



Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Martin Luther King Jr. Drive SE, East Tower | Atlanta, GA 30334 | 404-656-4507 | www.dch.georgia.gov

MEMORANDUM

Date: July 31, 2024

To: Chief Executive Officer/Chief Financial Officer

From: Kim S. Morris, Director of Reimbursement
Division of Financial Management *Kim S. Morris*

Subject: State Fiscal Year 2024 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) 2024. We will proceed in issuing UPL payments to hospitals for the remaining 3rd and 4th quarters of SFY 2024. Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts are attached. This information will also be 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 August 7, 2024, to document the expected method of transfer. If the required intergovernmental transfer is not received by noon on Monday, August 12, 2024, 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.

The Department issued interim UPL payments in December 2023; interim payments were calculated as a percentage of SFY 2023 CMS approved payments. The Department has reconciled SFY 2024 CMS approved payments less the December 2023 interim payments and some hospitals were overpaid. The overpayments will be recouped from 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) 309-0527 or asmith@dch.ga.gov.

Georgia Department of Community Health
SFY2024 - Hospital UPL
Schedule of Key Events

Wednesday	July 31, 2024	Notice to Hospitals
Wednesday	August 7, 2024	Due Notice of Intent to Transfer form
Monday	August 12, 2024	Due Intergovernmental Transfers
Thursday	August 29, 2024	Payment

Georgia Department of Community Health
SFY 2024 Hospital UPL - Notice of Intent to Transfer Form

Notice of Intent to Transfer form for Hospital UPL payment is **due by Wednesday, August 7, 2024**. Intergovernmental transfer for Hospital UPL payment is **due no later than 12 p.m. on Monday, August 12, 2024**.

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
July 31, 2024**

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, August 12, 2024. 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. Rochella Chimedza, Revenue Manager, Revenue Section, by e-mail at Rochella.Chimedza@dch.ga.gov .

Georgia Department of Community Health
SFY 2024 Hospital UPL

	Facility Name	CAH status (1 = yes)	SFY2024 Inpatient UPL	SFY2024 Outpatient UPL	Total	Interim Inpatient Paid	Interim Outpatient Paid	Total Paid	Inpatient overpaid Net Recoup	Remaining Inpatient UPL	Remaining Outpatient UPL	Total payment	Total IGT
	nonstate governmental hospitals												
1	Appling Hospital	0	144,184	62,144	206,328	150,622	39,080	189,702	(4,339)	0	23,064	23,064	7,867
2	Atrium Health Navicent The Medical Center	0	5,219,481	2,947,093	8,166,574	6,828,258	1,169,055	7,997,313	(1,084,155)	0	1,778,038	1,778,038	606,489
3	Coffee Regional Medical Center, Inc.	0	539,636	983,168	1,522,804	796,894	324,344	1,121,238	(173,366)	0	658,824	658,824	224,725
4	Colquitt Regional Medical Center	0	855,401	386,604	1,242,005	870,610	128,132	998,742	(10,249)	0	258,472	258,472	88,165
5	Crisp Regional Hospital, Inc.	0	395,134	420,792	815,926	423,684	151,640	575,324	(19,240)	0	269,152	269,152	91,808
6	Dodge County Hospital	0	145,345	54,579	199,924	191,626	27,074	218,700	(31,189)	0	27,505	27,505	9,382
7	Emory Decatur Hospital	0	2,213,751	454,954	2,668,705	2,823,894	228,788	3,052,682	(411,175)	0	226,166	226,166	77,145
8	Emory Hillandale Hospital	0	938,959	163,960	1,102,919	1,086,770	81,968	1,168,738	(99,610)	0	81,992	81,992	27,967
9	Evans Memorial Hospital	0	47,483	21,805	69,288	52,500	9,642	62,142	(3,381)	0	12,163	12,163	4,149
10	Floyd Medical Center	0	2,178,647	1,631,659	3,810,306	2,714,850	821,338	3,536,188	(361,347)	0	810,321	810,321	276,400
11	Grady General Hospital	0	118,500	45,758	164,258	123,144	22,880	146,024	(3,130)	0	22,878	22,878	7,804
12	Grady Memorial Hospital	0	16,417,762	2,541,660	18,959,422	18,254,356	1,351,342	19,605,698	(1,237,681)	0	1,190,318	1,190,318	406,017
13	Habersham Medical Center	0	163,739	104,052	267,791	165,968	61,692	227,660	(1,502)	0	42,360	42,360	14,449
14	Houston Medical Center	0	1,167,794	328,952	1,496,746	1,730,230	160,900	1,891,130	(379,026)	0	168,052	168,052	57,323
15	Jefferson Hospital	0	34,692	42,858	77,550	42,814	30,706	73,520	(5,473)	0	12,152	12,152	4,145
16	Northeast Georgia Medical Center Gainesville	0	7,339,951	2,243,978	9,583,929	7,354,634	580,622	7,935,256	(9,895)	0	1,663,356	1,663,356	567,371
17	Northside Hospital Duluth	0	930,080	443,886	1,373,966	938,162	205,202	1,143,364	(5,446)	0	238,684	238,684	81,415
18	Northside Hospital Forsyth	0	1,547,711	664,313	2,212,024	1,686,994	241,906	1,928,900	(93,863)	0	422,407	422,407	144,083
19	Northside Hospital Gwinnett	0	4,436,581	837,581	5,274,162	5,541,750	247,076	5,788,826	(744,773)	0	590,505	590,505	201,421
20	Perry Hospital	0	88,081	66,398	154,479	90,200	31,716	121,916	(1,428)	0	34,682	34,682	11,830
21	Phoebe Putney Memorial Hospital	0	4,185,218	3,626,647	7,811,865	4,892,790	1,776,850	6,669,640	(476,833)	0	1,849,797	1,849,797	630,966
22	Piedmont Augusta Hospital	0	1,962,395	571,687	2,534,082	2,729,834	262,982	2,992,816	(517,177)	0	308,705	308,705	105,299
23	Piedmont McDuffie Hospital	0	53,330	72,113	125,443	68,306	34,234	102,540	(10,092)	0	37,879	37,879	12,921
24	South Georgia Medical Center	0	1,908,907	1,742,560	3,651,467	2,154,968	402,892	2,557,860	(165,821)	0	1,339,668	1,339,668	456,961
25	South Georgia Medical Center Berrien Campus	0	4,398	23,805	28,203	12,188	11,766	23,954	(5,250)	0	12,039	12,039	4,107
26	Southeast Georgia Health System - Brunswick	0	1,541,400	448,501	1,989,901	1,924,366	191,840	2,116,206	(258,081)	0	256,661	256,661	87,547
27	Southwell Medical Center	0	21,824	6,625	28,449	30,126	3,312	33,438	(5,595)	0	3,313	3,313	1,130
28	Stephens County Hospital	0	114,658	212,277	326,935	168,328	102,462	270,790	(36,168)	0	109,815	109,815	37,458
29	Tanner Medical Center - Villa Rica	0	1,346,679	1,344,361	2,691,040	1,547,758	465,998	2,013,756	(135,507)	0	878,363	878,363	299,610
30	Tift Regional Medical Center	0	1,201,136	2,890,090	4,091,226	1,345,980	1,077,610	2,423,590	(97,610)	0	1,812,480	1,812,480	618,237
31	Union General Hospital, Inc.	0	39,069	44,541	83,610	90,906	19,528	110,434	(34,933)	0	25,013	25,013	8,532
32	Upson Regional Medical Center	0	490,110	384,168	874,278	719,544	138,324	857,868	(154,616)	0	245,844	245,844	83,857
33	Washington County Regional Medical	0	24,531	96,199	120,730	39,068	50,664	89,732	(9,796)	0	45,535	45,535	15,532
34	Wayne Memorial Hospital	0	235,067	467,014	702,081	282,446	228,674	511,120	(31,929)	0	238,340	238,340	81,298
35	Wellstar Cobb Hospital	0	2,831,748	3,096,072	5,927,820	3,232,882	1,534,978	4,767,860	(270,324)	0	1,561,094	1,561,094	532,489
36	Wellstar Douglas Hospital	0	890,844	207,821	1,098,665	918,446	102,672	1,021,118	(18,601)	0	105,149	105,149	35,866
37	Wellstar Kennestone Hospital	0	4,643,518	713,762	5,357,280	5,666,930	351,300	6,018,230	(689,677)	0	362,462	362,462	123,636
38	Children's Healthcare of Atlanta at Hughes Spalding	0	96,122	289,089	385,211	53,586	147,314	200,900		42,536	141,775	184,311	62,868
39	Dorminy Medical Center	0	185,986	83,451	269,437	140,894	35,726	176,620		45,092	47,725	92,817	31,660
40	Emanuel Medical Center	0	202,864	117,443	320,307	158,392	62,376	220,768		44,472	55,067	99,539	33,952

Georgia Department of Community Health
SFY 2024 Hospital UPL

	Facility Name	CAH status (1 = yes)	SFY2024 Inpatient UPL	SFY2024 Outpatient UPL	Total	Interim Inpatient Paid	Interim Outpatient Paid	Total Paid	Inpatient overpaid Net Recoup	Remaining Inpatient UPL	Remaining Outpatient UPL	Total payment	Total IGT
41	Memorial Hospital And Manor	0	184,189	246,071	430,260	155,162	104,078	259,240		29,027	141,993	171,020	58,335
42	Northside Hospital	0	7,397,633	1,518,460	8,916,093	6,947,194	1,620	6,948,814		450,439	1,516,840	1,967,279	671,039
43	Northside Hospital Cherokee	0	1,351,986	920,366	2,272,352	1,326,324	337,792	1,664,116		25,662	582,574	608,236	207,469
44	Phoebe Sumter Medical Center	0	695,874	579,880	1,275,754	610,042	270,834	880,876		85,832	309,046	394,878	134,693
45	Piedmont Athens Regional Medical Center	0	3,673,666	643,295	4,316,961	3,209,782	270,254	3,480,036		463,884	373,041	836,925	285,475
46	Piedmont Columbus Regional - Midtown	0	3,011,759	439,048	3,450,807	2,782,134	283,410	3,065,544		229,625	155,638	385,263	131,413
47	Piedmont Columbus Regional - Northside	0	0	51,998	51,998	0	26,436	26,436		0	25,562	25,562	8,719
48	Piedmont Henry Hospital	0	2,413,537	342,860	2,756,397	2,006,296	171,222	2,177,518		407,241	171,638	578,879	197,456
49	Piedmont Newton Hospital	0	883,608	199,824	1,083,432	674,004	99,766	773,770		209,604	100,058	309,662	105,626
50	Southeast Georgia Health System - Camden	0	140,614	206,608	347,222	129,228	83,151	212,379		11,386	123,457	134,843	45,995
51	Tanner Medical Center - Carrollton	0	1,300,086	1,096,173	2,396,259	968,296	388,364	1,356,660		331,790	707,809	1,039,599	354,608
52	Wellstar Paulding Hospital	0	1,014,431	503,705	1,518,136	975,052	253,070	1,228,122		39,379	250,635	290,014	98,924
53	Wellstar West Georgia Medical Center	0	1,256,638	900,557	2,157,195	1,181,738	426,730	1,608,468		74,900	473,827	548,727	187,170
54	Wellstar Windy Hill Hospital	0	14,103	101,821	115,924	0	48,665	48,665		14,103	53,156	67,259	22,943
	subtotal		90,240,840	38,635,086	128,875,926			114,692,947	(7,598,278)	2,504,972	22,953,089	25,458,061	8,683,746
55	Brooks County Hospital	1	11,036	46,002	57,038	11,142	22,914	34,056	(106)	0	23,088	23,088	0
56	Chatuge Regional Hospital, Inc.	1	5,696	3,103	8,799	7,268	2,076	9,344	(1,572)	0	1,027	1,027	0
57	Effingham Health System	1	0	96,042	96,042	30,256	43,662	73,918	(30,256)	0	52,380	52,380	0
58	Higgins General Hospital	1	16,212	108,993	125,205	25,300	59,276	84,576	(9,088)	0	49,717	49,717	0
59	Lifebrite Community Hospital of Early	1	4,451	19,862	24,313	45,828	18,496	64,324	(41,377)	0	1,366	1,366	0
60	Miller County Hospital	1	362,829	2,115,264	2,478,093	540,346	159,020	699,366	(177,517)	0	1,956,244	1,956,244	0
61	Mitchell County Hospital	1	3,923	46,361	50,284	10,058	32,418	42,476	(6,135)	0	13,943	13,943	0
62	South Georgia Medical Center Lanier Campus	1	5,781	20,159	25,940	11,404	11,642	23,046	(5,623)	0	8,517	8,517	0
63	Warm Springs Medical Center	1	1,570	18,273	19,843	11,114	12,912	24,026	(9,544)	0	5,361	5,361	0
64	Wills Memorial Hospital	1	1,748	13,196	14,944	22,586	7,656	30,242	(20,838)	0	5,540	5,540	0
65	Atrium Health Floyd Polk Medical Center	1	0	53,328	53,328	0	26,614	26,614		0	26,714	26,714	0
66	Atrium Health Navicent Peach	1	0	49,048	49,048	0	20,840	20,840		0	28,208	28,208	0
67	Bacon County Hospital	1	207,647	174,482	382,129	176,318	87,948	264,266		31,329	86,534	117,863	0
68	Bleckley Memorial Hospital	1	2,850	11,643	14,493	0	5,814	5,814		2,850	5,829	8,679	0
69	Candler County Hospital	1	13,916	7,977	21,893	0	5,046	5,046		13,916	2,931	16,847	0
70	Clinch Memorial Hospital	1	55,875	86,056	141,931	8,954	39,746	48,700		46,921	46,310	93,231	0
71	Elbert Memorial Hospital	1	0	37,656	37,656	0	17,392	17,392		0	20,264	20,264	0
72	Jasper Memorial Hospital	1	0	23,322	23,322	0	14,526	14,526		0	8,796	8,796	0
73	Jeff Davis Hospital	1	54,610	26,445	81,055	7,222	13,972	21,194		47,388	12,473	59,861	0
74	Jenkins County Medical Center	1	47,818	50,458	98,276	27,752	30,024	57,776		20,066	20,434	40,500	0
75	Liberty Regional Medical Center	1	66,964	136,551	203,515	1,702	59,570	61,272		65,262	76,981	142,243	0
76	Monroe County Hospital	1	51,200	32,822	84,022	1,942	16,298	18,240		49,258	16,524	65,782	0
77	Morgan Memorial Hospital	1	46,400	42,237	88,637	164	18,469	18,633		46,236	23,768	70,004	0
78	Putnam General Hospital	1	0	28,636	28,636	0	12,846	12,846		0	15,790	15,790	0
79	Wellstar Sylvan Grove Hospital	1	7,869	11,708	19,577	438	5,828	6,266		7,431	5,880	13,311	0
	subtotal - CAH		968,395	3,259,624	4,228,019			1,684,799	(302,056)	330,657	2,514,619	2,845,276	0
	total non-state governmental		91,209,235	41,894,710	133,103,945			116,377,746	(7,900,334)	2,835,629	25,467,708	28,303,337	8,683,746

Georgia Department of Community Health
SFY 2024 Hospital UPL

	Facility Name	CAH status (1 = yes)	SFY2024 Inpatient UPL	SFY2024 Outpatient UPL	Total	Interim Inpatient Paid	Interim Outpatient Paid	Total Paid	Inpatient overpaid Net Recoup	Remaining Inpatient UPL	Remaining Outpatient UPL	Total payment	Total IGT
	<u>nongovernmental hospitals</u>												
80	Mountain Lakes Medical Center	1	8,694	64,615	73,309	16,190	31,532	47,722	(7,496)	0	33,083	33,083	0
81	Phoebe Worth Medical Center	1	4,645	35,346	39,991	9,812	19,434	29,246	(5,167)	0	15,912	15,912	0
82	Optim Medical Center - Screven	1	13,577	16,196	29,773	13,392	15,562	28,954		185	634	819	0
83	Optim Medical Center - Tattnall	1	37,149	118,405	155,554	27,738	60,184	87,922		9,411	58,221	67,632	0
84	St. Mary's Good Samaritan Hospital	1	0	36,064	36,064	0	18,018	18,018		0	18,046	18,046	0
	subtotal - CAH		64,065	270,626	334,691			211,862	(12,663)	9,596	125,896	135,492	0
	TOTAL				133,438,636			116,589,608		2,845,225	25,593,604	28,438,829	8,683,746

SFY 2024

INPATIENT

Hospital UPL

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Applying Hospital
base period report period beginning date	9/1/2021
base period report period ending date	8/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	1,448,191
payments for services	751,251
annual covered charges	1,448,191
annual payments for services	751,251
total hospital CCR	60.56%
annual cost of services	877,024
<u>adjustment factor</u>	
inflation	1.0615
adjusted annual charges	1,537,255
adjusted Medicaid payments for services	797,453
supplemental rate adjustment payments	0
total adjusted Medicaid payments	797,453
adjusted cost of services	930,961
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	1,063,826
maximum annual payments	1,063,826
facility specific UPL amount	266,373
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(556)
allocation of supplemental payments	(121,633)
total aggregate limit adjustments	(122,189)
UPL amount after aggregate limit adjustments	144,184

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Atrium Health Navicent The Medical Center
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	159,126,567
payments for services	27,851,203
annual covered charges	159,126,567
annual payments for services	27,851,203
total hospital CCR	19.83%
annual cost of services	31,554,798
<u>adjustment factor</u>	
inflation	1.0365
adjusted annual charges	164,934,687
adjusted Medicaid payments for services	28,867,772
supplemental rate adjustment payments	7,424,690
total adjusted Medicaid payments	36,292,462
adjusted cost of services	32,706,548
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	38,510,474
maximum annual payments	38,510,474
facility specific UPL amount	2,218,012
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(20,115)
allocation of supplemental payments	3,021,584
total aggregate limit adjustments	3,001,469
UPL amount after aggregate limit adjustments	5,219,481

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Children's Healthcare of Atlanta at Hughes Spalding
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	6,178,495
payments for services	966,134
annual covered charges	6,178,495
annual payments for services	966,134
total hospital CCR	18.41%
annual cost of services	1,137,461
<u>adjustment factor</u>	
inflation	1.0365
adjusted annual charges	6,404,010
adjusted Medicaid payments for services	1,001,398
supplemental rate adjustment payments	1,438,773
total adjusted Medicaid payments	2,440,171
adjusted cost of services	1,178,978
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	1,178,978
facility specific UPL amount	(1,261,193)
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(370)
allocation of supplemental payments	1,357,685
total aggregate limit adjustments	1,357,315
UPL amount after aggregate limit adjustments	96,122

