
26	annual covered charges	3,309,786
27	annual interim payments	350,028
28	annual cost of services	686,109
29		
30	Medicaid annual payments	1,915,632
31	Cost of services - max annual payments for UPL	2,377,269
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	2,076,783
37	adjusted maximum annual payments for UPL	2,577,254
38	annual facility specific UPL amount	500,471
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	500,471
43	UPL adjustment available for SFY2022	500,471

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Colquitt Regional Medical Center
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	7,272,288
11	cost of Medicaid covered services	1,661,367
	Medicaid CCR	0.2285
12	total hospital CCR	0.284890511
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,591,091
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	220,923
18	payments	14,724
19	annual covered charges	220,923
20	annual interim payments	14,724
21	annual cost of services	62,939
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,065,957
25	payments	393,893
26	annual covered charges	3,065,957
27	annual interim payments	393,893
28	annual cost of services	873,462
29		
30	Medicaid annual payments	1,999,708
31	Cost of services - max annual payments for UPL	2,597,768
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	2,154,917
37	adjusted maximum annual payments for UPL	2,799,396
38	annual facility specific UPL amount	644,479
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	644,479
43	UPL adjustment available for SFY2022	644,479

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Crisp Regional Hospital, Inc.
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	3,459,516
11	cost of Medicaid covered services	802,769
	Medicaid CCR	0.2320
12	total hospital CCR	0.316945473
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	768,812
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	213,604
18	payments	10,573
19	annual covered charges	213,604
20	annual interim payments	10,573
21	annual cost of services	67,701
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,011,213
25	payments	241,252
26	annual covered charges	3,011,213
27	annual interim payments	241,252
28	annual cost of services	954,390
29		
30	Medicaid annual payments	1,020,637
31	Cost of services - max annual payments for UPL	1,824,860
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	1,103,166
37	adjusted maximum annual payments for UPL	1,972,418
38	annual facility specific UPL amount	869,252
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	869,252
42		
43	UPL adjustment available for SFY2022	869,252

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Dodge County Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,631,259
11	cost of Medicaid covered services	520,982
	Medicaid CCR	0.1980
12	total hospital CCR	0.267725363
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	498,944
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	169,566
18	payments	10,711
19	annual covered charges	169,566
20	annual interim payments	10,711
21	annual cost of services	45,397
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	509,655
31	Cost of services - max annual payments for UPL	566,379
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	549,212
37	adjusted maximum annual payments for UPL	610,339
38	annual facility specific UPL amount	61,127
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	61,127
43	UPL adjustment available for SFY2022	61,127

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Dorminy Medical Center
2	base period report period beginning date	8/1/2019
3	base period report period ending date	7/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,998,069
11	cost of Medicaid covered services	393,245
	Medicaid CCR	0.1968
12	total hospital CCR	0.284207702
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	376,611
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	199,031
18	payments	15,116
19	annual covered charges	199,031
20	annual interim payments	15,116
21	annual cost of services	56,566
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	37,243
25	payments	5,391
26	annual covered charges	37,243
27	annual interim payments	5,391
28	annual cost of services	10,585
29		
30	Medicaid annual payments	397,118
31	Cost of services - max annual payments for UPL	460,396
32		
33	<u>adjustment factor</u>	
34	inflation	1.079777
35		
36	adjusted Medicaid annual payments	428,799
37	adjusted maximum annual payments for UPL	497,125
38	annual facility specific UPL amount	68,326
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	68,326
42		
43	UPL adjustment available for SFY2022	68,326

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Emanuel Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,939,016
11	cost of Medicaid covered services	411,139
	Medicaid CCR	0.1399
12	total hospital CCR	0.2764101
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	393,748
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	496,679
18	payments	16,995
19	annual covered charges	496,679
20	annual interim payments	16,995
21	annual cost of services	137,287
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	410,743
31	Cost of services - max annual payments for UPL	548,426
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	443,956
37	adjusted maximum annual payments for UPL	592,772
38	annual facility specific UPL amount	148,816
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	148,816
43	UPL adjustment available for SFY2022	148,816

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Emory Decatur Hospital
2	base period report period beginning date	9/1/2019
3	base period report period ending date	8/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	15,150,983
11	cost of Medicaid covered services	2,788,085
	Medicaid CCR	0.1840
12	total hospital CCR	0.283527358
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,670,149
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	284,041
18	payments	12,755
19	annual covered charges	284,041
20	annual interim payments	12,755
21	annual cost of services	80,533
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,738,675
25	payments	228,646
26	annual covered charges	1,738,675
27	annual interim payments	228,646
28	annual cost of services	492,962
29		
30	Medicaid annual payments	2,911,550
31	Cost of services - max annual payments for UPL	3,361,580
32		
33	<u>adjustment factor</u>	
34	inflation	1.078695
35		
36	adjusted Medicaid annual payments	3,140,674
37	adjusted maximum annual payments for UPL	3,626,120
38	annual facility specific UPL amount	485,446
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	485,446
43	UPL adjustment available for SFY2022	485,446

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Emory Hillandale Hospital
2	base period report period beginning date	9/1/2019
3	base period report period ending date	8/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	9,670,487
11	cost of Medicaid covered services	1,727,263
	Medicaid CCR	0.1786
12	total hospital CCR	0.224744245
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,654,200
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	332,728
18	payments	17,252
19	annual covered charges	332,728
20	annual interim payments	17,252
21	annual cost of services	74,779
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	1,671,452
31	Cost of services - max annual payments for UPL	1,802,042
32		
33	<u>adjustment factor</u>	
34	inflation	1.078695
35		
36	adjusted Medicaid annual payments	1,802,987
37	adjusted maximum annual payments for UPL	1,943,854
38	annual facility specific UPL amount	140,867
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	140,867
43	UPL adjustment available for SFY2022	140,867

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Evans Memorial Hospital, Inc.
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	937,118
11	cost of Medicaid covered services	199,341
	Medicaid CCR	0.2127
12	total hospital CCR	0.223244633
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	190,909
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	149,362
18	payments	10,182
19	annual covered charges	149,362
20	annual interim payments	10,182
21	annual cost of services	33,344
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	41,317
25	payments	5,801
26	annual covered charges	41,317
27	annual interim payments	5,801
28	annual cost of services	9,224
29		
30	Medicaid annual payments	206,892
31	Cost of services - max annual payments for UPL	241,909
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	222,950
37	adjusted maximum annual payments for UPL	260,685
38	annual facility specific UPL amount	37,735
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	37,735
43	UPL adjustment available for SFY2022	37,735

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Floyd Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	34,527,531
11	cost of Medicaid covered services	5,318,730
	Medicaid CCR	0.1540
12	total hospital CCR	0.197506968
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	5,093,748
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	402,932
18	payments	11,412
19	annual covered charges	402,932
20	annual interim payments	11,412
21	annual cost of services	79,582
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	10,726,590
25	payments	1,053,742
26	annual covered charges	10,726,590
27	annual interim payments	1,053,742
28	annual cost of services	2,118,576
29		
30	Medicaid annual payments	6,158,902
31	Cost of services - max annual payments for UPL	7,516,888
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	6,656,911
37	adjusted maximum annual payments for UPL	8,124,704
38	annual facility specific UPL amount	1,467,793
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	1,467,793
43	UPL adjustment available for SFY2022	1,467,793

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Grady General Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,629,586
11	cost of Medicaid covered services	468,578
	Medicaid CCR	0.2875
12	total hospital CCR	0.351573005
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	448,757
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	52,889
18	payments	4,073
19	annual covered charges	52,889
20	annual interim payments	4,073
21	annual cost of services	18,594
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	89,120
25	payments	15,753
26	annual covered charges	89,120
27	annual interim payments	15,753
28	annual cost of services	31,332
29		
30	Medicaid annual payments	468,583
31	Cost of services - max annual payments for UPL	518,504
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	504,953
37	adjusted maximum annual payments for UPL	558,748
38	annual facility specific UPL amount	53,795
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	53,795
43	UPL adjustment available for SFY2022	53,795

