| | | | | | Inpatient | | Inpatient | | Inpatient | 3nd-4th |
|---|------------|---------------|----------------|------------|-----------|----------|-----------|----------|--------------|-----------|
| | CAH status | SFY2020 | SFY2020 | SFY2020 | 1st qtr | 1st qtr | 2nd qtr | 2nd qtr | 3rd-4th qtrs | qtrs |
| Facility Name | (1 = yes) | Inpatient UPL | Outpatient UPL | Total | payment | IGT | payment | IGT | payments | IGT |
| | | - | | | | 0.3238 | | 0.327 | | 0.265 |
| state governmental hospitals | | | | | | | | | | |
| 1 Augusta University Medical Center | 0 | 9,827,224 | 2,514,853 | 12,342,077 | 2,456,806 | 795,514 | 2,456,806 | 803,376 | 4,913,612 | 1,302,107 |
| Roosevelt Warm Sprngs Rehab & Specialty | | | | | | | | | | |
| 2 Hospitals, Inc. | 0 | 0 | 0 | 0 | 0 | - | 0 | - | 0 | - |
| total state governmental | | 9,827,224 | 2,514,853 | 12,342,077 | 2,456,806 | 795,514 | 2,456,806 | 803,376 | 4,913,612 | 1,302,107 |
| | | | | | | | | | | |
| nonstate governmental hospitals | | 270.002 | 24.064 | 442.064 | 04 504 | 20 500 | 04 504 | 20.002 | 100.001 | 50.005 |
| 3 Appling Hospital | 0 | 378,003 | 34,861 | 412,864 | 94,501 | 30,599 | 94,501 | 30,902 | 189,001 | 50,085 |
| 4 Burke Medical Center | 0 | 37,389 | 58,483 | 95,872 | 9,347 | 3,027 | 9,347 | 3,056 | 18,695 | 4,954 |
| Children's Healthcare of Atlanta at Hughes | | | 112 610 | 112 610 | | | | | | |
| 5 Spalding | 0 | 0 | 413,649 | 413,649 | 0 | - | 0 | - | 0 | - |
| 6 Coffee Regional Medical Center | 0 | 1,195,899 | 239,353 | 1,435,252 | 298,975 | 96,808 | 298,975 | 97,765 | 597,949 | - |
| 7 Colquitt Regional Medical Center | 0 | 1,538,975 | 186,382 | 1,725,357 | 384,744 | 124,580 | 384,744 | 125,811 | 769,487 | 203,914 |
| 8 Crisp Regional Hospital, Inc. | 0 | 747,571 | 129,853 | 877,424 | 186,893 | 60,516 | 186,893 | 61,114 | 373,785 | 99,053 |
| 9 Dodge County Hospital | 0 | 416,802 | 60,936 | 477,738 | 104,201 | 33,740 | 104,201 | 34,074 | 208,400 | 55,226 |
| 10 Dorminy Medical Center | 0 | 301,596 | 122,738 | 424,334 | 75,399 | 24,414 | 75,399 | 24,655 | 150,798 | 39,961 |
| 11 Emanuel Medical Center | 0 | 385,566 | | 558,185 | 96,392 | 31,212 | 96,392 | 31,520 | 192,782 | 51,087 |
| 12 Emory Decatur Hospital | 0 | 5,825,046 | 683,046 | 6,508,092 | 1,456,262 | 471,538 | 1,456,262 | 476,198 | 2,912,522 | 771,818 |
| 13 Emory Hillandale Hospital | 0 | 1,551,616 | 186,381 | 1,737,997 | 387,904 | 125,603 | 387,904 | 126,845 | 775,808 | 205,589 |
| 14 Evans Memorial Hospital | 0 | 116,455 | 39,762 | 156,217 | 29,114 | 9,427 | 29,114 | 9,520 | 58,227 | 15,430 |
| 15 Floyd Medical Center | 0 | 5,570,744 | 1,225,394 | 6,796,138 | 1,392,686 | 450,952 | 1,392,686 | 455,408 | 2,785,372 | 738,124 |
| 16 Grady General Hospital | 0 | 302,615 | 44,347 | 346,962 | 75,654 | 24,497 | 75,654 | 24,739 | 151,307 | 40,096 |
| Grady Health System/Grady Memorial | _ | | | | | | | | | |
| 17 Hospital | 0 | 38,560,878 | 971,905 | 39,532,783 | 9,640,220 | | 9,640,220 | | 19,280,438 | |
| 18 Habersham County Medical Center | 0 | 344,841 | 40,344 | 385,185 | 86,210 | 27,915 | 86,210 | 28,191 | 172,421 | 45,692 |
| 19 Houston Medical Center | 0 | 2,895,602 | 322,846 | 3,218,448 | 723,901 | 234,399 | 723,901 | 236,716 | 1,447,800 | 383,667 |
| 20 Irwin County Hospital | 0 | 167,817 | 35,395 | 203,212 | 41,954 | 13,585 | 41,954 | 13,719 | 83,909 | 22,236 |
| 21 Jefferson Hospital | 0 | 93,651 | 60,275 | 153,926 | 23,413 | 7,581 | 23,413 | 7,656 | 46,825 | 12,409 |
| 22 Medical Center, Navicent Health | 0 | 12,413,410 | 1,224,412 | 13,637,822 | 3,103,353 | | 3,103,353 | | 6,206,704 | |
| 23 Memorial Hospital and Manor | 0 | 355,505 | 87,429 | 442,934 | 88,876 | 28,778 | 88,876 | 29,062 | 177,753 | 47,105 |
| 24 Northeast Georgia Medical Center Gainesville | 0 | 11,716,522 | 828,492 | 12,545,014 | 2,929,131 | 948,453 | 2,929,131 | 957,826 | 5,858 260 | 1,552,439 |
| 25 Northside Hospital | 0 | 11,107,943 | | 11,107,943 | 2,776,986 | 899,188 | 2,776,986 | 908,074 | | 1,471,802 |
| 26 Northside Hospital - Cherokee | 0 | 1,790,752 | | 2,183,241 | 447,688 | 144,961 | 447,688 | 146,394 | 895,376 | |
| 27 Northside Hospital - Forsyth | 0 | 3,155,009 | | 3,470,255 | 788,752 | 255,398 | 788,752 | 257,922 | 1,577,505 | |
| 28 Northside Hospital Duluth | 0 | 1,677,962 | | 1,971,767 | 419,491 | 135,831 | 419,491 | 137,174 | 838,980 | |
| 29 Northside Hospital Gwinnett | 0 | 8,777,123 | | 9,245,649 | 2,194,281 | 710,508 | 2,194,281 | 717,530 | 4,388,561 | |
| | U 0 | 0,777,120 | | 0,240,040 | 2,107,201 | , 10,000 | 2,207,201 | , 17,550 | 1,000,001 | 1,102,303 |

| | | | | | | Inpatient | | Inpatient | | Inpatient | 3nd-4th |
|----|--|------------|----------------|----------------|-------------|------------|-----------------|------------|------------|--------------|------------|
| | | CAH status | SFY2020 | SFY2020 | SFY2020 | 1st qtr | 1st qtr | 2nd qtr | 2nd qtr | 3rd-4th qtrs | qtrs |
| | Facility Name | (1 = yes) | Inpatient UPL | Outpatient UPL | Total | payment | IGT | payment | IGT | payments | IGT |
| 30 | Perry Hospital | 0 | 190,541 | 24,688 | 215,229 | 47,635 | 15,424 | 47,635 | 15,577 | 95,271 | 25,247 |
| 31 | Phoebe Putney Memorial Hospital | 0 | 7,597,447 | 1,617,305 | 9,214,752 | 1,899,362 | 615,013 | 1,899,362 | 621,091 | 3,798,723 | 1,006,662 |
| 32 | Phoebe Sumter Medical Center | 0 | 860,124 | 160,802 | 1,020,926 | 215,031 | 69,627 | 215,031 | 70,315 | 430,062 | 113,966 |
| 33 | Piedmont Athens Regional Medical Ctr | 0 | 6,679,711 | 416,266 | 7,095,977 | 1,669,928 | 540,723 | 1,669,928 | 546,066 | 3,339,855 | 885,062 |
| 34 | Piedmont Columbus Regional - Midtown | 0 | 5,434,107 | 177,561 | 5,611,668 | 1,358,527 | 439,891 | 1,358,527 | 444,238 | 2,717,053 | 720,019 |
| | Piedmont Columbus Regional -Northside | | | | | | | | | | |
| 35 | Medical Center | 0 | 51,908 | 8,876 | 60,784 | 12,977 | 4,202 | 12,977 | 4,243 | 25,954 | 6,878 |
| 36 | Piedmont Henry Hospital | 0 | 3,673,470 | 276,069 | 3,949,539 | 918,368 | 297,368 | 918,368 | 300,306 | 1,836,734 | 486,735 |
| 37 | Piedmont Newton Medical Center | 0 | 1,260,277 | 106,050 | 1,366,327 | 315,069 | 102,019 | 315,069 | 103,028 | 630,139 | 166,987 |
| 38 | South Ga Medical Center | 0 | 3,337,123 | 1,099,576 | 4,436,699 | 834,281 | 270,140 | 834,281 | 272,810 | 1,668,561 | 442,169 |
| 39 | South Ga Medical Center - Berrien Campus | 0 | 14,067 | 18,074 | 32,141 | 3,517 | 1,139 | 3,517 | 1,150 | 7,033 | 1,864 |
| 40 | Southeast Ga Health System - Brunswick | 0 | 3,331,013 | 435,218 | 3,766,231 | 832,753 | 269,645 | 832,753 | 272,310 | 1,665,507 | 441,359 |
| 41 | Southeast Ga Health System - Camden | 0 | 289,402 | 83,656 | 373,058 | 72,351 | 23,427 | 72,351 | 23,659 | 144,700 | 38,346 |
| 42 | Southwell Medical Center | 0 | 46,740 | 2,607 | 49,347 | 11,685 | 3,784 | 11,685 | 3,821 | 23,370 | 6,193 |
| 43 | Stephens County Hospital | 0 | 245,273 | 127,087 | 372,360 | 61,318 | 19,855 | 61,318 | 20,051 | 122,637 | 32,499 |
| 44 | Tanner Medical Center/Carrollton | 0 | 2,284,679 | 900,726 | 3,185,405 | 571,170 | 184,945 | 571,170 | 186,773 | 1,142,339 | 302,720 |
| 45 | Tanner Medical Center/Villa Rica | 0 | 2,432,071 | 0 | 2,432,071 | 608,018 | 196,876 | 608,018 | 198,822 | 1,216,035 | 322,249 |
| | Tift Regional Medical Center - A Campus of | | | | | | | | | | |
| | Tift Reg Health System | 0 | 2,366,055 | 499,184 | 2,865,239 | 591,514 | 191,532 | 591,514 | 193,425 | 1,183,027 | 313,502 |
| 47 | Union General Hospital, Inc. | 0 | 160,291 | 101,535 | 261,826 | 40,073 | 12,976 | 40,073 | 13,104 | 80,145 | 21,238 |
| 48 | University Hospital | 0 | 5,370,530 | 337,384 | 5,707,914 | 1,342,633 | 434,745 | 1,342,633 | 439,041 | 2,685,264 | 711,595 |
| | University Hospital McDuffie | 0 | 179,486 | 41,825 | 221,311 | 44,872 | 14,530 | 44,872 | 14,673 | 89,742 | 23,782 |
| 50 | Upson Regional Medical Center | 0 | 1,105,563 | 174,172 | 1,279,735 | 276,391 | 89 <i>,</i> 495 | 276,391 | 90,380 | 552,781 | 146,487 |
| | | | | | | | | | | | |
| | Washington County Regional Medical Center | 0 | 58,304 | | 139,724 | 14,576 | 4,720 | 14,576 | 4,766 | 29,152 | 7,725 |
| _ | Wayne Memorial Hospital | 0 | 523,361 | 232,965 | 756,326 | 130,840 | 42,366 | 130,840 | 42,785 | 261,681 | 69,345 |
| _ | Wellstar Cobb Hospital | 0 | 5,982,532 | 679,495 | 6,662,027 | 1,495,633 | 484,286 | 1,495,633 | 489,072 | 2,991,266 | 792,685 |
| | Wellstar Douglas Hospital | 0 | 1,943,091 | 215,637 | 2,158,728 | 485,773 | 157,293 | 485,773 | 158,848 | 971,545 | 257,459 |
| _ | Wellstar Kennestone Hospital | 0 | 9,216,532 | | 9,877,236 | 2,304,133 | 746,078 | 2,304,133 | 753,451 | 4,608,266 | 1,221,190 |
| - | Wellstar Paulding Hospital | 0 | 1,185,456 | | 1,419,008 | 296,364 | 95,963 | 296,364 | 96,911 | 592,728 | 157,073 |
| | Wellstar West Georgia Medical Center | 0 | 1,838,187 | 476,178 | 2,314,365 | 459,547 | 148,801 | 459,547 | 150,272 | 919,093 | 243,560 |
| 58 | Wellstar Windy Hill Hospital | 0 | 166,965 | 73,079 | 240,044 | 41,741 | 13,516 | 41,741 | 13,649 | 83,483 | 22,123 |
| | | | | | | | | | | | |
| | subtotal | | 179,249,598 | 17,900,659 | 197,150,257 | 44,812,408 | 14,510,258 | 44,812,408 | 14,653,656 | 89,624,782 | 23,750,568 |
| | | | 6-0 - - | | | | | | | 400.00 | |
| | Bacon County Hospital and Health System | 1 | 276,968 | | 349,554 | 69,242 | | 69,242 | - | 138,484 | - |
| | Bleckley Memorial Hospital | 1 | 4,276 | | 28,809 | 1,069 | - | 1,069 | - | 2,138 | - |
| | Brooks County Hospital | 1 | 0 | , | 33,372 | 0 | | 0 | - | 0 | |
| 62 | Candler County Hospital | 1 | 0 | | 18,114 | 0 | - | 0 | - | 0 | - |

| | | | | | Inpatient | | Inpatient | | Inpatient | 3nd-4th |
|--|------------|---------------|-----------------------|-----------------|------------|------------|------------|------------|--------------|------------|
| | CAH status | SFY2020 | SFY2020 | SFY2020 | 1st qtr | 1st gtr | 2nd gtr | 2nd qtr | 3rd-4th qtrs | qtrs |
| Facility Name | (1 = yes) | Inpatient UPL | Outpatient UPL | Total | payment | IGT | payment | IGT | payments | IGT |
| 63 Chatuge Regional Hospital, Inc. | 1 | 50,535 | • | 60,296 | 12,634 | - | 12,634 | - | 25,267 | - |
| 64 Clinch Memorial Hospital | 1 | 16,480 | 27,891 | 44,371 | 4,120 | - | 4,120 | - | 8,240 | - |
| 65 Effingham Health System | 1 | 11,322 | 110,280 | 121,602 | 2,831 | - | 2,831 | - | 5,660 | - |
| 66 Elbert Memorial Hospital | 1 | 0 | 35,917 | 35,917 | 0 | - | 0 | - | 0 | - |
| 67 Floyd Polk Medical Center | 1 | 2,464 | 94,630 | 97,094 | 616 | - | 616 | - | 1,232 | - |
| 68 Higgins General Hospital | 1 | 5,404 | 54,238 | 59,642 | 1,351 | - | 1,351 | - | 2,702 | - |
| 69 Jasper Memorial Hospital | 1 | 0 | 12,561 | 12,561 | 0 | - | 0 | - | 0 | - |
| 70 Jeff Davis Hospital | 1 | 0 | 37,179 | 37,179 | 0 | - | 0 | - | 0 | - |
| 71 Liberty Regional Medical Center | 1 | 0 | 66,605 | 66,605 | 0 | - | 0 | - | 0 | - |
| 72 Lifebrite Community Hospital of Early | 1 | 9,778 | 85,136 | 94,914 | 2,445 | - | 2,445 | - | 4,888 | - |
| Medical Center of Peach County, Navicent | | | | | | | | | | |
| 73 Health | 1 | 0 | 37,157 | 37,157 | 0 | - | 0 | - | 0 | - |
| 74 Miller County Hospital | 1 | 934,869 | 107,778 | 1,042,647 | 233,717 | - | 233,717 | - | 467,435 | - |
| 75 Mitchell County Hospital | 1 | 2,946 | 74,574 | 77,520 | 737 | - | 737 | - | 1,472 | - |
| 76 Monroe County Hospital | 1 | 0 | 26,859 | 26,859 | 0 | - | 0 | - | 0 | - |
| 77 Morgan Memorial Hospital | 1 | 1,444 | 23,665 | 25,109 | 361 | - | 361 | - | 722 | - |
| 78 Putnam General Hospital | 1 | 0 | 23,605 | 23,605 | 0 | - | 0 | - | 0 | - |
| 79 South Ga Medical Center - Lanier Campus | 1 | 154,077 | 16,127 | 170,204 | 38,519 | - | 38,519 | - | 77,039 | - |
| 80 Warm Springs Medical Center | 1 | 16,567 | 27,164 | 43,731 | 4,142 | - | 4,142 | - | 8,283 | - |
| 81 Wellstar Sylvan Grove Hospital | 1 | 3,073 | 55,007 | 58 <i>,</i> 080 | 768 | - | 768 | - | 1,537 | - |
| 82 Wills Memorial Hospital | 1 | 142,868 | 37,074 | 179,942 | 35,717 | - | 35,717 | - | 71,434 | - |
| subtotal - CAH | | 1,633,071 | 1,111,813 | 2,744,884 | 408,269 | - | 408,269 | - | 816,533 | - |
| | | | | | | - | | - | | - |
| total non-state governmental | | 180,882,669 | 19,012,472 | 199,895,141 | 45,220,677 | 14,510,258 | 45,220,677 | 14,653,656 | 90,441,315 | 23,750,568 |
| | | | | | | - | | - | | - |
| nongovernmental hospitals | | | | | | - | | - | | - |
| 83 Jenkins County Medical Center | 1 | 1,441 | 10,184 | 11,625 | 360 | - | 360 | - | 721 | - |
| 84 Mountain Lakes Medical Center | 1 | 13,628 | 15,094 | 28,722 | 3,407 | - | 3,407 | - | 6,814 | - |
| 85 Optim Medical Center - Screven | 1 | 4,614 | 42,978 | 47,592 | 1,154 | - | 1,154 | - | 2,306 | - |
| 86 Optim Medical Center - Tattnall | 1 | 67,584 | 61,848 | 129,432 | 16,896 | - | 16,896 | - | 33,792 | - |
| 87 Phoebe Worth Medical Center | 1 | 8,181 | 22,737 | 30,918 | 2,045 | - | 2,045 | - | 4,091 | - |
| 88 St. Mary's Good Samaritan Hospital | 1 | 0 | 00,000 | 38 <i>,</i> 895 | 0 | - | 0 | - | 0 | - |
| subtotal - CAH | | 95,448 | 191,736 | 287,184 | 23,862 | - | 23,862 | - | 47,724 | - |
| | | | | | | - | | - | | - |
| TOTAL | | 190,805,341 | 21,719,061 | 212,524,402 | | | | | | |
| | | | | | | | | | | |

| | Total | Total | Outpatient | | Outpatient | | Outpatient | 3nd-4th | Total | Total |
|---|------------|------------|------------|---------|-----------------|-----------------|--------------|---------|------------|------------|
| | Inpatient | Inpatient | 1st qtr | 1st qtr | 2nd qtr | 2nd qtr | 3rd-4th qtrs | qtrs | Outpatient | Outpatient |
| Facility Name | Payment | IGT | payment | IGT | payments | IGT | payments | IGT | Payment | IGT |
| | | | | 0.3238 | | 0.327 | | 0.265 | | |
| state governmental hospitals | | | | | | | | | | |
| 1 Augusta University Medical Center | 9,827,224 | 2,900,997 | 628,713 | 203,577 | 628,713 | 205,589 | 1,257,427 | 333,218 | 2,514,853 | 742,384 |
| Roosevelt Warm Sprngs Rehab & Specialty | | | | | | | | | | |
| 2 Hospitals, Inc. | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - |
| total state governmental | 9,827,224 | 2,900,997 | 628,713 | 203,577 | 628,713 | 205,589 | 1,257,427 | 333,218 | 2,514,853 | 742,384 |
| | | | | | | | | | | |
| nonstate governmental hospitals | | | _ | | | | | | | |
| 3 Appling Hospital | 378,003 | 111,586 | 8,715 | 2,822 | 8,715 | 2,850 | 17,431 | 4,619 | 34,861 | 10,291 |
| 4 Burke Medical Center | 37,389 | 11,037 | 14,621 | 4,734 | 14,621 | 4,781 | 29,242 | 7,749 | 58,484 | 17,264 |
| Children's Healthcare of Atlanta at Hughes | | | | | | | | | | |
| 5 Spalding | 0 | - | 103,412 | 33,485 | 103,412 | 33,816 | 206,825 | 54,809 | 413,649 | 122,110 |
| 6 Coffee Regional Medical Center | 1,195,899 | 353,029 | 59,838 | 19,376 | 59 <i>,</i> 838 | 19,567 | 119,677 | 31,714 | 239,353 | 70,657 |
| 7 Colquitt Regional Medical Center | 1,538,975 | 454,305 | 46,596 | 15,088 | 46,596 | 15,237 | 93,191 | 24,696 | 186,383 | 55,021 |
| 8 Crisp Regional Hospital, Inc. | 747,571 | 220,683 | 32,463 | 10,512 | 32,463 | 10,615 | 64,927 | 17,206 | 129,853 | 38,333 |
| 9 Dodge County Hospital | 416,802 | 123,040 | 15,234 | 4,933 | 15,234 | 4,982 | 30,468 | 8,074 | 60,936 | 17,989 |
| 10 Dorminy Medical Center | 301,596 | 89,030 | 30,685 | 9,936 | 30,685 | 10,034 | 61,369 | 16,263 | 122,739 | 36,233 |
| 11 Emanuel Medical Center | 385,566 | 113,819 | 43,155 | 13,974 | 43,155 | 14,112 | 86,310 | 22,872 | 172,620 | 50,958 |
| 12 Emory Decatur Hospital | 5,825,046 | 1,719,554 | 170,762 | 55,293 | 170,762 | 55,839 | 341,523 | 90,504 | 683,047 | 201,636 |
| 13 Emory Hillandale Hospital | 1,551,616 | 458,037 | 46,595 | 15,087 | 46,595 | 15,237 | 93,191 | 24,696 | 186,381 | 55,020 |
| 14 Evans Memorial Hospital | 116,455 | 34,377 | 9,941 | 3,219 | 9,941 | 3,251 | 19,881 | 5,268 | 39,763 | 11,738 |
| 15 Floyd Medical Center | 5,570,744 | 1,644,484 | 306,349 | 99,196 | 306,349 | 100,176 | 612,697 | 162,365 | 1,225,395 | 361,737 |
| 16 Grady General Hospital | 302,615 | 89,332 | 11,087 | 3,590 | 11,087 | 3,625 | 22,174 | 5,876 | 44,348 | 13,091 |
| Grady Health System/Grady Memorial | | | | | | | | | | |
| 17 Hospital | 38,560,878 | 11,383,171 | 242,976 | 78,676 | 242,976 | 79 <i>,</i> 453 | 485,953 | 128,778 | 971,905 | 286,907 |
| 18 Habersham County Medical Center | 344,841 | 101,798 | 10,086 | 3,266 | 10,086 | 3,298 | 20,172 | 5,346 | 40,344 | 11,910 |
| 19 Houston Medical Center | 2,895,602 | 854,782 | 80,712 | 26,135 | 80,712 | 26,393 | 161,423 | 42,777 | 322,847 | 95,305 |
| 20 Irwin County Hospital | 167,817 | 49,540 | 8,849 | 2,865 | 8,849 | 2,894 | 17,698 | 4,690 | 35,396 | 10,449 |
| 21 Jefferson Hospital | 93,651 | 27,646 | 15,069 | 4,879 | 15,069 | 4,928 | 30,138 | 7,987 | 60,276 | 17,794 |
| 22 Medical Center, Navicent Health | 12,413,410 | 3,664,439 | 306,103 | 99,116 | 306,103 | 100,096 | 612,206 | 162,235 | 1,224,412 | 361,447 |
| 23 Memorial Hospital and Manor | 355,505 | 104,945 | 21,857 | 7,077 | 21,857 | 7,147 | 43,715 | 11,584 | 87,429 | 25,808 |
| | | | | | | | | | | |
| 24 Northeast Georgia Medical Center Gainesville | 11,716,522 | 3,458,718 | 207,123 | 67,066 | 207,123 | 67,729 | 414,246 | 109,775 | 828,492 | 244,570 |
| 25 Northside Hospital | 11,107,943 | 3,279,064 | 0 | - | 0 | - | 0 | - | 0 | - |
| 26 Northside Hospital - Cherokee | 1,790,752 | 528,630 | 98,122 | 31,772 | 98,122 | 32,086 | 196,245 | 52,005 | 392,489 | 115,863 |
| 27 Northside Hospital - Forsyth | 3,155,009 | 931,359 | 78,812 | 25,519 | 78,812 | 25,772 | 157,623 | 41,770 | 315,247 | 93,061 |
| 28 Northside Hospital Duluth | 1,677,962 | 495,335 | 73,451 | 23,783 | 73,451 | 24,018 | 146,903 | 38,929 | 293,805 | 86,730 |
| 29 Northside Hospital Gwinnett | 8,777,123 | 2,591,007 | 117,132 | 37,927 | 117,132 | 38,302 | 234,263 | 62,080 | 468,527 | 138,309 |