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Coffee Regional Medical Center, Inc.
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	13,159,563
payments for services	2,879,501
annual covered charges	13,159,563
annual payments for services	2,879,501
total hospital CCR	28.62%
annual cost of services	3,766,267
<u>adjustment factor</u>	
inflation	1.0365
adjusted annual charges	13,639,887
adjusted Medicaid payments for services	2,984,603
supplemental rate adjustment payments	0
total adjusted Medicaid payments	2,984,603
adjusted cost of services	3,903,736
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	3,981,550
maximum annual payments	3,981,550
facility specific UPL amount	996,947
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(2,080)
allocation of supplemental payments	(455,231)
total aggregate limit adjustments	(457,311)
UPL amount after aggregate limit adjustments	539,636

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Colquitt Regional Medical Center
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	17,753,761
payments for services	4,486,940
annual covered charges	17,753,761
annual payments for services	4,486,940
total hospital CCR	33.19%
annual cost of services	5,892,473
<u>adjustment factor</u>	
inflation	1.0544
adjusted annual charges	18,719,566
adjusted Medicaid payments for services	4,731,030
supplemental rate adjustment payments	996,781
total adjusted Medicaid payments	5,727,811
adjusted cost of services	6,213,024
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	6,311,336
maximum annual payments	6,311,336
facility specific UPL amount	583,525
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(3,297)
allocation of supplemental payments	275,173
total aggregate limit adjustments	271,876
UPL amount after aggregate limit adjustments	855,401

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Crisp Regional Hospital, Inc.
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	7,505,896
payments for services	2,031,228
annual covered charges	7,505,896
annual payments for services	2,031,228
total hospital CCR	40.61%
annual cost of services	3,048,144
<u>adjustment factor</u>	
inflation	1.0759
adjusted annual charges	8,075,594
adjusted Medicaid payments for services	2,185,398
supplemental rate adjustment payments	0
total adjusted Medicaid payments	2,185,398
adjusted cost of services	3,279,498
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	2,915,386
maximum annual payments	2,915,386
facility specific UPL amount	729,988
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(1,523)
allocation of supplemental payments	(333,331)
total aggregate limit adjustments	(334,854)
UPL amount after aggregate limit adjustments	395,134

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Dodge County Hospital
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	2,418,236
payments for services	762,394
annual covered charges	2,418,236
annual payments for services	762,394
total hospital CCR	28.99%
annual cost of services	701,047
<u>adjustment factor</u>	
inflation	1.0544
adjusted annual charges	2,549,788
adjusted Medicaid payments for services	803,868
supplemental rate adjustment payments	0
total adjusted Medicaid payments	803,868
adjusted cost of services	739,184
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	1,072,384
maximum annual payments	1,072,384
facility specific UPL amount	268,516
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(560)
allocation of supplemental payments	(122,611)
total aggregate limit adjustments	(123,171)
UPL amount after aggregate limit adjustments	145,345

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Dorminy Medical Center
base period report period beginning date	8/1/2021
base period report period ending date	7/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	3,125,445
payments for services	962,611
annual covered charges	3,125,445
annual payments for services	962,611
total hospital CCR	37.09%
annual cost of services	1,159,228
<u>adjustment factor</u>	
inflation	1.0686
adjusted annual charges	3,339,851
adjusted Medicaid payments for services	1,028,646
supplemental rate adjustment payments	0
total adjusted Medicaid payments	1,028,646
adjusted cost of services	1,238,751
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	1,372,245
maximum annual payments	1,372,245
facility specific UPL amount	343,599
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(717)
allocation of supplemental payments	(156,896)
total aggregate limit adjustments	(157,613)
UPL amount after aggregate limit adjustments	185,986

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Emanuel Medical Center
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	3,416,747
payments for services	1,042,846
annual covered charges	3,416,747
annual payments for services	1,042,846
total hospital CCR	28.65%
annual cost of services	978,898
<u>adjustment factor</u>	
inflation	1.0759
adjusted annual charges	3,676,078
adjusted Medicaid payments for services	1,121,998
supplemental rate adjustment payments	0
total adjusted Medicaid payments	1,121,998
adjusted cost of services	1,053,196
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	1,496,779
maximum annual payments	1,496,779
facility specific UPL amount	374,781
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(782)
allocation of supplemental payments	(171,135)
total aggregate limit adjustments	(171,917)
UPL amount after aggregate limit adjustments	202,864

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Emory Decatur Hospital
base period report period beginning date	9/1/2021
base period report period ending date	8/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	60,000,744
payments for services	11,534,393
annual covered charges	60,000,744
annual payments for services	11,534,393
total hospital CCR	31.96%
annual cost of services	19,176,238
<u>adjustment factor</u>	
inflation	1.0615
adjusted annual charges	63,690,790
adjusted Medicaid payments for services	12,243,758
supplemental rate adjustment payments	64,403
total adjusted Medicaid payments	12,308,161
adjusted cost of services	20,355,577
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	16,333,540
maximum annual payments	16,333,540
facility specific UPL amount	4,025,379
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(8,531)
allocation of supplemental payments	(1,803,097)
total aggregate limit adjustments	(1,811,628)
UPL amount after aggregate limit adjustments	2,213,751

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Emory Hillandale Hospital
base period report period beginning date	9/1/2021
base period report period ending date	8/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	20,487,743
payments for services	4,892,299
annual covered charges	20,487,743
annual payments for services	4,892,299
total hospital CCR	28.30%
annual cost of services	5,798,031
<u>adjustment factor</u>	
inflation	1.0615
adjusted annual charges	21,747,739
adjusted Medicaid payments for services	5,193,175
supplemental rate adjustment payments	0
total adjusted Medicaid payments	5,193,175
adjusted cost of services	6,154,610
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	6,927,851
maximum annual payments	6,927,851
facility specific UPL amount	1,734,676
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(3,619)
allocation of supplemental payments	(792,098)
total aggregate limit adjustments	(795,717)
UPL amount after aggregate limit adjustments	938,959

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Evans Memorial Hospital
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	1,100,425
payments for services	249,069
annual covered charges	1,100,425
annual payments for services	249,069
total hospital CCR	18.20%
annual cost of services	200,277
<u>adjustment factor</u>	
inflation	1.0544
adjusted annual charges	1,160,288
adjusted Medicaid payments for services	262,618
supplemental rate adjustment payments	0
total adjusted Medicaid payments	262,618
adjusted cost of services	211,172
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	350,340
maximum annual payments	350,340
facility specific UPL amount	87,722
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(183)
allocation of supplemental payments	(40,056)
total aggregate limit adjustments	(40,239)
UPL amount after aggregate limit adjustments	47,483

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Floyd Medical Center
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	64,913,201
payments for services	11,625,283
annual covered charges	64,913,201
annual payments for services	11,625,283
total hospital CCR	20.07%
annual cost of services	13,028,079
<u>adjustment factor</u>	
inflation	1.0365
adjusted annual charges	67,282,533
adjusted Medicaid payments for services	12,049,606
supplemental rate adjustment payments	1,573,689
total adjusted Medicaid payments	13,623,295
adjusted cost of services	13,503,604
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	16,074,536
maximum annual payments	16,074,536
facility specific UPL amount	2,451,241
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(8,396)
allocation of supplemental payments	(264,198)
total aggregate limit adjustments	(272,594)
UPL amount after aggregate limit adjustments	2,178,647

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Grady General Hospital
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	1,576,440
payments for services	621,584
annual covered charges	1,576,440
annual payments for services	621,584
total hospital CCR	32.83%
annual cost of services	517,545
<u>adjustment factor</u>	
inflation	1.0544
adjusted annual charges	1,662,198
adjusted Medicaid payments for services	655,398
supplemental rate adjustment payments	0
total adjusted Medicaid payments	655,398
adjusted cost of services	545,699
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	874,321
maximum annual payments	874,321
facility specific UPL amount	218,923
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(457)
allocation of supplemental payments	(99,966)
total aggregate limit adjustments	(100,423)
UPL amount after aggregate limit adjustments	118,500

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Grady Memorial Hospital
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	594,081,132
payments for services	87,605,343
annual covered charges	594,081,132
annual payments for services	87,605,343
total hospital CCR	18.41%
annual cost of services	109,370,336
<u>adjustment factor</u>	
inflation	1.0365
adjusted annual charges	615,765,093
adjusted Medicaid payments for services	90,802,938
supplemental rate adjustment payments	36,443,976
total adjusted Medicaid payments	127,246,914
adjusted cost of services	113,362,353
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	121,133,843
maximum annual payments	121,133,843
facility specific UPL amount	(6,113,071)
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(63,271)
allocation of supplemental payments	22,594,104
total aggregate limit adjustments	22,530,833
UPL amount after aggregate limit adjustments	16,417,762

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Habersham Medical Center
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	2,646,986
payments for services	841,717
annual covered charges	2,646,986
annual payments for services	841,717
total hospital CCR	39.04%
annual cost of services	1,033,383
<u>adjustment factor</u>	
inflation	1.0759
adjusted annual charges	2,847,892
adjusted Medicaid payments for services	905,603
supplemental rate adjustment payments	0
total adjusted Medicaid payments	905,603
adjusted cost of services	1,111,817
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	1,208,102
maximum annual payments	1,208,102
facility specific UPL amount	302,499
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(631)
allocation of supplemental payments	(138,129)
total aggregate limit adjustments	(138,760)
UPL amount after aggregate limit adjustments	163,739

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Houston Medical Center
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	23,933,551
payments for services	6,231,361
annual covered charges	23,933,551
annual payments for services	6,231,361
total hospital CCR	28.73%
annual cost of services	6,876,109
<u>adjustment factor</u>	
inflation	1.0365
adjusted annual charges	24,807,126
adjusted Medicaid payments for services	6,458,806
supplemental rate adjustment payments	1,130,433
total adjusted Medicaid payments	7,589,239
adjusted cost of services	7,127,087
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	8,616,241
maximum annual payments	8,616,241
facility specific UPL amount	1,027,002
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(4,500)
allocation of supplemental payments	145,292
total aggregate limit adjustments	140,792
UPL amount after aggregate limit adjustments	1,167,794

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Jefferson Hospital
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	372,590
payments for services	185,118
annual covered charges	372,590
annual payments for services	185,118
total hospital CCR	53.02%
annual cost of services	197,547
<u>adjustment factor</u>	
inflation	1.0365
adjusted annual charges	386,190
adjusted Medicaid payments for services	191,875
supplemental rate adjustment payments	0
total adjusted Medicaid payments	191,875
adjusted cost of services	204,757
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	255,967
maximum annual payments	255,967
facility specific UPL amount	64,092
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(134)
allocation of supplemental payments	(29,266)
total aggregate limit adjustments	(29,400)
UPL amount after aggregate limit adjustments	34,692

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Memorial Hospital And Manor
base period report period beginning date	4/1/2021
base period report period ending date	3/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	2,809,371
payments for services	922,912
annual covered charges	2,809,371
annual payments for services	922,912
total hospital CCR	40.37%
annual cost of services	1,134,143
<u>adjustment factor</u>	
inflation	1.1038
adjusted annual charges	3,100,984
adjusted Medicaid payments for services	1,018,710
supplemental rate adjustment payments	0
total adjusted Medicaid payments	1,018,710
adjusted cost of services	1,251,867
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	1,358,990
maximum annual payments	1,358,990
facility specific UPL amount	340,280
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(710)
allocation of supplemental payments	(155,381)
total aggregate limit adjustments	(156,091)
UPL amount after aggregate limit adjustments	184,189

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Northeast Georgia Medical Center Gainesville
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	244,178,929
payments for services	38,501,150
annual covered charges	244,178,929
annual payments for services	38,501,150
total hospital CCR	26.37%
annual cost of services	64,389,984
<u>adjustment factor</u>	
inflation	1.0544
adjusted annual charges	257,462,263
adjusted Medicaid payments for services	40,595,613
supplemental rate adjustment payments	6,638,026
total adjusted Medicaid payments	47,233,639
adjusted cost of services	67,892,799
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	54,155,766
maximum annual payments	54,155,766
facility specific UPL amount	6,922,127
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(28,287)
allocation of supplemental payments	446,111
total aggregate limit adjustments	417,824
UPL amount after aggregate limit adjustments	7,339,951

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Northside Hospital
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	222,758,991
payments for services	38,803,716
annual covered charges	222,758,991
annual payments for services	38,803,716
total hospital CCR	28.43%
annual cost of services	63,330,381
<u>adjustment factor</u>	
inflation	1.0544
adjusted annual charges	234,877,080
adjusted Medicaid payments for services	40,914,638
supplemental rate adjustment payments	0
total adjusted Medicaid payments	40,914,638
adjusted cost of services	66,775,554
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	54,581,355
maximum annual payments	54,581,355
facility specific UPL amount	13,666,717
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(28,509)
allocation of supplemental payments	(6,240,575)
total aggregate limit adjustments	(6,269,084)
UPL amount after aggregate limit adjustments	7,397,633

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Northside Hospital Cherokee
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	50,897,128
payments for services	7,091,739
annual covered charges	50,897,128
annual payments for services	7,091,739
total hospital CCR	22.95%
annual cost of services	11,680,891
<u>adjustment factor</u>	
inflation	1.0544
adjusted annual charges	53,665,932
adjusted Medicaid payments for services	7,477,530
supplemental rate adjustment payments	0
total adjusted Medicaid payments	7,477,530
adjusted cost of services	12,316,331
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	9,975,249
maximum annual payments	9,975,249
facility specific UPL amount	2,497,719
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(5,210)
allocation of supplemental payments	(1,140,523)
total aggregate limit adjustments	(1,145,733)
UPL amount after aggregate limit adjustments	1,351,986

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Northside Hospital Duluth
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	29,318,276
payments for services	4,878,663
annual covered charges	29,318,276
annual payments for services	4,878,663
total hospital CCR	20.89%
annual cost of services	6,124,588
<u>adjustment factor</u>	
inflation	1.0544
adjusted annual charges	30,913,190
adjusted Medicaid payments for services	5,144,062
supplemental rate adjustment payments	0
total adjusted Medicaid payments	5,144,062
adjusted cost of services	6,457,766
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	6,862,333
maximum annual payments	6,862,333
facility specific UPL amount	1,718,271
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(3,584)
allocation of supplemental payments	(784,607)
total aggregate limit adjustments	(788,191)
UPL amount after aggregate limit adjustments	930,080

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Northside Hospital Forsyth
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	50,398,514
payments for services	8,118,398
annual covered charges	50,398,514
annual payments for services	8,118,398
total hospital CCR	24.72%
annual cost of services	12,458,513
<u>adjustment factor</u>	
inflation	1.0544
adjusted annual charges	53,140,193
adjusted Medicaid payments for services	8,560,039
supplemental rate adjustment payments	0
total adjusted Medicaid payments	8,560,039
adjusted cost of services	13,136,256
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	11,419,349
maximum annual payments	11,419,349
facility specific UPL amount	2,859,310
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(5,965)
allocation of supplemental payments	(1,305,634)
total aggregate limit adjustments	(1,311,599)
UPL amount after aggregate limit adjustments	1,547,711

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Northside Hospital Gwinnett
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	140,651,666
payments for services	23,271,744
annual covered charges	140,651,666
annual payments for services	23,271,744
total hospital CCR	23.89%
annual cost of services	33,601,683
<u>adjustment factor</u>	
inflation	1.0544
adjusted annual charges	148,303,117
adjusted Medicaid payments for services	24,537,727
supplemental rate adjustment payments	2,932,666
total adjusted Medicaid payments	27,470,393
adjusted cost of services	35,429,615
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	32,734,064
maximum annual payments	32,734,064
facility specific UPL amount	5,263,671
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(17,098)
allocation of supplemental payments	(809,992)
total aggregate limit adjustments	(827,090)
UPL amount after aggregate limit adjustments	4,436,581

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Perry Hospital
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	1,730,362
payments for services	469,998
annual covered charges	1,730,362
annual payments for services	469,998
total hospital CCR	23.00%
annual cost of services	397,983
<u>adjustment factor</u>	
inflation	1.0365
adjusted annual charges	1,793,520
adjusted Medicaid payments for services	487,153
supplemental rate adjustment payments	0
total adjusted Medicaid payments	487,153
adjusted cost of services	412,509
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	649,877
maximum annual payments	649,877
facility specific UPL amount	162,724
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(339)
allocation of supplemental payments	(74,304)
total aggregate limit adjustments	(74,643)
UPL amount after aggregate limit adjustments	88,081

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Phoebe Putney Memorial Hospital
base period report period beginning date	8/1/2021
base period report period ending date	7/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	105,550,596
payments for services	21,661,517
annual covered charges	105,550,596
annual payments for services	21,661,517
total hospital CCR	29.06%
annual cost of services	30,673,003
<u>adjustment factor</u>	
inflation	1.0686
adjusted annual charges	112,791,367
adjusted Medicaid payments for services	23,147,497
supplemental rate adjustment payments	3,394,800
total adjusted Medicaid payments	26,542,297
adjusted cost of services	32,777,171
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	30,879,455
maximum annual payments	30,879,455
facility specific UPL amount	4,337,158
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(16,129)
allocation of supplemental payments	(135,811)
total aggregate limit adjustments	(151,940)
UPL amount after aggregate limit adjustments	4,185,218

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Phoebe Sumter Medical Center
base period report period beginning date	8/1/2021
base period report period ending date	7/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	17,051,590
payments for services	3,601,646
annual covered charges	17,051,590
annual payments for services	3,601,646
total hospital CCR	27.08%
annual cost of services	4,617,571
<u>adjustment factor</u>	
inflation	1.0686
adjusted annual charges	18,221,329
adjusted Medicaid payments for services	3,848,719
supplemental rate adjustment payments	0
total adjusted Medicaid payments	3,848,719
adjusted cost of services	4,934,336
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	5,134,307
maximum annual payments	5,134,307
facility specific UPL amount	1,285,588
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(2,682)
allocation of supplemental payments	(587,032)
total aggregate limit adjustments	(589,714)
UPL amount after aggregate limit adjustments	695,874