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Grady Memorial Hospital
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	95,975,244
11	cost of Medicaid covered services	19,899,920
	Medicaid CCR	0.2073
12	total hospital CCR	0.193766516
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	19,058,153
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	669,823
18	payments	14,500
19	annual covered charges	669,823
20	annual interim payments	14,500
21	annual cost of services	129,789
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	20,629,918
25	payments	3,366,608
26	annual covered charges	20,629,918
27	annual interim payments	3,366,608
28	annual cost of services	3,997,387
29		
30	Medicaid annual payments	22,439,261
31	Cost of services - max annual payments for UPL	24,027,096
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	24,326,941
37	adjusted maximum annual payments for UPL	26,048,351
38	annual facility specific UPL amount	1,721,410
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	1,721,410
43	UPL adjustment available for SFY2022	1,721,410

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Habersham Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,635,626
11	cost of Medicaid covered services	627,919
	Medicaid CCR	0.2382
12	total hospital CCR	0.405447496
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	601,358
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	99,176
18	payments	9,695
19	annual covered charges	99,176
20	annual interim payments	9,695
21	annual cost of services	40,211
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	611,053
31	Cost of services - max annual payments for UPL	668,130
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	660,463
37	adjusted maximum annual payments for UPL	722,155
38	annual facility specific UPL amount	61,692
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	61,692
43	UPL adjustment available for SFY2022	61,692

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Houston Medical Center
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	12,498,294
11	cost of Medicaid covered services	2,973,315
	Medicaid CCR	0.2379
12	total hospital CCR	0.298116539
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,847,544
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	227,870
18	payments	9,264
19	annual covered charges	227,870
20	annual interim payments	9,264
21	annual cost of services	67,932
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,337,877
25	payments	210,638
26	annual covered charges	1,337,877
27	annual interim payments	210,638
28	annual cost of services	398,843
29		
30	Medicaid annual payments	3,067,446
31	Cost of services - max annual payments for UPL	3,440,090
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	3,325,492
37	adjusted maximum annual payments for UPL	3,729,484
38	annual facility specific UPL amount	403,992
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	403,992
43	UPL adjustment available for SFY2022	403,992

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Irwin County Hospital
2	base period report period beginning date	12/1/2019
3	base period report period ending date	11/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,258,091
11	cost of Medicaid covered services	295,564
	Medicaid CCR	0.2349
12	total hospital CCR	0.343799994
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	283,062
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	67,649
18	payments	4,308
19	annual covered charges	67,649
20	annual interim payments	4,308
21	annual cost of services	23,258
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	33,872
25	payments	5,053
26	annual covered charges	33,872
27	annual interim payments	5,053
28	annual cost of services	11,645
29		
30	Medicaid annual payments	292,423
31	Cost of services - max annual payments for UPL	330,467
32		
33	<u>adjustment factor</u>	
34	inflation	1.081946
35		
36	adjusted Medicaid annual payments	316,386
37	adjusted maximum annual payments for UPL	357,547
38	annual facility specific UPL amount	41,161
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	41,161
43	UPL adjustment available for SFY2022	41,161

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Jefferson Hospital
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	478,014
11	cost of Medicaid covered services	240,195
	Medicaid CCR	0.5025
12	total hospital CCR	0.807460205
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	230,035
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	55,430
18	payments	5,482
19	annual covered charges	55,430
20	annual interim payments	5,482
21	annual cost of services	44,758
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	235,517
31	Cost of services - max annual payments for UPL	284,953
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	255,330
37	adjusted maximum annual payments for UPL	308,924
38	annual facility specific UPL amount	53,594
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	53,594
42		
43	UPL adjustment available for SFY2022	53,594

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Memorial Hospital And Manor
2	base period report period beginning date	4/1/2019
3	base period report period ending date	3/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	3,403,524
11	cost of Medicaid covered services	858,932
	Medicaid CCR	0.2524
12	total hospital CCR	0.347390691
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	822,599
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	313,667
18	payments	18,092
19	annual covered charges	313,667
20	annual interim payments	18,092
21	annual cost of services	108,965
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	840,691
31	Cost of services - max annual payments for UPL	967,897
32		
33	<u>adjustment factor</u>	
34	inflation	1.091659
35		
36	adjusted Medicaid annual payments	917,748
37	adjusted maximum annual payments for UPL	1,056,613
38	annual facility specific UPL amount	138,865
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	138,865
43	UPL adjustment available for SFY2022	138,865

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Northeast Georgia Medical Center Ga
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	40,532,639
11	cost of Medicaid covered services	5,905,315
	Medicaid CCR	0.1457
12	total hospital CCR	0.197610333
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	5,655,520
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	474,757
18	payments	21,012
19	annual covered charges	474,757
20	annual interim payments	21,012
21	annual cost of services	93,817
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	11,392,695
25	payments	1,408,009
26	annual covered charges	11,392,695
27	annual interim payments	1,408,009
28	annual cost of services	2,251,314
29		
30	Medicaid annual payments	7,084,541
31	Cost of services - max annual payments for UPL	8,250,446
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	7,634,415
37	adjusted maximum annual payments for UPL	8,890,813
38	annual facility specific UPL amount	1,256,398
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	1,256,398
43	UPL adjustment available for SFY2022	1,256,398

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Northside Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	23,822,373
11	cost of Medicaid covered services	6,414,500
	Medicaid CCR	0.2693
12	total hospital CCR	0.211026806
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	6,143,167
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	556,558
18	payments	9,600
19	annual covered charges	556,558
20	annual interim payments	9,600
21	annual cost of services	117,449
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	11,312,570
25	payments	2,278,508
26	annual covered charges	11,312,570
27	annual interim payments	2,278,508
28	annual cost of services	2,387,256
29		
30	Medicaid annual payments	8,431,275
31	Cost of services - max annual payments for UPL	8,919,205
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	9,085,677
37	adjusted maximum annual payments for UPL	9,611,478
38	annual facility specific UPL amount	525,801
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	525,801
43	UPL adjustment available for SFY2022	525,801

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Northside Hospital Cherokee
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	12,695,629
11	cost of Medicaid covered services	1,933,720
	Medicaid CCR	0.1523
12	total hospital CCR	0.195496643
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,851,924
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	816,805
18	payments	14,769
19	annual covered charges	816,805
20	annual interim payments	14,769
21	annual cost of services	159,683
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,766,478
25	payments	354,523
26	annual covered charges	3,766,478
27	annual interim payments	354,523
28	annual cost of services	736,334
29		
30	Medicaid annual payments	2,221,216
31	Cost of services - max annual payments for UPL	2,829,737
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	2,393,618
37	adjusted maximum annual payments for UPL	3,049,370
38	annual facility specific UPL amount	655,752
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	655,752
43	UPL adjustment available for SFY2022	655,752

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Northside Hospital Duluth
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	25,046,587
11	cost of Medicaid covered services	4,782,910
	Medicaid CCR	0.1910
12	total hospital CCR	0.211673018
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	4,580,593
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	411,517
18	payments	10,002
19	annual covered charges	411,517
20	annual interim payments	10,002
21	annual cost of services	87,107
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,634,683
25	payments	320,262
26	annual covered charges	1,634,683
27	annual interim payments	320,262
28	annual cost of services	346,018
29		
30	Medicaid annual payments	4,910,857
31	Cost of services - max annual payments for UPL	5,216,035
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	5,292,018
37	adjusted maximum annual payments for UPL	5,620,883
38	annual facility specific UPL amount	328,865
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	328,865
43	UPL adjustment available for SFY2022	328,865