| | | Total | Total | Outp | atient | | Outpatient | | Outpatient | 3nd-4th | Total | Total |
|----|--|-------------|-----------------|------|-----------------|---------------|------------|-----------|--------------|-----------------|------------|------------|
| | | Inpatient | Inpatient | - | t qtr | 1st gtr | 2nd qtr | 2nd qtr | 3rd-4th qtrs | qtrs | Outpatient | Outpatient |
| | Facility Name | Payment | IGT | | ment | IGT | payments | IGT | payments | IGT | Payment | IGT |
| 30 | Perry Hospital | 190,541 | 56,248 | | 6,172 | 1,998 | 6,172 | 2,018 | 12,344 | 3,271 | 24,688 | 7,287 |
| 31 | Phoebe Putney Memorial Hospital | 7,597,447 | 2,242,766 | 4 | 04,326 | 130,921 | 404,326 | 132,215 | 808,653 | 214,293 | 1,617,305 | 477,429 |
| 32 | Phoebe Sumter Medical Center | 860,124 | 253,908 | | 40,201 | 13,017 | 40,201 | 13,146 | 80,401 | 21,306 | 160,803 | 47,469 |
| 33 | Piedmont Athens Regional Medical Ctr | 6,679,711 | 1,971,851 | 1 | 04,067 | 33,697 | 104,067 | 34,030 | 208,133 | 55,155 | 416,267 | 122,882 |
| 34 | Piedmont Columbus Regional - Midtown | 5,434,107 | 1,604,148 | | 44,390 | 14,373 | 44,390 | 14,516 | 88,781 | 23,527 | 177,561 | 52,416 |
| | Piedmont Columbus Regional -Northside | | | | | | | | | | | |
| 35 | Medical Center | 51,908 | 15,323 | | 2,219 | 719 | 2,219 | 726 | 4,438 | 1,176 | 8,876 | 2,621 |
| 36 | Piedmont Henry Hospital | 3,673,470 | 1,084,409 | | 69,017 | 22,348 | 69,017 | 22,569 | 138,035 | 36,579 | 276,069 | 81,496 |
| 37 | Piedmont Newton Medical Center | 1,260,277 | 372,034 | | 26,513 | 8,585 | 26,513 | 8,670 | 53,025 | 14,052 | 106,051 | 31,307 |
| 38 | South Ga Medical Center | 3,337,123 | 985,119 | 2 | 74,894 | 89,011 | 274,894 | 89,890 | 549,788 | 145,694 | 1,099,576 | 324,595 |
| 39 | South Ga Medical Center - Berrien Campus | 14,067 | 4,153 | | 4,519 | 1,463 | 4,519 | 1,478 | 9,037 | 2,395 | 18,075 | 5,336 |
| 40 | Southeast Ga Health System - Brunswick | 3,331,013 | 983,314 | 1 | 08,805 | 35,231 | 108,805 | 35,579 | 217,609 | 57,666 | 435,219 | 128,476 |
| 41 | Southeast Ga Health System - Camden | 289,402 | 85,432 | | 20,914 | 6,772 | 20,914 | 6,839 | 41,828 | 11,084 | 83,656 | 24,695 |
| 42 | Southwell Medical Center | 46,740 | 13,798 | | 652 | | 652 | | 1,304 | 346 | 2,608 | 770 |
| 43 | Stephens County Hospital | 245,273 | 72,405 | | 31,772 | 10,288 | 31,772 | 10,389 | 63,544 | 16,839 | 127,088 | 37,516 |
| 44 | Tanner Medical Center/Carrollton | 2,284,679 | 674,438 | 2 | 25,182 | 72,914 | 225,182 | 73,635 | 450,363 | 119,346 | 900,727 | 265,895 |
| 45 | Tanner Medical Center/Villa Rica | 2,432,071 | 717,947 | | 0 | - | 0 | - | 0 | - | 0 | - |
| | Tift Regional Medical Center - A Campus of | | | | | | | | | | | |
| | Tift Reg Health System | 2,366,055 | 698,459 | 1 | 24,796 | 40,409 | 124,796 | 40,808 | 249,592 | 66,142 | 499,184 | 147,359 |
| | Union General Hospital, Inc. | 160,291 | 47,318 | | 25 <i>,</i> 384 | 8,219 | 25,384 | 8,301 | 50,768 | 13,454 | 101,536 | 29,974 |
| | University Hospital | 5,370,530 | 1,585,381 | | 84,346 | 27,311 | 84,346 | 27,581 | 168,692 | 44,703 | 337,384 | 99,595 |
| _ | University Hospital McDuffie | 179,486 | 52 <i>,</i> 985 | | 10,456 | | 10,456 | 3,419 | 20,913 | 5,542 | 41,825 | 12,347 |
| 50 | Upson Regional Medical Center | 1,105,563 | 326,362 | | 43,543 | 14,099 | 43,543 | 14,239 | 87,086 | 23 <i>,</i> 078 | 174,172 | 51,416 |
| | | | | | | | | | | | | |
| | Washington County Regional Medical Center | 58,304 | 17,211 | | 20,355 | | 20,355 | | 40,710 | | 81,420 | 24,035 |
| _ | Wayne Memorial Hospital | 523,361 | 154,496 | | 58,241 | 18,858 | 58,241 | 19,045 | 116,483 | 30,868 | 232,965 | 68,771 |
| | Wellstar Cobb Hospital | 5,982,532 | 1,766,043 | | 69,874 | | 169,874 | | 339,748 | - | 679,496 | 200,587 |
| | Wellstar Douglas Hospital | 1,943,091 | 573,600 | | 53,909 | , | 53,909 | - | 107,819 | | 215,637 | 63,656 |
| | Wellstar Kennestone Hospital | 9,216,532 | 2,720,719 | | 65,176 | | 165,176 | | 330,352 | 87 <i>,</i> 543 | 660,704 | 195,040 |
| | Wellstar Paulding Hospital | 1,185,456 | 349,947 | | 58,388 | | 58,388 | - | 116,776 | 30,946 | 233,552 | 68,945 |
| | Wellstar West Georgia Medical Center | 1,838,187 | 542,633 | | 19,045 | 38,547 | 119,045 | - | 238,089 | 63,094 | 476,179 | 140,569 |
| 58 | Wellstar Windy Hill Hospital | 166,965 | 49,288 | | 18,270 | 5,916 | 18,270 | 5,974 | 36,540 | 9,683 | 73,080 | 21,573 |
| | | 470 240 500 | 52.044.402 | | 75 4 74 | 1 1 1 0 0 5 1 | 4 475 474 | 4 462 205 | 0.050.040 | 2 274 0 42 | 47.000.000 | 5 204 202 |
| | subtotal | 179,249,598 | 52,914,482 | 4,4 | /5,171 | 1,449,061 | 4,475,171 | 1,463,385 | 8,950,342 | 2,371,842 | 17,900,684 | 5,284,288 |
| 59 | Bacon County Hospital and Health System | 276,968 | - | | 18,147 | _ | 18,147 | _ | 36,292 | _ | 72,586 | - |
| | Bleckley Memorial Hospital | 4,276 | - | | 6,133 | | 6,133 | | 12,267 | - | 24,533 | |
| | Brooks County Hospital | 4,270 | - | | 8,343 | | 8,343 | | 16,686 | | 33,372 | - |
| | Candler County Hospital | 0 | | | 4,529 | | 4,529 | | 9,056 | | 18,114 | |
| 02 | | 0 | - | | -+,JZJ | - - | 4,323 | - | 5,050 | - | 10,114 | - |

| | | Total | Total | Outpatient | | Outpatient | | Outpatient | 3nd-4th | Total | Total |
|----|--|-------------|------------|------------|-----------|------------|-----------|-----------------|-----------|------------|------------|
| | | Inpatient | Inpatient | 1st qtr | 1st qtr | 2nd qtr | 2nd qtr | 3rd-4th qtrs | qtrs | Outpatient | Outpatient |
| | Facility Name | Payment | IGT | payment | IGT | payments | IGT | payments | IGT | Payment | IGT |
| 63 | Chatuge Regional Hospital, Inc. | 50,535 | - | 2,440 | - | 2,440 | - | 4,881 | - | 9,761 | - |
| 64 | Clinch Memorial Hospital | 16,480 | - | 6,973 | - | 6,973 | - | 13,945 | - | 27,891 | - |
| 65 | Effingham Health System | 11,322 | - | 27,570 | - | 27,570 | - | 55,140 | - | 110,280 | - |
| 66 | Elbert Memorial Hospital | 0 | - | 8,979 | - | 8,979 | - | 17,959 | - | 35,917 | - |
| 67 | Floyd Polk Medical Center | 2,464 | - | 23,658 | - | 23,658 | - | 47,314 | - | 94,630 | - |
| 68 | Higgins General Hospital | 5,404 | - | 13,560 | - | 13,560 | - | 27,118 | - | 54,238 | - |
| 69 | Jasper Memorial Hospital | 0 | - | 3,140 | - | 3,140 | - | 6,281 | - | 12,561 | - |
| 70 | Jeff Davis Hospital | 0 | - | 9,295 | - | 9,295 | - | 18,589 | - | 37,179 | - |
| 71 | Liberty Regional Medical Center | 0 | - | 16,651 | - | 16,651 | - | 33,303 | - | 66,605 | - |
| 72 | Lifebrite Community Hospital of Early | 9,778 | - | 21,284 | - | 21,284 | - | 42,568 | - | 85,136 | - |
| | Medical Center of Peach County, Navicent | | | | | | | | | | |
| | Health | 0 | - | 9,289 | - | 9,289 | - | 18,579 | - | 37,157 | - |
| 74 | Miller County Hospital | 934,869 | - | 26,945 | - | 26,945 | - | 53,888 | - | 107,778 | - |
| 75 | Mitchell County Hospital | 2,946 | - | 18,644 | - | 18,644 | - | 37,286 | - | 74,574 | - |
| 76 | Monroe County Hospital | 0 | - | 6,715 | - | 6,715 | - | 13,429 | - | 26,859 | - |
| 77 | Morgan Memorial Hospital | 1,444 | - | 5,916 | - | 5,916 | - | 11,833 | - | 23,665 | - |
| 78 | Putnam General Hospital | 0 | - | 5,901 | - | 5,901 | - | 11,803 | - | 23,605 | - |
| 79 | South Ga Medical Center - Lanier Campus | 154,077 | - | 4,032 | - | 4,032 | - | 8,063 | - | 16,127 | - |
| 80 | Warm Springs Medical Center | 16,567 | - | 6,791 | - | 6,791 | - | 13,582 | - | 27,164 | - |
| 81 | Wellstar Sylvan Grove Hospital | 3,073 | - | 13,752 | - | 13,752 | - | 27,503 | - | 55,007 | - |
| 82 | Wills Memorial Hospital | 142,868 | - | 9,269 | - | 9,269 | - | 18,536 | - | 37,074 | - |
| | subtotal - CAH | 1,633,071 | - | 277,956 | - | 277,956 | - | 555,901 | - | 1,111,813 | - |
| | | | | | | | | | | | |
| | total non-state governmental | 180,882,669 | 52,914,482 | 4,753,127 | 1,449,061 | 4,753,127 | 1,463,385 | 9,506,243 | 2,371,842 | 19,012,497 | 5,284,288 |
| | | | | | | | | | | | |
| | nongovernmental hospitals | | | | | | | | | | |
| | Jenkins County Medical Center | 1,441 | - | 2,546 | - | 2,546 | - | 5,092 | - | 10,184 | - |
| | Mountain Lakes Medical Center | 13,628 | - | 3,774 | - | 3,774 | - | 7,546 | - | 15,094 | |
| | Optim Medical Center - Screven | 4,614 | - | 10,745 | - | 10,745 | - | 21,488 | - | 42,978 | - |
| | Optim Medical Center - Tattnall | 67,584 | - | 15,462 | - | 15,462 | - | 30,924 | - | 61,848 | - |
| | Phoebe Worth Medical Center | 8,181 | - | 5,684 | - | 5,684 | - | 11,369 | - | 22,737 | - |
| 88 | St. Mary's Good Samaritan Hospital | 0 | - | 9,724 | - | 9,724 | - | 19,447 | - | 38,895 | - |
| | subtotal - CAH | 95,448 | - | 47,935 | - | 47,935 | - | 95 <i>,</i> 866 | - | 191,736 | - |
| | | | | | | | | | | | |
| | TOTAL | 190,805,341 | | | | | | | | 21,719,086 | |
| | | | | | | | | | | | |

| | Facility Name | Total IGT | Total Payment |
|----|--|------------|------------------|
| | | | |
| | state governmental hospitals | | |
| 1 | Augusta University Medical Center | 3,643,381 | 12,342,077 |
| _ | Roosevelt Warm Sprngs Rehab & Specialty | | |
| 2 | Hospitals, Inc. | - | 0 |
| | total state governmental | 3,643,381 | 12,342,077 |
| | nonstato govornmontal hospitals | | |
| 2 | nonstate governmental hospitals | 424.077 | 412.004 |
| | Appling Hospital | 121,877 | 412,864 |
| 4 | Burke Medical Center | 28,301 | 95,873 |
| _ | Children's Healthcare of Atlanta at Hughes | 422.440 | 442.640 |
| | Spalding | 122,110 | 413,649 |
| | Coffee Regional Medical Center | 423,686 | 1,435,252 |
| | Colquitt Regional Medical Center | 509,326 | 1,725,358 |
| | Crisp Regional Hospital, Inc. | 259,016 | 877,424 |
| | Dodge County Hospital | 141,029 | 477,738 |
| | Dorminy Medical Center | 125,263 | 424,335 |
| | Emanuel Medical Center | 164,777 | 558,186 |
| | Emory Decatur Hospital | 1,921,190 | 6,508,093 |
| | Emory Hillandale Hospital | 513,057 | 1,737,997 |
| | Evans Memorial Hospital | 46,115 | 156,218 |
| | Floyd Medical Center | 2,006,221 | 6,796,139 |
| 16 | Grady General Hospital | 102,423 | 346,963 |
| | Grady Health System/Grady Memorial | | |
| | Hospital | 11,670,078 | 39,532,783 |
| | Habersham County Medical Center | 113,708 | 385,185 |
| | Houston Medical Center | 950,087 | 3,218,449 |
| | Irwin County Hospital | 59,989 | 203,213 |
| 21 | Jefferson Hospital | 45,440 | 153,927 |
| 22 | Medical Center, Navicent Health | 4,025,886 | 13,637,822 |
| 23 | Memorial Hospital and Manor | 130,753 | 442,934 |
| | Northeast Georgia Medical Center Gainesville | 3,703,288 | 12,545,014 |
| | Northside Hospital | 3,279,064 | 11,107,943 |
| 26 | Northside Hospital - Cherokee | 644,493 | 2,183,241 |
| 27 | Northside Hospital - Forsyth | 1,024,420 | 3,470,256 |
| 28 | Northside Hospital Duluth | 582,065 | 1,971,767 |
| 29 | Northside Hospital Gwinnett | 2,729,316 | 9,245,650 |

| | | | Total |
|----|--|------------|-------------|
| | Facility Name | Total IGT | Payment |
| 30 | Perry Hospital | 63,535 | 215,229 |
| 31 | Phoebe Putney Memorial Hospital | 2,720,195 | 9,214,752 |
| 32 | Phoebe Sumter Medical Center | 301,377 | 1,020,927 |
| 33 | Piedmont Athens Regional Medical Ctr | 2,094,733 | 7,095,978 |
| 34 | Piedmont Columbus Regional - Midtown | 1,656,564 | 5,611,668 |
| | Piedmont Columbus Regional -Northside | | |
| 35 | Medical Center | 17,944 | 60,784 |
| 36 | Piedmont Henry Hospital | 1,165,905 | 3,949,539 |
| 37 | Piedmont Newton Medical Center | 403,341 | 1,366,328 |
| 38 | South Ga Medical Center | 1,309,714 | 4,436,699 |
| 39 | South Ga Medical Center - Berrien Campus | 9,489 | 32,142 |
| 40 | Southeast Ga Health System - Brunswick | 1,111,790 | 3,766,232 |
| 41 | Southeast Ga Health System - Camden | 110,127 | 373,058 |
| 42 | Southwell Medical Center | 14,568 | 49,348 |
| 43 | Stephens County Hospital | 109,921 | 372,361 |
| 44 | Tanner Medical Center/Carrollton | 940,333 | 3,185,406 |
| 45 | Tanner Medical Center/Villa Rica | 717,947 | 2,432,071 |
| | Tift Regional Medical Center - A Campus of | | |
| 46 | Tift Reg Health System | 845,818 | 2,865,239 |
| 47 | Union General Hospital, Inc. | 77,292 | 261,827 |
| 48 | University Hospital | 1,684,976 | 5,707,914 |
| 49 | University Hospital McDuffie | 65,332 | 221,311 |
| 50 | Upson Regional Medical Center | 377,778 | 1,279,735 |
| | | | |
| 51 | Washington County Regional Medical Center | 41,246 | 139,724 |
| | Wayne Memorial Hospital | 223,267 | 756,326 |
| 53 | Wellstar Cobb Hospital | 1,966,630 | 6,662,028 |
| 54 | Wellstar Douglas Hospital | 637,256 | 2,158,728 |
| 55 | Wellstar Kennestone Hospital | 2,915,759 | 9,877,236 |
| 56 | Wellstar Paulding Hospital | 418,892 | 1,419,008 |
| 57 | Wellstar West Georgia Medical Center | 683,202 | 2,314,366 |
| 58 | Wellstar Windy Hill Hospital | 70,861 | 240,045 |
| | | | |
| | subtotal | 58,198,770 | 197,150,282 |
| | | | |
| | Bacon County Hospital and Health System | - | 349,554 |
| 60 | Bleckley Memorial Hospital | - | 28,809 |
| 61 | Brooks County Hospital | - | 33,372 |
| 62 | Candler County Hospital | - | 18,114 |

| | | | Total |
|----|--|------------|-------------|
| | Facility Name | Total IGT | Payment |
| 63 | Chatuge Regional Hospital, Inc. | _ | 60,296 |
| | Clinch Memorial Hospital | - | 44,371 |
| 65 | Effingham Health System | - | 121,602 |
| | Elbert Memorial Hospital | - | 35,917 |
| | Floyd Polk Medical Center | - | 97,094 |
| 68 | Higgins General Hospital | - | 59,642 |
| 69 | Jasper Memorial Hospital | - | 12,561 |
| 70 | Jeff Davis Hospital | - | 37,179 |
| 71 | Liberty Regional Medical Center | - | 66,605 |
| 72 | Lifebrite Community Hospital of Early | - | 94,914 |
| | Medical Center of Peach County, Navicent | | |
| 73 | Health | - | 37,157 |
| 74 | Miller County Hospital | - | 1,042,647 |
| 75 | Mitchell County Hospital | - | 77,520 |
| 76 | Monroe County Hospital | - | 26,859 |
| 77 | Morgan Memorial Hospital | - | 25,109 |
| 78 | Putnam General Hospital | - | 23,605 |
| 79 | South Ga Medical Center - Lanier Campus | - | 170,204 |
| 80 | Warm Springs Medical Center | - | 43,731 |
| 81 | Wellstar Sylvan Grove Hospital | - | 58,080 |
| 82 | Wills Memorial Hospital | - | 179,942 |
| | subtotal - CAH | - | 2,744,884 |
| | | | |
| | total non-state governmental | 58,198,770 | 199,895,166 |
| | | | |
| | nongovernmental hospitals | | |
| 83 | Jenkins County Medical Center | - | 11,625 |
| - | Mountain Lakes Medical Center | - | 28,722 |
| 85 | Optim Medical Center - Screven | - | 47,592 |
| 86 | Optim Medical Center - Tattnall | - | 129,432 |
| - | Phoebe Worth Medical Center | - | 30,918 |
| 88 | St. Mary's Good Samaritan Hospital | - | 38,895 |
| | subtotal - CAH | - | 287,184 |
| | | | |
| | TOTAL | | 212,524,427 |
| | | | |

| | Facility Name | Augusta University Medical Center |
|----|---|-----------------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period beginning date | 6/30/2018 |
| 4 | | 0/50/2018 |
| - | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| | Medicaid inpatient claims paid at amount > 0: | |
| | covered charges | 148,076,178 |
| | payments for services | 36,977,659 |
| | annual covered charges | 148,076,178 |
| | annual payments for services | 36,977,659 |
| 14 | | |
| 15 | total hospital CCR | 25.50% |
| 16 | | |
| 17 | annual cost of services | 37,764,315 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 155,798,943 |
| 23 | adjusted Medicaid payments for services | 38,906,192 |
| 24 | supplemental rate adjustment payments | 9,108,220 |
| 25 | total adjusted Medicaid payments | 48,014,412 |
| 26 | adjusted cost of services | 39,733,875 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.4952 |
| 32 | maximum annual payments (at DRG differential) | 58,172,538 |
| 33 | | |
| 34 | maximum annual payments | 58,172,538 |
| 35 | facility specific UPL amount | 10,158,126 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (330,902) |
| 39 | allocation of supplemental payments | (1) |
| 40 | total aggregate limit adjustments | (330,903) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 9,827,224 |