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Piedmont Athens Regional Medical Center
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	109,414,890
payments for services	18,884,860
annual covered charges	109,414,890
annual payments for services	18,884,860
total hospital CCR	18.41%
annual cost of services	20,143,281
<u>adjustment factor</u>	
inflation	1.0759
adjusted annual charges	117,719,480
adjusted Medicaid payments for services	20,318,221
supplemental rate adjustment payments	2,666,574
total adjusted Medicaid payments	22,984,795
adjusted cost of services	21,672,156
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	27,105,116
maximum annual payments	27,105,116
facility specific UPL amount	4,120,321
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(14,158)
allocation of supplemental payments	(432,497)
total aggregate limit adjustments	(446,655)
UPL amount after aggregate limit adjustments	3,673,666

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Piedmont Augusta Hospital
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	42,350,873
payments for services	10,471,360
annual covered charges	42,350,873
annual payments for services	10,471,360
total hospital CCR	32.57%
annual cost of services	13,793,679
<u>adjustment factor</u>	
inflation	1.0365
adjusted annual charges	43,896,680
adjusted Medicaid payments for services	10,853,565
supplemental rate adjustment payments	130,879
total adjusted Medicaid payments	10,984,444
adjusted cost of services	14,297,148
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	14,478,981
maximum annual payments	14,478,981
facility specific UPL amount	3,494,537
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(7,563)
allocation of supplemental payments	(1,524,579)
total aggregate limit adjustments	(1,532,142)
UPL amount after aggregate limit adjustments	1,962,395

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Piedmont Columbus Regional - Midtown
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	65,649,536
payments for services	15,482,258
annual covered charges	65,649,536
annual payments for services	15,482,258
total hospital CCR	16.34%
annual cost of services	10,727,134
<u>adjustment factor</u>	
inflation	1.0759
adjusted annual charges	70,632,336
adjusted Medicaid payments for services	16,657,361
supplemental rate adjustment payments	4,071,178
total adjusted Medicaid payments	20,728,539
adjusted cost of services	11,541,323
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	22,221,419
maximum annual payments	22,221,419
facility specific UPL amount	1,492,880
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(11,607)
allocation of supplemental payments	1,530,486
total aggregate limit adjustments	1,518,879
UPL amount after aggregate limit adjustments	3,011,759

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Piedmont Columbus Regional - Northside
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	6,784,676
payments for services	1,297,846
annual covered charges	6,784,676
annual payments for services	1,297,846
total hospital CCR	17.66%
annual cost of services	1,198,174
<u>adjustment factor</u>	
inflation	1.0759
adjusted annual charges	7,299,633
adjusted Medicaid payments for services	1,396,353
supplemental rate adjustment payments	0
total adjusted Medicaid payments	1,396,353
adjusted cost of services	1,289,115
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	1,289,115
facility specific UPL amount	(107,238)
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	107,238
allocation of supplemental payments	0
total aggregate limit adjustments	107,238
UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Piedmont Henry Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	75,211,339
payments for services	12,407,031
annual covered charges	75,211,339
annual payments for services	12,407,031
total hospital CCR	16.22%
annual cost of services	12,199,279
<u>adjustment factor</u>	
inflation	1.0759
adjusted annual charges	80,919,880
adjusted Medicaid payments for services	13,348,725
supplemental rate adjustment payments	0
total adjusted Medicaid payments	13,348,725
adjusted cost of services	13,125,204
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	17,807,600
maximum annual payments	17,807,600
facility specific UPL amount	4,458,875
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(9,301)
allocation of supplemental payments	(2,036,037)
total aggregate limit adjustments	(2,045,338)
UPL amount after aggregate limit adjustments	2,413,537

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Piedmont McDuffie Hospital
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	799,911
payments for services	284,571
annual covered charges	799,911
annual payments for services	284,571
total hospital CCR	26.25%
annual cost of services	209,977
<u>adjustment factor</u>	
inflation	1.0365
adjusted annual charges	829,108
adjusted Medicaid payments for services	294,958
supplemental rate adjustment payments	0
total adjusted Medicaid payments	294,958
adjusted cost of services	217,641
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	393,483
maximum annual payments	393,483
facility specific UPL amount	98,525
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(206)
allocation of supplemental payments	(44,989)
total aggregate limit adjustments	(45,195)
UPL amount after aggregate limit adjustments	53,330

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Piedmont Newton Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	30,222,402
payments for services	4,542,278
annual covered charges	30,222,402
annual payments for services	4,542,278
total hospital CCR	14.26%
annual cost of services	4,309,715
<u>adjustment factor</u>	
inflation	1.0759
adjusted annual charges	32,516,282
adjusted Medicaid payments for services	4,887,037
supplemental rate adjustment payments	0
total adjusted Medicaid payments	4,887,037
adjusted cost of services	4,636,822
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	6,519,454
maximum annual payments	6,519,454
facility specific UPL amount	1,632,417
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(3,405)
allocation of supplemental payments	(745,404)
total aggregate limit adjustments	(748,809)
UPL amount after aggregate limit adjustments	883,608

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	South Georgia Medical Center
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	35,690,777
payments for services	10,013,026
annual covered charges	35,690,777
annual payments for services	10,013,026
total hospital CCR	33.72%
annual cost of services	12,034,930
<u>adjustment factor</u>	
inflation	1.0544
adjusted annual charges	37,632,355
adjusted Medicaid payments for services	10,557,735
supplemental rate adjustment payments	271,616
total adjusted Medicaid payments	10,829,351
adjusted cost of services	12,689,630
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	14,084,335
maximum annual payments	14,084,335
facility specific UPL amount	3,254,984
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(7,357)
allocation of supplemental payments	(1,338,720)
total aggregate limit adjustments	(1,346,077)
UPL amount after aggregate limit adjustments	1,908,907

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	South Georgia Medical Center Berrien Campus
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	76,931
payments for services	23,071
annual covered charges	76,931
annual payments for services	23,071
total hospital CCR	33.55%
annual cost of services	25,810
<u>adjustment factor</u>	
inflation	1.0544
adjusted annual charges	81,116
adjusted Medicaid payments for services	24,326
supplemental rate adjustment payments	0
total adjusted Medicaid payments	24,326
adjusted cost of services	27,214
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	32,452
maximum annual payments	32,452
facility specific UPL amount	8,126
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(17)
allocation of supplemental payments	(3,711)
total aggregate limit adjustments	(3,728)
UPL amount after aggregate limit adjustments	4,398

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Southeast Georgia Health System - Brunswick
base period report period beginning date	5/1/2021
base period report period ending date	4/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	27,908,823
payments for services	7,790,489
annual covered charges	27,908,823
annual payments for services	7,790,489
total hospital CCR	36.03%
annual cost of services	10,055,549
<u>adjustment factor</u>	
inflation	1.0943
adjusted annual charges	30,540,625
adjusted Medicaid payments for services	8,525,132
supplemental rate adjustment payments	0
total adjusted Medicaid payments	8,525,132
adjusted cost of services	11,003,787
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	11,372,782
maximum annual payments	11,372,782
facility specific UPL amount	2,847,650
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(5,940)
allocation of supplemental payments	(1,300,310)
total aggregate limit adjustments	(1,306,250)
UPL amount after aggregate limit adjustments	1,541,400

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Southeast Georgia Health System - Camden
base period report period beginning date	5/1/2021
base period report period ending date	4/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	2,298,532
payments for services	710,688
annual covered charges	2,298,532
annual payments for services	710,688
total hospital CCR	34.03%
annual cost of services	782,190
<u>adjustment factor</u>	
inflation	1.0943
adjusted annual charges	2,515,284
adjusted Medicaid payments for services	777,706
supplemental rate adjustment payments	0
total adjusted Medicaid payments	777,706
adjusted cost of services	855,951
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	1,037,483
maximum annual payments	1,037,483
facility specific UPL amount	259,777
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(542)
allocation of supplemental payments	(118,621)
total aggregate limit adjustments	(119,163)
UPL amount after aggregate limit adjustments	140,614

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Southwell Medical Center
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	449,392
payments for services	112,191
annual covered charges	449,392
annual payments for services	112,191
total hospital CCR	46.05%
annual cost of services	206,945
<u>adjustment factor</u>	
inflation	1.0759
adjusted annual charges	483,501
adjusted Medicaid payments for services	120,706
supplemental rate adjustment payments	0
total adjusted Medicaid payments	120,706
adjusted cost of services	222,652
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	161,025
maximum annual payments	161,025
facility specific UPL amount	40,319
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(84)
allocation of supplemental payments	(18,411)
total aggregate limit adjustments	(18,495)
UPL amount after aggregate limit adjustments	21,824

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Stephens County Hospital
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	1,443,763
payments for services	601,429
annual covered charges	1,443,763
annual payments for services	601,429
total hospital CCR	51.09%
annual cost of services	737,619
<u>adjustment factor</u>	
inflation	1.0544
adjusted annual charges	1,522,304
adjusted Medicaid payments for services	634,147
supplemental rate adjustment payments	0
total adjusted Medicaid payments	634,147
adjusted cost of services	777,745
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	845,971
maximum annual payments	845,971
facility specific UPL amount	211,824
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(442)
allocation of supplemental payments	(96,724)
total aggregate limit adjustments	(97,166)
UPL amount after aggregate limit adjustments	114,658

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Tanner Medical Center - Carrollton
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	33,438,931
payments for services	6,683,226
annual covered charges	33,438,931
annual payments for services	6,683,226
total hospital CCR	38.08%
annual cost of services	12,733,545
<u>adjustment factor</u>	
inflation	1.0759
adjusted annual charges	35,976,946
adjusted Medicaid payments for services	7,190,483
supplemental rate adjustment payments	0
total adjusted Medicaid payments	7,190,483
adjusted cost of services	13,700,021
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	9,592,320
maximum annual payments	9,592,320
facility specific UPL amount	2,401,837
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(5,010)
allocation of supplemental payments	(1,096,741)
total aggregate limit adjustments	(1,101,751)
UPL amount after aggregate limit adjustments	1,300,086

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Tanner Medical Center - Villa Rica
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	23,486,173
payments for services	6,922,740
annual covered charges	23,486,173
annual payments for services	6,922,740
total hospital CCR	28.07%
annual cost of services	6,592,569
<u>adjustment factor</u>	
inflation	1.0759
adjusted annual charges	25,268,774
adjusted Medicaid payments for services	7,448,176
supplemental rate adjustment payments	0
total adjusted Medicaid payments	7,448,176
adjusted cost of services	7,092,945
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	9,936,090
maximum annual payments	9,936,090
facility specific UPL amount	2,487,914
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(5,190)
allocation of supplemental payments	(1,136,045)
total aggregate limit adjustments	(1,141,235)
UPL amount after aggregate limit adjustments	1,346,679

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Tift Regional Medical Center
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	34,990,264
payments for services	6,300,466
annual covered charges	34,990,264
annual payments for services	6,300,466
total hospital CCR	30.60%
annual cost of services	10,707,021
<u>adjustment factor</u>	
inflation	1.0544
adjusted annual charges	36,893,734
adjusted Medicaid payments for services	6,643,211
supplemental rate adjustment payments	0
total adjusted Medicaid payments	6,643,211
adjusted cost of services	11,289,483
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	8,862,243
maximum annual payments	8,862,243
facility specific UPL amount	2,219,032
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(4,629)
allocation of supplemental payments	(1,013,267)
total aggregate limit adjustments	(1,017,896)
UPL amount after aggregate limit adjustments	1,201,136

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Union General Hospital, Inc.
base period report period beginning date	5/1/2021
base period report period ending date	4/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	622,112
payments for services	197,464
annual covered charges	622,112
annual payments for services	197,464
total hospital CCR	38.06%
annual cost of services	236,776
<u>adjustment factor</u>	
inflation	1.0943
adjusted annual charges	680,777
adjusted Medicaid payments for services	216,085
supplemental rate adjustment payments	0
total adjusted Medicaid payments	216,085
adjusted cost of services	259,104
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	288,264
maximum annual payments	288,264
facility specific UPL amount	72,179
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(151)
allocation of supplemental payments	(32,959)
total aggregate limit adjustments	(33,110)
UPL amount after aggregate limit adjustments	39,069

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Upton Regional Medical Center
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	11,629,143
payments for services	2,615,236
annual covered charges	11,629,143
annual payments for services	2,615,236
total hospital CCR	27.44%
annual cost of services	3,191,037
<u>adjustment factor</u>	
inflation	1.0365
adjusted annual charges	12,053,607
adjusted Medicaid payments for services	2,710,692
supplemental rate adjustment payments	0
total adjusted Medicaid payments	2,710,692
adjusted cost of services	3,307,510
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	3,616,144
maximum annual payments	3,616,144
facility specific UPL amount	905,452
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(1,889)
allocation of supplemental payments	(413,453)
total aggregate limit adjustments	(415,342)
UPL amount after aggregate limit adjustments	490,110

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Washington County Regional Medical
base period report period beginning date	9/1/2021
base period report period ending date	8/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	141,449
payments for services	127,815
annual covered charges	141,449
annual payments for services	127,815
total hospital CCR	47.73%
annual cost of services	67,514
<u>adjustment factor</u>	
inflation	1.0615
adjusted annual charges	150,148
adjusted Medicaid payments for services	135,676
supplemental rate adjustment payments	0
total adjusted Medicaid payments	135,676
adjusted cost of services	71,666
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	180,996
maximum annual payments	180,996
facility specific UPL amount	45,320
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(95)
allocation of supplemental payments	(20,694)
total aggregate limit adjustments	(20,789)
UPL amount after aggregate limit adjustments	24,531

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Wayne Memorial Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	4,923,778
payments for services	1,208,389
annual covered charges	4,923,778
annual payments for services	1,208,389
total hospital CCR	22.86%
annual cost of services	1,125,576
<u>adjustment factor</u>	
inflation	1.0759
adjusted annual charges	5,297,493
adjusted Medicaid payments for services	1,300,106
supplemental rate adjustment payments	0
total adjusted Medicaid payments	1,300,106
adjusted cost of services	1,211,007
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	1,734,380
maximum annual payments	1,734,380
facility specific UPL amount	434,274
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(906)
allocation of supplemental payments	(198,301)
total aggregate limit adjustments	(199,207)
UPL amount after aggregate limit adjustments	235,067

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Wellstar Cobb Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	121,761,896
payments for services	14,556,892
annual covered charges	121,761,896
annual payments for services	14,556,892
total hospital CCR	16.73%
annual cost of services	20,370,765
<u>adjustment factor</u>	
inflation	1.0759
adjusted annual charges	131,003,624
adjusted Medicaid payments for services	15,661,760
supplemental rate adjustment payments	0
total adjusted Medicaid payments	15,661,760
adjusted cost of services	21,916,906
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	20,893,258
maximum annual payments	20,893,258
facility specific UPL amount	5,231,498
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(10,913)
allocation of supplemental payments	(2,388,837)
total aggregate limit adjustments	(2,399,750)
UPL amount after aggregate limit adjustments	2,831,748

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Wellstar Douglas Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	36,368,206
payments for services	4,579,471
annual covered charges	36,368,206
annual payments for services	4,579,471
total hospital CCR	16.88%
annual cost of services	6,138,953
<u>adjustment factor</u>	
inflation	1.0759
adjusted annual charges	39,128,553
adjusted Medicaid payments for services	4,927,053
supplemental rate adjustment payments	911,177
total adjusted Medicaid payments	5,838,230
adjusted cost of services	6,604,900
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	6,572,837
maximum annual payments	6,572,837
facility specific UPL amount	734,607
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(3,433)
allocation of supplemental payments	159,670
total aggregate limit adjustments	156,237
UPL amount after aggregate limit adjustments	890,844

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Wellstar Kennestone Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	202,987,165
payments for services	23,870,477
annual covered charges	202,987,165
annual payments for services	23,870,477
total hospital CCR	16.75%
annual cost of services	34,000,350
<u>adjustment factor</u>	
inflation	1.0759
adjusted annual charges	218,393,891
adjusted Medicaid payments for services	25,682,246
supplemental rate adjustment payments	6,853,605
total adjusted Medicaid payments	32,535,851
adjusted cost of services	36,580,977
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	34,260,887
maximum annual payments	34,260,887
facility specific UPL amount	1,725,036
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(17,895)
allocation of supplemental payments	2,936,377
total aggregate limit adjustments	2,918,482
UPL amount after aggregate limit adjustments	4,643,518

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Wellstar Paulding Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	34,033,885
payments for services	5,214,787
annual covered charges	34,033,885
annual payments for services	5,214,787
total hospital CCR	16.06%
annual cost of services	5,465,842
<u>adjustment factor</u>	
inflation	1.0759
adjusted annual charges	36,617,057
adjusted Medicaid payments for services	5,610,589
supplemental rate adjustment payments	0
total adjusted Medicaid payments	5,610,589
adjusted cost of services	5,880,699
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	7,484,694
maximum annual payments	7,484,694
facility specific UPL amount	1,874,105
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(3,909)
allocation of supplemental payments	(855,765)
total aggregate limit adjustments	(859,674)
UPL amount after aggregate limit adjustments	1,014,431

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Wellstar West Georgia Medical Center
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	44,591,680
payments for services	6,459,880
annual covered charges	44,591,680
annual payments for services	6,459,880
total hospital CCR	17.60%
annual cost of services	7,848,136
<u>adjustment factor</u>	
inflation	1.0759
adjusted annual charges	47,976,189
adjusted Medicaid payments for services	6,950,185
supplemental rate adjustment payments	0
total adjusted Medicaid payments	6,950,185
adjusted cost of services	8,443,810
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	DRG differential
DRG differential adjustment rate	1.33403
maximum annual payments (at DRG differential)	9,271,755
maximum annual payments	9,271,755
facility specific UPL amount	2,321,570
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(4,843)
allocation of supplemental payments	(1,060,089)
total aggregate limit adjustments	(1,064,932)
UPL amount after aggregate limit adjustments	1,256,638

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Wellstar Windy Hill Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	1,938,730
payments for services	361,591
annual covered charges	1,938,730
annual payments for services	361,591
total hospital CCR	19.90%
annual cost of services	385,807
<u>adjustment factor</u>	
inflation	1.0759
adjusted annual charges	2,085,880
adjusted Medicaid payments for services	389,036
supplemental rate adjustment payments	0
total adjusted Medicaid payments	389,036
adjusted cost of services	415,090
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	415,090
facility specific UPL amount	26,054
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(54)
allocation of supplemental payments	(11,897)
total aggregate limit adjustments	(11,951)
UPL amount after aggregate limit adjustments	14,103