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Northside Hospital Forsyth
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	11,569,815
11	cost of Medicaid covered services	1,850,167
	Medicaid CCR	0.1599
12	total hospital CCR	0.198534745
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,771,905
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	407,740
18	payments	8,324
19	annual covered charges	407,740
20	annual interim payments	8,324
21	annual cost of services	80,951
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	4,648,971
25	payments	349,321
26	annual covered charges	4,648,971
27	annual interim payments	349,321
28	annual cost of services	922,982
29		
30	Medicaid annual payments	2,129,550
31	Cost of services - max annual payments for UPL	2,854,100
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	2,294,837
37	adjusted maximum annual payments for UPL	3,075,624
38	annual facility specific UPL amount	780,787
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	780,787
43	UPL adjustment available for SFY2022	780,787

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Northside Hospital Gwinnett
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	25,046,587
11	cost of Medicaid covered services	4,782,910
	Medicaid CCR	0.1910
12	total hospital CCR	0.211673018
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	4,580,593
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	807,953
18	payments	18,394
19	annual covered charges	807,953
20	annual interim payments	18,394
21	annual cost of services	171,022
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	7,753,307
25	payments	1,154,786
26	annual covered charges	7,753,307
27	annual interim payments	1,154,786
28	annual cost of services	1,641,166
29		
30	Medicaid annual payments	5,753,773
31	Cost of services - max annual payments for UPL	6,595,098
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	6,200,358
37	adjusted maximum annual payments for UPL	7,106,983
38	annual facility specific UPL amount	906,625
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	906,625
43	UPL adjustment available for SFY2022	906,625

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Perry Hospital
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,931,578
11	cost of Medicaid covered services	417,366
	Medicaid CCR	0.2161
12	total hospital CCR	0.25936021
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	399,711
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	37,670
18	payments	1,343
19	annual covered charges	37,670
20	annual interim payments	1,343
21	annual cost of services	9,770
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	100,672
25	payments	15,684
26	annual covered charges	100,672
27	annual interim payments	15,684
28	annual cost of services	26,110
29		
30	Medicaid annual payments	416,738
31	Cost of services - max annual payments for UPL	453,246
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	451,796
37	adjusted maximum annual payments for UPL	491,375
38	annual facility specific UPL amount	39,579
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	39,579
43	UPL adjustment available for SFY2022	39,579

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Phoebe Putney Memorial Hospital
2	base period report period beginning date	8/1/2019
3	base period report period ending date	7/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	25,241,478
11	cost of Medicaid covered services	5,550,436
	Medicaid CCR	0.2199
12	total hospital CCR	0.245959311
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	5,315,653
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	383,717
18	payments	15,843
19	annual covered charges	383,717
20	annual interim payments	15,843
21	annual cost of services	94,379
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	22,030,435
25	payments	3,052,839
26	annual covered charges	22,030,435
27	annual interim payments	3,052,839
28	annual cost of services	5,418,591
29		
30	Medicaid annual payments	8,384,335
31	Cost of services - max annual payments for UPL	11,063,406
32		
33	<u>adjustment factor</u>	
34	inflation	1.079777
35		
36	adjusted Medicaid annual payments	9,053,212
37	adjusted maximum annual payments for UPL	11,946,011
38	annual facility specific UPL amount	2,892,799
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	2,892,799
43	UPL adjustment available for SFY2022	2,892,799

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Phoebe Sumter Medical Center
2	base period report period beginning date	8/1/2019
3	base period report period ending date	7/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	6,813,504
11	cost of Medicaid covered services	1,385,206
	Medicaid CCR	0.2033
12	total hospital CCR	0.245780322
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,326,612
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	105,590
18	payments	7,205
19	annual covered charges	105,590
20	annual interim payments	7,205
21	annual cost of services	25,952
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,100,315
25	payments	472,415
26	annual covered charges	3,100,315
27	annual interim payments	472,415
28	annual cost of services	761,996
29		
30	Medicaid annual payments	1,806,232
31	Cost of services - max annual payments for UPL	2,173,154
32		
33	<u>adjustment factor</u>	
34	inflation	1.079777
35		
36	adjusted Medicaid annual payments	1,950,328
37	adjusted maximum annual payments for UPL	2,346,522
38	annual facility specific UPL amount	396,194
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	396,194
43	UPL adjustment available for SFY2022	396,194

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Piedmont Athens Regional Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	19,764,868
11	cost of Medicaid covered services	2,974,392
	Medicaid CCR	0.1505
12	total hospital CCR	0.20019244
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,848,575
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	509,823
18	payments	15,910
19	annual covered charges	509,823
20	annual interim payments	15,910
21	annual cost of services	102,063
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,924,385
25	payments	205,332
26	annual covered charges	1,924,385
27	annual interim payments	205,332
28	annual cost of services	385,247
29		
30	Medicaid annual payments	3,069,817
31	Cost of services - max annual payments for UPL	3,461,702
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	3,318,042
37	adjusted maximum annual payments for UPL	3,741,615
38	annual facility specific UPL amount	423,573
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	423,573
43	UPL adjustment available for SFY2022	423,573

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Piedmont Columbus Regional- Midtown
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	13,495,343
11	cost of Medicaid covered services	3,211,760
	Medicaid CCR	0.2380
12	total hospital CCR	0.22864015
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,075,903
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	636,898
18	payments	41,084
19	annual covered charges	636,898
20	annual interim payments	41,084
21	annual cost of services	145,620
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	7,308,068
25	payments	1,006,507
26	annual covered charges	7,308,068
27	annual interim payments	1,006,507
28	annual cost of services	1,670,918
29		
30	Medicaid annual payments	4,123,494
31	Cost of services - max annual payments for UPL	5,028,298
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	4,456,920
37	adjusted maximum annual payments for UPL	5,434,886
38	annual facility specific UPL amount	977,966
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	977,966
43	UPL adjustment available for SFY2022	977,966

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Piedmont Columbus Regional - Northside
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,902,626
11	cost of Medicaid covered services	285,261
	Medicaid CCR	0.1499
12	total hospital CCR	0.20550926
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	273,194
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	82,959
18	payments	3,961
19	annual covered charges	82,959
20	annual interim payments	3,961
21	annual cost of services	17,049
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	87,629
25	payments	10,173
26	annual covered charges	87,629
27	annual interim payments	10,173
28	annual cost of services	18,009
29		
30	Medicaid annual payments	287,328
31	Cost of services - max annual payments for UPL	320,319
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	310,561
37	adjusted maximum annual payments for UPL	346,220
38	annual facility specific UPL amount	35,659
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	35,659
42		
43	UPL adjustment available for SFY2022	35,659

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Piedmont Henry Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	17,025,407
11	cost of Medicaid covered services	1,776,618
	Medicaid CCR	0.1044
12	total hospital CCR	0.157760439
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,701,467
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	766,668
18	payments	17,588
19	annual covered charges	766,668
20	annual interim payments	17,588
21	annual cost of services	120,950
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,824,702
25	payments	170,924
26	annual covered charges	1,824,702
27	annual interim payments	170,924
28	annual cost of services	287,866
29		
30	Medicaid annual payments	1,889,979
31	Cost of services - max annual payments for UPL	2,185,434
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	2,042,803
37	adjusted maximum annual payments for UPL	2,362,148
38	annual facility specific UPL amount	319,345
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	319,345
43	UPL adjustment available for SFY2022	319,345