| | | Roosevelt Warm Sprngs Rehab & Specialty |
|----|---|---|
| | Facility Name | Hospitals, Inc. |
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 4,121,878 |
| 11 | payments for services | 2,251,334 |
| 12 | annual covered charges | 4,121,878 |
| 13 | annual payments for services | 2,251,334 |
| 14 | | ,, |
| 15 | total hospital CCR | 46.99% |
| 16 | | |
| 17 | annual cost of services | 1,936,834 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 4,336,850 |
| 23 | adjusted Medicaid payments for services | 2,368,750 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 2,368,750 |
| 26 | adjusted cost of services | 2,037,848 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 2,037,848 |
| 35 | facility specific UPL amount | (330,902) |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | 330,902 |
| 39 | allocation of supplemental payments | 0 |
| 40 | total aggregate limit adjustments | 330,902 |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 0 |

| | Facility Name | Appling Hospital |
|----|---|------------------|
| 2 | base period report period beginning date | 9/1/2017 |
| 3 | base period report period ending date | 8/31/2018 |
| 4 | | 0,01,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 2,360,580 |
| 11 | payments for services | 1,102,308 |
| 12 | annual covered charges | 2,360,580 |
| 13 | annual payments for services | 1,102,308 |
| 14 | | |
| 15 | total hospital CCR | 70.16% |
| 16 | | |
| 17 | annual cost of services | 1,656,245 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.043009 |
| 21 | | |
| 22 | adjusted annual charges | 2,462,106 |
| 23 | adjusted Medicaid payments for services | 1,149,717 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 1,149,717 |
| 26 | adjusted cost of services | 1,727,478 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 1,650,062 |
| 33 | | |
| 34 | maximum annual payments | 1,650,062 |
| 35 | facility specific UPL amount | 500,345 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (1,987) |
| 39 | allocation of supplemental payments | (120,355) |
| 40 | total aggregate limit adjustments | (122,342) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 378,003 |

| | Facility Name | Burke Medical Center |
|----|---|----------------------|
| 2 | base period report period beginning date | 6/1/2017 |
| 3 | base period report period ending date | 5/31/2018 |
| 4 | | 5,51,2010 |
| | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 275,739 |
| 11 | payments for services | 107,756 |
| 12 | annual covered charges | 275,739 |
| 13 | annual payments for services | 107,756 |
| 14 | | |
| 15 | total hospital CCR | 41.08% |
| 16 | | |
| 17 | annual cost of services | 113,278 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.055345 |
| 21 | | |
| | adjusted annual charges | 291,000 |
| 23 | adjusted Medicaid payments for services | 113,720 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 113,720 |
| 26 | adjusted cost of services | 119,547 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 163,210 |
| 33 | | |
| 34 | maximum annual payments | 163,210 |
| 35 | facility specific UPL amount | 49,490 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (196) |
| 39 | allocation of supplemental payments | (11,905) |
| 40 | total aggregate limit adjustments | (12,101) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 37,389 |

| | | Children's Healthcare of Atlanta at |
|----|---|-------------------------------------|
| | Facility Name | Hughes Spalding |
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period ending date | 12/31/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 9,617,196 |
| 11 | payments for services | 2,144,538 |
| 12 | annual covered charges | 9,617,196 |
| 13 | annual payments for services | 2,144,538 |
| 14 | | |
| 15 | total hospital CCR | 17.72% |
| 16 | | |
| 17 | annual cost of services | 1,703,982 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.03664 |
| 21 | | |
| 22 | adjusted annual charges | 9,969,570 |
| 23 | adjusted Medicaid payments for services | 2,223,114 |
| 24 | supplemental rate adjustment payments | 842,946 |
| 25 | total adjusted Medicaid payments | 3,066,060 |
| 26 | adjusted cost of services | 1,766,416 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 1,766,416 |
| 35 | facility specific UPL amount | (1,299,644) |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | 456,698 |
| 39 | allocation of supplemental payments | 842,946 |
| 40 | total aggregate limit adjustments | 1,299,644 |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 0 |

| | Facility Name | Coffee Regional Medical Center |
|----|---|--------------------------------|
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period beginning date | 12/31/2018 |
| 4 | | 12,51,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 11,841,511 |
| 11 | payments for services | 3,508,821 |
| 12 | annual covered charges | 11,841,511 |
| 13 | annual payments for services | 3,508,821 |
| 14 | | 0,000,021 |
| 15 | total hospital CCR | 21.12% |
| 16 | | |
| 17 | annual cost of services | 2,501,354 |
| 18 | | |
| | adjustment factor | |
| 20 | inflation | 1.03664 |
| 21 | | |
| | adjusted annual charges | 12,275,384 |
| 23 | adjusted Medicaid payments for services | 3,637,384 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 3,637,384 |
| 26 | adjusted cost of services | 2,593,004 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 5,220,337 |
| 33 | | |
| 34 | maximum annual payments | 5,220,337 |
| 35 | facility specific UPL amount | 1,582,953 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (6,285) |
| 39 | allocation of supplemental payments | (380,769) |
| 40 | total aggregate limit adjustments | (387,054) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 1,195,899 |

| | Facility Name | Colquitt Regional Medical Center |
|----|---|----------------------------------|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period beginning date | 9/30/2018 |
| 4 | | 5,56,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 13,669,895 |
| 11 | payments for services | 4,507,350 |
| 12 | annual covered charges | 13,669,895 |
| 13 | annual payments for services | 4,507,350 |
| 14 | | |
| 15 | total hospital CCR | 28.16% |
| 16 | | |
| 17 | annual cost of services | 3,849,825 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.038496 |
| 21 | | |
| 22 | adjusted annual charges | 14,196,131 |
| 23 | adjusted Medicaid payments for services | 4,680,865 |
| 24 | supplemental rate adjustment payments | 699,401 |
| 25 | total adjusted Medicaid payments | 5,380,266 |
| 26 | adjusted cost of services | 3,998,028 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 6,717,931 |
| 33 | | |
| 34 | maximum annual payments | 6,717,931 |
| 35 | facility specific UPL amount | 1,337,665 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (8,088) |
| 39 | allocation of supplemental payments | 209,398 |
| 40 | total aggregate limit adjustments | 201,310 |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 1,538,975 |

| | Facility Name | Southwell Medical Center |
|----|---|--------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | 0,30,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | - |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 335,334 |
| 11 | payments for services | 135,116 |
| | annual covered charges | 335,334 |
| | annual payments for services | 135,116 |
| 14 | | |
| | total hospital CCR | 73.20% |
| 16 | | |
| 17 | annual cost of services | 245,478 |
| 18 | | |
| | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 352,823 |
| | adjusted Medicaid payments for services | 142,163 |
| | supplemental rate adjustment payments | 0 |
| | total adjusted Medicaid payments | 142,163 |
| 26 | adjusted cost of services | 258,281 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 204,031 |
| 33 | | |
| 34 | maximum annual payments | 204,031 |
| 35 | facility specific UPL amount | 61,868 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (246) |
| 39 | allocation of supplemental payments | (14,882) |
| 40 | total aggregate limit adjustments | (15,128) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 46,740 |

| | Facility Name | Crisp Regional Hospital, Inc. |
|----|---|-------------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | -,, |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 5,395,260 |
| 11 | payments for services | 2,161,065 |
| 12 | annual covered charges | 5,395,260 |
| 13 | annual payments for services | 2,161,065 |
| 14 | | |
| 15 | total hospital CCR | 33.44% |
| 16 | | |
| 17 | annual cost of services | 1,804,116 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 5,676,644 |
| 23 | adjusted Medicaid payments for services | 2,273,773 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 2,273,773 |
| 26 | adjusted cost of services | 1,898,208 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 3,263,296 |
| 33 | | |
| 34 | maximum annual payments | 3,263,296 |
| 35 | facility specific UPL amount | 989,523 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (3,929) |
| 39 | allocation of supplemental payments | (238,023) |
| 40 | total aggregate limit adjustments | (241,952) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 747,571 |

| | Facility Name | Emory Decatur Hospital |
|----|---|------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period beginning date | 6/30/2018 |
| 4 | | 0,00,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| | Medicaid inpatient claims paid at amount > 0: | |
| - | covered charges | 52,528,630 |
| 11 | payments for services | 16,838,939 |
| 12 | annual covered charges | 52,528,630 |
| 13 | annual payments for services | 16,838,939 |
| 14 | • • | |
| 15 | total hospital CCR | 27.78% |
| 16 | · · · · | |
| 17 | annual cost of services | 14,592,223 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 55,268,208 |
| 23 | adjusted Medicaid payments for services | 17,717,157 |
| 24 | supplemental rate adjustment payments | 86,792 |
| 25 | total adjusted Medicaid payments | 17,803,949 |
| 26 | adjusted cost of services | 15,353,266 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 25,427,487 |
| 33 | | |
| 34 | maximum annual payments | 25,427,487 |
| 35 | facility specific UPL amount | 7,623,538 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (30,612) |
| 39 | allocation of supplemental payments | (1,767,880) |
| 40 | total aggregate limit adjustments | (1,798,492) |
| 41 | - | |
| 42 | UPL amount after aggregate limit adjustments | 5,825,046 |

| | Facility Name | Emory Hillandale Hospital |
|----|---|---------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | 0,00,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 10,966,563 |
| 11 | payments for services | 4,485,382 |
| 12 | annual covered charges | 10,966,563 |
| 13 | annual payments for services | 4,485,382 |
| 14 | | |
| 15 | total hospital CCR | 21.33% |
| 16 | | |
| 17 | annual cost of services | 2,339,390 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 11,538,513 |
| 23 | adjusted Medicaid payments for services | 4,719,313 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 4,719,313 |
| 26 | adjusted cost of services | 2,461,399 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 6,773,111 |
| 33 | | |
| 34 | maximum annual payments | 6,773,111 |
| 35 | facility specific UPL amount | 2,053,798 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (8,154) |
| 39 | allocation of supplemental payments | (494,028) |
| 40 | total aggregate limit adjustments | (502,182) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 1,551,616 |

| | Facility Name | Dodge County Hospital |
|----|---|-----------------------|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period beginning date | 9/30/2018 |
| 4 | | 5,50,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| | covered charges | 3,363,968 |
| 11 | payments for services | 1,220,728 |
| 12 | annual covered charges | 3,363,968 |
| 13 | annual payments for services | 1,220,728 |
| 14 | | |
| 15 | total hospital CCR | 25.86% |
| 16 | | |
| 17 | annual cost of services | 870,024 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.038496 |
| 21 | | |
| 22 | adjusted annual charges | 3,493,467 |
| 23 | adjusted Medicaid payments for services | 1,267,721 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 1,267,721 |
| 26 | adjusted cost of services | 903,516 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 1,819,421 |
| 33 | | |
| 34 | maximum annual payments | 1,819,421 |
| 35 | facility specific UPL amount | 551,700 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (2,190) |
| 39 | allocation of supplemental payments | (132,708) |
| 40 | total aggregate limit adjustments | (134,898) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 416,802 |

| | Facility Name | Dorminy Medical Center |
|----|---|---|
| 2 | base period report period beginning date | 8/1/2017 |
| 3 | base period report period ending date | 7/31/2018 |
| 4 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 2,238,835 |
| 11 | payments for services | 875,669 |
| 12 | annual covered charges | 2,238,835 |
| 13 | annual payments for services | 875,669 |
| 14 | | |
| 15 | total hospital CCR | 25.12% |
| 16 | • | |
| 17 | annual cost of services | 562,504 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.047562 |
| 21 | | |
| 22 | adjusted annual charges | 2,345,318 |
| 23 | adjusted Medicaid payments for services | 917,318 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 917,318 |
| 26 | adjusted cost of services | 589,258 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 1,316,526 |
| 33 | | |
| 34 | maximum annual payments | 1,316,526 |
| 35 | facility specific UPL amount | 399,208 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (1,585) |
| 39 | allocation of supplemental payments | (96,027) |
| 40 | total aggregate limit adjustments | (97,612) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 301,596 |

| | Facility Name | Emanuel Medical Center |
|----|---|------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | 0,30,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 4,186,564 |
| 11 | payments for services | 1,114,588 |
| 12 | annual covered charges | 4,186,564 |
| 13 | annual payments for services | 1,114,588 |
| 14 | | |
| 15 | total hospital CCR | 24.86% |
| 16 | | |
| 17 | annual cost of services | 1,040,655 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 4,404,910 |
| 23 | adjusted Medicaid payments for services | 1,172,718 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 1,172,718 |
| 26 | adjusted cost of services | 1,094,929 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 1,683,073 |
| 33 | | |
| 34 | maximum annual payments | 1,683,073 |
| 35 | facility specific UPL amount | 510,355 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (2,026) |
| 39 | allocation of supplemental payments | (122,763) |
| 40 | total aggregate limit adjustments | (124,789) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 385,566 |

| | Facility Name | Evans Memorial Hospital |
|----|---|-------------------------|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period ending date | 9/30/2018 |
| 4 | | 5,50,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 976,517 |
| 11 | payments for services | 341,074 |
| 12 | annual covered charges | 976,517 |
| 13 | annual payments for services | 341,074 |
| 14 | | |
| 15 | total hospital CCR | 22.50% |
| 16 | | |
| 17 | annual cost of services | 219,705 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.038496 |
| 21 | | |
| 22 | adjusted annual charges | 1,014,109 |
| 23 | adjusted Medicaid payments for services | 354,204 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 354,204 |
| 26 | adjusted cost of services | 228,163 |
| 27 | | |
| 28 | other UPL calculation data | |
| | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 508,350 |
| 33 | | |
| 34 | maximum annual payments | 508,350 |
| | facility specific UPL amount | 154,146 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (612) |
| 39 | allocation of supplemental payments | (37,079) |
| | total aggregate limit adjustments | (37,691) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 116,455 |

| | Facility Name | Floyd Medical Center |
|----|---|----------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | 0,00,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 67,295,949 |
| 11 | payments for services | 16,103,808 |
| 12 | annual covered charges | 67,295,949 |
| 13 | annual payments for services | 16,103,808 |
| 14 | | |
| 15 | total hospital CCR | 21.03% |
| 16 | | |
| 17 | annual cost of services | 14,149,072 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 70,805,702 |
| 23 | adjusted Medicaid payments for services | 16,943,686 |
| 24 | supplemental rate adjustment payments | 1,583,376 |
| 25 | total adjusted Medicaid payments | 18,527,062 |
| 26 | adjusted cost of services | 14,887,003 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 24,317,409 |
| 33 | | |
| 34 | maximum annual payments | 24,317,409 |
| 35 | facility specific UPL amount | 5,790,347 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (29,276) |
| 39 | allocation of supplemental payments | (190,327) |
| 40 | total aggregate limit adjustments | (219,603) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 5,570,744 |

| | Facility Name | Grady General Hospital |
|----|---|------------------------|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period ending date | 9/30/2018 |
| 4 | | 5,50,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | - |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| | covered charges | 1,825,273 |
| | payments for services | 886,299 |
| 12 | annual covered charges | 1,825,273 |
| 13 | annual payments for services | 886,299 |
| 14 | | |
| 15 | total hospital CCR | 28.85% |
| 16 | | |
| 17 | annual cost of services | 526,580 |
| 18 | | |
| 19 | adjustment factor | |
| | inflation | 1.038496 |
| 21 | | |
| 22 | adjusted annual charges | 1,895,539 |
| 23 | adjusted Medicaid payments for services | 920,418 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 920,418 |
| 26 | adjusted cost of services | 546,851 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 1,320,975 |
| 33 | | |
| 34 | maximum annual payments | 1,320,975 |
| 35 | facility specific UPL amount | 400,557 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (1,590) |
| 39 | allocation of supplemental payments | (96,352) |
| 40 | total aggregate limit adjustments | (97,942) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 302,615 |

| | | Grady Health System/Grady Memorial |
|----|---|------------------------------------|
| | Facility Name | Hospital |
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period ending date | 12/31/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 574,022,597 |
| 11 | payments for services | 113,139,340 |
| 12 | annual covered charges | 574,022,597 |
| 13 | annual payments for services | 113,139,340 |
| 14 | | |
| 15 | total hospital CCR | 17.72% |
| 16 | | |
| 17 | annual cost of services | 101,705,771 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.03664 |
| 21 | | |
| 22 | adjusted annual charges | 595,054,785 |
| 23 | adjusted Medicaid payments for services | 117,284,765 |
| 24 | supplemental rate adjustment payments | 33,088,820 |
| 25 | total adjusted Medicaid payments | 150,373,585 |
| 26 | adjusted cost of services | 105,432,270 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 168,325,922 |
| 33 | | |
| 34 | maximum annual payments | 168,325,922 |
| 35 | facility specific UPL amount | 17,952,337 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (202,648) |
| 39 | allocation of supplemental payments | 20,811,189 |
| 40 | total aggregate limit adjustments | 20,608,541 |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 38,560,878 |

| | Facility Name | Northside Hospital Gwinnett |
|----|---|-----------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | 0,00,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| | covered charges | 94,226,928 |
| | payments for services | 25,372,751 |
| | annual covered charges | 94,226,928 |
| 13 | annual payments for services | 25,372,751 |
| 14 | | |
| 15 | total hospital CCR | 23.91% |
| 16 | | |
| 17 | annual cost of services | 22,527,277 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 99,141,239 |
| 23 | adjusted Medicaid payments for services | 26,696,041 |
| 24 | supplemental rate adjustment payments | 1,684,851 |
| 25 | total adjusted Medicaid payments | 28,380,892 |
| 26 | adjusted cost of services | 23,702,165 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 38,313,891 |
| 33 | | |
| 34 | maximum annual payments | 38,313,891 |
| 35 | facility specific UPL amount | 9,932,999 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (46,126) |
| 39 | allocation of supplemental payments | (1,109,750) |
| 40 | total aggregate limit adjustments | (1,155,876) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 8,777,123 |

| | Facility Name | Northside Hospital Duluth |
|----|---|---------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period beginning date | 6/30/2018 |
| 4 | | 6,50,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 16,848,082 |
| 11 | payments for services | 4,850,624 |
| 12 | annual covered charges | 16,848,082 |
| 13 | annual payments for services | 4,850,624 |
| 14 | | |
| 15 | total hospital CCR | 23.91% |
| 16 | | |
| 17 | annual cost of services | 4,027,951 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 17,726,777 |
| 23 | adjusted Medicaid payments for services | 5,103,603 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 5,103,603 |
| 26 | adjusted cost of services | 4,238,025 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 7,324,640 |
| 33 | | |
| 34 | maximum annual payments | 7,324,640 |
| 35 | facility specific UPL amount | 2,221,037 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (8,818) |
| 39 | allocation of supplemental payments | (534,257) |
| 40 | total aggregate limit adjustments | (543,075) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 1,677,962 |

| | Facility Name | Habersham County Medical Center |
|----|---|---------------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | 6,50,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 2,001,166 |
| 11 | payments for services | 996,860 |
| 12 | annual covered charges | 2,001,166 |
| 13 | annual payments for services | 996,860 |
| 14 | | |
| 15 | total hospital CCR | 51.78% |
| 16 | | |
| 17 | annual cost of services | 1,036,215 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 2,105,535 |
| 23 | adjusted Medicaid payments for services | 1,048,850 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 1,048,850 |
| 26 | adjusted cost of services | 1,090,258 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 1,505,299 |
| 33 | | |
| 34 | maximum annual payments | 1,505,299 |
| 35 | facility specific UPL amount | 456,449 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (1,812) |
| 39 | allocation of supplemental payments | (109,796) |
| 40 | total aggregate limit adjustments | (111,608) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 344,841 |

| | Facility Name | Houston Medical Center |
|----|---|---|
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period beginning date | 12/31/2018 |
| 4 | | 12/31/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| | covered charges | 23,351,853 |
| 11 | payments for services | 8,495,824 |
| 12 | annual covered charges | 23,351,853 |
| 13 | annual payments for services | 8,495,824 |
| 14 | | 0,455,024 |
| 15 | total hospital CCR | 30.03% |
| 16 | | 30.0370 |
| 17 | annual cost of services | 7,013,419 |
| 18 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 19 | adjustment factor | |
| 20 | inflation | 1.03664 |
| 21 | | 1.00001 |
| | adjusted annual charges | 24,207,465 |
| | adjusted Medicaid payments for services | 8,807,111 |
| 24 | supplemental rate adjustment payments | 910,239 |
| 25 | total adjusted Medicaid payments | 9,717,350 |
| 26 | adjusted cost of services | 7,270,391 |
| 27 | | ., |
| | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 12,639,878 |
| 33 | | |
| 34 | maximum annual payments | 12,639,878 |
| 35 | facility specific UPL amount | 2,922,528 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (15,217) |
| 39 | allocation of supplemental payments | (11,709) |
| 40 | total aggregate limit adjustments | (26,926) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 2,895,602 |

| | Facility Name | Irwin County Hospital |
|----------|---|-----------------------|
| 2 | base period report period beginning date | 12/1/2017 |
| 3 | base period report period beginning date | 11/30/2018 |
| 4 | | 11/30/2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 1,180,656 |
| 11 | payments for services | 492,090 |
| 12 | annual covered charges | 1,180,656 |
| 13 | annual payments for services | 492,090 |
| 14 | | |
| 15 | total hospital CCR | 30.00% |
| 16 | | |
| 17 | annual cost of services | 354,197 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.037258 |
| 21 | | |
| 22 | adjusted annual charges | 1,224,645 |
| 23 | adjusted Medicaid payments for services | 510,424 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 510,424 |
| 26 | adjusted cost of services | 367,394 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 732,555 |
| 33 | | |
| 34 | maximum annual payments | 732,555 |
| 35 | facility specific UPL amount | 222,131 |
| 36 | | |
| 37 | aggregate limit adjustments | (000) |
| 38 | allocation of UPL amounts < 0 | (882) |
| 39 | allocation of supplemental payments | (53,432) |
| 40 41 | total aggregate limit adjustments | (54,314) |
| 41 | UPL amount after aggregate limit adjustments | 167,817 |
| 42 | or L amount after aggregate innit aujustments | 107,817 |

| | Facility Name | Jefferson Hospital |
|----|---|--------------------|
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period beginning date | 12/31/2018 |
| 4 | | 12,51,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 393,197 |
| 11 | payments for services | 274,775 |
| 12 | annual covered charges | 393,197 |
| 13 | annual payments for services | 274,775 |
| 14 | | |
| 15 | total hospital CCR | 70.17% |
| 16 | | |
| 17 | annual cost of services | 275,898 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.03664 |
| 21 | | |
| 22 | adjusted annual charges | 407,604 |
| 23 | adjusted Medicaid payments for services | 284,843 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 284,843 |
| 26 | adjusted cost of services | 286,007 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 408,804 |
| 33 | | |
| 34 | maximum annual payments | 408,804 |
| 35 | facility specific UPL amount | 123,961 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (492) |
| 39 | allocation of supplemental payments | (29,818) |
| 40 | total aggregate limit adjustments | (30,310) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 93,651 |

| | Facility Name | Medical Center, Navicent Health |
|----|---|---------------------------------|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period beginning date | 9/30/2018 |
| 4 | base period report period ending date | 5/30/2018 |
| | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| | covered charges | 154,776,555 |
| - | payments for services | 36,356,408 |
| | annual covered charges | 154,776,555 |
| | annual payments for services | 36,356,408 |
| 14 | | |
| | total hospital CCR | 23.26% |
| 16 | | |
| 17 | annual cost of services | 35,996,324 |
| 18 | | |
| | adjustment factor | |
| | inflation | 1.038496 |
| 21 | | |
| 22 | adjusted annual charges | 160,734,833 |
| 23 | adjusted Medicaid payments for services | 37,755,984 |
| 24 | supplemental rate adjustment payments | 7,060,485 |
| 25 | total adjusted Medicaid payments | 44,816,469 |
| 26 | adjusted cost of services | 37,382,038 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 54,187,011 |
| 33 | | |
| 34 | maximum annual payments | 54,187,011 |
| 35 | facility specific UPL amount | 9,370,542 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (65,236) |
| 39 | allocation of supplemental payments | 3,108,104 |
| 40 | total aggregate limit adjustments | 3,042,868 |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 12,413,410 |