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Atrium Health Floyd Polk Medical Center
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	94,046
payments for services	25,593
annual covered charges	94,046
annual payments for services	25,593
total hospital CCR	17.99%
annual cost of services	16,919
<u>adjustment factor</u>	
inflation	1.0365
adjusted annual charges	97,479
adjusted Medicaid payments for services	26,527
supplemental rate adjustment payments	0
total adjusted Medicaid payments	26,527
adjusted cost of services	17,537
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	17,537
facility specific UPL amount	(8,990)
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	8,990
allocation of supplemental payments	0
total aggregate limit adjustments	8,990
UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Atrium Health Navicent Peach
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	1,806,609
payments for services	653,249
annual covered charges	1,806,609
annual payments for services	653,249
total hospital CCR	26.75%
annual cost of services	483,268
<u>adjustment factor</u>	
inflation	1.0365
adjusted annual charges	1,872,550
adjusted Medicaid payments for services	677,093
supplemental rate adjustment payments	0
total adjusted Medicaid payments	677,093
adjusted cost of services	500,907
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	500,907
facility specific UPL amount	(176,186)
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	176,186
allocation of supplemental payments	0
total aggregate limit adjustments	176,186
UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Bacon County Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	2,073,298
payments for services	492,876
annual covered charges	2,073,298
annual payments for services	492,876
total hospital CCR	40.97%
annual cost of services	849,430
<u>adjustment factor</u>	
inflation	1.0759
adjusted annual charges	2,230,661
adjusted Medicaid payments for services	530,285
supplemental rate adjustment payments	0
total adjusted Medicaid payments	530,285
adjusted cost of services	913,902
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	913,902
facility specific UPL amount	383,617
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(800)
allocation of supplemental payments	(175,170)
total aggregate limit adjustments	(175,970)
UPL amount after aggregate limit adjustments	207,647

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Bleckley Memorial Hospital
base period report period beginning date	4/1/2021
base period report period ending date	3/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	58,990
payments for services	34,960
annual covered charges	58,990
annual payments for services	34,960
total hospital CCR	67.35%
annual cost of services	39,730
<u>adjustment factor</u>	
inflation	1.1038
adjusted annual charges	65,113
adjusted Medicaid payments for services	38,589
supplemental rate adjustment payments	0
total adjusted Medicaid payments	38,589
adjusted cost of services	43,854
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	43,854
facility specific UPL amount	5,265
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(11)
allocation of supplemental payments	(2,404)
total aggregate limit adjustments	(2,415)
UPL amount after aggregate limit adjustments	2,850

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Brooks County Hospital
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	92,133
payments for services	25,330
annual covered charges	92,133
annual payments for services	25,330
total hospital CCR	48.48%
annual cost of services	44,666
<u>adjustment factor</u>	
inflation	1.0544
adjusted annual charges	97,145
adjusted Medicaid payments for services	26,708
supplemental rate adjustment payments	0
total adjusted Medicaid payments	26,708
adjusted cost of services	47,096
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	47,096
facility specific UPL amount	20,388
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(43)
allocation of supplemental payments	(9,309)
total aggregate limit adjustments	(9,352)
UPL amount after aggregate limit adjustments	11,036

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Candler County Hospital
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	1,286,303
payments for services	363,917
annual covered charges	1,286,303
annual payments for services	363,917
total hospital CCR	30.22%
annual cost of services	388,721
<u>adjustment factor</u>	
inflation	1.0365
adjusted annual charges	1,333,253
adjusted Medicaid payments for services	377,200
supplemental rate adjustment payments	0
total adjusted Medicaid payments	377,200
adjusted cost of services	402,909
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	402,909
facility specific UPL amount	25,709
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(54)
allocation of supplemental payments	(11,739)
total aggregate limit adjustments	(11,793)
UPL amount after aggregate limit adjustments	13,916

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Chatuge Regional Hospital, Inc.
base period report period beginning date	5/1/2021
base period report period ending date	4/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	53,636
payments for services	18,488
annual covered charges	53,636
annual payments for services	18,488
total hospital CCR	52.40%
annual cost of services	28,105
<u>adjustment factor</u>	
inflation	1.0943
adjusted annual charges	58,694
adjusted Medicaid payments for services	20,231
supplemental rate adjustment payments	0
total adjusted Medicaid payments	20,231
adjusted cost of services	30,755
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	30,755
facility specific UPL amount	10,524
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(22)
allocation of supplemental payments	(4,806)
total aggregate limit adjustments	(4,828)
UPL amount after aggregate limit adjustments	5,696

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Clinch Memorial Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	188,224
payments for services	99,395
annual covered charges	188,224
annual payments for services	99,395
total hospital CCR	103.78%
annual cost of services	195,339
<u>adjustment factor</u>	
inflation	1.0759
adjusted annual charges	202,510
adjusted Medicaid payments for services	106,939
supplemental rate adjustment payments	0
total adjusted Medicaid payments	106,939
adjusted cost of services	210,165
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	210,165
facility specific UPL amount	103,226
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(215)
allocation of supplemental payments	(47,136)
total aggregate limit adjustments	(47,351)
UPL amount after aggregate limit adjustments	55,875

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Effingham Health System
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	446,939
payments for services	209,576
annual covered charges	446,939
annual payments for services	209,576
total hospital CCR	35.60%
annual cost of services	159,110
<u>adjustment factor</u>	
inflation	1.0759
adjusted annual charges	480,862
adjusted Medicaid payments for services	225,483
supplemental rate adjustment payments	0
total adjusted Medicaid payments	225,483
adjusted cost of services	171,186
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	171,186
facility specific UPL amount	(54,297)
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	54,297
allocation of supplemental payments	0
total aggregate limit adjustments	54,297
UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Elbert Memorial Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	525,820
payments for services	314,053
annual covered charges	525,820
annual payments for services	314,053
total hospital CCR	59.31%
annual cost of services	311,864
<u>adjustment factor</u>	
inflation	1.0759
adjusted annual charges	565,730
adjusted Medicaid payments for services	337,890
supplemental rate adjustment payments	0
total adjusted Medicaid payments	337,890
adjusted cost of services	335,534
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	335,534
facility specific UPL amount	(2,356)
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	2,356
allocation of supplemental payments	0
total aggregate limit adjustments	2,356
UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Higgins General Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	839,068
payments for services	222,372
annual covered charges	839,068
annual payments for services	222,372
total hospital CCR	29.82%
annual cost of services	250,210
<u>adjustment factor</u>	
inflation	1.0759
adjusted annual charges	902,753
adjusted Medicaid payments for services	239,250
supplemental rate adjustment payments	0
total adjusted Medicaid payments	239,250
adjusted cost of services	269,201
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	269,201
facility specific UPL amount	29,951
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(62)
allocation of supplemental payments	(13,677)
total aggregate limit adjustments	(13,739)
UPL amount after aggregate limit adjustments	16,212

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Jasper Memorial Hospital
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	3,182
payments for services	3,182
annual covered charges	3,182
annual payments for services	3,182
total hospital CCR	82.90%
annual cost of services	2,638
<u>adjustment factor</u>	
inflation	1.0544
adjusted annual charges	3,355
adjusted Medicaid payments for services	3,355
supplemental rate adjustment payments	0
total adjusted Medicaid payments	3,355
adjusted cost of services	2,782
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	2,782
facility specific UPL amount	(573)
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	573
allocation of supplemental payments	0
total aggregate limit adjustments	573
UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Jeff Davis Hospital
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	2,289,476
payments for services	590,931
annual covered charges	2,289,476
annual payments for services	590,931
total hospital CCR	29.99%
annual cost of services	686,614
<u>adjustment factor</u>	
inflation	1.0544
adjusted annual charges	2,414,023
adjusted Medicaid payments for services	623,078
supplemental rate adjustment payments	0
total adjusted Medicaid payments	623,078
adjusted cost of services	723,966
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	723,966
facility specific UPL amount	100,888
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(210)
allocation of supplemental payments	(46,068)
total aggregate limit adjustments	(46,278)
UPL amount after aggregate limit adjustments	54,610

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Jenkins County Medical Center
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	436,510
payments for services	104,215
annual covered charges	436,510
annual payments for services	104,215
total hospital CCR	43.40%
annual cost of services	189,445
<u>adjustment factor</u>	
inflation	1.0365
adjusted annual charges	452,443
adjusted Medicaid payments for services	108,019
supplemental rate adjustment payments	0
total adjusted Medicaid payments	108,019
adjusted cost of services	196,360
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	196,360
facility specific UPL amount	88,341
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(184)
allocation of supplemental payments	(40,339)
total aggregate limit adjustments	(40,523)
UPL amount after aggregate limit adjustments	47,818

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Liberty Regional Medical Center
base period report period beginning date	12/1/2021
base period report period ending date	11/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	1,870,595
payments for services	374,035
annual covered charges	1,870,595
annual payments for services	374,035
total hospital CCR	26.34%
annual cost of services	492,715
<u>adjustment factor</u>	
inflation	1.0424
adjusted annual charges	1,949,908
adjusted Medicaid payments for services	389,894
supplemental rate adjustment payments	0
total adjusted Medicaid payments	389,894
adjusted cost of services	513,606
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	513,606
facility specific UPL amount	123,712
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(258)
allocation of supplemental payments	(56,490)
total aggregate limit adjustments	(56,748)
UPL amount after aggregate limit adjustments	66,964

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Lifebrite Community Hospital of Early
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	51,250
payments for services	25,036
annual covered charges	51,250
annual payments for services	25,036
total hospital CCR	64.33%
annual cost of services	32,969
<u>adjustment factor</u>	
inflation	1.0365
adjusted annual charges	53,121
adjusted Medicaid payments for services	25,950
supplemental rate adjustment payments	0
total adjusted Medicaid payments	25,950
adjusted cost of services	34,172
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	34,172
facility specific UPL amount	8,222
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(17)
allocation of supplemental payments	(3,754)
total aggregate limit adjustments	(3,771)
UPL amount after aggregate limit adjustments	4,451

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Miller County Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	1,867,311
payments for services	966,063
annual covered charges	1,867,311
annual payments for services	966,063
total hospital CCR	85.10%
annual cost of services	1,589,082
<u>adjustment factor</u>	
inflation	1.0759
adjusted annual charges	2,009,040
adjusted Medicaid payments for services	1,039,387
supplemental rate adjustment payments	0
total adjusted Medicaid payments	1,039,387
adjusted cost of services	1,709,693
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	1,709,693
facility specific UPL amount	670,306
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(1,398)
allocation of supplemental payments	(306,079)
total aggregate limit adjustments	(307,477)
UPL amount after aggregate limit adjustments	362,829

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Mitchell County Hospital
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	25,377
payments for services	6,588
annual covered charges	25,377
annual payments for services	6,588
total hospital CCR	53.05%
annual cost of services	13,462
<u>adjustment factor</u>	
inflation	1.0544
adjusted annual charges	26,758
adjusted Medicaid payments for services	6,946
supplemental rate adjustment payments	0
total adjusted Medicaid payments	6,946
adjusted cost of services	14,194
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	14,194
facility specific UPL amount	7,248
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(15)
allocation of supplemental payments	(3,310)
total aggregate limit adjustments	(3,325)
UPL amount after aggregate limit adjustments	3,923

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Monroe County Hospital
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	525,735
payments for services	178,784
annual covered charges	525,735
annual payments for services	178,784
total hospital CCR	51.07%
annual cost of services	268,493
<u>adjustment factor</u>	
inflation	1.0544
adjusted annual charges	554,335
adjusted Medicaid payments for services	188,510
supplemental rate adjustment payments	0
total adjusted Medicaid payments	188,510
adjusted cost of services	283,099
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	283,099
facility specific UPL amount	94,589
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(197)
allocation of supplemental payments	(43,192)
total aggregate limit adjustments	(43,389)
UPL amount after aggregate limit adjustments	51,200

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Morgan Memorial Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	245,077
payments for services	81,366
annual covered charges	245,077
annual payments for services	81,366
total hospital CCR	65.71%
annual cost of services	161,040
<u>adjustment factor</u>	
inflation	1.0759
adjusted annual charges	263,678
adjusted Medicaid payments for services	87,542
supplemental rate adjustment payments	0
total adjusted Medicaid payments	87,542
adjusted cost of services	173,263
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	173,263
facility specific UPL amount	85,721
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(179)
allocation of supplemental payments	(39,142)
total aggregate limit adjustments	(39,321)
UPL amount after aggregate limit adjustments	46,400

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Putnam General Hospital
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	59,531
payments for services	37,345
annual covered charges	59,531
annual payments for services	37,345
total hospital CCR	59.76%
annual cost of services	35,576
<u>adjustment factor</u>	
inflation	1.0544
adjusted annual charges	62,769
adjusted Medicaid payments for services	39,377
supplemental rate adjustment payments	0
total adjusted Medicaid payments	39,377
adjusted cost of services	37,511
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	37,511
facility specific UPL amount	(1,866)
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	1,866
allocation of supplemental payments	0
total aggregate limit adjustments	1,866
UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	South Georgia Medical Center Lanier Campus
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	77,298
payments for services	31,636
annual covered charges	77,298
annual payments for services	31,636
total hospital CCR	54.03%
annual cost of services	41,764
<u>adjustment factor</u>	
inflation	1.0544
adjusted annual charges	81,503
adjusted Medicaid payments for services	33,357
supplemental rate adjustment payments	0
total adjusted Medicaid payments	33,357
adjusted cost of services	44,036
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	44,036
facility specific UPL amount	10,679
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(22)
allocation of supplemental payments	(4,876)
total aggregate limit adjustments	(4,898)
UPL amount after aggregate limit adjustments	5,781

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Warm Springs Medical Center
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	14,610
payments for services	8,966
annual covered charges	14,610
annual payments for services	8,966
total hospital CCR	80.53%
annual cost of services	11,765
<u>adjustment factor</u>	
inflation	1.0365
adjusted annual charges	15,143
adjusted Medicaid payments for services	9,293
supplemental rate adjustment payments	0
total adjusted Medicaid payments	9,293
adjusted cost of services	12,194
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	12,194
facility specific UPL amount	2,901
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(6)
allocation of supplemental payments	(1,325)
total aggregate limit adjustments	(1,331)
UPL amount after aggregate limit adjustments	1,570

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Wellstar Sylvan Grove Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	268,502
payments for services	39,865
annual covered charges	268,502
annual payments for services	39,865
total hospital CCR	19.88%
annual cost of services	53,378
<u>adjustment factor</u>	
inflation	1.0759
adjusted annual charges	288,881
adjusted Medicaid payments for services	42,891
supplemental rate adjustment payments	0
total adjusted Medicaid payments	42,891
adjusted cost of services	57,429
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	57,429
facility specific UPL amount	14,538
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(30)
allocation of supplemental payments	(6,639)
total aggregate limit adjustments	(6,669)
UPL amount after aggregate limit adjustments	7,869

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Wills Memorial Hospital
base period report period beginning date	5/1/2021
base period report period ending date	4/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	73,945
payments for services	49,055
annual covered charges	73,945
annual payments for services	49,055
total hospital CCR	70.33%
annual cost of services	52,006
<u>adjustment factor</u>	
inflation	1.0943
adjusted annual charges	80,918
adjusted Medicaid payments for services	53,681
supplemental rate adjustment payments	0
total adjusted Medicaid payments	53,681
adjusted cost of services	56,910
<u>other UPL calculation data</u>	
provider category for UPL calculation	Non-State Govt.
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	56,910
facility specific UPL amount	3,229
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(7)
allocation of supplemental payments	(1,474)
total aggregate limit adjustments	(1,481)
UPL amount after aggregate limit adjustments	1,748

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Mountain Lakes Medical Center
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	92,493
payments for services	29,788
annual covered charges	92,493
annual payments for services	29,788
total hospital CCR	47.95%
annual cost of services	44,350
<u>adjustment factor</u>	
inflation	1.0365
adjusted annual charges	95,869
adjusted Medicaid payments for services	30,875
supplemental rate adjustment payments	0
total adjusted Medicaid payments	30,875
adjusted cost of services	45,969
<u>other UPL calculation data</u>	
provider category for UPL calculation	Private
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	45,969
facility specific UPL amount	15,094
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(108)
allocation of supplemental payments	(6,292)
total aggregate limit adjustments	(6,400)
UPL amount after aggregate limit adjustments	8,694

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Optim Medical Center - Screven
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	251,054
payments for services	82,274
annual covered charges	251,054
annual payments for services	82,274
total hospital CCR	41.83%
annual cost of services	105,016
<u>adjustment factor</u>	
inflation	1.0365
adjusted annual charges	260,217
adjusted Medicaid payments for services	85,277
supplemental rate adjustment payments	0
total adjusted Medicaid payments	85,277
adjusted cost of services	108,849
<u>other UPL calculation data</u>	
provider category for UPL calculation	Private
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	108,849
facility specific UPL amount	23,572
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(169)
allocation of supplemental payments	(9,826)
total aggregate limit adjustments	(9,995)
UPL amount after aggregate limit adjustments	13,577

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Optim Medical Center - Tattnall
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	2,070,809
payments for services	162,873
annual covered charges	2,070,809
annual payments for services	162,873
total hospital CCR	10.87%
annual cost of services	225,097
<u>adjustment factor</u>	
inflation	1.0365
adjusted annual charges	2,146,394
adjusted Medicaid payments for services	168,818
supplemental rate adjustment payments	0
total adjusted Medicaid payments	168,818
adjusted cost of services	233,313
<u>other UPL calculation data</u>	
provider category for UPL calculation	Private
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	233,313
facility specific UPL amount	64,495
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(461)
allocation of supplemental payments	(26,885)
total aggregate limit adjustments	(27,346)
UPL amount after aggregate limit adjustments	37,149

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	Phoebe Worth Medical Center
base period report period beginning date	8/1/2021
base period report period ending date	7/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	178,368
payments for services	66,850
annual covered charges	178,368
annual payments for services	66,850
total hospital CCR	41.71%
annual cost of services	74,397
<u>adjustment factor</u>	
inflation	1.0686
adjusted annual charges	190,604
adjusted Medicaid payments for services	71,436
supplemental rate adjustment payments	0
total adjusted Medicaid payments	71,436
adjusted cost of services	79,501
<u>other UPL calculation data</u>	
provider category for UPL calculation	Private
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	79,501
facility specific UPL amount	8,065
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	(58)
allocation of supplemental payments	(3,362)
total aggregate limit adjustments	(3,420)
UPL amount after aggregate limit adjustments	4,645