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Piedmont Newton Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	11,743,491
11	cost of Medicaid covered services	1,317,421
	Medicaid CCR	0.1122
12	total hospital CCR	0.153223468
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,261,694
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	433,013
18	payments	10,539
19	annual covered charges	433,013
20	annual interim payments	10,539
21	annual cost of services	66,348
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	189,804
25	payments	25,873
26	annual covered charges	189,804
27	annual interim payments	25,873
28	annual cost of services	29,082
29		
30	Medicaid annual payments	1,298,106
31	Cost of services - max annual payments for UPL	1,412,851
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	1,403,071
37	adjusted maximum annual payments for UPL	1,527,094
38	annual facility specific UPL amount	124,023
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	124,023
43	UPL adjustment available for SFY2022	124,023

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	South Georgia Medical Center
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	12,012,255
11	cost of Medicaid covered services	3,126,684
	Medicaid CCR	0.2603
12	total hospital CCR	0.275658663
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,994,425
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	212,810
18	payments	15,507
19	annual covered charges	212,810
20	annual interim payments	15,507
21	annual cost of services	58,663
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,722,686
25	payments	827,733
26	annual covered charges	3,722,686
27	annual interim payments	827,733
28	annual cost of services	1,026,191
29		
30	Medicaid annual payments	3,837,665
31	Cost of services - max annual payments for UPL	4,211,538
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	4,135,529
37	adjusted maximum annual payments for UPL	4,538,421
38	annual facility specific UPL amount	402,892
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	402,892
43	UPL adjustment available for SFY2022	402,892

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	South Georgia Medical Center Berrien Campus
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	565,066
11	cost of Medicaid covered services	150,395
	Medicaid CCR	0.2662
12	total hospital CCR	0.397791795
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	144,033
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	52,014
18	payments	6,970
19	annual covered charges	52,014
20	annual interim payments	6,970
21	annual cost of services	20,691
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	151,003
31	Cost of services - max annual payments for UPL	171,086
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	162,723
37	adjusted maximum annual payments for UPL	184,365
38	annual facility specific UPL amount	21,642
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	21,642
43	UPL adjustment available for SFY2022	21,642

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Southeast Georgia Health System - Brunswick
2	base period report period beginning date	5/1/2019
3	base period report period ending date	4/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	12,964,429
11	cost of Medicaid covered services	3,415,636
	Medicaid CCR	0.2635
12	total hospital CCR	0.29952554
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,271,155
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	432,461
18	payments	24,905
19	annual covered charges	432,461
20	annual interim payments	24,905
21	annual cost of services	129,533
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,402,598
25	payments	464,098
26	annual covered charges	2,402,598
27	annual interim payments	464,098
28	annual cost of services	719,639
29		
30	Medicaid annual payments	3,760,158
31	Cost of services - max annual payments for UPL	4,264,808
32		
33	<u>adjustment factor</u>	
34	inflation	1.088036
35		
36	adjusted Medicaid annual payments	4,091,187
37	adjusted maximum annual payments for UPL	4,640,265
38	annual facility specific UPL amount	549,078
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	549,078
43	UPL adjustment available for SFY2022	549,078

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Southeast Georgia Health System - Camden
2	base period report period beginning date	5/1/2019
3	base period report period ending date	4/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,830,108
11	cost of Medicaid covered services	726,268
	Medicaid CCR	0.2566
12	total hospital CCR	0.329318601
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	695,547
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	136,206
18	payments	11,435
19	annual covered charges	136,206
20	annual interim payments	11,435
21	annual cost of services	44,855
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	183,950
25	payments	48,296
26	annual covered charges	183,950
27	annual interim payments	48,296
28	annual cost of services	60,578
29		
30	Medicaid annual payments	755,278
31	Cost of services - max annual payments for UPL	831,701
32		
33	<u>adjustment factor</u>	
34	inflation	1.088036
35		
36	adjusted Medicaid annual payments	821,770
37	adjusted maximum annual payments for UPL	904,921
38	annual facility specific UPL amount	83,151
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	83,151
43	UPL adjustment available for SFY2022	83,151

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Southwell Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	528,083
11	cost of Medicaid covered services	130,790
	Medicaid CCR	0.2477
12	total hospital CCR	0.756256443
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	125,258
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	0
18	payments	0
19	annual covered charges	0
20	annual interim payments	0
21	annual cost of services	0
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	125,258
31	Cost of services - max annual payments for UPL	130,790
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	135,386
37	adjusted maximum annual payments for UPL	141,366
38	annual facility specific UPL amount	5,980
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	5,980
43	UPL adjustment available for SFY2022	5,980

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Stephens County Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,330,619
11	cost of Medicaid covered services	875,425
	Medicaid CCR	0.3756
12	total hospital CCR	0.398538197
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	838,395
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	148,867
18	payments	7,910
19	annual covered charges	148,867
20	annual interim payments	7,910
21	annual cost of services	59,329
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	169,847
25	payments	37,141
26	annual covered charges	169,847
27	annual interim payments	37,141
28	annual cost of services	67,691
29		
30	Medicaid annual payments	883,446
31	Cost of services - max annual payments for UPL	1,002,445
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	952,016
37	adjusted maximum annual payments for UPL	1,080,251
38	annual facility specific UPL amount	128,235
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	128,235
42		
43	UPL adjustment available for SFY2022	128,235

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Tanner Medical Center - Carrollton
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	10,548,839
11	cost of Medicaid covered services	2,306,489
	Medicaid CCR	0.2186
12	total hospital CCR	0.265434696
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,208,925
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,127,296
18	payments	39,875
19	annual covered charges	1,127,296
20	annual interim payments	39,875
21	annual cost of services	299,223
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,995,004
25	payments	552,570
26	annual covered charges	3,995,004
27	annual interim payments	552,570
28	annual cost of services	1,060,413
29		
30	Medicaid annual payments	2,801,370
31	Cost of services - max annual payments for UPL	3,666,125
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	3,027,889
37	adjusted maximum annual payments for UPL	3,962,568
38	annual facility specific UPL amount	934,679
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	934,679
43	UPL adjustment available for SFY2022	934,679

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Tanner Medical Center Villa Rica
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	6,245,881
11	cost of Medicaid covered services	1,627,024
	Medicaid CCR	0.2605
12	total hospital CCR	0.296553433
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,558,201
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	760,366
18	payments	27,590
19	annual covered charges	760,366
20	annual interim payments	27,590
21	annual cost of services	225,489
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,673,174
25	payments	924,877
26	annual covered charges	3,673,174
27	annual interim payments	924,877
28	annual cost of services	1,089,292
29		
30	Medicaid annual payments	2,510,668
31	Cost of services - max annual payments for UPL	2,941,805
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	2,713,681
37	adjusted maximum annual payments for UPL	3,179,679
38	annual facility specific UPL amount	465,998
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	465,998
43	UPL adjustment available for SFY2022	465,998

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Medical Center - Navicent Health
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	33,024,886
11	cost of Medicaid covered services	6,273,298
	Medicaid CCR	0.1900
12	total hospital CCR	0.216742807
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	6,007,937
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	857,332
18	payments	24,368
19	annual covered charges	857,332
20	annual interim payments	24,368
21	annual cost of services	185,821
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	9,445,660
25	payments	1,395,752
26	annual covered charges	9,445,660
27	annual interim payments	1,395,752
28	annual cost of services	2,047,279
29		
30	Medicaid annual payments	7,428,057
31	Cost of services - max annual payments for UPL	8,506,398
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	8,052,935
37	adjusted maximum annual payments for UPL	9,221,990
38	annual facility specific UPL amount	1,169,055
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	1,169,055
43	UPL adjustment available for SFY2022	1,169,055

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Tift Regional Medical Center
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	14,470,219
11	cost of Medicaid covered services	3,395,821
	Medicaid CCR	0.2347
12	total hospital CCR	0.226269247
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,252,178
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	922,916
18	payments	30,179
19	annual covered charges	922,916
20	annual interim payments	30,179
21	annual cost of services	208,828
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	8,775,532
25	payments	714,116
26	annual covered charges	8,775,532
27	annual interim payments	714,116
28	annual cost of services	1,985,633
29		
30	Medicaid annual payments	3,996,473
31	Cost of services - max annual payments for UPL	5,590,282
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	4,306,663
37	adjusted maximum annual payments for UPL	6,024,177
38	annual facility specific UPL amount	1,717,514
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	1,717,514
43	UPL adjustment available for SFY2022	1,717,514