| | Facility Name | Memorial Hospital and Manor |
|----|---|-----------------------------|
| 2 | base period report period beginning date | 4/1/2017 |
| 3 | base period report period beginning date | 3/31/2018 |
| 4 | | 5,51,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 2,890,314 |
| 11 | payments for services | 1,018,363 |
| 12 | annual covered charges | 2,890,314 |
| 13 | annual payments for services | 1,018,363 |
| 14 | | |
| 15 | total hospital CCR | 34.66% |
| 16 | | |
| 17 | annual cost of services | 1,001,654 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.061785 |
| 21 | | |
| 22 | adjusted annual charges | 3,068,892 |
| 23 | adjusted Medicaid payments for services | 1,081,283 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 1,081,283 |
| 26 | adjusted cost of services | 1,063,541 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 1,551,847 |
| 33 | | |
| 34 | maximum annual payments | 1,551,847 |
| 35 | facility specific UPL amount | 470,564 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (1,868) |
| 39 | allocation of supplemental payments | (113,191) |
| 40 | total aggregate limit adjustments | (115,059) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 355,505 |

| | Facility Name | Piedmont Columbus Regional - Midtown |
|----|---|---|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period beginning date | 6/30/2018 |
| 4 | | 0/30/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 43,101,239 |
| 11 | payments for services | 15,708,820 |
| 12 | annual covered charges | 43,101,239 |
| 13 | annual payments for services | 15,708,820 |
| 14 | | |
| 15 | total hospital CCR | 25.13% |
| 16 | | |
| 17 | annual cost of services | 10,832,819 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| | adjusted annual charges | 45,349,141 |
| 23 | adjusted Medicaid payments for services | 16,528,098 |
| 24 | supplemental rate adjustment payments | 4,370,152 |
| 25 | total adjusted Medicaid payments | 20,898,250 |
| 26 | adjusted cost of services | 11,397,794 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 23,720,961 |
| 33 | | |
| 34 | maximum annual payments | 23,720,961 |
| 35 | facility specific UPL amount | 2,822,711 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (28,558) |
| 39 | allocation of supplemental payments | 2,639,954 |
| 40 | total aggregate limit adjustments | 2,611,396 |
| 41 | LIDL amount after aggregate limit adjustments | E 404 407 |
| 42 | UPL amount after aggregate limit adjustments | 5,434,107 |

| | | Northeast Georgia Medical |
|----|---|---------------------------|
| | Facility Name | Center Gainesville |
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period ending date | 9/30/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 159,666,542 |
| 11 | payments for services | 34,315,365 |
| 12 | annual covered charges | 159,666,542 |
| 13 | annual payments for services | 34,315,365 |
| 14 | | |
| 15 | total hospital CCR | 19.63% |
| 16 | | |
| 17 | annual cost of services | 31,340,490 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.038496 |
| 21 | | |
| 22 | adjusted annual charges | 165,813,065 |
| 23 | adjusted Medicaid payments for services | 35,636,369 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 35,636,369 |
| 26 | adjusted cost of services | 32,546,974 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 51,144,960 |
| 33 | | |
| 34 | maximum annual payments | 51,144,960 |
| 35 | facility specific UPL amount | 15,508,591 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (61,574) |
| 39 | allocation of supplemental payments | (3,730,495) |
| 40 | total aggregate limit adjustments | (3,792,069) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 11,716,522 |

| | Facility Name | Northside Hospital |
|----|---|--------------------|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period ending date | 9/30/2018 |
| 4 | | 5,50,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 154,940,236 |
| 11 | payments for services | 32,532,952 |
| 12 | annual covered charges | 154,940,236 |
| 13 | annual payments for services | 32,532,952 |
| 14 | | |
| 15 | total hospital CCR | 18.55% |
| 16 | | |
| 17 | annual cost of services | 28,743,858 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.038496 |
| 21 | | |
| | adjusted annual charges | 160,904,815 |
| 23 | adjusted Medicaid payments for services | 33,785,341 |
| | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 33,785,341 |
| 26 | adjusted cost of services | 29,850,382 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 48,488,384 |
| 33 | | |
| 34 | maximum annual payments | 48,488,384 |
| 35 | facility specific UPL amount | 14,703,043 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (58,375) |
| 39 | allocation of supplemental payments | (3,536,725) |
| 40 | total aggregate limit adjustments | (3,595,100) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 11,107,943 |

| | Facility Name | Northside Hospital - Cherokee |
|----|---|-------------------------------|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period ending date | 9/30/2018 |
| 4 | | 5,50,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 28,170,090 |
| 11 | payments for services | 5,244,759 |
| 12 | annual covered charges | 28,170,090 |
| 13 | annual payments for services | 5,244,759 |
| 14 | | |
| 15 | total hospital CCR | 19.69% |
| 16 | | |
| 17 | annual cost of services | 5,547,365 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.038496 |
| 21 | | |
| 22 | adjusted annual charges | 29,254,526 |
| 23 | adjusted Medicaid payments for services | 5,446,661 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 5,446,661 |
| 26 | adjusted cost of services | 5,760,916 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 7,816,993 |
| 33 | | |
| 34 | maximum annual payments | 7,816,993 |
| 35 | facility specific UPL amount | 2,370,332 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (9,411) |
| 39 | allocation of supplemental payments | (570,169) |
| 40 | total aggregate limit adjustments | (579,580) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 1,790,752 |

| | Facility Name | Northside Hospital - Forsyth |
|----|---|------------------------------|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period beginning date | 9/30/2018 |
| 4 | | 5/30/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| | covered charges | 45,299,940 |
| | payments for services | 9,240,393 |
| | annual covered charges | 45,299,940 |
| 13 | annual payments for services | 9,240,393 |
| 14 | ······································ | |
| | total hospital CCR | 20.51% |
| 16 | | |
| 17 | annual cost of services | 9,292,026 |
| 18 | | |
| 19 | adjustment factor | |
| | inflation | 1.038496 |
| 21 | | |
| 22 | adjusted annual charges | 47,043,806 |
| 23 | adjusted Medicaid payments for services | 9,596,111 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 9,596,111 |
| 26 | adjusted cost of services | 9,649,732 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 13,772,243 |
| 33 | | |
| 34 | maximum annual payments | 13,772,243 |
| - | facility specific UPL amount | 4,176,132 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (16,580) |
| 39 | allocation of supplemental payments | (1,004,543) |
| 40 | total aggregate limit adjustments | (1,021,123) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 3,155,009 |

| | | Piedmont Columbus Regional -Northside |
|----|---|---------------------------------------|
| | Facility Name | Medical Center |
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 1,237,254 |
| 11 | payments for services | 283,237 |
| 12 | annual covered charges | 1,237,254 |
| 13 | annual payments for services | 283,237 |
| 14 | | |
| 15 | total hospital CCR | 28.17% |
| 16 | | |
| 17 | annual cost of services | 348,539 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 1,301,782 |
| 23 | adjusted Medicaid payments for services | 298,009 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 298,009 |
| 26 | adjusted cost of services | 366,717 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 366,717 |
| 35 | facility specific UPL amount | 68,708 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (273) |
| 39 | allocation of supplemental payments | (16,527) |
| 40 | total aggregate limit adjustments | (16,800) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 51,908 |

| | Facility Name | Perry Hospital |
|----|---|------------------|
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period beginning date | 12/31/2018 |
| 4 | | 12/31/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| | covered charges | 1,203,945 |
| 11 | payments for services | 559,054 |
| 12 | annual covered charges | 1,203,945 |
| 13 | annual payments for services | 559,054 |
| 14 | | |
| | total hospital CCR | 25.93% |
| 16 | | |
| 17 | annual cost of services | 312,205 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.03664 |
| 21 | | |
| 22 | adjusted annual charges | 1,248,058 |
| 23 | adjusted Medicaid payments for services | 579,538 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 579,538 |
| 26 | adjusted cost of services | 323,644 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 831,747 |
| 33 | | |
| 34 | maximum annual payments | 831,747 |
| 35 | facility specific UPL amount | 252,209 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (1,001) |
| 39 | allocation of supplemental payments | (60,667) |
| 40 | total aggregate limit adjustments | (61,668) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 190,541 |

| | Facility Name | Phoebe Putney Memorial Hospital |
|----|---|---------------------------------|
| 2 | base period report period beginning date | 8/1/2017 |
| 3 | base period report period ending date | 7/31/2018 |
| 4 | | //51/2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| | Medicaid inpatient claims paid at amount > 0: | |
| | covered charges | 72,929,178 |
| | payments for services | 22,058,838 |
| | annual covered charges | 72,929,178 |
| 13 | annual payments for services | 22,058,838 |
| 14 | | |
| | total hospital CCR | 25.47% |
| 16 | | |
| 17 | annual cost of services | 18,575,135 |
| 18 | | |
| | adjustment factor | |
| | inflation | 1.047562 |
| 21 | | |
| 22 | adjusted annual charges | 76,397,836 |
| | adjusted Medicaid payments for services | 23,108,000 |
| | supplemental rate adjustment payments | 3,126,402 |
| - | total adjusted Medicaid payments | 26,234,402 |
| 26 | adjusted cost of services | 19,458,606 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 33,164,371 |
| 33 | | |
| 34 | maximum annual payments | 33,164,371 |
| 35 | facility specific UPL amount | 6,929,969 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (39,927) |
| 39 | allocation of supplemental payments | 707,405 |
| 40 | total aggregate limit adjustments | 667,478 |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 7,597,447 |

| | Facility Name | Phoebe Sumter Medical Center |
|----|---|------------------------------|
| 2 | base period report period beginning date | 8/1/2017 |
| 3 | base period report period ending date | 7/31/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| - | covered charges | 7,932,413 |
| | payments for services | 2,497,331 |
| | annual covered charges | 7,932,413 |
| 13 | annual payments for services | 2,497,331 |
| 14 | | |
| 15 | total hospital CCR | 26.11% |
| 16 | | |
| 17 | annual cost of services | 2,071,115 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.047562 |
| 21 | | |
| 22 | adjusted annual charges | 8,309,694 |
| 23 | adjusted Medicaid payments for services | 2,616,109 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 2,616,109 |
| 26 | adjusted cost of services | 2,169,621 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 3,754,613 |
| 33 | | |
| 34 | maximum annual payments | 3,754,613 |
| 35 | facility specific UPL amount | 1,138,504 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (4,520) |
| 39 | allocation of supplemental payments | (273,860) |
| 40 | total aggregate limit adjustments | (278,380) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 860,124 |

| | Facility Name | Piedmont Athens Regional Medical Ctr |
|----------|--|--------------------------------------|
| | base period report period beginning date | 7/1/2017 |
| | base period report period ending date | 6/30/2018 |
| 4 | base period report period ending date | 0/30/2018 |
| - | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | 1 |
| | CAH status (1 = yes) | 0 |
| 8 | CATI Status (1 – yes) | 0 |
| | Medicaid inpatient claims paid at amount > 0: | |
| | covered charges | 77,870,896 |
| | payments for services | 19,309,589 |
| | annual covered charges | 77,870,896 |
| | annual payments for services | 19,309,589 |
| 15 | | 19,509,569 |
| | total hospital CCR | 19.39% |
| 15 | | 19.39% |
| | annual cost of services | 15,102,029 |
| 17 | | 15,102,029 |
| | adjustment factor | |
| | inflation | 1.052154 |
| 20 | IIIIation | 1.052154 |
| | adjusted annual charges | 91 022 175 |
| | adjusted Medicaid payments for services | 81,932,175 20,316,661 |
| | supplemental rate adjustment payments | 1,757,182 |
| | total adjusted Medicaid payments | |
| | | 22,073,843 15,889,660 |
| 20 | adjusted cost of services | 15,889,000 |
| | other UPL calculation data | |
| | | Non-State Govt. |
| | provider category for UPL calculation basis for UPL calculation | DRG differential |
| | DRG differential adjustment rate | 1.43519 |
| | maximum annual payments (at DRG differential) | |
| | maximum annual payments (at DKG unterential) | 29,158,269 |
| 33 | maximum annual navmonte | 20 159 260 |
| | maximum annual payments | 29,158,269 |
| | facility specific UPL amount | 7,084,426 |
| 36 37 | aggregate limit adjustments | |
| | aggregate limit adjustments allocation of UPL amounts < 0 | |
| | | (35,104) |
| | allocation of supplemental payments | (369,611) |
| | total aggregate limit adjustments | (404,715) |
| 41 | LIDL amount after aggregate limit adjustments | 6 (70 744 |
| 42 | UPL amount after aggregate limit adjustments | 6,679,711 |

| | Facility Name | Piedmont Henry Hospital |
|----|---|-------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | 0/50/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 48,068,389 |
| 11 | payments for services | 10,619,204 |
| 12 | annual covered charges | 48,068,389 |
| 13 | annual payments for services | 10,619,204 |
| 14 | | -,, |
| 15 | total hospital CCR | 17.47% |
| 16 | | |
| 17 | annual cost of services | 8,397,249 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 50,575,348 |
| 23 | adjusted Medicaid payments for services | 11,173,038 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 11,173,038 |
| 26 | adjusted cost of services | 8,835,199 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 16,035,432 |
| 33 | | |
| 34 | maximum annual payments | 16,035,432 |
| 35 | facility specific UPL amount | 4,862,394 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (19,305) |
| 39 | allocation of supplemental payments | (1,169,619) |
| 40 | total aggregate limit adjustments | (1,188,924) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 3,673,470 |

| | Facility Name | Piedmont Newton Medical Center |
|----|---|--------------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | 0,50,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| | covered charges | 13,328,508 |
| | payments for services | 3,643,186 |
| 12 | annual covered charges | 13,328,508 |
| 13 | annual payments for services | 3,643,186 |
| 14 | | |
| 15 | total hospital CCR | 15.86% |
| 16 | | |
| 17 | annual cost of services | 2,113,607 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 14,023,643 |
| 23 | adjusted Medicaid payments for services | 3,833,193 |
| | supplemental rate adjustment payments | 0 |
| | total adjusted Medicaid payments | 3,833,193 |
| 26 | adjusted cost of services | 2,223,840 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 5,501,360 |
| 33 | · · · · · · · · · · · · · · · · · · · | |
| 34 | maximum annual payments | 5,501,360 |
| 35 | facility specific UPL amount | 1,668,167 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (6,623) |
| 39 | allocation of supplemental payments | (401,267) |
| 40 | total aggregate limit adjustments | (407,890) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 1,260,277 |

| | Facility Name | South Ga Medical Center |
|----|---|-------------------------|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period beginning date | 9/30/2018 |
| 4 | | 5/50/2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 34,606,660 |
| 11 | payments for services | 9,773,770 |
| 12 | annual covered charges | 34,606,660 |
| 13 | annual payments for services | 9,773,770 |
| 14 | | -, -, - |
| 15 | total hospital CCR | 30.44% |
| 16 | | |
| 17 | annual cost of services | 10,533,890 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.038496 |
| 21 | | |
| 22 | adjusted annual charges | 35,938,878 |
| 23 | adjusted Medicaid payments for services | 10,150,021 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 10,150,021 |
| 26 | adjusted cost of services | 10,939,403 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 14,567,209 |
| 33 | | |
| 34 | maximum annual payments | 14,567,209 |
| 35 | facility specific UPL amount | 4,417,188 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (17,538) |
| 39 | allocation of supplemental payments | (1,062,527) |
| 40 | total aggregate limit adjustments | (1,080,065) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 3,337,123 |

| 4 adjustment factor (if period not equal to 1 year) 6 | | | |
|---|----|---|--|
| 2 base period report period beginning date 10/1/201 3 base period report period ending date 9/30/2011 4 adjustment factor (if period not equal to 1 year) 5 5 adjustment factor (if period not equal to 1 year) 5 6 CAH status (1 = yes) 6 7 CAH status (1 = yes) 6 8 9 Medicaid inpatient claims paid at amount > 0; 10 covered charges 113,15; 11 payments for services 41,20; 20 annual covered charges 113,15; 13 annual covered charges 113,15; 14 | | Facility Name | South Ga Medical Center - Berrien Campus |
| 3 base period report period ending date 9/30/2011 4 | 2 | | |
| 4 adjustment factor (if period not equal to 1 year) 5 adjustment factor (if period not equal to 1 year) 6 | | | 9/30/2018 |
| 6 CAH status (1 = yes) 7 CAH status (1 = yes) 9 Medicaid inpatient claims paid at amount > 0: 10 covered charges 113,15: 11 12 annual covered charges 13 annual payments for services 14 41,200 15 total hospital CCR 14 45,159 16 6 17 annual cost of services 18 9 19 adjustment factor 20 inflation 117,500 adjusted Medicaid payments for services 22 adjusted Medicaid payments for services 23 adjusted Medicaid payments 24 supplemental rate adjustment payments 25 total adjusted Medicaid payments 26 adjusted cost of services 27 7 28 other UPL calculation data 29 provider category for UPL calculation 20 DRG differential 31 DRG differential 32 maximum annual payments 34 maximum | 4 | | |
| 6 CAH status (1 = yes) 9 Medicaid inpatient claims paid at amount > 0: 10 covered charges 113,15: 11 11 payments for services 12 annual covered charges 13 annual payments for services 14 41,200 15 total hospital CCR 16 41,200 17 annual cost of services 18 51,081 19 adjustment factor 20 inflation 117,500 adjusted annual charges 21 adjusted Medicaid payments for services 22 adjusted Medicaid payments 23 adjusted Medicaid payments 24 supplemental rate adjustment payments 25 total adjusted Medicaid payments 26 adjusted cost of services 27 7 28 other UPL calculation data 29 provider category for UPL calculation 30 basis for UPL calculation 31 DRG differential 32 maximum annual payments 33 | 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 8 Medicaid inpatient claims paid at amount > 0: 9 Medicaid inpatient claims paid at amount > 0: 10 covered charges 113,15: 11 payments for services 41,20: 12 annual covered charges 113,15: 13 annual covered charges 41,20: 14 | | | |
| 8 Medicaid inpatient claims paid at amount > 0: 10 covered charges 113,15: 11 payments for services 41,20: 12 annual covered charges 113,15: 13 annual covered charges 41,20: 14 | 7 | CAH status (1 = yes) | 0 |
| 10covered charges113,15:11payments for services41,20:12annual covered charges113,15:13annual payments for services41,20:14 | 8 | | |
| 10covered charges113,15:11payments for services41,20:12annual covered charges113,15:13annual payments for services41,20:14 | 9 | Medicaid inpatient claims paid at amount > 0: | |
| 11 payments for services 41,200 12 annual covered charges 113,150 13 annual payments for services 41,200 14 | 10 | | 113,151 |
| 12 annual covered charges 113,15: 13 annual payments for services 41,20: 14 | | | 41,201 |
| 13 annual payments for services 41,200 14 45,159 15 total hospital CCR 45,159 16 51,080 17 annual cost of services 51,080 18 19 adjustment factor 20 inflation 1.038490 21 10 1000000000000000000000000000000000000 | | | 113,151 |
| 14 45.159 15 total hospital CCR 45.159 16 17 annual cost of services 51,08 18 19 adjustment factor 100 20 inflation 1.038490 100 21 10 100 10038490 22 adjusted annual charges 117,500 100 23 adjusted Medicaid payments for services 42,780 42,780 24 supplemental rate adjustment payments 000 000 000 25 total adjusted Medicaid payments 42,780 42,780 100 100 25 total adjusted Medicaid payments 42,780 100 | | | 41,201 |
| 16 51,08' 17 annual cost of services 51,08' 18 19 adjustment factor 20 inflation 1.03849(21 10 1000000000000000000000000000000000000 | | | |
| 16 51,08' 17 annual cost of services 51,08' 18 19 adjustment factor 20 inflation 1.03849(21 10 117,50' 22 adjusted annual charges 117,50' 23 adjusted Medicaid payments for services 42,78' 24 supplemental rate adjustment payments 42,78' 25 total adjusted Medicaid payments 42,78' 26 adjusted cost of services 53,05' 27 28 other UPL calculation data 29 provider category for UPL calculation Non-State Govt. 30 basis for UPL calculation DRG differential 31 DRG differential adjustment rate 1.43511' 32 maximum annual payments 61,40' 33 34 maximum annual payments 61,40' 35 facility specific UPL amount 18,620 36 37 aggregate limit adjustments (74 38 allocation of UPL amounts < 0 | 15 | total hospital CCR | 45.15% |
| 17annual cost of services51,081819adjustment factor20inflation1.038490211122adjusted annual charges117,5023adjusted Medicaid payments for services42,7824supplemental rate adjustment payments025total adjusted Medicaid payments42,7826adjusted Services53,05-2728other UPL calculation data29provider category for UPL calculationNon-State Govt.30basis for UPL calculationDRG differential31DRG differential adjustment rate1.4351932maximum annual payments (at DRG differential)61,400333334maximum annual payments61,40035facility specific UPL amount18,620363338allocation of UPL amounts < 0 | | | |
| 18 19 adjustment factor 20 inflation 1.038490 21 117,500 23 adjusted annual charges 117,500 23 adjusted Medicaid payments for services 42,780 24 supplemental rate adjustment payments 42,780 25 total adjusted Medicaid payments 42,780 26 adjusted cost of services 53,050 27 28 other UPL calculation data 29 provider category for UPL calculation Non-State Govt. 30 basis for UPL calculation DRG differential 31 DRG differential adjustment rate 1.43511 33 3 3 34 maximum annual payments 61,400 35 facility specific UPL amount 18,620 36 33 3 37 aggregate limit adjustments (74 38 allocation of UPL amounts < 0 | | annual cost of services | 51.087 |
| 19adjustment factor20inflation1.03849021117,50023adjusted annual charges117,50023adjusted Medicaid payments for services42,78024supplemental rate adjustment payments00025total adjusted Medicaid payments42,78026adjusted cost of services53,0502700000028other UPL calculation data00029provider category for UPL calculationNon-State Govt.30basis for UPL calculationDRG differential31DRG differential adjustment rate1.435193300000034maximum annual payments61,40035facility specific UPL amount18,6203600000037aggregate limit adjustments00038allocation of Supplemental payments000040total aggregate limit adjustments04,479040total aggregate limit adjustments04,4553 | 18 | | |
| 20inflation1.03849021 | | adiustment factor | |
| 2122adjusted annual charges23adjusted Medicaid payments for services24supplemental rate adjustment payments25total adjusted Medicaid payments26adjusted cost of services2728other UPL calculation data29provider category for UPL calculation30basis for UPL calculation31DRG differential adjustment rate32343434353637aggregate limit adjustments38allocation of UPL amounts < 0 | | | 1.038496 |
| 22adjusted annual charges117,5023adjusted Medicaid payments for services42,7824supplemental rate adjustment payments42,7825total adjusted Medicaid payments42,7826adjusted cost of services53,0542728other UPL calculation data29provider category for UPL calculationNon-State Govt.30basis for UPL calculationDRG differential31DRG differential adjustment rate1.4351932maximum annual payments (at DRG differential)61,400333461,40034maximum annual payments61,40035facility specific UPL amount18,6203637aggregate limit adjustments(7439allocation of UPL amounts < 0 | | | |
| 23adjusted Medicaid payments for services42,7824supplemental rate adjustment payments025total adjusted Medicaid payments42,7826adjusted cost of services53,0542728other UPL calculation data29provider category for UPL calculationNon-State Govt.30basis for UPL calculationDRG differential31DRG differential adjustment rate1.4351932maximum annual payments (at DRG differential)61,400333461,40034maximum annual payments61,40035facility specific UPL amount18,6203637aggregate limit adjustment s0(7439allocation of UPL amounts < 0 | | adiusted annual charges | 117.507 |
| 24supplemental rate adjustment payments(1)25total adjusted Medicaid payments42,7826adjusted cost of services53,0542728other UPL calculation data29provider category for UPL calculationNon-State Govt.30basis for UPL calculationDRG differential31DRG differential adjustment rate1.4351932maximum annual payments (at DRG differential)61,400333461,40034maximum annual payments61,40035facility specific UPL amount18,6203637aggregate limit adjustments(4,479)40total aggregate limit adjustments(4,479)40total aggregate limit adjustments(4,553) | | | |
| 25total adjusted Medicaid payments42,7826adjusted cost of services53,0542728other UPL calculation data29provider category for UPL calculationNon-State Govt.30basis for UPL calculationDRG differential31DRG differential adjustment rate1.4351932maximum annual payments (at DRG differential)61,4003334aggregate limit adjustments34maximum annual payments61,40035facility specific UPL amount18,6203637aggregate limit adjustments(7438allocation of UPL amounts < 0 | | | 0 |
| 26adjusted cost of services53,0542728other UPL calculation data2929provider category for UPL calculationNon-State Govt.30basis for UPL calculationDRG differential31DRG differential adjustment rate1.4351932maximum annual payments (at DRG differential)61,407333461,40734maximum annual payments61,40735facility specific UPL amount18,6203637aggregate limit adjustments38allocation of UPL amounts < 0 | | | 42.787 |
| 2728other UPL calculation data29provider category for UPL calculationNon-State Govt.30basis for UPL calculationDRG differential31DRG differential adjustment rate1.4351932maximum annual payments (at DRG differential)61,4003334maximum annual payments34maximum annual payments61,40035facility specific UPL amount18,6203637aggregate limit adjustments38allocation of UPL amounts < 0 | | | |
| 28other UPL calculation data29provider category for UPL calculationNon-State Govt.30basis for UPL calculationDRG differential31DRG differential adjustment rate1.4351932maximum annual payments (at DRG differential)61,4003334maximum annual payments35facility specific UPL amount18,6203637aggregate limit adjustments38allocation of UPL amounts < 0 | | | |
| 29provider category for UPL calculationNon-State Govt.30basis for UPL calculationDRG differential31DRG differential adjustment rate1.4351932maximum annual payments (at DRG differential)61,4073334maximum annual payments61,40735facility specific UPL amount18,6203637aggregate limit adjustments(4,479)39allocation of supplemental payments(4,479)40total aggregate limit adjustments(4,553) | | other UPL calculation data | |
| 30basis for UPL calculationDRG differential31DRG differential adjustment rate1.4351932maximum annual payments (at DRG differential)61,4073334aximum annual payments34maximum annual payments61,40735facility specific UPL amount18,6203637aggregate limit adjustments38allocation of UPL amounts < 0 | 29 | | Non-State Govt. |
| 31DRG differential adjustment rate1.4351932maximum annual payments (at DRG differential)61,40733343434maximum annual payments61,40735facility specific UPL amount18,6203637aggregate limit adjustments38allocation of UPL amounts < 0 | | | |
| 32maximum annual payments (at DRG differential)61,403334maximum annual payments61,4034maximum annual payments61,4035facility specific UPL amount18,6203637aggregate limit adjustments6138allocation of UPL amounts < 0 | | | 1.43519 |
| 33343435facility specific UPL amount3637aggregate limit adjustments38allocation of UPL amounts < 0 | | • | |
| 34maximum annual payments61,40735facility specific UPL amount18,6203637aggregate limit adjustments38allocation of UPL amounts < 0 | | | |
| 35facility specific UPL amount18,62036 | | maximum annual payments | 61,407 |
| 3637aggregate limit adjustments38allocation of UPL amounts < 0 | | | |
| 37aggregate limit adjustments38allocation of UPL amounts < 0 | | | |
| 38allocation of UPL amounts < 0(7439allocation of supplemental payments(4,47940total aggregate limit adjustments(4,553 | | aggregate limit adjustments | |
| 39allocation of supplemental payments(4,47940total aggregate limit adjustments(4,553 | | | (74) |
| 40total aggregate limit adjustments(4,553) | | | |
| | | | |
| | 41 | | (1)555) |
| | | UPL amount after aggregate limit adjustments | 14,067 |