Georgia Department of Community Health
SFY 2024 Hospital Inpatient UPL

Facility Name	St. Mary's Good Samaritan Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>Medicaid inpatient claims paid at amount > 0:</u>	
covered charges	907,874
payments for services	435,755
annual covered charges	907,874
annual payments for services	435,755
total hospital CCR	33.12%
annual cost of services	300,688
<u>adjustment factor</u>	
inflation	1.0759
adjusted annual charges	976,782
adjusted Medicaid payments for services	468,829
supplemental rate adjustment payments	0
total adjusted Medicaid payments	468,829
adjusted cost of services	323,510
<u>other UPL calculation data</u>	
provider category for UPL calculation	Private
basis for UPL calculation	cost
DRG differential adjustment rate	0
maximum annual payments (at DRG differential)	0
maximum annual payments	323,510
facility specific UPL amount	(145,319)
<u>aggregate limit adjustments</u>	
allocation of UPL amounts < 0	145,319
allocation of supplemental payments	0
total aggregate limit adjustments	145,319
UPL amount after aggregate limit adjustments	0

SFY 2024

OUTPATIENT

Hospital UPL

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Applying Hospital
base period report period beginning date	9/1/2021
base period report period ending date	8/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	965,564
cost of Medicaid covered services	353,964
Medicaid CCR	0.3666
total hospital CCR	0.6056
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	338,991
<u>subject to fixed fee payment</u>	
covered charges	64,322
payments	5,012
annual covered charges	64,322
annual interim payments	5,012
annual cost of services	38,953
<u>subject to limit of inpatient rate</u>	
covered charges	24,529
payments	5,225
annual covered charges	24,529
annual interim payments	5,225
annual cost of services	14,855
Medicaid annual payments	349,228
Cost of services - max annual payments for UPL	407,772
<u>adjustment factor</u>	
inflation	1.0615
adjusted Medicaid annual payments	370,706
adjusted maximum annual payments for UPL	432,850
annual facility specific UPL amount	62,144
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	62,144
UPL adjustment available for SFY2024	62,144

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Atrium Health Navicent The Medical Center
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	28,265,099
cost of Medicaid covered services	5,066,929
Medicaid CCR	0.1793
total hospital CCR	0.1983
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	4,852,598
<u>subject to fixed fee payment</u>	
covered charges	1,959,345
payments	47,327
annual covered charges	1,959,345
annual interim payments	47,327
annual cost of services	388,538
<u>subject to limit of inpatient rate</u>	
covered charges	18,674,301
payments	1,415,344
annual covered charges	18,674,301
annual interim payments	1,415,344
annual cost of services	3,703,114
Medicaid annual payments	6,315,269
Cost of services - max annual payments for UPL	9,158,581
<u>adjustment factor</u>	
inflation	1.0365
adjusted Medicaid annual payments	6,545,776
adjusted maximum annual payments for UPL	9,492,869
annual facility specific UPL amount	2,947,093
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	2,947,093
UPL adjustment available for SFY2024	2,947,093

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Children's Healthcare of Atlanta at Hughes Spalding
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	12,774,091
cost of Medicaid covered services	2,833,750
Medicaid CCR	0.2218
total hospital CCR	0.1841
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	2,713,882
<u>subject to fixed fee payment</u>	
covered charges	1,081,132
payments	30,276
annual covered charges	1,081,132
annual interim payments	30,276
annual cost of services	199,036
<u>subject to limit of inpatient rate</u>	
covered charges	222,048
payments	50,598
annual covered charges	222,048
annual interim payments	50,598
annual cost of services	40,879
Medicaid annual payments	2,794,756
Cost of services - max annual payments for UPL	3,073,665
<u>adjustment factor</u>	
inflation	1.0365
adjusted Medicaid annual payments	2,896,765
adjusted maximum annual payments for UPL	3,185,854
annual facility specific UPL amount	289,089
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	289,089
UPL adjustment available for SFY2024	289,089

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Coffee Regional Medical Center, Inc.
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	7,828,757
cost of Medicaid covered services	1,638,120
Medicaid CCR	0.2092
total hospital CCR	0.2862
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	1,568,828
<u>subject to fixed fee payment</u>	
covered charges	450,526
payments	17,548
annual covered charges	450,526
annual interim payments	17,548
annual cost of services	128,941
<u>subject to limit of inpatient rate</u>	
covered charges	4,037,682
payments	387,724
annual covered charges	4,037,682
annual interim payments	387,724
annual cost of services	1,155,585
Medicaid annual payments	1,974,100
Cost of services - max annual payments for UPL	2,922,646
<u>adjustment factor</u>	
inflation	1.0365
adjusted Medicaid annual payments	2,046,155
adjusted maximum annual payments for UPL	3,029,323
annual facility specific UPL amount	983,168
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	983,168
UPL adjustment available for SFY2024	983,168

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Colquitt Regional Medical Center
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	7,487,611
cost of Medicaid covered services	1,622,752
Medicaid CCR	0.2167
total hospital CCR	0.3319
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	1,554,110
<u>subject to fixed fee payment</u>	
covered charges	162,995
payments	12,375
annual covered charges	162,995
annual interim payments	12,375
annual cost of services	54,098
<u>subject to limit of inpatient rate</u>	
covered charges	1,498,527
payments	241,068
annual covered charges	1,498,527
annual interim payments	241,068
annual cost of services	497,361
Medicaid annual payments	1,807,553
Cost of services - max annual payments for UPL	2,174,211
<u>adjustment factor</u>	
inflation	1.0544
adjusted Medicaid annual payments	1,905,884
adjusted maximum annual payments for UPL	2,292,488
annual facility specific UPL amount	386,604
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	386,604
UPL adjustment available for SFY2024	386,604

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Crisp Regional Hospital, Inc.
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	3,907,180
cost of Medicaid covered services	993,627
Medicaid CCR	0.2543
total hospital CCR	0.4061
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	951,597
<u>subject to fixed fee payment</u>	
covered charges	328,053
payments	13,549
annual covered charges	328,053
annual interim payments	13,549
annual cost of services	133,222
<u>subject to limit of inpatient rate</u>	
covered charges	910,285
payments	140,263
annual covered charges	910,285
annual interim payments	140,263
annual cost of services	369,667
Medicaid annual payments	1,105,409
Cost of services - max annual payments for UPL	1,496,516
<u>adjustment factor</u>	
inflation	1.0759
adjusted Medicaid annual payments	1,189,310
adjusted maximum annual payments for UPL	1,610,102
annual facility specific UPL amount	420,792
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	420,792
UPL adjustment available for SFY2024	420,792

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Dodge County Hospital
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	2,352,159
cost of Medicaid covered services	493,543
Medicaid CCR	0.2098
total hospital CCR	0.2899
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	472,666
<u>subject to fixed fee payment</u>	
covered charges	132,476
payments	7,519
annual covered charges	132,476
annual interim payments	7,519
annual cost of services	38,405
<u>subject to limit of inpatient rate</u>	
covered charges	0
payments	0
annual covered charges	0
annual interim payments	0
annual cost of services	0
Medicaid annual payments	480,185
Cost of services - max annual payments for UPL	531,948
<u>adjustment factor</u>	
inflation	1.0544
adjusted Medicaid annual payments	506,307
adjusted maximum annual payments for UPL	560,886
annual facility specific UPL amount	54,579
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	54,579
UPL adjustment available for SFY2024	54,579

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Dorminy Medical Center
base period report period beginning date	8/1/2021
base period report period ending date	7/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	2,032,452
cost of Medicaid covered services	494,472
Medicaid CCR	0.2433
total hospital CCR	0.3709
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	473,556
<u>subject to fixed fee payment</u>	
covered charges	85,032
payments	8,380
annual covered charges	85,032
annual interim payments	8,380
annual cost of services	31,538
<u>subject to limit of inpatient rate</u>	
covered charges	106,259
payments	5,391
annual covered charges	106,259
annual interim payments	5,391
annual cost of services	39,411
Medicaid annual payments	487,327
Cost of services - max annual payments for UPL	565,421
<u>adjustment factor</u>	
inflation	1.0686
adjusted Medicaid annual payments	520,758
adjusted maximum annual payments for UPL	604,209
annual facility specific UPL amount	83,451
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	83,451
UPL adjustment available for SFY2024	83,451

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Emanuel Medical Center
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	2,582,730
cost of Medicaid covered services	401,955
Medicaid CCR	0.1556
total hospital CCR	0.2865
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	384,952
<u>subject to fixed fee payment</u>	
covered charges	367,309
payments	13,079
annual covered charges	367,309
annual interim payments	13,079
annual cost of services	105,234
<u>subject to limit of inpatient rate</u>	
covered charges	0
payments	0
annual covered charges	0
annual interim payments	0
annual cost of services	0
Medicaid annual payments	398,031
Cost of services - max annual payments for UPL	507,189
<u>adjustment factor</u>	
inflation	1.0759
adjusted Medicaid annual payments	428,242
adjusted maximum annual payments for UPL	545,685
annual facility specific UPL amount	117,443
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	117,443
UPL adjustment available for SFY2024	117,443

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Emory Decatur Hospital
base period report period beginning date	9/1/2021
base period report period ending date	8/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	12,183,162
cost of Medicaid covered services	2,915,800
Medicaid CCR	0.2393
total hospital CCR	0.3196
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	2,792,462
<u>subject to fixed fee payment</u>	
covered charges	254,239
payments	13,560
annual covered charges	254,239
annual interim payments	13,560
annual cost of services	81,255
<u>subject to limit of inpatient rate</u>	
covered charges	1,509,075
payments	244,737
annual covered charges	1,509,075
annual interim payments	244,737
annual cost of services	482,300
Medicaid annual payments	3,050,759
Cost of services - max annual payments for UPL	3,479,355
<u>adjustment factor</u>	
inflation	1.0615
adjusted Medicaid annual payments	3,238,381
adjusted maximum annual payments for UPL	3,693,335
annual facility specific UPL amount	454,954
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	454,954
UPL adjustment available for SFY2024	454,954

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Emory Hillandale Hospital
base period report period beginning date	9/1/2021
base period report period ending date	8/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	8,463,772
cost of Medicaid covered services	2,238,709
Medicaid CCR	0.2645
total hospital CCR	0.283
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	2,144,012
<u>subject to fixed fee payment</u>	
covered charges	257,673
payments	13,157
annual covered charges	257,673
annual interim payments	13,157
annual cost of services	72,921
<u>subject to limit of inpatient rate</u>	
covered charges	0
payments	0
annual covered charges	0
annual interim payments	0
annual cost of services	0
Medicaid annual payments	2,157,169
Cost of services - max annual payments for UPL	2,311,630
<u>adjustment factor</u>	
inflation	1.0615
adjusted Medicaid annual payments	2,289,835
adjusted maximum annual payments for UPL	2,453,795
annual facility specific UPL amount	163,960
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	163,960
UPL adjustment available for SFY2024	163,960

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Evans Memorial Hospital
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	1,579,505
cost of Medicaid covered services	242,828
Medicaid CCR	0.1537
total hospital CCR	0.182
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	232,556
<u>subject to fixed fee payment</u>	
covered charges	53,945
payments	3,133
annual covered charges	53,945
annual interim payments	3,133
annual cost of services	9,818
<u>subject to limit of inpatient rate</u>	
covered charges	84,201
payments	11,602
annual covered charges	84,201
annual interim payments	11,602
annual cost of services	15,325
Medicaid annual payments	247,291
Cost of services - max annual payments for UPL	267,971
<u>adjustment factor</u>	
inflation	1.0544
adjusted Medicaid annual payments	260,744
adjusted maximum annual payments for UPL	282,549
annual facility specific UPL amount	21,805
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	21,805
UPL adjustment available for SFY2024	21,805

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Floyd Medical Center
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	24,732,766
cost of Medicaid covered services	4,197,513
Medicaid CCR	0.1697
total hospital CCR	0.2007
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	4,019,958
<u>subject to fixed fee payment</u>	
covered charges	549,819
payments	11,882
annual covered charges	549,819
annual interim payments	11,882
annual cost of services	110,349
<u>subject to limit of inpatient rate</u>	
covered charges	10,079,322
payments	724,742
annual covered charges	10,079,322
annual interim payments	724,742
annual cost of services	2,022,920
Medicaid annual payments	4,756,582
Cost of services - max annual payments for UPL	6,330,782
<u>adjustment factor</u>	
inflation	1.0365
adjusted Medicaid annual payments	4,930,197
adjusted maximum annual payments for UPL	6,561,856
annual facility specific UPL amount	1,631,659
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	1,631,659
UPL adjustment available for SFY2024	1,631,659

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Grady General Hospital
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	1,847,218
cost of Medicaid covered services	485,083
Medicaid CCR	0.2626
total hospital CCR	0.3283
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	464,564
<u>subject to fixed fee payment</u>	
covered charges	67,972
payments	5,952
annual covered charges	67,972
annual interim payments	5,952
annual cost of services	22,315
<u>subject to limit of inpatient rate</u>	
covered charges	51,833
payments	10,502
annual covered charges	51,833
annual interim payments	10,502
annual cost of services	17,017
Medicaid annual payments	481,018
Cost of services - max annual payments for UPL	524,415
<u>adjustment factor</u>	
inflation	1.0544
adjusted Medicaid annual payments	507,185
adjusted maximum annual payments for UPL	552,943
annual facility specific UPL amount	45,758
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	45,758
UPL adjustment available for SFY2024	45,758

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Grady Memorial Hospital
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	119,788,809
cost of Medicaid covered services	21,510,403
Medicaid CCR	0.1796
total hospital CCR	0.1841
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	20,600,513
<u>subject to fixed fee payment</u>	
covered charges	910,241
payments	16,178
annual covered charges	910,241
annual interim payments	16,178
annual cost of services	167,575
<u>subject to limit of inpatient rate</u>	
covered charges	36,981,329
payments	5,417,394
annual covered charges	36,981,329
annual interim payments	5,417,394
annual cost of services	6,808,263
Medicaid annual payments	26,034,085
Cost of services - max annual payments for UPL	28,486,241
<u>adjustment factor</u>	
inflation	1.0365
adjusted Medicaid annual payments	26,984,329
adjusted maximum annual payments for UPL	29,525,989
annual facility specific UPL amount	2,541,660
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	2,541,660
UPL adjustment available for SFY2024	2,541,660

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Habersham Medical Center
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	2,515,108
cost of Medicaid covered services	593,756
Medicaid CCR	0.2361
total hospital CCR	0.3904
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	568,640
<u>subject to fixed fee payment</u>	
covered charges	89,863
payments	6,344
annual covered charges	89,863
annual interim payments	6,344
annual cost of services	35,083
<u>subject to limit of inpatient rate</u>	
covered charges	161,341
payments	20,132
annual covered charges	161,341
annual interim payments	20,132
annual cost of services	62,988
Medicaid annual payments	595,116
Cost of services - max annual payments for UPL	691,827
<u>adjustment factor</u>	
inflation	1.0759
adjusted Medicaid annual payments	640,285
adjusted maximum annual payments for UPL	744,337
annual facility specific UPL amount	104,052
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	104,052
UPL adjustment available for SFY2024	104,052

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Houston Medical Center
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	11,192,222
cost of Medicaid covered services	2,253,890
Medicaid CCR	0.2014
total hospital CCR	0.2873
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	2,158,550
<u>subject to fixed fee payment</u>	
covered charges	350,299
payments	10,472
annual covered charges	350,299
annual interim payments	10,472
annual cost of services	100,641
<u>subject to limit of inpatient rate</u>	
covered charges	1,117,970
payments	189,334
annual covered charges	1,117,970
annual interim payments	189,334
annual cost of services	321,193
Medicaid annual payments	2,358,356
Cost of services - max annual payments for UPL	2,675,724
<u>adjustment factor</u>	
inflation	1.0365
adjusted Medicaid annual payments	2,444,436
adjusted maximum annual payments for UPL	2,773,388
annual facility specific UPL amount	328,952
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	328,952
UPL adjustment available for SFY2024	328,952

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Jefferson Hospital
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	439,304
cost of Medicaid covered services	160,973
Medicaid CCR	0.3664
total hospital CCR	0.5302
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	154,164
<u>subject to fixed fee payment</u>	
covered charges	75,188
payments	5,326
annual covered charges	75,188
annual interim payments	5,326
annual cost of services	39,865
<u>subject to limit of inpatient rate</u>	
covered charges	0
payments	0
annual covered charges	0
annual interim payments	0
annual cost of services	0
Medicaid annual payments	159,490
Cost of services - max annual payments for UPL	200,838
<u>adjustment factor</u>	
inflation	1.0365
adjusted Medicaid annual payments	165,311
adjusted maximum annual payments for UPL	208,169
annual facility specific UPL amount	42,858
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	42,858
UPL adjustment available for SFY2024	42,858

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Memorial Hospital And Manor
base period report period beginning date	4/1/2021
base period report period ending date	3/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	2,933,190
cost of Medicaid covered services	671,420
Medicaid CCR	0.2289
total hospital CCR	0.4037
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	643,019
<u>subject to fixed fee payment</u>	
covered charges	535,025
payments	21,460
annual covered charges	535,025
annual interim payments	21,460
annual cost of services	215,990
<u>subject to limit of inpatient rate</u>	
covered charges	0
payments	0
annual covered charges	0
annual interim payments	0
annual cost of services	0
Medicaid annual payments	664,479
Cost of services - max annual payments for UPL	887,410
<u>adjustment factor</u>	
inflation	1.1038
adjusted Medicaid annual payments	733,452
adjusted maximum annual payments for UPL	979,523
annual facility specific UPL amount	246,071
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	246,071
UPL adjustment available for SFY2024	246,071

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Northeast Georgia Medical Center Gainesville
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	47,741,199
cost of Medicaid covered services	5,883,402
Medicaid CCR	0.1232
total hospital CCR	0.2637
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	5,634,534
<u>subject to fixed fee payment</u>	
covered charges	228,381
payments	9,734
annual covered charges	228,381
annual interim payments	9,734
annual cost of services	60,224
<u>subject to limit of inpatient rate</u>	
covered charges	11,824,139
payments	1,289,179
annual covered charges	11,824,139
annual interim payments	1,289,179
annual cost of services	3,118,025
Medicaid annual payments	6,933,447
Cost of services - max annual payments for UPL	9,061,651
<u>adjustment factor</u>	
inflation	1.0544
adjusted Medicaid annual payments	7,310,627
adjusted maximum annual payments for UPL	9,554,605
annual facility specific UPL amount	2,243,978
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	2,243,978
UPL adjustment available for SFY2024	2,243,978