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Union General Hospital, Inc.
2	base period report period beginning date	5/1/2019
3	base period report period ending date	4/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,802,921
11	cost of Medicaid covered services	552,225
	Medicaid CCR	0.3063
12	total hospital CCR	0.366315706
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	528,866
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	112,388
18	payments	7,910
19	annual covered charges	112,388
20	annual interim payments	7,910
21	annual cost of services	41,169
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	536,776
31	Cost of services - max annual payments for UPL	593,394
32		
33	<u>adjustment factor</u>	
34	inflation	1.088036
35		
36	adjusted Medicaid annual payments	584,032
37	adjusted maximum annual payments for UPL	645,634
38	annual facility specific UPL amount	61,602
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	61,602
43	UPL adjustment available for SFY2022	61,602

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	University Hospital
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	11,754,045
11	cost of Medicaid covered services	2,803,939
	Medicaid CCR	0.2386
12	total hospital CCR	0.288796899
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,685,332
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	182,659
18	payments	17,588
19	annual covered charges	182,659
20	annual interim payments	17,588
21	annual cost of services	52,751
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,849,688
25	payments	204,721
26	annual covered charges	1,849,688
27	annual interim payments	204,721
28	annual cost of services	534,184
29		
30	Medicaid annual payments	2,907,641
31	Cost of services - max annual payments for UPL	3,390,874
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	3,152,243
37	adjusted maximum annual payments for UPL	3,676,128
38	annual facility specific UPL amount	523,885
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	523,885
43	UPL adjustment available for SFY2022	523,885

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	University Hospital McDuffie
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	3,175,830
11	cost of Medicaid covered services	621,930
	Medicaid CCR	0.1958
12	total hospital CCR	0.236218515
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	595,622
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	32,919
18	payments	2,506
19	annual covered charges	32,919
20	annual interim payments	2,506
21	annual cost of services	7,776
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	598,128
31	Cost of services - max annual payments for UPL	629,706
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	648,445
37	adjusted maximum annual payments for UPL	682,679
38	annual facility specific UPL amount	34,234
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	34,234
42		
43	UPL adjustment available for SFY2022	34,234

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Upson Regional Medical Center
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	10,158,887
11	cost of Medicaid covered services	1,461,315
	Medicaid CCR	0.1438
12	total hospital CCR	0.228948211
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,399,501
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	139,632
18	payments	6,736
19	annual covered charges	139,632
20	annual interim payments	6,736
21	annual cost of services	31,968
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	538,232
25	payments	65,892
26	annual covered charges	538,232
27	annual interim payments	65,892
28	annual cost of services	123,227
29		
30	Medicaid annual payments	1,472,129
31	Cost of services - max annual payments for UPL	1,616,510
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	1,595,970
37	adjusted maximum annual payments for UPL	1,752,497
38	annual facility specific UPL amount	156,527
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	156,527
43	UPL adjustment available for SFY2022	156,527

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Washington County Regional Medical
2	base period report period beginning date	9/1/2019
3	base period report period ending date	8/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,163,783
11	cost of Medicaid covered services	298,599
	Medicaid CCR	0.2566
12	total hospital CCR	0.374476447
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	285,968
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	249,253
18	payments	15,167
19	annual covered charges	249,253
20	annual interim payments	15,167
21	annual cost of services	93,339
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	301,135
31	Cost of services - max annual payments for UPL	391,938
32		
33	<u>adjustment factor</u>	
34	inflation	1.078695
35		
36	adjusted Medicaid annual payments	324,833
37	adjusted maximum annual payments for UPL	422,782
38	annual facility specific UPL amount	97,949
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	97,949
43	UPL adjustment available for SFY2022	97,949

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Wayne Memorial Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	5,526,291
11	cost of Medicaid covered services	913,278
	Medicaid CCR	0.1653
12	total hospital CCR	0.242315785
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	874,646
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,272,668
18	payments	45,582
19	annual covered charges	1,272,668
20	annual interim payments	45,582
21	annual cost of services	308,388
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,157,913
25	payments	312,705
26	annual covered charges	2,157,913
27	annual interim payments	312,705
28	annual cost of services	522,896
29		
30	Medicaid annual payments	1,232,933
31	Cost of services - max annual payments for UPL	1,744,562
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	1,332,628
37	adjusted maximum annual payments for UPL	1,885,627
38	annual facility specific UPL amount	552,999
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	552,999
43	UPL adjustment available for SFY2022	552,999

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Wellstar Cobb Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	25,228,062
11	cost of Medicaid covered services	3,372,640
	Medicaid CCR	0.1337
12	total hospital CCR	0.171429181
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,229,977
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	804,444
18	payments	20,340
19	annual covered charges	804,444
20	annual interim payments	20,340
21	annual cost of services	137,905
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	28,218,594
25	payments	2,112,739
26	annual covered charges	28,218,594
27	annual interim payments	2,112,739
28	annual cost of services	4,837,490
29		
30	Medicaid annual payments	5,363,056
31	Cost of services - max annual payments for UPL	8,348,035
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	5,796,713
37	adjusted maximum annual payments for UPL	9,023,057
38	annual facility specific UPL amount	3,226,344
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	3,226,344
43	UPL adjustment available for SFY2022	3,226,344

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Wellstar Douglas Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	14,623,149
11	cost of Medicaid covered services	1,881,019
	Medicaid CCR	0.1286
12	total hospital CCR	0.161502727
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,801,452
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	553,674
18	payments	13,090
19	annual covered charges	553,674
20	annual interim payments	13,090
21	annual cost of services	89,420
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	772,383
25	payments	69,228
26	annual covered charges	772,383
27	annual interim payments	69,228
28	annual cost of services	124,742
29		
30	Medicaid annual payments	1,883,770
31	Cost of services - max annual payments for UPL	2,095,181
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	2,036,092
37	adjusted maximum annual payments for UPL	2,264,597
38	annual facility specific UPL amount	228,505
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	228,505
43	UPL adjustment available for SFY2022	228,505

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Wellstar Kennestone Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	33,276,952
11	cost of Medicaid covered services	3,966,402
	Medicaid CCR	0.1192
12	total hospital CCR	0.160910623
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,798,623
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	780,279
18	payments	14,500
19	annual covered charges	780,279
20	annual interim payments	14,500
21	annual cost of services	125,555
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	4,081,452
25	payments	240,299
26	annual covered charges	4,081,452
27	annual interim payments	240,299
28	annual cost of services	656,749
29		
30	Medicaid annual payments	4,053,422
31	Cost of services - max annual payments for UPL	4,748,706
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	4,381,182
37	adjusted maximum annual payments for UPL	5,132,686
38	annual facility specific UPL amount	751,504
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	751,504
43	UPL adjustment available for SFY2022	751,504

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Wellstar Paulding Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	11,507,508
11	cost of Medicaid covered services	1,164,157
	Medicaid CCR	0.1012
12	total hospital CCR	0.158877031
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,114,913
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	551,847
18	payments	13,292
19	annual covered charges	551,847
20	annual interim payments	13,292
21	annual cost of services	87,676
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,270,236
25	payments	120,738
26	annual covered charges	2,270,236
27	annual interim payments	120,738
28	annual cost of services	360,688
29		
30	Medicaid annual payments	1,248,943
31	Cost of services - max annual payments for UPL	1,612,521
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	1,349,933
37	adjusted maximum annual payments for UPL	1,742,909
38	annual facility specific UPL amount	392,976
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	392,976
43	UPL adjustment available for SFY2022	392,976