| | Facility Name | Southeast Ga Health System - Brunswick |
|----|---|--|
| 2 | base period report period beginning date | 5/1/2017 |
| 3 | base period report period beginning date | 4/30/2018 |
| 4 | | 4/30/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| - | covered charges | 30,019,499 |
| 11 | payments for services | 9,571,004 |
| - | annual covered charges | 30,019,499 |
| 13 | annual payments for services | 9,571,004 |
| 14 | | |
| 15 | total hospital CCR | 31.24% |
| 16 | | |
| 17 | annual cost of services | 9,377,132 |
| 18 | | |
| 19 | adjustment factor | |
| | inflation | 1.058555 |
| 21 | | |
| 22 | adjusted annual charges | 31,777,291 |
| 23 | adjusted Medicaid payments for services | 10,131,434 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 10,131,434 |
| 26 | adjusted cost of services | 9,926,210 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 14,540,533 |
| 33 | | |
| 34 | maximum annual payments | 14,540,533 |
| 35 | facility specific UPL amount | 4,409,099 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (17,505) |
| 39 | allocation of supplemental payments | (1,060,581) |
| 40 | total aggregate limit adjustments | (1,078,086) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 3,331,013 |

| | Facility Name | Southeast Ga Health System - Camden |
|----|---|-------------------------------------|
| 2 | base period report period beginning date | 5/1/2017 |
| 3 | base period report period ending date | 4/30/2018 |
| 4 | | 1,00,2010 |
| | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 2,279,316 |
| | payments for services | 831,541 |
| | annual covered charges | 2,279,316 |
| | annual payments for services | 831,541 |
| 14 | | |
| 15 | total hospital CCR | 34.24% |
| 16 | | |
| 17 | annual cost of services | 780,493 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.058555 |
| 21 | | |
| 22 | adjusted annual charges | 2,412,781 |
| 23 | adjusted Medicaid payments for services | 880,232 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 880,232 |
| 26 | adjusted cost of services | 826,195 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 1,263,300 |
| 33 | | |
| 34 | maximum annual payments | 1,263,300 |
| 35 | facility specific UPL amount | 383,068 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (1,521) |
| 39 | allocation of supplemental payments | (92,145) |
| 40 | total aggregate limit adjustments | (93,666) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 289,402 |

| | Facility Name | Stephens County Hospital |
|----|---|--------------------------|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period ending date | 9/30/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 1,772,026 |
| 11 | payments for services | 718,356 |
| 12 | annual covered charges | 1,772,026 |
| 13 | annual payments for services | 718,356 |
| 14 | | |
| 15 | total hospital CCR | 37.49% |
| 16 | | |
| 17 | annual cost of services | 664,263 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.038496 |
| 21 | | |
| 22 | adjusted annual charges | 1,840,242 |
| 23 | adjusted Medicaid payments for services | 746,010 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 746,010 |
| 26 | adjusted cost of services | 689,834 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 1,070,666 |
| 33 | | |
| 34 | maximum annual payments | 1,070,666 |
| 35 | facility specific UPL amount | 324,656 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (1,289) |
| 39 | allocation of supplemental payments | (78,094) |
| 40 | total aggregate limit adjustments | (79,383) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 245,273 |

| | Facility Name | Tanner Medical Center/Carrollton |
|----|---|----------------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | |
| | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 21,666,573 |
| 11 | payments for services | 6,604,511 |
| 12 | annual covered charges | 21,666,573 |
| 13 | annual payments for services | 6,604,511 |
| 14 | | |
| 15 | total hospital CCR | 25.23% |
| 16 | | |
| 17 | annual cost of services | 5,466,956 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 22,796,571 |
| 23 | adjusted Medicaid payments for services | 6,948,963 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 6,948,963 |
| 26 | adjusted cost of services | 5,752,080 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 9,973,082 |
| 33 | | |
| 34 | maximum annual payments | 9,973,082 |
| 35 | facility specific UPL amount | 3,024,119 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (12,007) |
| 39 | allocation of supplemental payments | (727,433) |
| 40 | total aggregate limit adjustments | (739,440) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 2,284,679 |

| | Facility Name | Tanner Medical Center/Villa Rica |
|----|---|----------------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | 0,00,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| | covered charges | 19,811,788 |
| 11 | payments for services | 7,030,587 |
| 12 | annual covered charges | 19,811,788 |
| 13 | annual payments for services | 7,030,587 |
| 14 | | |
| 15 | total hospital CCR | 27.99% |
| 16 | • | |
| 17 | annual cost of services | 5,544,710 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 20,845,052 |
| 23 | adjusted Medicaid payments for services | 7,397,260 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 7,397,260 |
| 26 | adjusted cost of services | 5,833,889 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 10,616,474 |
| 33 | | |
| 34 | maximum annual payments | 10,616,474 |
| 35 | facility specific UPL amount | 3,219,214 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (12,781) |
| 39 | allocation of supplemental payments | (774,362) |
| 40 | total aggregate limit adjustments | (787,143) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 2,432,071 |

| | | Tift Regional Medical Center - A Campus of Tift |
|----|---|---|
| | Facility Name | Reg Health System |
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period ending date | 9/30/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 30,591,606 |
| 11 | payments for services | 6,929,702 |
| 12 | annual covered charges | 30,591,606 |
| 13 | annual payments for services | 6,929,702 |
| 14 | | |
| 15 | total hospital CCR | 19.47% |
| 16 | | |
| 17 | annual cost of services | 5,954,941 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.038496 |
| 21 | | |
| 22 | adjusted annual charges | 31,769,260 |
| 23 | adjusted Medicaid payments for services | 7,196,468 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 7,196,468 |
| 26 | adjusted cost of services | 6,184,182 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 10,328,299 |
| 33 | | |
| 34 | maximum annual payments | 10,328,299 |
| 35 | facility specific UPL amount | 3,131,831 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (12,434) |
| 39 | allocation of supplemental payments | (753,342) |
| 40 | total aggregate limit adjustments | (765,776) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 2,366,055 |

| | Facility Name | Union General Hospital, Inc. |
|----|---|------------------------------|
| 2 | base period report period beginning date | 5/1/2017 |
| 3 | base period report period ending date | 4/30/2018 |
| 4 | | .,, |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 1,102,345 |
| 11 | payments for services | 460,565 |
| 12 | annual covered charges | 1,102,345 |
| 13 | annual payments for services | 460,565 |
| 14 | | |
| 15 | total hospital CCR | 37.88% |
| 16 | | |
| 17 | annual cost of services | 417,549 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.058555 |
| 21 | | |
| 22 | adjusted annual charges | 1,166,893 |
| 23 | adjusted Medicaid payments for services | 487,533 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 487,533 |
| 26 | adjusted cost of services | 441,999 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 699,702 |
| 33 | | |
| 34 | maximum annual payments | 699,702 |
| 35 | facility specific UPL amount | 212,169 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (842) |
| 39 | allocation of supplemental payments | (51,036) |
| 40 | total aggregate limit adjustments | (51,878) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 160,291 |

| | Eacility Name | University Hernital |
|----|---|---------------------|
| 2 | Facility Name | University Hospital |
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period ending date | 12/31/2018 |
| 4 | | |
| - | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| | covered charges | 52,207,136 |
| | payments for services | 15,757,377 |
| | annual covered charges | 52,207,136 |
| - | annual payments for services | 15,757,377 |
| 14 | | |
| | total hospital CCR | 26.33% |
| 16 | | |
| 17 | annual cost of services | 13,747,823 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.03664 |
| 21 | | |
| 22 | adjusted annual charges | 54,120,005 |
| 23 | adjusted Medicaid payments for services | 16,334,727 |
| 24 | supplemental rate adjustment payments | 44,390 |
| 25 | total adjusted Medicaid payments | 16,379,117 |
| 26 | adjusted cost of services | 14,251,543 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 23,443,437 |
| 33 | | |
| 34 | maximum annual payments | 23,443,437 |
| 35 | facility specific UPL amount | 7,064,320 |
| 36 | | ,, |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (28,224) |
| 39 | allocation of supplemental payments | (1,665,566) |
| 40 | total aggregate limit adjustments | (1,693,790) |
| 41 | | (1,000,700) |
| 42 | UPL amount after aggregate limit adjustments | 5,370,530 |

| | Facility Name | University Hospital McDuffie |
|----|---|------------------------------|
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period ending date | 12/31/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 1,580,775 |
| 11 | payments for services | 526,621 |
| 12 | annual covered charges | 1,580,775 |
| 13 | annual payments for services | 526,621 |
| 14 | | |
| 15 | total hospital CCR | 23.62% |
| 16 | | |
| 17 | annual cost of services | 373,364 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.03664 |
| 21 | | |
| 22 | adjusted annual charges | 1,638,695 |
| 23 | adjusted Medicaid payments for services | 545,916 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 545,916 |
| 26 | adjusted cost of services | 387,044 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 783,493 |
| 33 | | |
| 34 | maximum annual payments | 783,493 |
| 35 | facility specific UPL amount | 237,577 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (943) |
| 39 | allocation of supplemental payments | (57,148) |
| 40 | total aggregate limit adjustments | (58,091) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 179,486 |

| | Facility Name | Upson Regional Medical Center |
|----|---|-------------------------------|
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period ending date | 12/31/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 12,792,760 |
| 11 | payments for services | 3,243,771 |
| 12 | annual covered charges | 12,792,760 |
| 13 | annual payments for services | 3,243,771 |
| 14 | | |
| 15 | total hospital CCR | 21.57% |
| 16 | | |
| 17 | annual cost of services | 2,760,019 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.03664 |
| 21 | | |
| 22 | adjusted annual charges | 13,261,487 |
| 23 | adjusted Medicaid payments for services | 3,362,623 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 3,362,623 |
| 26 | | 2,861,146 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 4,826,003 |
| 33 | | |
| 34 | maximum annual payments | 4,826,003 |
| 35 | facility specific UPL amount | 1,463,380 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (5,810) |
| 39 | allocation of supplemental payments | (352,007) |
| 40 | total aggregate limit adjustments | (357,817) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 1,105,563 |

| | Facility Name | Washington County Regional Medical Center |
|----|---|---|
| 2 | base period report period beginning date | 9/1/2017 |
| 3 | base period report period ending date | 8/31/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 270,448 |
| 11 | payments for services | 170,022 |
| 12 | annual covered charges | 270,448 |
| 13 | annual payments for services | 170,022 |
| 14 | | |
| 15 | total hospital CCR | 38.94% |
| 16 | | |
| 17 | annual cost of services | 105,304 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.043009 |
| 21 | | |
| 22 | adjusted annual charges | 282,080 |
| 23 | adjusted Medicaid payments for services | 177,334 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 177,334 |
| 26 | adjusted cost of services | 109,833 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 254,508 |
| 33 | | |
| 34 | maximum annual payments | 254,508 |
| 35 | facility specific UPL amount | 77,174 |
| 36 | | |
| 37 | aggregate limit adjustments | - |
| 38 | allocation of UPL amounts < 0 | (306) |
| 39 | allocation of supplemental payments | (18,564) |
| 40 | total aggregate limit adjustments | (18,870) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 58,304 |

| | Facility Name | Wayne Memorial Hospital |
|----|---|-------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period beginning date | 6/30/2018 |
| 4 | | 0,30,2010 |
| | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 5,483,463 |
| 11 | payments for services | 1,512,921 |
| 12 | annual covered charges | 5,483,463 |
| 13 | annual payments for services | 1,512,921 |
| 14 | | |
| 15 | total hospital CCR | 26.60% |
| 16 | | |
| 17 | annual cost of services | 1,458,515 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 5,769,448 |
| 23 | adjusted Medicaid payments for services | 1,591,826 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 1,591,826 |
| 26 | adjusted cost of services | 1,534,582 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 2,284,573 |
| 33 | | |
| 34 | maximum annual payments | 2,284,573 |
| | facility specific UPL amount | 692,747 |
| 36 | | |
| | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (2,750) |
| 39 | allocation of supplemental payments | (166,636) |
| | total aggregate limit adjustments | (169,386) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 523,361 |

| | Facility Name | Wellstar Cobb Hospital |
|----|---|---|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | 0,30,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| | Medicaid inpatient claims paid at amount > 0: | |
| | covered charges | 86,873,671 |
| - | payments for services | 17,294,197 |
| | annual covered charges | 86,873,671 |
| | annual payments for services | 17,294,197 |
| 14 | | , - , - , - , - , - , - , - , - , - , - |
| 15 | total hospital CCR | 18.73% |
| 16 | • | |
| 17 | annual cost of services | 16,272,446 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 91,404,480 |
| 23 | adjusted Medicaid payments for services | 18,196,159 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 18,196,159 |
| 26 | adjusted cost of services | 17,121,119 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 26,114,945 |
| 33 | | |
| 34 | maximum annual payments | 26,114,945 |
| 35 | facility specific UPL amount | 7,918,786 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (31,440) |
| 39 | allocation of supplemental payments | (1,904,814) |
| 40 | total aggregate limit adjustments | (1,936,254) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 5,982,532 |

| | Facility Name | Wellstar Douglas Hospital |
|----|---|---------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | 0,50,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| | Medicaid inpatient claims paid at amount > 0: | |
| | covered charges | 26,884,223 |
| | payments for services | 5,617,053 |
| | annual covered charges | 26,884,223 |
| 13 | annual payments for services | 5,617,053 |
| 14 | | |
| 15 | total hospital CCR | 15.86% |
| 16 | • | |
| 17 | annual cost of services | 4,263,641 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 28,286,343 |
| 23 | adjusted Medicaid payments for services | 5,910,005 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 5,910,005 |
| 26 | adjusted cost of services | 4,486,007 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 8,481,980 |
| 33 | | |
| 34 | maximum annual payments | 8,481,980 |
| 35 | facility specific UPL amount | 2,571,975 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (10,211) |
| 39 | allocation of supplemental payments | (618,673) |
| | total aggregate limit adjustments | (628,884) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 1,943,091 |

| | Facility Name | Wellstar Kennestone Hospital |
|----|---|------------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | 0,00,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 148,802,979 |
| 11 | payments for services | 26,642,990 |
| 12 | annual covered charges | 148,802,979 |
| 13 | annual payments for services | 26,642,990 |
| 14 | | |
| 15 | total hospital CCR | 16.78% |
| 16 | | |
| 17 | annual cost of services | 24,972,743 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 156,563,650 |
| 23 | adjusted Medicaid payments for services | 28,032,529 |
| 24 | supplemental rate adjustment payments | 2,337,295 |
| 25 | total adjusted Medicaid payments | 30,369,824 |
| 26 | adjusted cost of services | 26,275,171 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 40,232,005 |
| 33 | | |
| 34 | maximum annual payments | 40,232,005 |
| 35 | facility specific UPL amount | 9,862,181 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (48,436) |
| 39 | allocation of supplemental payments | (597,214) |
| 40 | total aggregate limit adjustments | (645,650) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 9,216,532 |

| | Facility Name | Wellstar Paulding Hospital |
|----|---|----------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | 0,50,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| | Medicaid inpatient claims paid at amount > 0: | |
| | covered charges | 17,038,801 |
| | payments for services | 3,426,894 |
| | annual covered charges | 17,038,801 |
| 13 | annual payments for services | 3,426,894 |
| 14 | | |
| 15 | total hospital CCR | 17.21% |
| 16 | • | |
| 17 | annual cost of services | 2,932,167 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 17,927,443 |
| 23 | adjusted Medicaid payments for services | 3,605,620 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 3,605,620 |
| 26 | adjusted cost of services | 3,085,091 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 5,174,750 |
| 33 | | |
| 34 | maximum annual payments | 5,174,750 |
| | facility specific UPL amount | 1,569,130 |
| 36 | | |
| | aggregate limit adjustments | |
| - | allocation of UPL amounts < 0 | (6,230) |
| 39 | allocation of supplemental payments | (377,444) |
| | total aggregate limit adjustments | (383,674) |
| 41 | - | |
| 42 | UPL amount after aggregate limit adjustments | 1,185,456 |

| | Facility Name | Wellstar West Georgia Medical Center |
|----|---|--------------------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | 0,30,2010 |
| | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| | covered charges | 18,957,186 |
| - | payments for services | 5,313,798 |
| | annual covered charges | 18,957,186 |
| 13 | annual payments for services | 5,313,798 |
| 14 | | 5,513,738 |
| | total hospital CCR | 22.66% |
| 16 | | 22.00/0 |
| 17 | annual cost of services | 4,295,598 |
| 18 | | 4,255,550 |
| | adjustment factor | |
| | inflation | 1.052154 |
| 20 | | 1.052154 |
| | adjusted annual charges | 19,945,879 |
| 23 | adjusted Medicaid payments for services | 5,590,934 |
| | supplemental rate adjustment payments | 3,350,354 |
| | total adjusted Medicaid payments | 5,590,934 |
| | adjusted cost of services | 4,519,631 |
| 27 | | +,515,051 |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| | basis for UPL calculation | DRG differential |
| 31 | DRG differential adjustment rate | 1.43519 |
| 32 | maximum annual payments (at DRG differential) | 8,024,053 |
| 33 | | 0,024,000 |
| 34 | maximum annual payments | 8,024,053 |
| 35 | facility specific UPL amount | 2,433,119 |
| 36 | | 2,+33,115 |
| 37 | aggregate limit adjustments | |
| 37 | allocation of UPL amounts < 0 | (9,660) |
| 39 | allocation of supplemental payments | (5,607) |
| 40 | total aggregate limit adjustments | (594,932) |
| 40 | | (554,532) |
| | UPL amount after aggregate limit adjustments | 1,838,187 |

| | Facility Name | Wellstar Windy Hill Hospital |
|----|---|------------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | 0,00,2020 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 2,623,846 |
| - | payments for services | 337,370 |
| 12 | annual covered charges | 2,623,846 |
| 13 | annual payments for services | 337,370 |
| 14 | | |
| 15 | total hospital CCR | 20.86% |
| 16 | | |
| 17 | annual cost of services | 547,418 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 2,760,690 |
| 23 | adjusted Medicaid payments for services | 354,965 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 354,965 |
| 26 | adjusted cost of services | 575,968 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 575,968 |
| 35 | facility specific UPL amount | 221,003 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (877) |
| 39 | allocation of supplemental payments | (53,161) |
| 40 | total aggregate limit adjustments | (54,038) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 166,965 |

| | Facility Name | Bacon County Hospital and Health System |
|----|---|---|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 2,327,614 |
| 11 | payments for services | 719,615 |
| 12 | annual covered charges | 2,327,614 |
| 13 | annual payments for services | 719,615 |
| 14 | | |
| 15 | total hospital CCR | 45.89% |
| 16 | | |
| 17 | annual cost of services | 1,068,053 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 2,449,008 |
| 23 | adjusted Medicaid payments for services | 757,146 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 757,146 |
| 26 | adjusted cost of services | 1,123,756 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 1,123,756 |
| 35 | facility specific UPL amount | 366,610 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (1,456) |
| 39 | allocation of supplemental payments | (88,186) |
| 40 | total aggregate limit adjustments | (89,642) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 276,968 |