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Northside Hospital
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	23,898,031
cost of Medicaid covered services	4,941,091
Medicaid CCR	0.2068
total hospital CCR	0.2843
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	4,732,083
<u>subject to fixed fee payment</u>	
covered charges	546,157
payments	9,734
annual covered charges	546,157
annual interim payments	9,734
annual cost of services	155,272
<u>subject to limit of inpatient rate</u>	
covered charges	17,996,348
payments	4,030,790
annual covered charges	17,996,348
annual interim payments	4,030,790
annual cost of services	5,116,362
Medicaid annual payments	8,772,607
Cost of services - max annual payments for UPL	10,212,725
<u>adjustment factor</u>	
inflation	1.0544
adjusted Medicaid annual payments	9,249,837
adjusted maximum annual payments for UPL	10,768,297
annual facility specific UPL amount	1,518,460
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	1,518,460
UPL adjustment available for SFY2024	1,518,460

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Northside Hospital Cherokee
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	14,105,520
cost of Medicaid covered services	2,099,108
Medicaid CCR	0.1488
total hospital CCR	0.2295
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	2,010,316
<u>subject to fixed fee payment</u>	
covered charges	522,076
payments	7,988
annual covered charges	522,076
annual interim payments	7,988
annual cost of services	119,816
<u>subject to limit of inpatient rate</u>	
covered charges	5,224,318
payments	526,720
annual covered charges	5,224,318
annual interim payments	526,720
annual cost of services	1,198,981
Medicaid annual payments	2,545,024
Cost of services - max annual payments for UPL	3,417,905
<u>adjustment factor</u>	
inflation	1.0544
adjusted Medicaid annual payments	2,683,473
adjusted maximum annual payments for UPL	3,603,839
annual facility specific UPL amount	920,366
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	920,366
UPL adjustment available for SFY2024	920,366

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Northside Hospital Duluth
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	8,243,372
cost of Medicaid covered services	1,407,787
Medicaid CCR	0.1708
total hospital CCR	0.2089
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	1,348,238
<u>subject to fixed fee payment</u>	
covered charges	255,615
payments	4,900
annual covered charges	255,615
annual interim payments	4,900
annual cost of services	53,398
<u>subject to limit of inpatient rate</u>	
covered charges	2,657,786
payments	242,274
annual covered charges	2,657,786
annual interim payments	242,274
annual cost of services	555,211
Medicaid annual payments	1,595,412
Cost of services - max annual payments for UPL	2,016,396
<u>adjustment factor</u>	
inflation	1.0544
adjusted Medicaid annual payments	1,682,202
adjusted maximum annual payments for UPL	2,126,088
annual facility specific UPL amount	443,886
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	443,886
UPL adjustment available for SFY2024	443,886

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Northside Hospital Forsyth
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	11,243,766
cost of Medicaid covered services	1,763,757
Medicaid CCR	0.1569
total hospital CCR	0.2472
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	1,689,150
<u>subject to fixed fee payment</u>	
covered charges	357,086
payments	6,512
annual covered charges	357,086
annual interim payments	6,512
annual cost of services	88,272
<u>subject to limit of inpatient rate</u>	
covered charges	2,999,536
payments	267,813
annual covered charges	2,999,536
annual interim payments	267,813
annual cost of services	741,485
Medicaid annual payments	1,963,475
Cost of services - max annual payments for UPL	2,593,514
<u>adjustment factor</u>	
inflation	1.0544
adjusted Medicaid annual payments	2,070,288
adjusted maximum annual payments for UPL	2,734,601
annual facility specific UPL amount	664,313
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	664,313
UPL adjustment available for SFY2024	664,313

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Northside Hospital Gwinnett
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	19,921,410
cost of Medicaid covered services	4,936,403
Medicaid CCR	0.2478
total hospital CCR	0.2389
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	4,727,593
<u>subject to fixed fee payment</u>	
covered charges	666,390
payments	13,963
annual covered charges	666,390
annual interim payments	13,963
annual cost of services	159,201
<u>subject to limit of inpatient rate</u>	
covered charges	7,163,200
payments	1,270,969
annual covered charges	7,163,200
annual interim payments	1,270,969
annual cost of services	1,711,288
Medicaid annual payments	6,012,525
Cost of services - max annual payments for UPL	6,806,892
<u>adjustment factor</u>	
inflation	1.0544
adjusted Medicaid annual payments	6,339,606
adjusted maximum annual payments for UPL	7,177,187
annual facility specific UPL amount	837,581
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	837,581
UPL adjustment available for SFY2024	837,581

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Perry Hospital
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	2,408,780
cost of Medicaid covered services	528,292
Medicaid CCR	0.2193
total hospital CCR	0.23
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	505,945
<u>subject to fixed fee payment</u>	
covered charges	108,147
payments	3,021
annual covered charges	108,147
annual interim payments	3,021
annual cost of services	24,874
<u>subject to limit of inpatient rate</u>	
covered charges	245,456
payments	36,595
annual covered charges	245,456
annual interim payments	36,595
annual cost of services	56,455
Medicaid annual payments	545,561
Cost of services - max annual payments for UPL	609,621
<u>adjustment factor</u>	
inflation	1.0365
adjusted Medicaid annual payments	565,474
adjusted maximum annual payments for UPL	631,872
annual facility specific UPL amount	66,398
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	66,398
UPL adjustment available for SFY2024	66,398

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Phoebe Putney Memorial Hospital
base period report period beginning date	8/1/2021
base period report period ending date	7/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	24,722,245
cost of Medicaid covered services	5,350,475
Medicaid CCR	0.2164
total hospital CCR	0.2906
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	5,124,150
<u>subject to fixed fee payment</u>	
covered charges	378,863
payments	12,755
annual covered charges	378,863
annual interim payments	12,755
annual cost of services	110,098
<u>subject to limit of inpatient rate</u>	
covered charges	18,583,375
payments	2,330,167
annual covered charges	18,583,375
annual interim payments	2,330,167
annual cost of services	5,400,329
Medicaid annual payments	7,467,072
Cost of services - max annual payments for UPL	10,860,902
<u>adjustment factor</u>	
inflation	1.0686
adjusted Medicaid annual payments	7,979,313
adjusted maximum annual payments for UPL	11,605,960
annual facility specific UPL amount	3,626,647
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	3,626,647
UPL adjustment available for SFY2024	3,626,647

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Phoebe Sumter Medical Center
base period report period beginning date	8/1/2021
base period report period ending date	7/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	6,369,156
cost of Medicaid covered services	1,252,430
Medicaid CCR	0.1966
total hospital CCR	0.2708
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	1,199,452
<u>subject to fixed fee payment</u>	
covered charges	156,272
payments	6,814
annual covered charges	156,272
annual interim payments	6,814
annual cost of services	42,318
<u>subject to limit of inpatient rate</u>	
covered charges	4,151,928
payments	670,170
annual covered charges	4,151,928
annual interim payments	670,170
annual cost of services	1,124,342
Medicaid annual payments	1,876,436
Cost of services - max annual payments for UPL	2,419,090
<u>adjustment factor</u>	
inflation	1.0686
adjusted Medicaid annual payments	2,005,160
adjusted maximum annual payments for UPL	2,585,040
annual facility specific UPL amount	579,880
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	579,880
UPL adjustment available for SFY2024	579,880

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Piedmont Athens Regional Medical Center
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	24,136,593
cost of Medicaid covered services	3,047,489
Medicaid CCR	0.1263
total hospital CCR	0.1841
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	2,918,580
<u>subject to fixed fee payment</u>	
covered charges	854,859
payments	21,079
annual covered charges	854,859
annual interim payments	21,079
annual cost of services	157,380
<u>subject to limit of inpatient rate</u>	
covered charges	4,482,426
payments	492,511
annual covered charges	4,482,426
annual interim payments	492,511
annual cost of services	825,215
Medicaid annual payments	3,432,170
Cost of services - max annual payments for UPL	4,030,084
<u>adjustment factor</u>	
inflation	1.0759
adjusted Medicaid annual payments	3,692,672
adjusted maximum annual payments for UPL	4,335,967
annual facility specific UPL amount	643,295
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	643,295
UPL adjustment available for SFY2024	643,295

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Piedmont Augusta Hospital
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	9,360,890
cost of Medicaid covered services	2,235,251
Medicaid CCR	0.2388
total hospital CCR	0.3257
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	2,140,700
<u>subject to fixed fee payment</u>	
covered charges	148,063
payments	9,935
annual covered charges	148,063
annual interim payments	9,935
annual cost of services	48,224
<u>subject to limit of inpatient rate</u>	
covered charges	2,161,501
payments	285,286
annual covered charges	2,161,501
annual interim payments	285,286
annual cost of services	704,001
Medicaid annual payments	2,435,921
Cost of services - max annual payments for UPL	2,987,476
<u>adjustment factor</u>	
inflation	1.0365
adjusted Medicaid annual payments	2,524,832
adjusted maximum annual payments for UPL	3,096,519
annual facility specific UPL amount	571,687
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	571,687
UPL adjustment available for SFY2024	571,687

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Piedmont Columbus Regional - Midtown
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	18,972,158
cost of Medicaid covered services	3,122,269
Medicaid CCR	0.1646
total hospital CCR	0.1634
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	2,990,197
<u>subject to fixed fee payment</u>	
covered charges	836,135
payments	31,887
annual covered charges	836,135
annual interim payments	31,887
annual cost of services	136,624
<u>subject to limit of inpatient rate</u>	
covered charges	7,527,002
payments	1,058,646
annual covered charges	7,527,002
annual interim payments	1,058,646
annual cost of services	1,229,912
Medicaid annual payments	4,080,730
Cost of services - max annual payments for UPL	4,488,805
<u>adjustment factor</u>	
inflation	1.0759
adjusted Medicaid annual payments	4,390,457
adjusted maximum annual payments for UPL	4,829,505
annual facility specific UPL amount	439,048
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	439,048
UPL adjustment available for SFY2024	439,048

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Piedmont Columbus Regional - Northside
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	3,940,644
cost of Medicaid covered services	491,564
Medicaid CCR	0.1247
total hospital CCR	0.1766
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	470,771
<u>subject to fixed fee payment</u>	
covered charges	180,255
payments	4,296
annual covered charges	180,255
annual interim payments	4,296
annual cost of services	31,833
<u>subject to limit of inpatient rate</u>	
covered charges	0
payments	0
annual covered charges	0
annual interim payments	0
annual cost of services	0
Medicaid annual payments	475,067
Cost of services - max annual payments for UPL	523,397
<u>adjustment factor</u>	
inflation	1.0759
adjusted Medicaid annual payments	511,125
adjusted maximum annual payments for UPL	563,123
annual facility specific UPL amount	51,998
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	51,998
UPL adjustment available for SFY2024	51,998

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Piedmont Henry Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	16,445,233
cost of Medicaid covered services	1,821,070
Medicaid CCR	0.1107
total hospital CCR	0.1622
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	1,744,039
<u>subject to fixed fee payment</u>	
covered charges	1,272,813
payments	23,026
annual covered charges	1,272,813
annual interim payments	23,026
annual cost of services	206,450
<u>subject to limit of inpatient rate</u>	
covered charges	675,060
payments	51,277
annual covered charges	675,060
annual interim payments	51,277
annual cost of services	109,495
Medicaid annual payments	1,818,342
Cost of services - max annual payments for UPL	2,137,015
<u>adjustment factor</u>	
inflation	1.0759
adjusted Medicaid annual payments	1,956,354
adjusted maximum annual payments for UPL	2,299,214
annual facility specific UPL amount	342,860
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	342,860
UPL adjustment available for SFY2024	342,860

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Piedmont McDuffie Hospital
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	2,495,476
cost of Medicaid covered services	565,098
Medicaid CCR	0.2264
total hospital CCR	0.2625
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	541,194
<u>subject to fixed fee payment</u>	
covered charges	70,224
payments	3,759
annual covered charges	70,224
annual interim payments	3,759
annual cost of services	18,434
<u>subject to limit of inpatient rate</u>	
covered charges	282,718
payments	43,219
annual covered charges	282,718
annual interim payments	43,219
annual cost of services	74,213
Medicaid annual payments	588,172
Cost of services - max annual payments for UPL	657,745
<u>adjustment factor</u>	
inflation	1.0365
adjusted Medicaid annual payments	609,640
adjusted maximum annual payments for UPL	681,753
annual facility specific UPL amount	72,113
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	72,113
UPL adjustment available for SFY2024	72,113

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Piedmont Newton Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	12,850,516
cost of Medicaid covered services	1,496,590
Medicaid CCR	0.1165
total hospital CCR	0.1426
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	1,433,284
<u>subject to fixed fee payment</u>	
covered charges	706,380
payments	13,157
annual covered charges	706,380
annual interim payments	13,157
annual cost of services	100,730
<u>subject to limit of inpatient rate</u>	
covered charges	643,538
payments	56,921
annual covered charges	643,538
annual interim payments	56,921
annual cost of services	91,769
Medicaid annual payments	1,503,362
Cost of services - max annual payments for UPL	1,689,089
<u>adjustment factor</u>	
inflation	1.0759
adjusted Medicaid annual payments	1,617,467
adjusted maximum annual payments for UPL	1,817,291
annual facility specific UPL amount	199,824
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	199,824
UPL adjustment available for SFY2024	199,824

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	South Georgia Medical Center
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	13,702,686
cost of Medicaid covered services	3,617,221
Medicaid CCR	0.2640
total hospital CCR	0.3372
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	3,464,213
<u>subject to fixed fee payment</u>	
covered charges	263,756
payments	15,843
annual covered charges	263,756
annual interim payments	15,843
annual cost of services	88,939
<u>subject to limit of inpatient rate</u>	
covered charges	8,035,945
payments	1,283,170
annual covered charges	8,035,945
annual interim payments	1,283,170
annual cost of services	2,709,721
Medicaid annual payments	4,763,226
Cost of services - max annual payments for UPL	6,415,881
<u>adjustment factor</u>	
inflation	1.0544
adjusted Medicaid annual payments	5,022,345
adjusted maximum annual payments for UPL	6,764,905
annual facility specific UPL amount	1,742,560
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	1,742,560
UPL adjustment available for SFY2024	1,742,560

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	South Georgia Medical Center Berrien Campus
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	618,477
cost of Medicaid covered services	142,794
Medicaid CCR	0.2309
total hospital CCR	0.3355
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	136,754
<u>subject to fixed fee payment</u>	
covered charges	69,600
payments	6,814
annual covered charges	69,600
annual interim payments	6,814
annual cost of services	23,351
<u>subject to limit of inpatient rate</u>	
covered charges	0
payments	0
annual covered charges	0
annual interim payments	0
annual cost of services	0
Medicaid annual payments	143,568
Cost of services - max annual payments for UPL	166,145
<u>adjustment factor</u>	
inflation	1.0544
adjusted Medicaid annual payments	151,378
adjusted maximum annual payments for UPL	175,183
annual facility specific UPL amount	23,805
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	23,805
UPL adjustment available for SFY2024	23,805

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Southeast Georgia Health System - Brunswick
base period report period beginning date	5/1/2021
base period report period ending date	4/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	5,920,534
cost of Medicaid covered services	1,589,088
Medicaid CCR	0.2684
total hospital CCR	0.3603
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	1,521,870
<u>subject to fixed fee payment</u>	
covered charges	335,102
payments	17,051
annual covered charges	335,102
annual interim payments	17,051
annual cost of services	120,737
<u>subject to limit of inpatient rate</u>	
covered charges	1,969,847
payments	470,788
annual covered charges	1,969,847
annual interim payments	470,788
annual cost of services	709,736
Medicaid annual payments	2,009,709
Cost of services - max annual payments for UPL	2,419,561
<u>adjustment factor</u>	
inflation	1.0943
adjusted Medicaid annual payments	2,199,225
adjusted maximum annual payments for UPL	2,647,726
annual facility specific UPL amount	448,501
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	448,501
UPL adjustment available for SFY2024	448,501

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Southeast Georgia Health System - Camden
base period report period beginning date	5/1/2021
base period report period ending date	4/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	1,811,879
cost of Medicaid covered services	579,811
Medicaid CCR	0.3200
total hospital CCR	0.3403
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	555,285
<u>subject to fixed fee payment</u>	
covered charges	135,111
payments	7,440
annual covered charges	135,111
annual interim payments	7,440
annual cost of services	45,978
<u>subject to limit of inpatient rate</u>	
covered charges	649,298
payments	95,216
annual covered charges	649,298
annual interim payments	95,216
annual cost of services	220,956
Medicaid annual payments	657,941
Cost of services - max annual payments for UPL	846,745
<u>adjustment factor</u>	
inflation	1.0943
adjusted Medicaid annual payments	719,985
adjusted maximum annual payments for UPL	926,593
annual facility specific UPL amount	206,608
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	206,608
UPL adjustment available for SFY2024	206,608

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Southwell Medical Center
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	850,453
cost of Medicaid covered services	145,555
Medicaid CCR	0.1711
total hospital CCR	0.4605
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	139,398
<u>subject to fixed fee payment</u>	
covered charges	0
payments	0
annual covered charges	0
annual interim payments	0
annual cost of services	0
<u>subject to limit of inpatient rate</u>	
covered charges	0
payments	0
annual covered charges	0
annual interim payments	0
annual cost of services	0
Medicaid annual payments	139,398
Cost of services - max annual payments for UPL	145,555
<u>adjustment factor</u>	
inflation	1.0759
adjusted Medicaid annual payments	149,978
adjusted maximum annual payments for UPL	156,603
annual facility specific UPL amount	6,625
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	6,625
UPL adjustment available for SFY2024	6,625

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Stephens County Hospital
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	1,178,765
cost of Medicaid covered services	458,067
Medicaid CCR	0.3886
total hospital CCR	0.5109
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	438,691
<u>subject to fixed fee payment</u>	
covered charges	314,444
payments	18,092
annual covered charges	314,444
annual interim payments	18,092
annual cost of services	160,649
<u>subject to limit of inpatient rate</u>	
covered charges	118,644
payments	21,223
annual covered charges	118,644
annual interim payments	21,223
annual cost of services	60,615
Medicaid annual payments	478,006
Cost of services - max annual payments for UPL	679,331
<u>adjustment factor</u>	
inflation	1.0544
adjusted Medicaid annual payments	504,010
adjusted maximum annual payments for UPL	716,287
annual facility specific UPL amount	212,277
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	212,277
UPL adjustment available for SFY2024	212,277