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Wellstar West Georgia Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	16,250,428
11	cost of Medicaid covered services	1,972,307
	Medicaid CCR	0.1214
12	total hospital CCR	0.188061872
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,888,878
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	629,436
18	payments	16,850
19	annual covered charges	629,436
20	annual interim payments	16,850
21	annual cost of services	118,373
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,192,363
25	payments	269,573
26	annual covered charges	3,192,363
27	annual interim payments	269,573
28	annual cost of services	600,362
29		
30	Medicaid annual payments	2,175,301
31	Cost of services - max annual payments for UPL	2,691,042
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	2,351,196
37	adjusted maximum annual payments for UPL	2,908,640
38	annual facility specific UPL amount	557,444
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	557,444
43	UPL adjustment available for SFY2022	557,444

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Wellstar Windy Hill Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	5,514,642
11	cost of Medicaid covered services	1,031,989
	Medicaid CCR	0.1871
12	total hospital CCR	0.195194981
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	988,336
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	0
18	payments	0
19	annual covered charges	0
20	annual interim payments	0
21	annual cost of services	0
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	37,577
25	payments	5,964
26	annual covered charges	37,577
27	annual interim payments	5,964
28	annual cost of services	7,335
29		
30	Medicaid annual payments	994,300
31	Cost of services - max annual payments for UPL	1,039,324
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	1,074,699
37	adjusted maximum annual payments for UPL	1,123,364
38	annual facility specific UPL amount	48,665
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	48,665
43	UPL adjustment available for SFY2022	48,665

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Bacon County Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	14,487,368
11	cost of Medicaid covered services	4,185,624
	Medicaid CCR	0.2889
12	total hospital CCR	0.460467077
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	4,185,624
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	132,662
18	payments	10,587
19	annual covered charges	132,662
20	annual interim payments	10,587
21	annual cost of services	61,086
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	201,910
25	payments	25,153
26	annual covered charges	201,910
27	annual interim payments	25,153
28	annual cost of services	92,973
29		
30	Medicaid annual payments	4,221,364
31	Cost of services - max annual payments for UPL	4,339,683
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	4,562,703
37	adjusted maximum annual payments for UPL	4,690,590
38	annual facility specific UPL amount	127,887
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	127,887
42		
43	UPL adjustment available for SFY2022	127,887

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Bleckley Memorial Hospital
2	base period report period beginning date	4/1/2019
3	base period report period ending date	3/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	289,011
11	cost of Medicaid covered services	229,987
	Medicaid CCR	0.7958
12	total hospital CCR	0.667006681
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	229,987
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	14,257
18	payments	2,575
19	annual covered charges	14,257
20	annual interim payments	2,575
21	annual cost of services	9,510
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	8,069
25	payments	5,162
26	annual covered charges	8,069
27	annual interim payments	5,162
28	annual cost of services	5,382
29		
30	Medicaid annual payments	237,724
31	Cost of services - max annual payments for UPL	244,879
32		
33	<u>adjustment factor</u>	
34	inflation	1.091659
35		
36	adjusted Medicaid annual payments	259,514
37	adjusted maximum annual payments for UPL	267,324
38	annual facility specific UPL amount	7,810
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	7,810
42		
43	UPL adjustment available for SFY2022	7,810

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Brooks County Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	744,931
11	cost of Medicaid covered services	297,982
	Medicaid CCR	0.4000
12	total hospital CCR	0.468179524
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	297,982
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	55,568
18	payments	3,780
19	annual covered charges	55,568
20	annual interim payments	3,780
21	annual cost of services	26,016
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	145,747
25	payments	20,367
26	annual covered charges	145,747
27	annual interim payments	20,367
28	annual cost of services	68,236
29		
30	Medicaid annual payments	322,129
31	Cost of services - max annual payments for UPL	392,234
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	347,131
37	adjusted maximum annual payments for UPL	422,678
38	annual facility specific UPL amount	75,547
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	75,547
43	UPL adjustment available for SFY2022	75,547

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Candler County Hospital
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,805,471
11	cost of Medicaid covered services	513,037
	Medicaid CCR	0.2842
12	total hospital CCR	0.304019805
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	513,037
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	68,908
18	payments	2,660
19	annual covered charges	68,908
20	annual interim payments	2,660
21	annual cost of services	20,949
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	515,697
31	Cost of services - max annual payments for UPL	533,986
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	559,079
37	adjusted maximum annual payments for UPL	578,907
38	annual facility specific UPL amount	19,828
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	19,828
42		
43	UPL adjustment available for SFY2022	19,828

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Chatuge Regional Hospital, Inc.
2	base period report period beginning date	5/1/2019
3	base period report period ending date	4/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	266,411
11	cost of Medicaid covered services	115,227
	Medicaid CCR	0.4325
12	total hospital CCR	0.738933142
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	115,227
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	25,353
18	payments	980
19	annual covered charges	25,353
20	annual interim payments	980
21	annual cost of services	18,734
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	59,647
25	payments	9,274
26	annual covered charges	59,647
27	annual interim payments	9,274
28	annual cost of services	44,075
29		
30	Medicaid annual payments	125,481
31	Cost of services - max annual payments for UPL	178,036
32		
33	<u>adjustment factor</u>	
34	inflation	1.088036
35		
36	adjusted Medicaid annual payments	136,528
37	adjusted maximum annual payments for UPL	193,710
38	annual facility specific UPL amount	57,182
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	57,182
42		
43	UPL adjustment available for SFY2022	57,182

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Clinch Memorial Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	365,015
11	cost of Medicaid covered services	272,523
	Medicaid CCR	0.7466
12	total hospital CCR	0.807697654
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	272,523
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	50,398
18	payments	5,180
19	annual covered charges	50,398
20	annual interim payments	5,180
21	annual cost of services	40,706
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	36,490
25	payments	24,235
26	annual covered charges	36,490
27	annual interim payments	24,235
28	annual cost of services	29,473
29		
30	Medicaid annual payments	301,938
31	Cost of services - max annual payments for UPL	342,702
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	326,353
37	adjusted maximum annual payments for UPL	370,413
38	annual facility specific UPL amount	44,060
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	44,060
43	UPL adjustment available for SFY2022	44,060

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Effingham Health System
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,766,468
11	cost of Medicaid covered services	740,538
	Medicaid CCR	0.2677
12	total hospital CCR	0.363901561
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	740,538
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	174,193
18	payments	7,500
19	annual covered charges	174,193
20	annual interim payments	7,500
21	annual cost of services	63,389
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	155,862
25	payments	37,906
26	annual covered charges	155,862
27	annual interim payments	37,906
28	annual cost of services	56,718
29		
30	Medicaid annual payments	785,944
31	Cost of services - max annual payments for UPL	860,645
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	849,495
37	adjusted maximum annual payments for UPL	930,237
38	annual facility specific UPL amount	80,742
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	80,742
43	UPL adjustment available for SFY2022	80,742

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Elbert Memorial Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,023,531
11	cost of Medicaid covered services	337,034
	Medicaid CCR	0.3293
12	total hospital CCR	0.376229033
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	337,034
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	62,639
18	payments	5,090
19	annual covered charges	62,639
20	annual interim payments	5,090
21	annual cost of services	23,567
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	17,688
25	payments	5,627
26	annual covered charges	17,688
27	annual interim payments	5,627
28	annual cost of services	6,655
29		
30	Medicaid annual payments	347,751
31	Cost of services - max annual payments for UPL	367,256
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	375,870
37	adjusted maximum annual payments for UPL	396,952
38	annual facility specific UPL amount	21,082
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	21,082
43	UPL adjustment available for SFY2022	21,082