| | Facility Name | Bleckley Memorial Hospital |
|----|---|----------------------------|
| 2 | base period report period beginning date | 4/1/2017 |
| 3 | base period report period ending date | 3/31/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 59,539 |
| 11 | payments for services | 33,731 |
| 12 | annual covered charges | 59,539 |
| 13 | annual payments for services | 33,731 |
| 14 | | |
| 15 | total hospital CCR | 65.61% |
| 16 | | |
| 17 | annual cost of services | 39,061 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.061785 |
| 21 | | |
| 22 | adjusted annual charges | 63,218 |
| 23 | adjusted Medicaid payments for services | 35,815 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 35,815 |
| 26 | adjusted cost of services | 41,474 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 41,474 |
| 35 | facility specific UPL amount | 5,659 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (22) |
| 39 | allocation of supplemental payments | (1,361) |
| 40 | total aggregate limit adjustments | (1,383) |
| 41 | | 4.070 |
| 42 | UPL amount after aggregate limit adjustments | 4,276 |

| | Facility Name | Brooks County Hospital |
|----|---|------------------------|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period ending date | 9/30/2018 |
| 4 | | 5,50,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| | covered charges | 178,657 |
| | payments for services | 85,343 |
| 12 | annual covered charges | 178,657 |
| 13 | annual payments for services | 85,343 |
| 14 | | |
| 15 | total hospital CCR | 39.16% |
| 16 | | |
| 17 | annual cost of services | 69,962 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.038496 |
| 21 | | |
| 22 | adjusted annual charges | 185,535 |
| 23 | adjusted Medicaid payments for services | 88,628 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 88,628 |
| 26 | adjusted cost of services | 72,655 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 72,655 |
| 35 | facility specific UPL amount | (15,973) |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | 15,973 |
| 39 | allocation of supplemental payments | 0 |
| 40 | total aggregate limit adjustments | 15,973 |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 0 |

| | Facility Name | Candler County Hospital |
|----|---|-------------------------|
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period ending date | 12/31/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 570,730 |
| 11 | payments for services | 230,904 |
| 12 | annual covered charges | 570,730 |
| 13 | annual payments for services | 230,904 |
| 14 | | |
| 15 | total hospital CCR | 27.24% |
| 16 | | |
| 17 | annual cost of services | 155,450 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.03664 |
| 21 | | |
| 22 | adjusted annual charges | 591,642 |
| 23 | adjusted Medicaid payments for services | 239,364 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 239,364 |
| 26 | adjusted cost of services | 161,146 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 161,146 |
| 35 | facility specific UPL amount | (78,218) |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | 78,218 |
| 39 | allocation of supplemental payments | 0 |
| 40 | total aggregate limit adjustments | 78,218 |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 0 |

| | Facility Name | Chatuge Regional Hospital, Inc. |
|----|---|---------------------------------|
| 2 | base period report period beginning date | 5/1/2017 |
| 3 | base period report period ending date | 4/30/2018 |
| 4 | | ., |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 182,357 |
| 11 | payments for services | 72,850 |
| 12 | annual covered charges | 182,357 |
| 13 | annual payments for services | 72,850 |
| 14 | | |
| 15 | total hospital CCR | 74.60% |
| 16 | | |
| 17 | annual cost of services | 136,041 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.058555 |
| 21 | | |
| 22 | adjusted annual charges | 193,035 |
| 23 | adjusted Medicaid payments for services | 77,116 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 77,116 |
| 26 | adjusted cost of services | 144,007 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 144,007 |
| 35 | facility specific UPL amount | 66,891 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (266) |
| 39 | allocation of supplemental payments | (16,090) |
| 40 | total aggregate limit adjustments | (16,356) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 50,535 |

| | Facility Name | Clinch Memorial Hospital |
|----|---|--------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 162,006 |
| 11 | payments for services | 118,168 |
| 12 | annual covered charges | 162,006 |
| 13 | annual payments for services | 118,168 |
| 14 | | |
| 15 | total hospital CCR | 85.74% |
| 16 | | |
| 17 | annual cost of services | 138,901 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 170,455 |
| 23 | adjusted Medicaid payments for services | 124,331 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 124,331 |
| 26 | adjusted cost of services | 146,145 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 146,145 |
| 35 | facility specific UPL amount | 21,814 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (87) |
| 39 | allocation of supplemental payments | (5,247) |
| 40 | total aggregate limit adjustments | (5,334) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 16,480 |

| | Facility Name | Effingham Health System |
|----|---|-------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 253,114 |
| 11 | payments for services | 84,883 |
| 12 | annual covered charges | 253,114 |
| 13 | annual payments for services | 84,883 |
| 14 | | |
| 15 | total hospital CCR | 39.16% |
| 16 | | |
| 17 | annual cost of services | 99,127 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 266,315 |
| 23 | adjusted Medicaid payments for services | 89,310 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 89,310 |
| 26 | adjusted cost of services | 104,297 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 104,297 |
| 35 | facility specific UPL amount | 14,987 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (60) |
| 39 | allocation of supplemental payments | (3,605) |
| 40 | total aggregate limit adjustments | (3,665) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 11,322 |

| | Facility Name | Elbert Memorial Hospital |
|----|---|--------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period beginning date | 6/30/2018 |
| 4 | | 0,30,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| | covered charges | 252,358 |
| - | payments for services | 148,328 |
| | annual covered charges | 252,358 |
| 13 | annual payments for services | 148,328 |
| 14 | | |
| | total hospital CCR | 35.42% |
| 16 | | |
| 17 | annual cost of services | 89,396 |
| 18 | | |
| | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 265,519 |
| | adjusted Medicaid payments for services | 156,064 |
| | supplemental rate adjustment payments | 0 |
| | total adjusted Medicaid payments | 156,064 |
| 26 | adjusted cost of services | 94,058 |
| 27 | - | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 94,058 |
| 35 | facility specific UPL amount | (62,006) |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | 62,006 |
| 39 | allocation of supplemental payments | 0 |
| 40 | total aggregate limit adjustments | 62,006 |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 0 |

| | Facility Name | Floyd Polk Medical Center |
|----|---|---------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | -,, |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 68,814 |
| 11 | payments for services | 13,885 |
| 12 | annual covered charges | 68,814 |
| 13 | annual payments for services | 13,885 |
| 14 | | |
| 15 | total hospital CCR | 24.68% |
| 16 | | |
| 17 | annual cost of services | 16,984 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 72,403 |
| 23 | adjusted Medicaid payments for services | 14,609 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 14,609 |
| 26 | adjusted cost of services | 17,870 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 17,870 |
| 35 | facility specific UPL amount | 3,261 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (13) |
| 39 | allocation of supplemental payments | (784) |
| 40 | total aggregate limit adjustments | (797) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 2,464 |

| | Facility Name | Higgins General Hospital |
|----|---|--------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | 0,50,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| | covered charges | 436,442 |
| | payments for services | 138,620 |
| 12 | annual covered charges | 436,442 |
| 13 | annual payments for services | 138,620 |
| 14 | | |
| 15 | total hospital CCR | 33.32% |
| 16 | | |
| 17 | annual cost of services | 145,419 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 459,204 |
| 23 | adjusted Medicaid payments for services | 145,850 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 145,850 |
| 26 | adjusted cost of services | 153,003 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 153,003 |
| | facility specific UPL amount | 7,153 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (28) |
| 39 | allocation of supplemental payments | (1,721) |
| 40 | total aggregate limit adjustments | (1,749) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 5,404 |

| | Facility Name | Jasper Memorial Hospital |
|----|---|--------------------------|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period ending date | 9/30/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 0 |
| 11 | payments for services | 0 |
| 12 | annual covered charges | 0 |
| 13 | annual payments for services | 0 |
| 14 | | |
| 15 | total hospital CCR | 112.73% |
| 16 | | |
| 17 | annual cost of services | 0 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.038496 |
| 21 | | |
| 22 | adjusted annual charges | 0 |
| 23 | adjusted Medicaid payments for services | 0 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 0 |
| 26 | adjusted cost of services | 0 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 0 |
| 35 | facility specific UPL amount | 0 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | 0 |
| 39 | allocation of supplemental payments | 0 |
| 40 | total aggregate limit adjustments | 0 |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 0 |

| | Facility Name | Jeff Davis Hospital |
|----|---|---------------------|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period ending date | 9/30/2018 |
| 4 | | 5,00,2020 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 719,630 |
| 11 | payments for services | 259,001 |
| 12 | annual covered charges | 719,630 |
| 13 | annual payments for services | 259,001 |
| 14 | | |
| 15 | total hospital CCR | 27.25% |
| 16 | | |
| 17 | annual cost of services | 196,132 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.038496 |
| 21 | | |
| 22 | adjusted annual charges | 747,333 |
| 23 | adjusted Medicaid payments for services | 268,972 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 268,972 |
| 26 | adjusted cost of services | 203,682 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 203,682 |
| 35 | facility specific UPL amount | (65,290) |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | 65,290 |
| 39 | allocation of supplemental payments | 0 |
| 40 | total aggregate limit adjustments | 65,290 |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 0 |

| | Facility Name | Liberty Regional Medical Center |
|----|---|---------------------------------------|
| 2 | base period report period beginning date | 12/1/2017 |
| 3 | base period report period ending date | 11/30/2018 |
| 4 | | 11, 50, 2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 1,514,535 |
| 11 | payments for services | 569,688 |
| 12 | annual covered charges | 1,514,535 |
| 13 | annual payments for services | 569,688 |
| 14 | | |
| 15 | total hospital CCR | 29.97% |
| 16 | | |
| 17 | annual cost of services | 453,848 |
| 18 | | · · · · · · · · · · · · · · · · · · · |
| 19 | adjustment factor | |
| 20 | inflation | 1.037258 |
| 21 | | |
| 22 | adjusted annual charges | 1,570,964 |
| 23 | adjusted Medicaid payments for services | 590,913 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 590,913 |
| 26 | adjusted cost of services | 470,757 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 470,757 |
| 35 | facility specific UPL amount | (120,156) |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | 120,156 |
| 39 | allocation of supplemental payments | 0 |
| 40 | total aggregate limit adjustments | 120,156 |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 0 |

| | Facility Name | Medical Center of Peach County, Navicent Health |
|----|---|---|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period ending date | 9/30/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 659,802 |
| 11 | payments for services | 324,877 |
| 12 | annual covered charges | 659,802 |
| 13 | annual payments for services | 324,877 |
| 14 | | , |
| 15 | total hospital CCR | 32.12% |
| 16 | • | |
| 17 | annual cost of services | 211,931 |
| 18 | | , |
| | adjustment factor | |
| 20 | inflation | 1.038496 |
| 21 | | |
| 22 | adjusted annual charges | 685,202 |
| 23 | adjusted Medicaid payments for services | 337,383 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 337,383 |
| 26 | adjusted cost of services | 220,089 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 220,089 |
| 35 | facility specific UPL amount | (117,294) |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | 117,294 |
| 39 | allocation of supplemental payments | 0 |
| 40 | total aggregate limit adjustments | 117,294 |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 0 |

| | Facility Name | Miller County Hospital |
|----|---|------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period beginning date | 6/30/2018 |
| 4 | | 0,00,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| | Medicaid inpatient claims paid at amount > 0: | |
| | covered charges | 2,487,795 |
| | payments for services | 1,047,486 |
| 12 | annual covered charges | 2,487,795 |
| 13 | annual payments for services | 1,047,486 |
| 14 | | |
| 15 | total hospital CCR | 89.38% |
| 16 | | |
| 17 | annual cost of services | 2,223,589 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 2,617,543 |
| 23 | adjusted Medicaid payments for services | 1,102,117 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 1,102,117 |
| 26 | adjusted cost of services | 2,339,558 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 2,339,558 |
| | facility specific UPL amount | 1,237,441 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (4,913) |
| 39 | allocation of supplemental payments | (297,659) |
| 40 | total aggregate limit adjustments | (302,572) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 934,869 |

| | Facility Name | Mitchell County Hospital |
|----|---|--------------------------|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period beginning date | 9/30/2018 |
| 4 | | 5,50,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| | covered charges | 11,826 |
| | payments for services | 4,341 |
| 12 | annual covered charges | 11,826 |
| 13 | annual payments for services | 4,341 |
| 14 | | |
| 15 | total hospital CCR | 68.45% |
| 16 | | |
| 17 | annual cost of services | 8,095 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.038496 |
| 21 | | |
| 22 | adjusted annual charges | 12,281 |
| 23 | adjusted Medicaid payments for services | 4,508 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 4,508 |
| 26 | adjusted cost of services | 8,407 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 8,407 |
| | facility specific UPL amount | 3,899 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (15) |
| 39 | allocation of supplemental payments | (938) |
| 40 | total aggregate limit adjustments | (953) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 2,946 |

| | Facility Name | Monroe County Hospital |
|----|---|------------------------|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period beginning date | 9/30/2018 |
| 4 | | 5,50,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 119,206 |
| | payments for services | 83,613 |
| 12 | annual covered charges | 119,206 |
| 13 | annual payments for services | 83,613 |
| 14 | | |
| 15 | total hospital CCR | 47.24% |
| 16 | | |
| 17 | annual cost of services | 56,312 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.038496 |
| 21 | | |
| 22 | adjusted annual charges | 123,795 |
| 23 | adjusted Medicaid payments for services | 86,832 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 86,832 |
| 26 | adjusted cost of services | 58,480 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 58,480 |
| 35 | facility specific UPL amount | (28,352) |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | 28,352 |
| 39 | allocation of supplemental payments | 0 |
| 40 | total aggregate limit adjustments | 28,352 |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 0 |

| | Facility Name | Morgan Memorial Hospital |
|----|---|--------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| | base period report period beginning date | 6/30/2018 |
| 4 | | 0/30/2018 |
| | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| | Medicaid inpatient claims paid at amount > 0: | |
| - | covered charges | 25,045 |
| | payments for services | 13,868 |
| | annual covered charges | 25,045 |
| | annual payments for services | 13,868 |
| 14 | | |
| | total hospital CCR | 62.63% |
| 16 | | |
| - | annual cost of services | 15,685 |
| 18 | | |
| 19 | adjustment factor | |
| | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 26,351 |
| 23 | adjusted Medicaid payments for services | 14,591 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 14,591 |
| 26 | adjusted cost of services | 16,503 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 16,503 |
| 35 | facility specific UPL amount | 1,912 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (8) |
| 39 | allocation of supplemental payments | (460) |
| 40 | total aggregate limit adjustments | (468) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 1,444 |

| | Facility Name | Lifebrite Community Hospital of Early |
|----|---|---------------------------------------|
| 2 | base period report period beginning date | 11/1/2017 |
| 3 | base period report period beginning date | 10/31/2018 |
| 4 | | 10/51/2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 72,383 |
| 11 | payments for services | 27,287 |
| 12 | annual covered charges | 72,383 |
| 13 | annual payments for services | 27,287 |
| 14 | | |
| 15 | total hospital CCR | 54.93% |
| 16 | | |
| 17 | annual cost of services | 39,757 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.037877 |
| 21 | | |
| 22 | adjusted annual charges | 75,125 |
| 23 | adjusted Medicaid payments for services | 28,321 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 28,321 |
| 26 | adjusted cost of services | 41,263 |
| 27 | | · · · · · |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 41,263 |
| 35 | facility specific UPL amount | 12,942 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (51) |
| 39 | allocation of supplemental payments | (3,113) |
| 40 | total aggregate limit adjustments | (3,164) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 9,778 |

| | Facility Name | Putnam General Hospital |
|----|---|-------------------------|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period beginning date | 9/30/2018 |
| 4 | | 5,50,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 163,392 |
| 11 | payments for services | 90,058 |
| 12 | annual covered charges | 163,392 |
| 13 | annual payments for services | 90,058 |
| 14 | | |
| 15 | total hospital CCR | 51.23% |
| 16 | | |
| 17 | annual cost of services | 83,700 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.038496 |
| 21 | | |
| 22 | adjusted annual charges | 169,682 |
| 23 | adjusted Medicaid payments for services | 93,525 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 93,525 |
| 26 | adjusted cost of services | 86,922 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 86,922 |
| 35 | facility specific UPL amount | (6,603) |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | 6,603 |
| 39 | allocation of supplemental payments | 0 |
| 40 | total aggregate limit adjustments | 6,603 |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 0 |

| | Facility Name | South Ga Medical Center - Lanier Campus |
|----|---|---|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period ending date | 9/30/2018 |
| 4 | | 5,00,2010 |
| | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 286,036 |
| | payments for services | 96,793 |
| | annual covered charges | 286,036 |
| 13 | annual payments for services | 96,793 |
| 14 | | |
| 15 | total hospital CCR | 102.50% |
| 16 | | |
| 17 | annual cost of services | 293,178 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.038496 |
| 21 | | |
| 22 | adjusted annual charges | 297,047 |
| 23 | adjusted Medicaid payments for services | 100,519 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 100,519 |
| 26 | adjusted cost of services | 304,464 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 304,464 |
| 35 | facility specific UPL amount | 203,945 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (810) |
| 39 | allocation of supplemental payments | (49,058) |
| 40 | total aggregate limit adjustments | (49,868) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 154,077 |

| | Facility Name | Warm Springs Medical Center |
|----|---|-----------------------------|
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period ending date | 12/31/2018 |
| 4 | | 12/31/2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 111,319 |
| | payments for services | 66,123 |
| 12 | annual covered charges | 111,319 |
| 13 | annual payments for services | 66,123 |
| 14 | | |
| 15 | total hospital CCR | 78.40% |
| 16 | · · · | |
| 17 | annual cost of services | 87,277 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.03664 |
| 21 | | |
| 22 | adjusted annual charges | 115,398 |
| 23 | adjusted Medicaid payments for services | 68,546 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 68,546 |
| 26 | adjusted cost of services | 90,475 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 90,475 |
| 35 | facility specific UPL amount | 21,929 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (87) |
| 39 | allocation of supplemental payments | (5,275) |
| 40 | total aggregate limit adjustments | (5,362) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 16,567 |

| | Facility Name | Wellstar Sylvan Grove Hospital |
|----|---|--------------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 49,588 |
| 11 | payments for services | 6,770 |
| 12 | annual covered charges | 49,588 |
| 13 | annual payments for services | 6,770 |
| 14 | | |
| 15 | total hospital CCR | 21.45% |
| 16 | | |
| 17 | annual cost of services | 10,636 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 52,174 |
| 23 | adjusted Medicaid payments for services | 7,123 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 7,123 |
| 26 | adjusted cost of services | 11,191 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 11,191 |
| 35 | facility specific UPL amount | 4,068 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (16) |
| 39 | allocation of supplemental payments | (979) |
| 40 | total aggregate limit adjustments | (995) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 3,073 |

| | Facility Name | Wills Memorial Hospital |
|----|---|-------------------------|
| 2 | base period report period beginning date | 5/1/2017 |
| 3 | base period report period beginning date | 4/30/2018 |
| 4 | | 4,50,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| | covered charges | 634,736 |
| | payments for services | 205,529 |
| 12 | annual covered charges | 634,736 |
| 13 | annual payments for services | 205,529 |
| 14 | | |
| 15 | total hospital CCR | 60.53% |
| 16 | | |
| 17 | annual cost of services | 384,177 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.058555 |
| 21 | | |
| 22 | adjusted annual charges | 671,903 |
| 23 | adjusted Medicaid payments for services | 217,564 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 217,564 |
| 26 | adjusted cost of services | 406,672 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Non-State Govt. |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 406,672 |
| | facility specific UPL amount | 189,108 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (751) |
| 39 | allocation of supplemental payments | (45,489) |
| 40 | total aggregate limit adjustments | (46,240) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 142,868 |

| | Facility Name | Jenkins County Medical Center |
|----|---|-------------------------------|
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period ending date | 12/31/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 9,541 |
| 11 | payments for services | 4,108 |
| 12 | annual covered charges | 9,541 |
| 13 | annual payments for services | 4,108 |
| 14 | | |
| 15 | total hospital CCR | 76.05% |
| 16 | | |
| 17 | annual cost of services | 7,256 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.03664 |
| 21 | | |
| 22 | adjusted annual charges | 9,891 |
| 23 | adjusted Medicaid payments for services | 4,259 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 4,259 |
| 26 | adjusted cost of services | 7,522 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Private |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 7,522 |
| 35 | facility specific UPL amount | 3,263 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (496) |
| 39 | allocation of supplemental payments | (1,326) |
| 40 | total aggregate limit adjustments | (1,822) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 1,441 |

| | Facility Name | Mountain Lakes Medical Center |
|----|---|-------------------------------|
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period ending date | 12/31/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 330,936 |
| 11 | payments for services | 115,820 |
| 12 | annual covered charges | 330,936 |
| 13 | annual payments for services | 115,820 |
| 14 | | |
| 15 | total hospital CCR | 43.99% |
| 16 | | |
| 17 | annual cost of services | 145,592 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.03664 |
| 21 | | |
| 22 | adjusted annual charges | 343,061 |
| 23 | adjusted Medicaid payments for services | 120,064 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 120,064 |
| 26 | adjusted cost of services | 150,926 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Private |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 150,926 |
| 35 | facility specific UPL amount | 30,862 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (4,689) |
| 39 | allocation of supplemental payments | (12,545) |
| 40 | total aggregate limit adjustments | (17,234) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 13,628 |

| | Facility Name | Optim Medical Center - Screven |
|----|---|--------------------------------|
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period beginning date | 12/31/2018 |
| 4 | | 12/01/2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| | covered charges | 168,396 |
| 11 | payments for services | 65,304 |
| 12 | annual covered charges | 168,396 |
| 13 | annual payments for services | 65,304 |
| 14 | | |
| 15 | total hospital CCR | 44.77% |
| 16 | | |
| 17 | annual cost of services | 75,383 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.03664 |
| 21 | | |
| 22 | adjusted annual charges | 174,566 |
| 23 | adjusted Medicaid payments for services | 67,697 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 67,697 |
| 26 | adjusted cost of services | 78,145 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Private |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 78,145 |
| 35 | facility specific UPL amount | 10,448 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (1,587) |
| 39 | allocation of supplemental payments | (4,247) |
| 40 | total aggregate limit adjustments | (5,834) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 4,614 |

| | Facility Name | Optim Medical Center - Tattnall |
|----|---|---------------------------------|
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period beginning date | 12/31/2018 |
| 4 | | 12/51/2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 4,891,711 |
| 11 | payments for services | 394,508 |
| 12 | annual covered charges | 4,891,711 |
| 13 | annual payments for services | 394,508 |
| 14 | | |
| 15 | total hospital CCR | 11.08% |
| 16 | | |
| 17 | annual cost of services | 542,148 |
| 18 | | |
| | adjustment factor | |
| 20 | inflation | 1.03664 |
| 21 | | |
| 22 | adjusted annual charges | 5,070,943 |
| 23 | adjusted Medicaid payments for services | 408,963 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 408,963 |
| 26 | adjusted cost of services | 562,012 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Private |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 562,012 |
| 35 | facility specific UPL amount | 153,049 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (23,254) |
| 39 | allocation of supplemental payments | (62,211) |
| 40 | total aggregate limit adjustments | (85,465) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 67,584 |