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Tanner Medical Center - Carrollton
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	12,511,700
cost of Medicaid covered services	2,842,258
Medicaid CCR	0.2272
total hospital CCR	0.3808
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	2,722,030
<u>subject to fixed fee payment</u>	
covered charges	1,093,188
payments	31,820
annual covered charges	1,093,188
annual interim payments	31,820
annual cost of services	416,286
<u>subject to limit of inpatient rate</u>	
covered charges	2,120,140
payments	293,200
annual covered charges	2,120,140
annual interim payments	293,200
annual cost of services	807,349
Medicaid annual payments	3,047,050
Cost of services - max annual payments for UPL	4,065,893
<u>adjustment factor</u>	
inflation	1.0759
adjusted Medicaid annual payments	3,278,321
adjusted maximum annual payments for UPL	4,374,494
annual facility specific UPL amount	1,096,173
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	1,096,173
UPL adjustment available for SFY2024	1,096,173

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Tanner Medical Center - Villa Rica
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	7,256,122
cost of Medicaid covered services	1,806,426
Medicaid CCR	0.2490
total hospital CCR	0.2807
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	1,730,014
<u>subject to fixed fee payment</u>	
covered charges	683,689
payments	20,743
annual covered charges	683,689
annual interim payments	20,743
annual cost of services	191,912
<u>subject to limit of inpatient rate</u>	
covered charges	8,182,287
payments	1,294,827
annual covered charges	8,182,287
annual interim payments	1,294,827
annual cost of services	2,296,768
Medicaid annual payments	3,045,584
Cost of services - max annual payments for UPL	4,295,106
<u>adjustment factor</u>	
inflation	1.0759
adjusted Medicaid annual payments	3,276,744
adjusted maximum annual payments for UPL	4,621,105
annual facility specific UPL amount	1,344,361
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	1,344,361
UPL adjustment available for SFY2024	1,344,361

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Tift Regional Medical Center
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	15,062,888
cost of Medicaid covered services	3,851,986
Medicaid CCR	0.2557
total hospital CCR	0.306
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	3,689,047
<u>subject to fixed fee payment</u>	
covered charges	690,520
payments	21,306
annual covered charges	690,520
annual interim payments	21,306
annual cost of services	211,299
<u>subject to limit of inpatient rate</u>	
covered charges	11,451,588
payments	1,116,137
annual covered charges	11,451,588
annual interim payments	1,116,137
annual cost of services	3,504,186
Medicaid annual payments	4,826,490
Cost of services - max annual payments for UPL	7,567,471
<u>adjustment factor</u>	
inflation	1.0544
adjusted Medicaid annual payments	5,089,051
adjusted maximum annual payments for UPL	7,979,141
annual facility specific UPL amount	2,890,090
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	2,890,090
UPL adjustment available for SFY2024	2,890,090

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Union General Hospital, Inc.
base period report period beginning date	5/1/2021
base period report period ending date	4/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	1,100,338
cost of Medicaid covered services	324,858
Medicaid CCR	0.2952
total hospital CCR	0.3806
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	311,117
<u>subject to fixed fee payment</u>	
covered charges	15,638
payments	1,880
annual covered charges	15,638
annual interim payments	1,880
annual cost of services	5,952
<u>subject to limit of inpatient rate</u>	
covered charges	73,528
payments	5,095
annual covered charges	73,528
annual interim payments	5,095
annual cost of services	27,985
Medicaid annual payments	318,092
Cost of services - max annual payments for UPL	358,795
<u>adjustment factor</u>	
inflation	1.0943
adjusted Medicaid annual payments	348,088
adjusted maximum annual payments for UPL	392,629
annual facility specific UPL amount	44,541
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	44,541
UPL adjustment available for SFY2024	44,541

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Upson Regional Medical Center
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	11,106,739
cost of Medicaid covered services	1,718,140
Medicaid CCR	0.1547
total hospital CCR	0.2744
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	1,645,463
<u>subject to fixed fee payment</u>	
covered charges	549,729
payments	11,435
annual covered charges	549,729
annual interim payments	11,435
annual cost of services	150,846
<u>subject to limit of inpatient rate</u>	
covered charges	958,021
payments	104,329
annual covered charges	958,021
annual interim payments	104,329
annual cost of services	262,881
Medicaid annual payments	1,761,227
Cost of services - max annual payments for UPL	2,131,867
<u>adjustment factor</u>	
inflation	1.0365
adjusted Medicaid annual payments	1,825,512
adjusted maximum annual payments for UPL	2,209,680
annual facility specific UPL amount	384,168
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	384,168
UPL adjustment available for SFY2024	384,168

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Washington County Regional Medical
base period report period beginning date	9/1/2021
base period report period ending date	8/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	1,336,859
cost of Medicaid covered services	622,927
Medicaid CCR	0.4660
total hospital CCR	0.4773
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	596,577
<u>subject to fixed fee payment</u>	
covered charges	151,893
payments	8,224
annual covered charges	151,893
annual interim payments	8,224
annual cost of services	72,499
<u>subject to limit of inpatient rate</u>	
covered charges	0
payments	0
annual covered charges	0
annual interim payments	0
annual cost of services	0
Medicaid annual payments	604,801
Cost of services - max annual payments for UPL	695,426
<u>adjustment factor</u>	
inflation	1.0615
adjusted Medicaid annual payments	641,996
adjusted maximum annual payments for UPL	738,195
annual facility specific UPL amount	96,199
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	96,199
UPL adjustment available for SFY2024	96,199

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Wayne Memorial Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	4,998,462
cost of Medicaid covered services	767,443
Medicaid CCR	0.1535
total hospital CCR	0.2286
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	734,980
<u>subject to fixed fee payment</u>	
covered charges	1,008,199
payments	30,232
annual covered charges	1,008,199
annual interim payments	30,232
annual cost of services	230,474
<u>subject to limit of inpatient rate</u>	
covered charges	2,319,529
payments	328,880
annual covered charges	2,319,529
annual interim payments	328,880
annual cost of services	530,244
Medicaid annual payments	1,094,092
Cost of services - max annual payments for UPL	1,528,161
<u>adjustment factor</u>	
inflation	1.0759
adjusted Medicaid annual payments	1,177,134
adjusted maximum annual payments for UPL	1,644,148
annual facility specific UPL amount	467,014
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	467,014
UPL adjustment available for SFY2024	467,014

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Wellstar Cobb Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	24,734,047
cost of Medicaid covered services	3,311,053
Medicaid CCR	0.1339
total hospital CCR	0.1673
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	3,170,995
<u>subject to fixed fee payment</u>	
covered charges	558,970
payments	12,956
annual covered charges	558,970
annual interim payments	12,956
annual cost of services	93,516
<u>subject to limit of inpatient rate</u>	
covered charges	26,412,581
payments	1,761,786
annual covered charges	26,412,581
annual interim payments	1,761,786
annual cost of services	4,418,825
Medicaid annual payments	4,945,737
Cost of services - max annual payments for UPL	7,823,394
<u>adjustment factor</u>	
inflation	1.0759
adjusted Medicaid annual payments	5,321,118
adjusted maximum annual payments for UPL	8,417,190
annual facility specific UPL amount	3,096,072
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	3,096,072
UPL adjustment available for SFY2024	3,096,072

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Wellstar Douglas Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	13,543,157
cost of Medicaid covered services	1,786,454
Medicaid CCR	0.1319
total hospital CCR	0.1688
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	1,710,887
<u>subject to fixed fee payment</u>	
covered charges	359,444
payments	7,988
annual covered charges	359,444
annual interim payments	7,988
annual cost of services	60,674
<u>subject to limit of inpatient rate</u>	
covered charges	920,830
payments	90,529
annual covered charges	920,830
annual interim payments	90,529
annual cost of services	155,436
Medicaid annual payments	1,809,404
Cost of services - max annual payments for UPL	2,002,564
<u>adjustment factor</u>	
inflation	1.0759
adjusted Medicaid annual payments	1,946,738
adjusted maximum annual payments for UPL	2,154,559
annual facility specific UPL amount	207,821
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	207,821
UPL adjustment available for SFY2024	207,821

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Wellstar Kennestone Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	26,418,871
cost of Medicaid covered services	3,197,784
Medicaid CCR	0.1210
total hospital CCR	0.1675
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	3,062,518
<u>subject to fixed fee payment</u>	
covered charges	358,237
payments	8,593
annual covered charges	358,237
annual interim payments	8,593
annual cost of services	60,005
<u>subject to limit of inpatient rate</u>	
covered charges	4,357,800
payments	253,201
annual covered charges	4,357,800
annual interim payments	253,201
annual cost of services	729,932
Medicaid annual payments	3,324,312
Cost of services - max annual payments for UPL	3,987,721
<u>adjustment factor</u>	
inflation	1.0759
adjusted Medicaid annual payments	3,576,627
adjusted maximum annual payments for UPL	4,290,389
annual facility specific UPL amount	713,762
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	713,762
UPL adjustment available for SFY2024	713,762

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Wellstar Paulding Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	12,826,835
cost of Medicaid covered services	1,371,722
Medicaid CCR	0.1069
total hospital CCR	0.1606
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	1,313,698
<u>subject to fixed fee payment</u>	
covered charges	256,387
payments	6,579
annual covered charges	256,387
annual interim payments	6,579
annual cost of services	41,176
<u>subject to limit of inpatient rate</u>	
covered charges	2,977,439
payments	102,628
annual covered charges	2,977,439
annual interim payments	102,628
annual cost of services	478,177
Medicaid annual payments	1,422,905
Cost of services - max annual payments for UPL	1,891,075
<u>adjustment factor</u>	
inflation	1.0759
adjusted Medicaid annual payments	1,530,903
adjusted maximum annual payments for UPL	2,034,608
annual facility specific UPL amount	503,705
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	503,705
UPL adjustment available for SFY2024	503,705

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Wellstar West Georgia Medical Center
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	21,860,649
cost of Medicaid covered services	2,685,000
Medicaid CCR	0.1228
total hospital CCR	0.176
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	2,571,425
<u>subject to fixed fee payment</u>	
covered charges	416,703
payments	10,539
annual covered charges	416,703
annual interim payments	10,539
annual cost of services	73,340
<u>subject to limit of inpatient rate</u>	
covered charges	5,836,766
payments	366,620
annual covered charges	5,836,766
annual interim payments	366,620
annual cost of services	1,027,271
Medicaid annual payments	2,948,584
Cost of services - max annual payments for UPL	3,785,611
<u>adjustment factor</u>	
inflation	1.0759
adjusted Medicaid annual payments	3,172,382
adjusted maximum annual payments for UPL	4,072,939
annual facility specific UPL amount	900,557
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	900,557
UPL adjustment available for SFY2024	900,557

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Wellstar Windy Hill Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	0
<u>subject to cost settlement</u>	
covered charges	9,080,317
cost of Medicaid covered services	1,815,596
Medicaid CCR	0.1999
total hospital CCR	0.199
cost settlement rate	95.77%
annual Medicaid payments after cost settlement	1,738,796
<u>subject to fixed fee payment</u>	
covered charges	0
payments	0
annual covered charges	0
annual interim payments	0
annual cost of services	0
<u>subject to limit of inpatient rate</u>	
covered charges	209,514
payments	23,855
annual covered charges	209,514
annual interim payments	23,855
annual cost of services	41,693
Medicaid annual payments	1,762,651
Cost of services - max annual payments for UPL	1,857,289
<u>adjustment factor</u>	
inflation	1.0759
adjusted Medicaid annual payments	1,896,436
adjusted maximum annual payments for UPL	1,998,257
annual facility specific UPL amount	101,821
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	101,821
UPL adjustment available for SFY2024	101,821

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Atrium Health Floyd Polk Medical Center
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	6,061,288
cost of Medicaid covered services	819,255
Medicaid CCR	0.1352
total hospital CCR	0.1799
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	819,255
<u>subject to fixed fee payment</u>	
covered charges	327,237
payments	7,420
annual covered charges	327,237
annual interim payments	7,420
annual cost of services	58,870
<u>subject to limit of inpatient rate</u>	
covered charges	0
payments	0
annual covered charges	0
annual interim payments	0
annual cost of services	0
Medicaid annual payments	826,675
Cost of services - max annual payments for UPL	878,125
<u>adjustment factor</u>	
inflation	1.0365
adjusted Medicaid annual payments	856,849
adjusted maximum annual payments for UPL	910,177
annual facility specific UPL amount	53,328
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	53,328
UPL adjustment available for SFY2024	53,328

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Atrium Health Navicent Peach
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	1,519,890
cost of Medicaid covered services	384,300
Medicaid CCR	0.2528
total hospital CCR	0.2675
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	384,300
<u>subject to fixed fee payment</u>	
covered charges	189,208
payments	12,460
annual covered charges	189,208
annual interim payments	12,460
annual cost of services	50,613
<u>subject to limit of inpatient rate</u>	
covered charges	72,443
payments	10,212
annual covered charges	72,443
annual interim payments	10,212
annual cost of services	19,379
Medicaid annual payments	406,972
Cost of services - max annual payments for UPL	454,292
<u>adjustment factor</u>	
inflation	1.0365
adjusted Medicaid annual payments	421,826
adjusted maximum annual payments for UPL	470,874
annual facility specific UPL amount	49,048
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	49,048
UPL adjustment available for SFY2024	49,048

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Bacon County Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	1,388,892
cost of Medicaid covered services	392,471
Medicaid CCR	0.2826
total hospital CCR	0.4097
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	392,471
<u>subject to fixed fee payment</u>	
covered charges	100,882
payments	7,985
annual covered charges	100,882
annual interim payments	7,985
annual cost of services	41,331
<u>subject to limit of inpatient rate</u>	
covered charges	424,952
payments	45,276
annual covered charges	424,952
annual interim payments	45,276
annual cost of services	174,103
Medicaid annual payments	445,732
Cost of services - max annual payments for UPL	607,905
<u>adjustment factor</u>	
inflation	1.0759
adjusted Medicaid annual payments	479,563
adjusted maximum annual payments for UPL	654,045
annual facility specific UPL amount	174,482
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	174,482
UPL adjustment available for SFY2024	174,482

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Bleckley Memorial Hospital
base period report period beginning date	4/1/2021
base period report period ending date	3/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	212,707
cost of Medicaid covered services	145,618
Medicaid CCR	0.6846
total hospital CCR	0.6735
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	145,618
<u>subject to fixed fee payment</u>	
covered charges	19,299
payments	2,450
annual covered charges	19,299
annual interim payments	2,450
annual cost of services	12,998
<u>subject to limit of inpatient rate</u>	
covered charges	0
payments	0
annual covered charges	0
annual interim payments	0
annual cost of services	0
Medicaid annual payments	148,068
Cost of services - max annual payments for UPL	158,616
<u>adjustment factor</u>	
inflation	1.1038
adjusted Medicaid annual payments	163,437
adjusted maximum annual payments for UPL	175,080
annual facility specific UPL amount	11,643
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	11,643
UPL adjustment available for SFY2024	11,643

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Brooks County Hospital
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	680,516
cost of Medicaid covered services	264,065
Medicaid CCR	0.3880
total hospital CCR	0.4848
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	264,065
<u>subject to fixed fee payment</u>	
covered charges	31,817
payments	3,010
annual covered charges	31,817
annual interim payments	3,010
annual cost of services	15,425
<u>subject to limit of inpatient rate</u>	
covered charges	106,396
payments	20,367
annual covered charges	106,396
annual interim payments	20,367
annual cost of services	51,581
Medicaid annual payments	287,442
Cost of services - max annual payments for UPL	331,071
<u>adjustment factor</u>	
inflation	1.0544
adjusted Medicaid annual payments	303,079
adjusted maximum annual payments for UPL	349,081
annual facility specific UPL amount	46,002
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	46,002
UPL adjustment available for SFY2024	46,002

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Candler County Hospital
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	2,139,388
cost of Medicaid covered services	574,591
Medicaid CCR	0.2686
total hospital CCR	0.3022
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	574,591
<u>subject to fixed fee payment</u>	
covered charges	15,213
payments	770
annual covered charges	15,213
annual interim payments	770
annual cost of services	4,597
<u>subject to limit of inpatient rate</u>	
covered charges	49,355
payments	11,046
annual covered charges	49,355
annual interim payments	11,046
annual cost of services	14,915
Medicaid annual payments	586,407
Cost of services - max annual payments for UPL	594,103
<u>adjustment factor</u>	
inflation	1.0365
adjusted Medicaid annual payments	607,811
adjusted maximum annual payments for UPL	615,788
annual facility specific UPL amount	7,977
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	7,977
UPL adjustment available for SFY2024	7,977

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Chatuge Regional Hospital, Inc.
base period report period beginning date	5/1/2021
base period report period ending date	4/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	211,639
cost of Medicaid covered services	121,690
Medicaid CCR	0.5750
total hospital CCR	0.524
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	121,690
<u>subject to fixed fee payment</u>	
covered charges	1,673
payments	280
annual covered charges	1,673
annual interim payments	280
annual cost of services	877
<u>subject to limit of inpatient rate</u>	
covered charges	13,122
payments	4,637
annual covered charges	13,122
annual interim payments	4,637
annual cost of services	6,876
Medicaid annual payments	126,607
Cost of services - max annual payments for UPL	129,443
<u>adjustment factor</u>	
inflation	1.0943
adjusted Medicaid annual payments	138,546
adjusted maximum annual payments for UPL	141,649
annual facility specific UPL amount	3,103
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	3,103
UPL adjustment available for SFY2024	3,103

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Clinch Memorial Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	361,690
cost of Medicaid covered services	338,904
Medicaid CCR	0.9370
total hospital CCR	1.0378
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	338,904
<u>subject to fixed fee payment</u>	
covered charges	40,804
payments	4,620
annual covered charges	40,804
annual interim payments	4,620
annual cost of services	42,346
<u>subject to limit of inpatient rate</u>	
covered charges	69,910
payments	30,294
annual covered charges	69,910
annual interim payments	30,294
annual cost of services	72,553
Medicaid annual payments	373,818
Cost of services - max annual payments for UPL	453,803
<u>adjustment factor</u>	
inflation	1.0759
adjusted Medicaid annual payments	402,191
adjusted maximum annual payments for UPL	488,247
annual facility specific UPL amount	86,056
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	86,056
UPL adjustment available for SFY2024	86,056

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Effingham Health System
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	2,595,059
cost of Medicaid covered services	672,763
Medicaid CCR	0.2592
total hospital CCR	0.356
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	672,763
<u>subject to fixed fee payment</u>	
covered charges	157,746
payments	5,820
annual covered charges	157,746
annual interim payments	5,820
annual cost of services	56,158
<u>subject to limit of inpatient rate</u>	
covered charges	162,590
payments	18,953
annual covered charges	162,590
annual interim payments	18,953
annual cost of services	57,882
Medicaid annual payments	697,536
Cost of services - max annual payments for UPL	786,803
<u>adjustment factor</u>	
inflation	1.0759
adjusted Medicaid annual payments	750,479
adjusted maximum annual payments for UPL	846,521
annual facility specific UPL amount	96,042
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	96,042
UPL adjustment available for SFY2024	96,042