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Floyd Polk Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	5,793,195
11	cost of Medicaid covered services	850,741
	Medicaid CCR	0.1469
12	total hospital CCR	0.21718533
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	850,741
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	186,391
18	payments	5,040
19	annual covered charges	186,391
20	annual interim payments	5,040
21	annual cost of services	40,481
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	62,225
25	payments	5,698
26	annual covered charges	62,225
27	annual interim payments	5,698
28	annual cost of services	13,514
29		
30	Medicaid annual payments	861,479
31	Cost of services - max annual payments for UPL	904,736
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	931,138
37	adjusted maximum annual payments for UPL	977,893
38	annual facility specific UPL amount	46,755
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	46,755
43	UPL adjustment available for SFY2022	46,755

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Higgins General Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,494,118
11	cost of Medicaid covered services	641,821
	Medicaid CCR	0.2573
12	total hospital CCR	0.3661863
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	641,821
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	346,215
18	payments	13,930
19	annual covered charges	346,215
20	annual interim payments	13,930
21	annual cost of services	126,779
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	655,751
31	Cost of services - max annual payments for UPL	768,600
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	708,775
37	adjusted maximum annual payments for UPL	830,749
38	annual facility specific UPL amount	121,974
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	121,974
43	UPL adjustment available for SFY2022	121,974

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Jasper Memorial Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	113,352
11	cost of Medicaid covered services	90,167
	Medicaid CCR	0.7955
12	total hospital CCR	1.146209945
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	90,167
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	20,885
18	payments	2,100
19	annual covered charges	20,885
20	annual interim payments	2,100
21	annual cost of services	23,939
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	92,267
31	Cost of services - max annual payments for UPL	114,106
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	99,428
37	adjusted maximum annual payments for UPL	122,962
38	annual facility specific UPL amount	23,534
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	23,534
43	UPL adjustment available for SFY2022	23,534

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Jeff Davis Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,487,955
11	cost of Medicaid covered services	332,108
	Medicaid CCR	0.2232
12	total hospital CCR	0.260896398
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	332,108
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	124,648
18	payments	5,810
19	annual covered charges	124,648
20	annual interim payments	5,810
21	annual cost of services	32,520
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	337,918
31	Cost of services - max annual payments for UPL	364,628
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	364,146
37	adjusted maximum annual payments for UPL	392,929
38	annual facility specific UPL amount	28,783
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	28,783
43	UPL adjustment available for SFY2022	28,783

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Jenkins County Medical Center
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	241,937
11	cost of Medicaid covered services	136,557
	Medicaid CCR	0.5644
12	total hospital CCR	0.671321982
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	136,557
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	59,429
18	payments	6,790
19	annual covered charges	59,429
20	annual interim payments	6,790
21	annual cost of services	39,896
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	72,271
25	payments	46,421
26	annual covered charges	72,271
27	annual interim payments	46,421
28	annual cost of services	48,517
29		
30	Medicaid annual payments	189,768
31	Cost of services - max annual payments for UPL	224,970
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	205,732
37	adjusted maximum annual payments for UPL	243,895
38	annual facility specific UPL amount	38,163
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	38,163
42		
43	UPL adjustment available for SFY2022	38,163

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Liberty Regional Medical Center
2	base period report period beginning date	12/1/2019
3	base period report period ending date	11/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	3,419,931
11	cost of Medicaid covered services	576,804
	Medicaid CCR	0.1687
12	total hospital CCR	0.233615131
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	576,804
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	92,169
18	payments	4,725
19	annual covered charges	92,169
20	annual interim payments	4,725
21	annual cost of services	21,532
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	659,597
25	payments	105,252
26	annual covered charges	659,597
27	annual interim payments	105,252
28	annual cost of services	154,092
29		
30	Medicaid annual payments	686,781
31	Cost of services - max annual payments for UPL	752,428
32		
33	<u>adjustment factor</u>	
34	inflation	1.081946
35		
36	adjusted Medicaid annual payments	743,060
37	adjusted maximum annual payments for UPL	814,086
38	annual facility specific UPL amount	71,026
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	71,026
43	UPL adjustment available for SFY2022	71,026

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Medical Center Of Peach County, Navicent
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,483,487
11	cost of Medicaid covered services	414,581
	Medicaid CCR	0.2795
12	total hospital CCR	0.313337571
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	414,581
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	86,595
18	payments	7,910
19	annual covered charges	86,595
20	annual interim payments	7,910
21	annual cost of services	27,133
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	422,491
31	Cost of services - max annual payments for UPL	441,714
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	458,033
37	adjusted maximum annual payments for UPL	478,873
38	annual facility specific UPL amount	20,840
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	20,840
42		
43	UPL adjustment available for SFY2022	20,840

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Miller County Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	3,344,269
11	cost of Medicaid covered services	1,844,639
	Medicaid CCR	0.5516
12	total hospital CCR	1.331965928
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	1,844,639
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	69,186
18	payments	6,048
19	annual covered charges	69,186
20	annual interim payments	6,048
21	annual cost of services	92,153
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	53,558
25	payments	10,318
26	annual covered charges	53,558
27	annual interim payments	10,318
28	annual cost of services	71,337
29		
30	Medicaid annual payments	1,861,005
31	Cost of services - max annual payments for UPL	2,008,129
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	2,011,486
37	adjusted maximum annual payments for UPL	2,170,506
38	annual facility specific UPL amount	159,020
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	159,020
43	UPL adjustment available for SFY2022	159,020

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Mitchell County Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,201,254
11	cost of Medicaid covered services	281,092
	Medicaid CCR	0.2340
12	total hospital CCR	0.781121399
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	281,092
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	36,720
18	payments	2,800
19	annual covered charges	36,720
20	annual interim payments	2,800
21	annual cost of services	28,683
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	44,853
25	payments	4,299
26	annual covered charges	44,853
27	annual interim payments	4,299
28	annual cost of services	35,036
29		
30	Medicaid annual payments	288,191
31	Cost of services - max annual payments for UPL	344,811
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	310,559
37	adjusted maximum annual payments for UPL	371,574
38	annual facility specific UPL amount	61,015
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	61,015
42		
43	UPL adjustment available for SFY2022	61,015

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Monroe County Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	368,416
11	cost of Medicaid covered services	119,764
	Medicaid CCR	0.3251
12	total hospital CCR	0.464977781
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	119,764
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	75,274
18	payments	4,480
19	annual covered charges	75,274
20	annual interim payments	4,480
21	annual cost of services	35,001
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	124,244
31	Cost of services - max annual payments for UPL	154,765
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	133,887
37	adjusted maximum annual payments for UPL	166,777
38	annual facility specific UPL amount	32,890
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	32,890
43	UPL adjustment available for SFY2022	32,890

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Morgan Memorial Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	547,332
11	cost of Medicaid covered services	304,968
	Medicaid CCR	0.5572
12	total hospital CCR	0.647248146
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	304,968
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	29,646
18	payments	2,100
19	annual covered charges	29,646
20	annual interim payments	2,100
21	annual cost of services	19,188
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	307,068
31	Cost of services - max annual payments for UPL	324,156
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	331,898
37	adjusted maximum annual payments for UPL	350,367
38	annual facility specific UPL amount	18,469
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	18,469
43	UPL adjustment available for SFY2022	18,469

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Lifebrite Community Hospital of Early
2	base period report period beginning date	10/1/2019
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	0.8
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,642,605
11	cost of Medicaid covered services	919,182
	Medicaid CCR	0.5596
12	total hospital CCR	1.068229074
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	919,182
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	86,469
18	payments	6,020
19	annual covered charges	69,175
20	annual interim payments	4,816
21	annual cost of services	73,895
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	923,998
31	Cost of services - max annual payments for UPL	993,077
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	1,001,728
37	adjusted maximum annual payments for UPL	1,076,619
38	annual facility specific UPL amount	74,891
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	74,891
43	UPL adjustment available for SFY2022	74,891