| | Facility Name | Phoebe Worth Medical Center |
|----|---|-----------------------------|
| 2 | base period report period beginning date | 8/1/2017 |
| 3 | base period report period ending date | 7/31/2018 |
| 4 | | //51/2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 264,406 |
| 11 | payments for services | 101,797 |
| 12 | annual covered charges | 264,406 |
| 13 | annual payments for services | 101,797 |
| 14 | | ´ |
| 15 | total hospital CCR | 45.19% |
| 16 | | |
| 17 | annual cost of services | 119,483 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.047562 |
| 21 | | |
| 22 | adjusted annual charges | 276,982 |
| 23 | adjusted Medicaid payments for services | 106,639 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 106,639 |
| 26 | adjusted cost of services | 125,166 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Private |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 125,166 |
| 35 | facility specific UPL amount | 18,527 |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | (2,815) |
| 39 | allocation of supplemental payments | (7,531) |
| 40 | total aggregate limit adjustments | (10,346) |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 8,181 |

| | Facility Name | St. Mary's Good Samaritan Hospital |
|----|---|------------------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | 6,50,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | Medicaid inpatient claims paid at amount > 0: | |
| 10 | covered charges | 466,592 |
| 11 | payments for services | 240,262 |
| 12 | annual covered charges | 466,592 |
| 13 | annual payments for services | 240,262 |
| 14 | | |
| 15 | total hospital CCR | 27.79% |
| 16 | | |
| 17 | annual cost of services | 129,659 |
| 18 | | |
| 19 | adjustment factor | |
| 20 | inflation | 1.052154 |
| 21 | | |
| 22 | adjusted annual charges | 490,927 |
| 23 | adjusted Medicaid payments for services | 252,793 |
| 24 | supplemental rate adjustment payments | 0 |
| 25 | total adjusted Medicaid payments | 252,793 |
| 26 | adjusted cost of services | 136,421 |
| 27 | | |
| 28 | other UPL calculation data | |
| 29 | provider category for UPL calculation | Private |
| 30 | basis for UPL calculation | cost |
| 31 | DRG differential adjustment rate | 0 |
| 32 | maximum annual payments (at DRG differential) | 0 |
| 33 | | |
| 34 | maximum annual payments | 136,421 |
| 35 | facility specific UPL amount | (116,372) |
| 36 | | |
| 37 | aggregate limit adjustments | |
| 38 | allocation of UPL amounts < 0 | 116,372 |
| 39 | allocation of supplemental payments | 0 |
| 40 | total aggregate limit adjustments | 116,372 |
| 41 | | |
| 42 | UPL amount after aggregate limit adjustments | 0 |

| | Facility Name | Augusta University Medical Center |
|----------|---|-----------------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 77,672,868 |
| 11 | cost of Medicaid covered services | 18,549,200 |
| | Medicaid CCR | 0.2388 |
| | | |
| 12 | total hospital CCR | 0.255033023 |
| 13 | cost settlement rate | 100.00% |
| 14 | annual Medicaid payments after cost settlement | 18,549,200 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 2,797,222 |
| 18 | payments | 101,600 |
| 19 | annual covered charges | 2,797,222 |
| 20 | annual interim payments | 101,600 |
| 21 | annual cost of services | 713,384 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 12,525,096 |
| 25 | payments | 1,419,983 |
| 26 | annual covered charges | 12,525,096 |
| 27 | annual interim payments | 1,419,983 |
| 28 | annual cost of services | 3,194,313 |
| 29 | | 20.070.702 |
| 30 | Medicaid annual payments | 20,070,783 |
| 31 | Cost of services - max annual payments for UPL | 22,456,897 |
| 32 | a diversion and factory | |
| 33 | adjustment factor | 1.052154 |
| 34 35 | inflation | 1.052154 |
| | adjusted Medicaid annual navments | 21 117 555 |
| 36 37 | adjusted Medicaid annual payments | 21,117,555 |
| 37 | adjusted maximum annual payments for UPL annual facility specific UPL amount | 23,628,114 |
| 38 39 | | 2,510,559 |
| 40 | annual allocation of charge limit (if applicable) | 4,294 |
| 40 | allocation of UPL amounts < 0 | 4,294 |
| -71 | annual UPL amount after aggregate limit | 0 |
| 42 | adjustments | 2,514,853 |
| | | 2,514,055 |

| | | Roosevelt Warm Sprngs Rehab & |
|-----|---|-------------------------------|
| | Facility Name | Specialty Hospitals, Inc. |
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | 0,30,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 10,535 |
| 11 | cost of Medicaid covered services | 14,829 |
| | Medicaid CCR | 1.4076 |
| | | 1.4070 |
| 12 | total hospital CCR | 0.46989117 |
| 13 | cost settlement rate | 100.00% |
| 14 | annual Medicaid payments after cost settlement | 14,829 |
| 15 | | 14,025 |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 0 |
| 18 | payments | 0 |
| 19 | annual covered charges | 0 |
| 20 | annual interim payments | 0 |
| 20 | annual cost of services | 0 |
| 21 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 0 |
| 25 | payments | 0 |
| 26 | annual covered charges | 0 |
| 27 | annual interim payments | 0 |
| 28 | annual cost of services | 0 |
| 29 | | |
| 30 | Medicaid annual payments | 14,829 |
| 31 | Cost of services - max annual payments for UPL | 14,829 |
| 32 | | 1,025 |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | 1.002101 |
| 36 | adjusted Medicaid annual payments | 15,602 |
| 37 | adjusted maximum annual payments for UPL | 15,602 |
| 38 | annual facility specific UPL amount | 0 |
| 39 | | Ŭ |
| 40 | annual allocation of charge limit (if applicable) | (4,294) |
| 41 | allocation of UPL amounts < 0 | 0 |
| -71 | annual UPL amount after aggregate limit | Ŭ |
| 42 | adjustments | (4,294) |
| 42 | UPL adjustment available for SFY2020 | (4,234) |

| | Facility Name | Appling Hospital |
|----|---|------------------|
| 2 | base period report period beginning date | 9/1/2017 |
| 3 | base period report period ending date | 8/31/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 836,754 |
| 11 | cost of Medicaid covered services | 379,630 |
| | Medicaid CCR | 0.4537 |
| | | |
| 12 | total hospital CCR | 0.701626459 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 363,572 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 29,441 |
| 18 | payments | 2,864 |
| 19 | annual covered charges | 29,441 |
| 20 | annual interim payments | 2,864 |
| 21 | annual cost of services | 20,657 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 0 |
| 25 | payments | 0 |
| 26 | annual covered charges | 0 |
| 27 | annual interim payments | 0 |
| 28 | annual cost of services | 0 |
| 29 | | |
| 30 | Medicaid annual payments | 366,436 |
| 31 | Cost of services - max annual payments for UPL | 400,287 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.043009 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 382,196 |
| 37 | adjusted maximum annual payments for UPL | 417,503 |
| 38 | annual facility specific UPL amount | 35,307 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (446) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 34,861 |
| 43 | UPL adjustment available for SFY2020 | 34,861 |

| | Facility Nome | Durke Medical Conter |
|----------|---|-------------------------------|
| 2 | Facility Name base period report period beginning date | Burke Medical Center 6/1/2017 |
| 2 | base period report period ending date | 5/31/2017 |
| 4 | | 5/51/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | _ |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 990,593 |
| 11 | cost of Medicaid covered services | 327,743 |
| | Medicaid CCR | 0.3309 |
| | | |
| 12 | total hospital CCR | 0.410817181 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 313,879 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 116,217 |
| 18 | payments | 5,482 |
| 19 | annual covered charges | 116,217 |
| 20 | annual interim payments | 5,482 |
| 21 | annual cost of services | 47,744 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 0 |
| 25 | payments | 0 |
| 26 | annual covered charges | 0 |
| 27 | annual interim payments | 0 |
| 28 | annual cost of services | 0 |
| 29 | | |
| 30 | Medicaid annual payments | 319,361 |
| 31 | Cost of services - max annual payments for UPL | 375,487 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.055345 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 337,036 |
| 37 | adjusted maximum annual payments for UPL | 396,268 |
| 38 | annual facility specific UPL amount | 59,232 |
| 39 | annual allocation of charge limit (if any limit) | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (749) |
| 10 | annual UPL amount after aggregate limit | E0 400 |
| 42 43 | adjustments UPL adjustment available for SFY2020 | 58,483 58,483 |
| 43 | | 56,465 |

| | | Children's Healthcare of Atlanta at Hughes |
|----|---|--|
| | Facility Name | Spalding |
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period ending date | 12/31/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 17,194,288 |
| 11 | cost of Medicaid covered services | 3,377,533 |
| | Medicaid CCR | 0.1964 |
| | | |
| 12 | total hospital CCR | 0.177180779 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 3,234,663 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 1,858,761 |
| 18 | payments | 68,072 |
| 19 | annual covered charges | 1,858,761 |
| 20 | annual interim payments | 68,072 |
| 21 | annual cost of services | 329,337 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 0 |
| 25 | payments | 0 |
| 26 | annual covered charges | 0 |
| 27 | annual interim payments | 0 |
| 28 | annual cost of services | 0 |
| 29 | | |
| 30 | Medicaid annual payments | 3,302,735 |
| 31 | Cost of services - max annual payments for UPL | 3,706,870 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.03664 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 3,423,747 |
| 37 | adjusted maximum annual payments for UPL | 3,842,690 |
| 38 | annual facility specific UPL amount | 418,943 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (5,294) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 413,649 |
| 43 | UPL adjustment available for SFY2020 | 413,649 |

| | Facility Name | Coffee Regional Medical Center |
|----|---|--------------------------------|
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period beginning date | 12/31/2018 |
| 4 | | 12/51/2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 9,211,440 |
| 11 | cost of Medicaid covered services | 1,668,090 |
| | Medicaid CCR | 0.1811 |
| | | 0.1011 |
| 12 | total hospital CCR | 0.211236086 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 1,597,530 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 368,992 |
| 18 | payments | 27,767 |
| 19 | annual covered charges | 368,992 |
| 20 | annual interim payments | 27,767 |
| 21 | annual cost of services | 77,944 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 1,930,766 |
| 25 | payments | 294,735 |
| 26 | annual covered charges | 1,930,766 |
| 27 | annual interim payments | 294,735 |
| 28 | annual cost of services | 407,847 |
| 29 | | |
| 30 | Medicaid annual payments | 1,920,032 |
| 31 | Cost of services - max annual payments for UPL | 2,153,881 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.03664 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 1,990,382 |
| 37 | adjusted maximum annual payments for UPL | 2,232,799 |
| 38 | annual facility specific UPL amount | 242,417 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (3,064) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 239,353 |
| 43 | UPL adjustment available for SFY2020 | 239,353 |

| | Facility Name | Colquitt Regional Medical Center |
|----|---|----------------------------------|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period ending date | 9/30/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 6,232,724 |
| 11 | cost of Medicaid covered services | 1,436,616 |
| | Medicaid CCR | 0.2305 |
| 12 | total hospital CCR | 0.281627953 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 1,375,847 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 397,301 |
| 18 | payments | 18,226 |
| 19 | annual covered charges | 397,301 |
| 20 | annual interim payments | 18,226 |
| 21 | annual cost of services | 111,891 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 464,115 |
| 25 | payments | 103,371 |
| 26 | annual covered charges | 464,115 |
| 27 | annual interim payments | 103,371 |
| 28 | annual cost of services | 130,708 |
| 29 | | |
| 30 | Medicaid annual payments | 1,497,444 |
| 31 | Cost of services - max annual payments for UPL | 1,679,215 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.038496 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 1,555,090 |
| 37 | adjusted maximum annual payments for UPL | 1,743,858 |
| 38 | annual facility specific UPL amount | 188,768 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (2,386) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 186,382 |
| 43 | UPL adjustment available for SFY2020 | 186,382 |

| | Facility Name | Southwell Medical Center |
|----|---|--------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 288,550 |
| 11 | cost of Medicaid covered services | 59,306 |
| | Medicaid CCR | 0.2055 |
| | | |
| 12 | total hospital CCR | 0.732041197 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 56,797 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 0 |
| 18 | payments | 0 |
| 19 | annual covered charges | 0 |
| 20 | annual interim payments | 0 |
| 21 | annual cost of services | - |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 0 |
| 25 | payments | 0 |
| 26 | annual covered charges | 0 |
| 27 | annual interim payments | 0 |
| 28 | annual cost of services | 0 |
| 29 | | |
| 30 | Medicaid annual payments | 56,797 |
| 31 | Cost of services - max annual payments for UPL | 59,306 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 59,759 |
| 37 | adjusted maximum annual payments for UPL | 62,399 |
| 38 | annual facility specific UPL amount | 2,640 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (33) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 2,607 |
| 43 | UPL adjustment available for SFY2020 | 2,607 |

| | Facility Name | Crisp Regional Hospital, Inc. |
|----|---|-------------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period original date | 6/30/2018 |
| 4 | | 6,00,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 3,501,540 |
| 11 | cost of Medicaid covered services | 802,664 |
| | Medicaid CCR | 0.2292 |
| | | |
| 12 | total hospital CCR | 0.334389065 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 768,711 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 227,459 |
| 18 | payments | 12,139 |
| 19 | annual covered charges | 227,459 |
| 20 | annual interim payments | 12,139 |
| 21 | annual cost of services | 76,060 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 390,871 |
| 25 | payments | 103,581 |
| 26 | annual covered charges | 390,871 |
| 27 | annual interim payments | 103,581 |
| 28 | annual cost of services | 130,703 |
| 29 | | |
| 30 | Medicaid annual payments | 884,431 |
| 31 | Cost of services - max annual payments for UPL | 1,009,427 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 930,558 |
| 37 | adjusted maximum annual payments for UPL | 1,062,073 |
| 38 | annual facility specific UPL amount | 131,515 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (1,662) |
| | annual UPL amount after aggregate limit | (1) |
| 42 | adjustments | 129,853 |
| 43 | UPL adjustment available for SFY2020 | 129,853 |

| | Facility Namo | Emony Docatur Hospital |
|--------|---|------------------------|
| 2 | Facility Name | Emory Decatur Hospital |
| 2 | base period report period beginning date | 7/1/201 |
| 3 | base period report period ending date | 6/30/201 |
| 4 5 | adjustment factor (if period not equal to 1 year) | |
| 6 | | |
| 7 | CAH status (1 = yes) | |
| 8 | CATI Status (1 – yes) | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 15,623,35 |
| 11 | cost of Medicaid covered services | 2,882,96 |
| | Medicaid CCR | 0.184 |
| | | 0.104 |
| 12 | total hospital CCR | 0.27779560 |
| 13 | cost settlement rate | 95.77 |
| 14 | annual Medicaid payments after cost settlement | 2,761,01 |
| 15 | | 2,701,01 |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 399,47 |
| 18 | payments | 17,17 |
| 19 | annual covered charges | 399,47 |
| 20 | annual interim payments | 17,17 |
| 21 | annual cost of services | 110,97 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 3,129,72 |
| 25 | payments | 427,67 |
| 26 | annual covered charges | 3,129,72 |
| 27 | annual interim payments | 427,67 |
| 28 | annual cost of services | 869,42 |
| 29 | | |
| 30 | Medicaid annual payments | 3,205,86 |
| 31 | Cost of services - max annual payments for UPL | 3,863,30 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.05215 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 3,373,06 |
| 37 | adjusted maximum annual payments for UPL | 4,064,85 |
| 38 | annual facility specific UPL amount | 691,78 |
| 39 | | , |
| 40 | annual allocation of charge limit (if applicable) | |
| 41 | allocation of UPL amounts < 0 | (8,74 |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 683,04 |
| 43 | UPL adjustment available for SFY2020 | 683,04 |

| | Facility Name | Emory Hillandale Hospital |
|----------|--|---------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | C |
| 8 | | |
| 9 | subject to cost settlement | 0.047.047 |
| 10 | covered charges | 9,947,213 |
| 11 | cost of Medicaid covered services | 1,688,832 |
| | Medicaid CCR | 0.1698 |
| 12 | total hospital CCR | 0.213320248 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 1,617,394 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 597,057 |
| 18 | payments | 24,725 |
| 19 | annual covered charges | 597,057 |
| 20 | annual interim payments | 24,725 |
| 21 | annual cost of services | 127,364 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 79,368 |
| 25 | payments | 11,598 |
| 26 | annual covered charges | 79,368 |
| 27 | annual interim payments | 11,598 |
| 28 | annual cost of services | 16,931 |
| 29 | | |
| 30 | Medicaid annual payments | 1,653,717 |
| 31 | Cost of services - max annual payments for UPL | 1,833,127 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 1,739,965 |
| 37 | adjusted maximum annual payments for UPL | 1,928,732 |
| 38 | annual facility specific UPL amount | 188,767 |
| 39 40 | annual allocation of charge limit (if applicable) | 0 |
| 40 | annual allocation of charge limit (if applicable) allocation of UPL amounts < 0 | _ |
| 41 | annual UPL amount after aggregate limit | (2,386) |
| 42 | adjustments | 106 201 |
| 42 | UPL adjustment available for SFY2020 | 186,381 186,381 |

| | Facility Name | Dodge County Hospital |
|----|---|-----------------------|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period beginning date | 9/30/2018 |
| 4 | | 575072010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | - |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 2,631,802 |
| 11 | cost of Medicaid covered services | 522,206 |
| | Medicaid CCR | 0.1984 |
| | | |
| 12 | total hospital CCR | 0.258630397 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 500,117 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 192,924 |
| 18 | payments | 12,557 |
| 19 | annual covered charges | 192,924 |
| 20 | annual interim payments | 12,557 |
| 21 | annual cost of services | 49,896 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 0 |
| 25 | payments | 0 |
| 26 | annual covered charges | 0 |
| 27 | annual interim payments | 0 |
| 28 | annual cost of services | 0 |
| 29 | | |
| 30 | Medicaid annual payments | 512,674 |
| 31 | Cost of services - max annual payments for UPL | 572,102 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.038496 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 532,410 |
| 37 | adjusted maximum annual payments for UPL | 594,126 |
| 38 | annual facility specific UPL amount | 61,716 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (780) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 60,936 |
| 43 | UPL adjustment available for SFY2020 | 60,936 |

| | Facility North | Derminy Medical Contor |
|--------|---|---------------------------------|
| 2 | Facility Name base period report period beginning date | Dorminy Medical Center 8/1/2017 |
| 3 | base period report period beginning date | 7/31/2017 |
| 4 | | //31/2018 |
| 4 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | 1 |
| 7 | CAH status (1 = yes) | 0 |
| 8 | CATI Status (1 – yes) | 0 |
| 9 | subject to cost settlement | |
| 10 | covered charges | 2,243,049 |
| 11 | cost of Medicaid covered services | 431,345 |
| | Medicaid CCR | 0.1923 |
| | | 0.1325 |
| 12 | total hospital CCR | 0.251248353 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 413,099 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 438,312 |
| 18 | payments | 21,660 |
| 19 | annual covered charges | 438,312 |
| 20 | annual interim payments | 21,660 |
| 21 | annual cost of services | 110,125 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 157,933 |
| 25 | payments | 27,726 |
| 26 | annual covered charges | 157,933 |
| 27 | annual interim payments | 27,726 |
| 28 | annual cost of services | 39,680 |
| 29 | | |
| 30 | Medicaid annual payments | 462,485 |
| 31 | Cost of services - max annual payments for UPL | 581,150 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.047562 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 484,482 |
| 37 | adjusted maximum annual payments for UPL | 608,791 |
| 38 | annual facility specific UPL amount | 124,309 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (1,571) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 122,738 |
| 43 | UPL adjustment available for SFY2020 | 122,738 |

| | Facility Nama | Emanuel Medical Center |
|----|---|------------------------|
| 2 | Facility Name base period report period beginning date | 7/1/2017 |
| 3 | base period report period beginning date | 6/30/2018 |
| 4 | | 0,50,2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 3,287,604 |
| 11 | cost of Medicaid covered services | 381,885 |
| | Medicaid CCR | 0.1162 |
| | | |
| 12 | total hospital CCR | 0.248570209 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 365,731 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 678,650 |
| 18 | payments | 18,684 |
| 19 | annual covered charges | 678,650 |
| 20 | annual interim payments | 18,684 |
| 21 | annual cost of services | 168,692 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 0 |
| 25 | payments | 0 |
| 26 | annual covered charges | 0 |
| 27 | annual interim payments | 0 |
| 28 | annual cost of services | 0 |
| 29 | | |
| 30 | Medicaid annual payments | 384,415 |
| 31 | Cost of services - max annual payments for UPL | 550,577 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 404,464 |
| 37 | adjusted maximum annual payments for UPL | 579,292 |
| 38 | annual facility specific UPL amount | 174,828 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (2,209) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 172,619 |
| 43 | UPL adjustment available for SFY2020 | 172,619 |

| | Facility Nama | Evans Mamarial Haspital |
|----|---|-----------------------------------|
| 2 | Facility Name base period report period beginning date | Evans Memorial Hospital 10/1/2017 |
| 3 | base period report period beginning date | 9/30/2018 |
| 4 | | 3/30/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 1,014,944 |
| 11 | cost of Medicaid covered services | 210,821 |
| | Medicaid CCR | 0.2077 |
| | | 0.2077 |
| 12 | total hospital CCR | 0.224988679 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 201,903 |
| 15 | ······································ | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 177,970 |
| 18 | payments | 10,181 |
| 19 | annual covered charges | 177,970 |
| 20 | annual interim payments | 10,181 |
| 21 | annual cost of services | 40,041 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 0 |
| 25 | payments | 0 |
| 26 | annual covered charges | 0 |
| 27 | annual interim payments | 0 |
| 28 | annual cost of services | 0 |
| 29 | | |
| 30 | Medicaid annual payments | 212,084 |
| 31 | Cost of services - max annual payments for UPL | 250,862 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.038496 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 220,248 |
| 37 | adjusted maximum annual payments for UPL | 260,519 |
| 38 | annual facility specific UPL amount | 40,271 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (509) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 39,762 |
| 43 | UPL adjustment available for SFY2020 | 39,762 |

| | Facility Name | Floyd Medical Contor |
|--------|---|----------------------------------|
| 2 | Facility Name base period report period beginning date | Floyd Medical Center 7/1/2017 |
| 2 | base period report period beginning date | 6/30/2018 |
| 3 4 | | 6/30/2018 |
| 4 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 35,746,272 |
| 11 | cost of Medicaid covered services | 5,771,348 |
| | Medicaid CCR | 0.1615 |
| | | |
| 12 | total hospital CCR | 0.210251466 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 5,527,220 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 997,603 |
| 18 | payments | 19,971 |
| 19 | annual covered charges | 997,603 |
| 20 | annual interim payments | 19,971 |
| 21 | annual cost of services | 209,747 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 6,748,117 |
| 25 | payments | 673,146 |
| 26 | annual covered charges | 6,748,117 |
| 27 | annual interim payments | 673,146 |
| 28 | annual cost of services | 1,418,801 |
| 29 | | |
| 30 | Medicaid annual payments | 6,220,337 |
| 31 | Cost of services - max annual payments for UPL | 7,399,896 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 6,544,752 |
| 37 | adjusted maximum annual payments for UPL | 7,785,830 |
| 38 | annual facility specific UPL amount | 1,241,078 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (15,684) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 1,225,394 |
| 43 | UPL adjustment available for SFY2020 | 1,225,394 |