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Elbert Memorial Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	1,349,941
cost of Medicaid covered services	660,063
Medicaid CCR	0.4890
total hospital CCR	0.5931
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	660,063
<u>subject to fixed fee payment</u>	
covered charges	24,889
payments	2,428
annual covered charges	24,889
annual interim payments	2,428
annual cost of services	14,762
<u>subject to limit of inpatient rate</u>	
covered charges	47,702
payments	5,627
annual covered charges	47,702
annual interim payments	5,627
annual cost of services	28,292
Medicaid annual payments	668,118
Cost of services - max annual payments for UPL	703,117
<u>adjustment factor</u>	
inflation	1.0759
adjusted Medicaid annual payments	718,828
adjusted maximum annual payments for UPL	756,484
annual facility specific UPL amount	37,656
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	37,656
UPL adjustment available for SFY2024	37,656

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Higgins General Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	2,803,324
cost of Medicaid covered services	602,719
Medicaid CCR	0.2150
total hospital CCR	0.2982
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	602,719
<u>subject to fixed fee payment</u>	
covered charges	335,450
payments	12,950
annual covered charges	335,450
annual interim payments	12,950
annual cost of services	100,031
<u>subject to limit of inpatient rate</u>	
covered charges	108,802
payments	18,222
annual covered charges	108,802
annual interim payments	18,222
annual cost of services	32,445
Medicaid annual payments	633,891
Cost of services - max annual payments for UPL	735,195
<u>adjustment factor</u>	
inflation	1.0759
adjusted Medicaid annual payments	682,003
adjusted maximum annual payments for UPL	790,996
annual facility specific UPL amount	108,993
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	108,993
UPL adjustment available for SFY2024	108,993

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Jasper Memorial Hospital
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	137,272
cost of Medicaid covered services	98,828
Medicaid CCR	0.7199
total hospital CCR	0.829
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	98,828
<u>subject to fixed fee payment</u>	
covered charges	29,214
payments	2,100
annual covered charges	29,214
annual interim payments	2,100
annual cost of services	24,218
<u>subject to limit of inpatient rate</u>	
covered charges	0
payments	0
annual covered charges	0
annual interim payments	0
annual cost of services	0
Medicaid annual payments	100,928
Cost of services - max annual payments for UPL	123,046
<u>adjustment factor</u>	
inflation	1.0544
adjusted Medicaid annual payments	106,418
adjusted maximum annual payments for UPL	129,740
annual facility specific UPL amount	23,322
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	23,322
UPL adjustment available for SFY2024	23,322

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Jeff Davis Hospital
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	1,765,684
cost of Medicaid covered services	614,217
Medicaid CCR	0.3479
total hospital CCR	0.2999
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	614,217
<u>subject to fixed fee payment</u>	
covered charges	102,303
payments	5,600
annual covered charges	102,303
annual interim payments	5,600
annual cost of services	30,681
<u>subject to limit of inpatient rate</u>	
covered charges	0
payments	0
annual covered charges	0
annual interim payments	0
annual cost of services	0
Medicaid annual payments	619,817
Cost of services - max annual payments for UPL	644,898
<u>adjustment factor</u>	
inflation	1.0544
adjusted Medicaid annual payments	653,535
adjusted maximum annual payments for UPL	679,980
annual facility specific UPL amount	26,445
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	26,445
UPL adjustment available for SFY2024	26,445

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Jenkins County Medical Center
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	432,062
cost of Medicaid covered services	138,335
Medicaid CCR	0.3202
total hospital CCR	0.434
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	138,335
<u>subject to fixed fee payment</u>	
covered charges	126,917
payments	5,810
annual covered charges	126,917
annual interim payments	5,810
annual cost of services	55,082
<u>subject to limit of inpatient rate</u>	
covered charges	10,526
payments	5,158
annual covered charges	10,526
annual interim payments	5,158
annual cost of services	4,568
Medicaid annual payments	149,303
Cost of services - max annual payments for UPL	197,985
<u>adjustment factor</u>	
inflation	1.0365
adjusted Medicaid annual payments	154,753
adjusted maximum annual payments for UPL	205,211
annual facility specific UPL amount	50,458
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	50,458
UPL adjustment available for SFY2024	50,458

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Liberty Regional Medical Center
base period report period beginning date	12/1/2021
base period report period ending date	11/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	4,066,732
cost of Medicaid covered services	701,506
Medicaid CCR	0.1725
total hospital CCR	0.2634
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	701,506
<u>subject to fixed fee payment</u>	
covered charges	159,035
payments	7,840
annual covered charges	159,035
annual interim payments	7,840
annual cost of services	41,890
<u>subject to limit of inpatient rate</u>	
covered charges	715,530
payments	91,524
annual covered charges	715,530
annual interim payments	91,524
annual cost of services	188,471
Medicaid annual payments	800,870
Cost of services - max annual payments for UPL	931,867
<u>adjustment factor</u>	
inflation	1.0424
adjusted Medicaid annual payments	834,827
adjusted maximum annual payments for UPL	971,378
annual facility specific UPL amount	136,551
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	136,551
UPL adjustment available for SFY2024	136,551

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Lifebrite Community Hospital of Early
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	1,598,634
cost of Medicaid covered services	845,556
Medicaid CCR	0.5289
total hospital CCR	0.6433
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	845,556
<u>subject to fixed fee payment</u>	
covered charges	34,250
payments	2,870
annual covered charges	34,250
annual interim payments	2,870
annual cost of services	22,033
<u>subject to limit of inpatient rate</u>	
covered charges	0
payments	0
annual covered charges	0
annual interim payments	0
annual cost of services	0
Medicaid annual payments	848,426
Cost of services - max annual payments for UPL	867,589
<u>adjustment factor</u>	
inflation	1.0365
adjusted Medicaid annual payments	879,394
adjusted maximum annual payments for UPL	899,256
annual facility specific UPL amount	19,862
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	19,862
UPL adjustment available for SFY2024	19,862

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Miller County Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	3,797,027
cost of Medicaid covered services	1,530,906
Medicaid CCR	0.4032
total hospital CCR	0.851
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	1,530,906
<u>subject to fixed fee payment</u>	
covered charges	49,693
payments	4,620
annual covered charges	49,693
annual interim payments	4,620
annual cost of services	42,289
<u>subject to limit of inpatient rate</u>	
covered charges	3,169,305
payments	768,707
annual covered charges	3,169,305
annual interim payments	768,707
annual cost of services	2,697,079
Medicaid annual payments	2,304,233
Cost of services - max annual payments for UPL	4,270,274
<u>adjustment factor</u>	
inflation	1.0759
adjusted Medicaid annual payments	2,479,124
adjusted maximum annual payments for UPL	4,594,388
annual facility specific UPL amount	2,115,264
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	2,115,264
UPL adjustment available for SFY2024	2,115,264

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Mitchell County Hospital
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	1,278,308
cost of Medicaid covered services	249,869
Medicaid CCR	0.1955
total hospital CCR	0.5305
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	249,869
<u>subject to fixed fee payment</u>	
covered charges	23,381
payments	1,890
annual covered charges	23,381
annual interim payments	1,890
annual cost of services	12,404
<u>subject to limit of inpatient rate</u>	
covered charges	82,043
payments	10,069
annual covered charges	82,043
annual interim payments	10,069
annual cost of services	43,524
Medicaid annual payments	261,828
Cost of services - max annual payments for UPL	305,797
<u>adjustment factor</u>	
inflation	1.0544
adjusted Medicaid annual payments	276,071
adjusted maximum annual payments for UPL	322,432
annual facility specific UPL amount	46,361
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	46,361
UPL adjustment available for SFY2024	46,361

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Monroe County Hospital
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	527,536
cost of Medicaid covered services	173,537
Medicaid CCR	0.3290
total hospital CCR	0.5107
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	173,537
<u>subject to fixed fee payment</u>	
covered charges	69,315
payments	4,270
annual covered charges	69,315
annual interim payments	4,270
annual cost of services	35,399
<u>subject to limit of inpatient rate</u>	
covered charges	0
payments	0
annual covered charges	0
annual interim payments	0
annual cost of services	0
Medicaid annual payments	177,807
Cost of services - max annual payments for UPL	208,936
<u>adjustment factor</u>	
inflation	1.0544
adjusted Medicaid annual payments	187,480
adjusted maximum annual payments for UPL	220,302
annual facility specific UPL amount	32,822
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	32,822
UPL adjustment available for SFY2024	32,822

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Morgan Memorial Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	614,656
cost of Medicaid covered services	237,870
Medicaid CCR	0.3870
total hospital CCR	0.6571
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	237,870
<u>subject to fixed fee payment</u>	
covered charges	38,596
payments	1,820
annual covered charges	38,596
annual interim payments	1,820
annual cost of services	25,361
<u>subject to limit of inpatient rate</u>	
covered charges	46,496
payments	14,836
annual covered charges	46,496
annual interim payments	14,836
annual cost of services	30,553
Medicaid annual payments	254,526
Cost of services - max annual payments for UPL	293,784
<u>adjustment factor</u>	
inflation	1.0759
adjusted Medicaid annual payments	273,845
adjusted maximum annual payments for UPL	316,082
annual facility specific UPL amount	42,237
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	42,237
UPL adjustment available for SFY2024	42,237

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Putnam General Hospital
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	404,472
cost of Medicaid covered services	183,026
Medicaid CCR	0.4525
total hospital CCR	0.5976
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	183,026
<u>subject to fixed fee payment</u>	
covered charges	56,258
payments	6,462
annual covered charges	56,258
annual interim payments	6,462
annual cost of services	33,620
<u>subject to limit of inpatient rate</u>	
covered charges	0
payments	0
annual covered charges	0
annual interim payments	0
annual cost of services	0
Medicaid annual payments	189,488
Cost of services - max annual payments for UPL	216,646
<u>adjustment factor</u>	
inflation	1.0544
adjusted Medicaid annual payments	199,796
adjusted maximum annual payments for UPL	228,432
annual facility specific UPL amount	28,636
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	28,636
UPL adjustment available for SFY2024	28,636

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	South Georgia Medical Center Lanier Campus
base period report period beginning date	10/1/2021
base period report period ending date	9/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	638,236
cost of Medicaid covered services	222,948
Medicaid CCR	0.3493
total hospital CCR	0.5403
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	222,948
<u>subject to fixed fee payment</u>	
covered charges	45,362
payments	5,390
annual covered charges	45,362
annual interim payments	5,390
annual cost of services	24,509
<u>subject to limit of inpatient rate</u>	
covered charges	0
payments	0
annual covered charges	0
annual interim payments	0
annual cost of services	0
Medicaid annual payments	228,338
Cost of services - max annual payments for UPL	247,457
<u>adjustment factor</u>	
inflation	1.0544
adjusted Medicaid annual payments	240,760
adjusted maximum annual payments for UPL	260,919
annual facility specific UPL amount	20,159
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	20,159
UPL adjustment available for SFY2024	20,159

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Warm Springs Medical Center
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	239,063
cost of Medicaid covered services	111,491
Medicaid CCR	0.4664
total hospital CCR	0.8053
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	111,491
<u>subject to fixed fee payment</u>	
covered charges	24,326
payments	1,960
annual covered charges	24,326
annual interim payments	1,960
annual cost of services	19,590
<u>subject to limit of inpatient rate</u>	
covered charges	0
payments	0
annual covered charges	0
annual interim payments	0
annual cost of services	0
Medicaid annual payments	113,451
Cost of services - max annual payments for UPL	131,081
<u>adjustment factor</u>	
inflation	1.0365
adjusted Medicaid annual payments	117,592
adjusted maximum annual payments for UPL	135,865
annual facility specific UPL amount	18,273
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	18,273
UPL adjustment available for SFY2024	18,273

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Wellstar Sylvan Grove Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	2,459,474
cost of Medicaid covered services	314,842
Medicaid CCR	0.1280
total hospital CCR	0.1988
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	314,842
<u>subject to fixed fee payment</u>	
covered charges	68,472
payments	2,730
annual covered charges	68,472
annual interim payments	2,730
annual cost of services	13,612
<u>subject to limit of inpatient rate</u>	
covered charges	0
payments	0
annual covered charges	0
annual interim payments	0
annual cost of services	0
Medicaid annual payments	317,572
Cost of services - max annual payments for UPL	328,454
<u>adjustment factor</u>	
inflation	1.0759
adjusted Medicaid annual payments	341,676
adjusted maximum annual payments for UPL	353,384
annual facility specific UPL amount	11,708
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	11,708
UPL adjustment available for SFY2024	11,708

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Wills Memorial Hospital
base period report period beginning date	5/1/2021
base period report period ending date	4/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	403,055
cost of Medicaid covered services	205,924
Medicaid CCR	0.5109
total hospital CCR	0.7033
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	205,924
<u>subject to fixed fee payment</u>	
covered charges	20,331
payments	2,240
annual covered charges	20,331
annual interim payments	2,240
annual cost of services	14,299
<u>subject to limit of inpatient rate</u>	
covered charges	0
payments	0
annual covered charges	0
annual interim payments	0
annual cost of services	0
Medicaid annual payments	208,164
Cost of services - max annual payments for UPL	220,223
<u>adjustment factor</u>	
inflation	1.0943
adjusted Medicaid annual payments	227,794
adjusted maximum annual payments for UPL	240,990
annual facility specific UPL amount	13,196
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	13,196
UPL adjustment available for SFY2024	13,196

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Mountain Lakes Medical Center
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	407,278
cost of Medicaid covered services	180,388
Medicaid CCR	0.4429
total hospital CCR	0.4795
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	180,388
<u>subject to fixed fee payment</u>	
covered charges	48,873
payments	3,010
annual covered charges	48,873
annual interim payments	3,010
annual cost of services	23,435
<u>subject to limit of inpatient rate</u>	
covered charges	144,057
payments	27,161
annual covered charges	144,057
annual interim payments	27,161
annual cost of services	69,075
Medicaid annual payments	210,559
Cost of services - max annual payments for UPL	272,898
<u>adjustment factor</u>	
inflation	1.0365
adjusted Medicaid annual payments	218,244
adjusted maximum annual payments for UPL	282,859
annual facility specific UPL amount	64,615
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	64,615
UPL adjustment available for SFY2024	64,615

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Optim Medical Center - Screven
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	519,008
cost of Medicaid covered services	216,073
Medicaid CCR	0.4163
total hospital CCR	0.4183
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	216,073
<u>subject to fixed fee payment</u>	
covered charges	35,022
payments	3,570
annual covered charges	35,022
annual interim payments	3,570
annual cost of services	14,650
<u>subject to limit of inpatient rate</u>	
covered charges	111,632
payments	42,151
annual covered charges	111,632
annual interim payments	42,151
annual cost of services	46,696
Medicaid annual payments	261,794
Cost of services - max annual payments for UPL	277,419
<u>adjustment factor</u>	
inflation	1.0365
adjusted Medicaid annual payments	271,349
adjusted maximum annual payments for UPL	287,545
annual facility specific UPL amount	16,196
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	16,196
UPL adjustment available for SFY2024	16,196

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Optim Medical Center - Tattnall
base period report period beginning date	1/1/2022
base period report period ending date	12/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	1,868,079
cost of Medicaid covered services	346,561
Medicaid CCR	0.1855
total hospital CCR	0.1087
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	346,561
<u>subject to fixed fee payment</u>	
covered charges	108,623
payments	10,150
annual covered charges	108,623
annual interim payments	10,150
annual cost of services	11,807
<u>subject to limit of inpatient rate</u>	
covered charges	2,599,307
payments	169,966
annual covered charges	2,599,307
annual interim payments	169,966
annual cost of services	282,545
Medicaid annual payments	526,677
Cost of services - max annual payments for UPL	640,913
<u>adjustment factor</u>	
inflation	1.0365
adjusted Medicaid annual payments	545,901
adjusted maximum annual payments for UPL	664,306
annual facility specific UPL amount	118,405
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	118,405
UPL adjustment available for SFY2024	118,405

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	Phoebe Worth Medical Center
base period report period beginning date	8/1/2021
base period report period ending date	7/31/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	1,035,992
cost of Medicaid covered services	263,550
Medicaid CCR	0.2544
total hospital CCR	0.4171
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	263,550
<u>subject to fixed fee payment</u>	
covered charges	51,588
payments	2,660
annual covered charges	51,588
annual interim payments	2,660
annual cost of services	21,517
<u>subject to limit of inpatient rate</u>	
covered charges	84,600
payments	21,067
annual covered charges	84,600
annual interim payments	21,067
annual cost of services	35,287
Medicaid annual payments	287,277
Cost of services - max annual payments for UPL	320,354
<u>adjustment factor</u>	
inflation	1.0686
adjusted Medicaid annual payments	306,984
adjusted maximum annual payments for UPL	342,330
annual facility specific UPL amount	35,346
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	35,346
UPL adjustment available for SFY2024	35,346

Georgia Department of Community Health
SFY 2024 Hospital Outpatient UPL

Facility Name	St. Mary's Good Samaritan Hospital
base period report period beginning date	7/1/2021
base period report period ending date	6/30/2022
adjustment factor (if period not equal to 1 year)	1
CAH status (1 = yes)	1
<u>subject to cost settlement</u>	
covered charges	1,238,745
cost of Medicaid covered services	330,759
Medicaid CCR	0.2670
total hospital CCR	0.3312
cost settlement rate	100.00%
annual Medicaid payments after cost settlement	330,759
<u>subject to fixed fee payment</u>	
covered charges	98,097
payments	6,440
annual covered charges	98,097
annual interim payments	6,440
annual cost of services	32,490
<u>subject to limit of inpatient rate</u>	
covered charges	38,483
payments	5,276
annual covered charges	38,483
annual interim payments	5,276
annual cost of services	12,746
Medicaid annual payments	342,475
Cost of services - max annual payments for UPL	375,995
<u>adjustment factor</u>	
inflation	1.0759
adjusted Medicaid annual payments	368,469
adjusted maximum annual payments for UPL	404,533
annual facility specific UPL amount	36,064
allocation of UPL amounts < 0	0
annual allocation of charge limit (if applicable)	0
annual UPL amount after aggregate limit adjustments	36,064
UPL adjustment available for SFY2024	36,064