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Putnam General Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	421,938
11	cost of Medicaid covered services	189,265
	Medicaid CCR	0.4486
12	total hospital CCR	0.492395487
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	189,265
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	51,566
18	payments	4,560
19	annual covered charges	51,566
20	annual interim payments	4,560
21	annual cost of services	25,391
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	80,675
25	payments	20,295
26	annual covered charges	80,675
27	annual interim payments	20,295
28	annual cost of services	39,724
29		
30	Medicaid annual payments	214,120
31	Cost of services - max annual payments for UPL	254,380
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	230,739
37	adjusted maximum annual payments for UPL	274,124
38	annual facility specific UPL amount	43,385
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	43,385
43	UPL adjustment available for SFY2022	43,385

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	South Georgia Medical Center Lanier Campus
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	402,398
11	cost of Medicaid covered services	160,549
	Medicaid CCR	0.3990
12	total hospital CCR	0.947612807
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	160,549
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	30,952
18	payments	4,480
19	annual covered charges	30,952
20	annual interim payments	4,480
21	annual cost of services	29,331
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	10,784
25	payments	5,216
26	annual covered charges	10,784
27	annual interim payments	5,216
28	annual cost of services	10,219
29		
30	Medicaid annual payments	170,245
31	Cost of services - max annual payments for UPL	200,099
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	183,459
37	adjusted maximum annual payments for UPL	215,630
38	annual facility specific UPL amount	32,171
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	32,171
43	UPL adjustment available for SFY2022	32,171

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Warm Springs Medical Center
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	253,224
11	cost of Medicaid covered services	132,260
	Medicaid CCR	0.5223
12	total hospital CCR	0.990528981
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	132,260
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	29,124
18	payments	1,820
19	annual covered charges	29,124
20	annual interim payments	1,820
21	annual cost of services	28,848
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	134,080
31	Cost of services - max annual payments for UPL	161,108
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	145,359
37	adjusted maximum annual payments for UPL	174,661
38	annual facility specific UPL amount	29,302
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	29,302
42		
43	UPL adjustment available for SFY2022	29,302

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Wellstar Sylvan Grove Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,836,919
11	cost of Medicaid covered services	252,517
	Medicaid CCR	0.1375
12	total hospital CCR	0.237972234
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	252,517
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	108,966
18	payments	4,900
19	annual covered charges	108,966
20	annual interim payments	4,900
21	annual cost of services	25,931
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	257,417
31	Cost of services - max annual payments for UPL	278,448
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	278,232
37	adjusted maximum annual payments for UPL	300,963
38	annual facility specific UPL amount	22,731
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	22,731
43	UPL adjustment available for SFY2022	22,731

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Wills Memorial Hospital
2	base period report period beginning date	5/1/2019
3	base period report period ending date	4/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	404,139
11	cost of Medicaid covered services	214,518
	Medicaid CCR	0.5308
12	total hospital CCR	0.737429633
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	214,518
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	25,097
18	payments	3,990
19	annual covered charges	25,097
20	annual interim payments	3,990
21	annual cost of services	18,507
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	218,508
31	Cost of services - max annual payments for UPL	233,025
32		
33	<u>adjustment factor</u>	
34	inflation	1.088036
35		
36	adjusted Medicaid annual payments	237,745
37	adjusted maximum annual payments for UPL	253,540
38	annual facility specific UPL amount	15,795
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	15,795
43	UPL adjustment available for SFY2022	15,795

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Mountain Lakes Medical Center
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	386,606
11	cost of Medicaid covered services	203,528
	Medicaid CCR	0.5264
12	total hospital CCR	0.518782085
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	203,528
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	44,706
18	payments	2,450
19	annual covered charges	44,706
20	annual interim payments	2,450
21	annual cost of services	23,193
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	58,662
25	payments	21,729
26	annual covered charges	58,662
27	annual interim payments	21,729
28	annual cost of services	30,433
29		
30	Medicaid annual payments	227,707
31	Cost of services - max annual payments for UPL	257,154
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	246,863
37	adjusted maximum annual payments for UPL	278,787
38	annual facility specific UPL amount	31,924
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(392)
	annual UPL amount after aggregate limit	
42	adjustments	31,532
43	UPL adjustment available for SFY2022	31,532

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Optim Medical Center - Screven
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	552,193
11	cost of Medicaid covered services	202,618
	Medicaid CCR	0.3669
12	total hospital CCR	0.556246451
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	202,618
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	42,845
18	payments	4,410
19	annual covered charges	42,845
20	annual interim payments	4,410
21	annual cost of services	23,832
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	11,242
25	payments	5,269
26	annual covered charges	11,242
27	annual interim payments	5,269
28	annual cost of services	6,253
29		
30	Medicaid annual payments	212,297
31	Cost of services - max annual payments for UPL	232,703
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	230,156
37	adjusted maximum annual payments for UPL	252,279
38	annual facility specific UPL amount	22,123
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(272)
	annual UPL amount after aggregate limit	
42	adjustments	21,851
43	UPL adjustment available for SFY2022	21,851

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Optim Medical Center - Tattnall
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,209,058
11	cost of Medicaid covered services	382,361
	Medicaid CCR	0.1731
12	total hospital CCR	0.114760705
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	382,361
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	72,610
18	payments	7,420
19	annual covered charges	72,610
20	annual interim payments	7,420
21	annual cost of services	8,333
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,343,038
25	payments	82,408
26	annual covered charges	1,343,038
27	annual interim payments	82,408
28	annual cost of services	154,128
29		
30	Medicaid annual payments	472,189
31	Cost of services - max annual payments for UPL	544,822
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	511,911
37	adjusted maximum annual payments for UPL	590,655
38	annual facility specific UPL amount	78,744
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(967)
	annual UPL amount after aggregate limit	
42	adjustments	77,777
43	UPL adjustment available for SFY2022	77,777

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	Phoebe Worth Medical Center
2	base period report period beginning date	8/1/2019
3	base period report period ending date	7/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,091,057
11	cost of Medicaid covered services	375,774
	Medicaid CCR	0.3444
12	total hospital CCR	0.475494662
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	375,774
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	43,904
18	payments	2,940
19	annual covered charges	43,904
20	annual interim payments	2,940
21	annual cost of services	20,876
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	28,525
25	payments	5,267
26	annual covered charges	28,525
27	annual interim payments	5,267
28	annual cost of services	13,563
29		
30	Medicaid annual payments	383,981
31	Cost of services - max annual payments for UPL	410,213
32		
33	<u>adjustment factor</u>	
34	inflation	1.079777
35		
36	adjusted Medicaid annual payments	414,614
37	adjusted maximum annual payments for UPL	442,939
38	annual facility specific UPL amount	28,325
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(348)
	annual UPL amount after aggregate limit	
42	adjustments	27,977
43	UPL adjustment available for SFY2022	27,977

Georgia Department of Community Health
SFY 2022 Hospital Outpatient UPL - REVISED

	Facility Name	St. Mary's Good Samaritan Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,307,108
11	cost of Medicaid covered services	316,864
	Medicaid CCR	0.2424
12	total hospital CCR	0.317456829
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	316,864
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	83,728
18	payments	6,650
19	annual covered charges	83,728
20	annual interim payments	6,650
21	annual cost of services	26,580
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	67,235
25	payments	5,276
26	annual covered charges	67,235
27	annual interim payments	5,276
28	annual cost of services	21,344
29		
30	Medicaid annual payments	328,790
31	Cost of services - max annual payments for UPL	364,788
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	355,376
37	adjusted maximum annual payments for UPL	394,285
38	annual facility specific UPL amount	38,909
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(478)
	annual UPL amount after aggregate limit	
42	adjustments	38,431
43	UPL adjustment available for SFY2022	38,431