| | Facility Name | Grady General Hospital |
|----|---|------------------------|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period beginning date | 9/30/2018 |
| 4 | | 5,50,2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 2,038,638 |
| 11 | cost of Medicaid covered services | 460,855 |
| | Medicaid CCR | 0.2261 |
| | | |
| 12 | total hospital CCR | 0.288494104 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 441,361 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 58,894 |
| 18 | payments | 4,789 |
| 19 | annual covered charges | 58,894 |
| 20 | annual interim payments | 4,789 |
| 21 | annual cost of services | 16,991 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 136,157 |
| 25 | payments | 27,726 |
| 26 | annual covered charges | 136,157 |
| 27 | annual interim payments | 27,726 |
| 28 | annual cost of services | 39,280 |
| 29 | | |
| 30 | Medicaid annual payments | 473,876 |
| 31 | Cost of services - max annual payments for UPL | 517,126 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.038496 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 492,118 |
| 37 | adjusted maximum annual payments for UPL | 537,033 |
| 38 | annual facility specific UPL amount | 44,915 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (568) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 44,347 |
| 43 | UPL adjustment available for SFY2020 | 44,347 |

| | | Grady Health System/Grady |
|----|---|---------------------------|
| | Facility Name | Memorial Hospital |
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period ending date | 12/31/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 109,121,151 |
| 11 | cost of Medicaid covered services | 18,987,349 |
| | Medicaid CCR | 0.1740 |
| | | |
| 12 | total hospital CCR | 0.177180779 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 18,184,184 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 862,470 |
| 18 | payments | 23,340 |
| 19 | annual covered charges | 862,470 |
| 20 | annual interim payments | 23,340 |
| 21 | annual cost of services | 152,813 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 22,068,051 |
| 25 | payments | 3,893,118 |
| 26 | annual covered charges | 22,068,051 |
| 27 | annual interim payments | 3,893,118 |
| 28 | annual cost of services | 3,910,034 |
| 29 | | |
| 30 | Medicaid annual payments | 22,100,642 |
| 31 | Cost of services - max annual payments for UPL | 23,050,196 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.03664 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 22,910,410 |
| 37 | adjusted maximum annual payments for UPL | 23,894,755 |
| 38 | annual facility specific UPL amount | 984,345 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (12,440) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 971,905 |
| 43 | UPL adjustment available for SFY2020 | 971,905 |

| | Eacility Nama | Northeida Hospital Gwinnatt |
|----|---|---|
| 2 | Facility Name base period report period beginning date | Northside Hospital Gwinnett 7/1/2017 |
| 2 | base period report period beginning date | 6/30/2018 |
| 4 | | 0/30/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 22,033,921 |
| 11 | cost of Medicaid covered services | 4,442,376 |
| | Medicaid CCR | 0.2016 |
| | | 0.2010 |
| 12 | total hospital CCR | 0.239074729 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 4,254,463 |
| 15 | ······································ | .,, |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 1,053,630 |
| 18 | payments | 31,942 |
| 19 | annual covered charges | 1,053,630 |
| 20 | annual interim payments | 31,942 |
| 21 | annual cost of services | 251,896 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 4,440,514 |
| 25 | payments | 1,018,481 |
| 26 | annual covered charges | 4,440,514 |
| 27 | annual interim payments | 1,018,481 |
| 28 | annual cost of services | 1,061,615 |
| 29 | | |
| 30 | Medicaid annual payments | 5,304,886 |
| 31 | Cost of services - max annual payments for UPL | 5,755,887 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 5,581,557 |
| 37 | adjusted maximum annual payments for UPL | 6,056,080 |
| 38 | annual facility specific UPL amount | 474,523 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (5,997) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 468,526 |
| 43 | UPL adjustment available for SFY2020 | 468,526 |

| | Facility Name | Northside Hospital Duluth |
|----|---|---------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 22,033,921 |
| 11 | cost of Medicaid covered services | 4,442,376 |
| | Medicaid CCR | 0.2016 |
| | | |
| 12 | total hospital CCR | 0.239074729 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 4,254,463 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 468,664 |
| 18 | payments | 14,041 |
| 19 | annual covered charges | 468,664 |
| 20 | annual interim payments | 14,041 |
| 21 | annual cost of services | 112,046 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 287,532 |
| 25 | payments | 71,844 |
| 26 | annual covered charges | 287,532 |
| 27 | annual interim payments | 71,844 |
| 28 | annual cost of services | 68,742 |
| 29 | | |
| 30 | Medicaid annual payments | 4,340,348 |
| 31 | Cost of services - max annual payments for UPL | 4,623,164 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 4,566,715 |
| 37 | adjusted maximum annual payments for UPL | 4,864,280 |
| 38 | annual facility specific UPL amount | 297,565 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (3,760) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 293,805 |
| 43 | UPL adjustment available for SFY2020 | 293,805 |

| | Facility Name | Habersham County Medical Center |
|----|---|---------------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period beginning date | 6/30/2018 |
| 4 | | 0/50/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 2,213,577 |
| 11 | cost of Medicaid covered services | 592,418 |
| | Medicaid CCR | 0.2676 |
| | | |
| 12 | total hospital CCR | 0.517805498 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 567,359 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 23,228 |
| 18 | payments | 2,573 |
| 19 | annual covered charges | 23,228 |
| 20 | annual interim payments | 2,573 |
| 21 | annual cost of services | 12,028 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 19,095 |
| 25 | payments | 5,566 |
| 26 | annual covered charges | 19,095 |
| 27 | annual interim payments | 5,566 |
| 28 | annual cost of services | 9,887 |
| 29 | | |
| 30 | Medicaid annual payments | 575,498 |
| 31 | Cost of services - max annual payments for UPL | 614,333 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 605,513 |
| 37 | adjusted maximum annual payments for UPL | 646,373 |
| 38 | annual facility specific UPL amount | 40,860 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (516) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 40,344 |
| 43 | UPL adjustment available for SFY2020 | 40,344 |

| | Facility Name | Houston Medical Center |
|----------|--|------------------------|
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period ending date | 12/31/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 12,443,431 |
| 11 | cost of Medicaid covered services | 2,576,658 |
| | Medicaid CCR | 0.2071 |
| | | |
| 12 | total hospital CCR | 0.300336736 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 2,467,665 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 336,331 |
| 18 | payments | 14,097 |
| 19 | annual covered charges | 336,331 |
| 20 | annual interim payments | 14,097 |
| 21 | annual cost of services | 101,013 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 1,099,536 |
| 25 | payments | 210,719 |
| 26 | annual covered charges | 1,099,536 |
| 27 | annual interim payments | 210,719 |
| 28 | annual cost of services | 330,231 |
| 29 | | |
| 30 | Medicaid annual payments | 2,692,481 |
| 31 | Cost of services - max annual payments for UPL | 3,007,902 |
| 32 | | |
| 33 | adjustment factor | 4.0000 |
| 34 | inflation | 1.03664 |
| 35 | | 2 704 404 |
| 36 | adjusted Medicaid annual payments | 2,791,134 |
| 37 | adjusted maximum annual payments for UPL | 3,118,112 |
| 38 | annual facility specific UPL amount | 326,978 |
| 39 | appual allocation of charge limit (if applicable) | |
| 40 41 | annual allocation of charge limit (if applicable) allocation of UPL amounts < 0 | 0 (4,132) |
| 41 | annual UPL amount after aggregate limit | (4,132) |
| 42 | adjustments | 322,846 |
| 42 | UPL adjustment available for SFY2020 | 322,846 |
| 40 | OI L'aujustillent available IUI SETZUZU | 522,040 |

| | Facility Norse | |
|----|---|---------------------------------|
| 2 | Facility Name base period report period beginning date | Irwin County Hospital 12/1/2017 |
| 3 | base period report period beginning date | 11/30/2018 |
| 4 | | 11/30/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | CATT Status (1 – yes) | 0 |
| 9 | subject to cost settlement | |
| 10 | covered charges | 1,623,994 |
| 11 | cost of Medicaid covered services | 315,659 |
| | Medicaid CCR | 0.1944 |
| | | 0.1944 |
| 12 | total hospital CCR | 0.29999993 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 302,307 |
| 15 | | 502,507 |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 79,677 |
| 18 | payments | 5,281 |
| 19 | annual covered charges | 79,677 |
| 20 | annual interim payments | 5,281 |
| 21 | annual cost of services | 23,903 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 27,801 |
| 25 | payments | 5,754 |
| 26 | annual covered charges | 27,801 |
| 27 | annual interim payments | 5,754 |
| 28 | annual cost of services | 8,340 |
| 29 | | |
| 30 | Medicaid annual payments | 313,342 |
| 31 | Cost of services - max annual payments for UPL | 347,902 |
| 32 | | , |
| 33 | adjustment factor | |
| 34 | inflation | 1.037258 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 325,016 |
| 37 | adjusted maximum annual payments for UPL | 360,864 |
| 38 | annual facility specific UPL amount | 35,848 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (453) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 35,395 |
| 43 | UPL adjustment available for SFY2020 | 35,395 |

| | Facility Name | Jefferson Hospital |
|----|---|--------------------|
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period ending date | 12/31/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 382,823 |
| 11 | cost of Medicaid covered services | 184,617 |
| | Medicaid CCR | 0.4823 |
| | | |
| 12 | total hospital CCR | 0.701677577 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 176,808 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 71,211 |
| 18 | payments | 8,665 |
| 19 | annual covered charges | 71,211 |
| 20 | annual interim payments | 8,665 |
| 21 | annual cost of services | 49,967 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 21,836 |
| 25 | payments | 5,545 |
| 26 | annual covered charges | 21,836 |
| 27 | annual interim payments | 5,545 |
| 28 | annual cost of services | 15,322 |
| 29 | | |
| 30 | Medicaid annual payments | 191,018 |
| 31 | Cost of services - max annual payments for UPL | 249,906 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.03664 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 198,017 |
| 37 | adjusted maximum annual payments for UPL | 259,063 |
| 38 | annual facility specific UPL amount | 61,046 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (771) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 60,275 |
| 43 | UPL adjustment available for SFY2020 | 60,275 |

| | Facility Name | Medical Center, Navicent Health |
|--------|---|---------------------------------|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period ending date | 9/30/2018 |
| 4 | adjustment factor (if period not equal to 1 year) | 1 |
| 5 | | 1 |
| 6 7 | CAH status (1 = yes) | 0 |
| 8 | CAR Status (1 – yes) | 0 |
| 8 9 | subject to cost settlement | |
| 10 | covered charges | 31,312,991 |
| 10 | cost of Medicaid covered services | 6,776,739 |
| | Medicaid CCR | 0.2164 |
| | | 0.2104 |
| 12 | total hospital CCR | 0.232569615 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 6,490,083 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 786,893 |
| 18 | payments | 33,464 |
| 19 | annual covered charges | 786,893 |
| 20 | annual interim payments | 33,464 |
| 21 | annual cost of services | 183,007 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 10,805,777 |
| 25 | payments | 1,755,178 |
| 26 | annual covered charges | 10,805,777 |
| 27 | annual interim payments | 1,755,178 |
| 28 | annual cost of services | 2,513,095 |
| 29 | | |
| 30 | Medicaid annual payments | 8,278,725 |
| 31 | Cost of services - max annual payments for UPL | 9,472,841 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.038496 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 8,597,423 |
| 37 | adjusted maximum annual payments for UPL | 9,837,507 |
| 38 | annual facility specific UPL amount | 1,240,084 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (15,672) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 1,224,412 |
| 43 | UPL adjustment available for SFY2020 | 1,224,412 |

| | Facility Name | Memorial Hospital and Manor |
|----|---|-----------------------------|
| 2 | base period report period beginning date | 4/1/2017 |
| 3 | base period report period ending date | 3/31/2018 |
| 4 | | 5,51,2015 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 3,480,630 |
| 11 | cost of Medicaid covered services | 753,132 |
| | Medicaid CCR | 0.2164 |
| | | |
| 12 | total hospital CCR | 0.346555288 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 721,275 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 177,446 |
| 18 | payments | 9,957 |
| 19 | annual covered charges | 177,446 |
| 20 | annual interim payments | 9,957 |
| 21 | annual cost of services | 61,495 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 0 |
| 25 | payments | 0 |
| 26 | annual covered charges | 0 |
| 27 | annual interim payments | 0 |
| 28 | annual cost of services | 0 |
| 29 | | |
| 30 | Medicaid annual payments | 731,232 |
| 31 | Cost of services - max annual payments for UPL | 814,627 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.061785 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 776,411 |
| 37 | adjusted maximum annual payments for UPL | 864,959 |
| 38 | annual facility specific UPL amount | 88,548 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (1,119) |
| 40 | annual UPL amount after aggregate limit | 25.122 |
| 42 | adjustments | 87,429 |
| 43 | UPL adjustment available for SFY2020 | 87,429 |

| | Facility Name | Piedmont Columbus Regional - Midtown |
|----------|---|--------------------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 13,756,564 |
| 11 | cost of Medicaid covered services | 3,708,448 |
| | Medicaid CCR | 0.2696 |
| | | |
| 12 | total hospital CCR | 0.251334272 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 3,551,581 |
| 15 | | |
| 16 | subject to fixed fee payment | 440.222 |
| 17 | covered charges | 440,223 |
| 18 | payments | 34,627 |
| 19 | annual covered charges | 440,223 |
| 20 | annual interim payments | 34,627 |
| 21 | annual cost of services | 110,643 |
| 22 | auhiasta limit of ingetiest sets | |
| 23 24 | subject to limit of inpatient rate | 1.016.240 |
| 24 | covered charges | 1,916,349 543,608 |
| 25 | payments annual covered charges | 1,916,349 |
| 20 | annual interim payments | 543,608 |
| 27 | annual cost of services | 481,644 |
| 28 | | 401,044 |
| 30 | Medicaid annual payments | 4,129,816 |
| 31 | Cost of services - max annual payments for UPL | 4,300,735 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 4,345,202 |
| 37 | adjusted maximum annual payments for UPL | 4,525,036 |
| 38 | annual facility specific UPL amount | 179,834 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (2,273) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 177,561 |
| 43 | UPL adjustment available for SFY2020 | 177,561 |

| | Facility Name | Northeast Georgia Medical Center Gainesville |
|----------|---|--|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period ending date | 9/30/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 39,353,807 |
| 11 | cost of Medicaid covered services | 5,880,069 |
| | Medicaid CCR | 0.1494 |
| | | |
| 12 | total hospital CCR | 0.196287149 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 5,631,342 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 1,132,356 |
| 18 | payments | 39,617 |
| 19 | annual covered charges | 1,132,356 |
| 20 | annual interim payments | 39,617 |
| 21 | annual cost of services | 222,267 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 7,059,028 |
| 25 | payments | 1,008,981 |
| 26 | annual covered charges | 7,059,028 |
| 27 | annual interim payments | 1,008,981 |
| 28 | annual cost of services | 1,385,596 |
| 29 | | |
| 30 | Medicaid annual payments | 6,679,940 |
| 31 | Cost of services - max annual payments for UPL | 7,487,932 |
| 32 | all all and factors | |
| 33 34 | adjustment factor inflation | 1 038400 |
| 34 | | 1.038496 |
| 35 | adjusted Medicaid annual payments | 6.027.001 |
| | | 6,937,091 |
| 37 | adjusted maximum annual payments for UPL | 7,776,187 |
| 38 39 | annual facility specific UPL amount | 839,096 |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 40 | allocation of UPL amounts < 0 | (10,604) |
| 41 | annual UPL amount after aggregate limit | (10,004) |
| 42 | adjustments | 828,492 |
| 42 | UPL adjustment available for SFY2020 | 828,492 |
| 43 | | 820,492 |

| | Facility Name | Northside Hospital |
|----|--|--------------------|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period ending date | 9/30/2018 |
| 4 | | 5/50/2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 23,095,986 |
| 11 | cost of Medicaid covered services | 4,666,581 |
| | Medicaid CCR | 0.2021 |
| | | |
| 12 | total hospital CCR | 0.185515777 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 4,469,185 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 342,336 |
| 18 | payments | 7,037 |
| 19 | annual covered charges | 342,336 |
| 20 | annual interim payments | 7,037 |
| 21 | annual cost of services | 63,509 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 8,219,692 |
| 25 | payments | 1,991,084 |
| 26 | annual covered charges | 8,219,692 |
| 27 | annual interim payments | 1,991,084 |
| 28 | annual cost of services | 1,524,883 |
| 29 | | |
| 30 | Medicaid annual payments | 6,467,306 |
| 31 | Cost of services - max annual payments for UPL | 6,254,973 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.038496 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 6,716,271 |
| 37 | adjusted maximum annual payments for UPL | 6,495,764 |
| 38 | annual facility specific UPL amount | (220,507) |
| 39 | annual allocation of change limit ((for all a bla) | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | 220,507 |
| 40 | annual UPL amount after aggregate limit | |
| 42 | adjustments | 0 |
| 43 | UPL adjustment available for SFY2020 | 0 |

| | Provide Alexandre | |
|------|---|-------------------------------|
| 2 | Facility Name | Northside Hospital - Cherokee |
| 2 | base period report period beginning date base period report period ending date | 10/1/2017 9/30/2018 |
| | | 9/30/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | 1 |
| 7 | CAH status (1 = yes) | 0 |
| 8 | CATT Status (1 – yes) | 0 |
| 9 | subject to cost settlement | |
| 10 | covered charges | 12,026,384 |
| 10 | cost of Medicaid covered services | 2,020,323 |
| | Medicaid CCR | 0.1680 |
| | | 0.1080 |
| 12 | total hospital CCR | 0.196923938 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 1,934,863 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 341,345 |
| 18 | payments | 12,229 |
| 19 | annual covered charges | 341,345 |
| 20 | annual interim payments | 12,229 |
| 21 | annual cost of services | 67,219 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 2,831,073 |
| 25 | payments | 315,179 |
| 26 | annual covered charges | 2,831,073 |
| 27 | annual interim payments | 315,179 |
| 28 | annual cost of services | 557,506 |
| 29 | | |
| 30 | Medicaid annual payments | 2,262,271 |
| 31 | Cost of services - max annual payments for UPL | 2,645,048 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.038496 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 2,349,359 |
| 37 | adjusted maximum annual payments for UPL | 2,746,872 |
| 38 | annual facility specific UPL amount | 397,513 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (5,024) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 392,489 |
| 43 | UPL adjustment available for SFY2020 | 392,489 |

| | Facility Name | Northside Hospital - Forsyth |
|------|---|------------------------------|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period beginning date | 9/30/2018 |
| 4 | | 5/30/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | 1 |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | 0 |
| 9 | subject to cost settlement | |
| 10 | covered charges | 10,812,956 |
| 10 | cost of Medicaid covered services | 1,686,563 |
| - 11 | Medicaid CCR | 0.1560 |
| | | 0.1300 |
| 12 | total hospital CCR | 0.205122269 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 1,615,221 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 234,960 |
| 18 | payments | 7,641 |
| 19 | annual covered charges | 234,960 |
| 20 | annual interim payments | 7,641 |
| 21 | annual cost of services | 48,196 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 1,889,847 |
| 25 | payments | 192,101 |
| 26 | annual covered charges | 1,889,847 |
| 27 | annual interim payments | 192,101 |
| 28 | annual cost of services | 387,650 |
| 29 | | |
| 30 | Medicaid annual payments | 1,814,963 |
| 31 | Cost of services - max annual payments for UPL | 2,122,409 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.038496 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 1,884,832 |
| 37 | adjusted maximum annual payments for UPL | 2,204,113 |
| 38 | annual facility specific UPL amount | 319,281 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (4,035) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 315,246 |
| 43 | UPL adjustment available for SFY2020 | 315,246 |

| | Facility Name | Piedmont Columbus Regional -Northside Medical Center |
|----------|---|--|
| 2 | base period report period beginning date | 7/1/20 |
| 3 | base period report period ending date | 6/30/20 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | |
| 6 | | |
| 7 | CAH status (1 = yes) | |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 993,5 |
| 11 | cost of Medicaid covered services | 196,8 |
| | Medicaid CCR | 0.19{ |
| | | |
| 12 | total hospital CCR | 0.2817035 |
| 13 | cost settlement rate | 95.7 |
| 14 | annual Medicaid payments after cost settlement | 188,5(|
| 15 | | |
| 16 | subject to fixed fee payment | 15 |
| 17 18 | covered charges | 1,5 |
| 18 | payments annual covered charges | 1,5 |
| 20 | annual interim payments | 2 |
| 20 | annual cost of services | 4; |
| 22 | | Τ. |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | |
| 25 | payments | |
| 26 | annual covered charges | |
| 27 | annual interim payments | |
| 28 | annual cost of services | |
| 29 | | |
| 30 | Medicaid annual payments | 188,7 |
| 31 | Cost of services - max annual payments for UPL | 197,3 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.0521 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 198,63 |
| 37 | adjusted maximum annual payments for UPL | 207,62 |
| 38 | annual facility specific UPL amount | 8,99 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 14. |
| 41 | allocation of UPL amounts < 0 | (1: |
| 42 | annual UPL amount after aggregate limit | |
| 42 43 | adjustments UPL adjustment available for SFY2020 | 8,8. 8,8. |
| 43 | | 0,0. |

| | Facility Name | Perry Hospital |
|----|---|----------------|
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period ending date | 12/31/2018 |
| 4 | | 12/31/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 2,122,592 |
| 11 | cost of Medicaid covered services | 325,669 |
| | Medicaid CCR | 0.1534 |
| | | |
| 12 | total hospital CCR | 0.259318513 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 311,893 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 45,543 |
| 18 | payments | 1,466 |
| 19 | annual covered charges | 45,543 |
| 20 | annual interim payments | 1,466 |
| 21 | annual cost of services | 11,810 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 0 |
| 25 | payments | 0 |
| 26 | annual covered charges | 0 |
| 27 | annual interim payments | 0 |
| 28 | annual cost of services | 0 |
| 29 | | |
| 30 | Medicaid annual payments | 313,359 |
| 31 | Cost of services - max annual payments for UPL | 337,479 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.03664 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 324,840 |
| 37 | adjusted maximum annual payments for UPL | 349,844 |
| 38 | annual facility specific UPL amount | 25,004 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (316) |
| 42 | annual UPL amount after aggregate limit | 2 |
| 42 | adjustments | 24,688 |
| 43 | UPL adjustment available for SFY2020 | 24,688 |

| | Facility Name | Phoebe Putney Memorial Hospital |
|--------------|---|---------------------------------|
| 2 | base period report period beginning date | 8/1/2017 |
| 3 | base period report period ending date | 7/31/2018 |
| 4 | Sector Sector Sector | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 24,747,910 |
| 11 | cost of Medicaid covered services | 5,642,510 |
| | Medicaid CCR | 0.2280 |
| | | |
| 12 | total hospital CCR | 0.254701006 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 5,403,832 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 326,547 |
| 18 | payments | 13,224 |
| 19 | annual covered charges | 326,547 |
| 20 | annual interim payments | 13,224 |
| 21 | annual cost of services | 83,172 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 13,752,139 |
| 25 | payments | 2,247,675 |
| 26 | annual covered charges | 13,752,139 |
| 27 | annual interim payments | 2,247,675 |
| 28 | annual cost of services | 3,502,684 |
| 29 | | |
| 30 | Medicaid annual payments | 7,664,731 |
| 31 | Cost of services - max annual payments for UPL | 9,228,366 |
| 32 | a d'acture et facture | |
| 33 | adjustment factor | 1.047552 |
| 34 | inflation | 1.047562 |
| 35 | adjusted Madissid spaces payments | 0.020.291 |
| 36 | adjusted Medicaid annual payments | 8,029,281 |
| 37 | adjusted maximum annual payments for UPL | 9,667,286 |
| 38 39 | annual facility specific UPL amount | 1,638,005 |
| - 39 - 40 | annual allocation of charge limit (if applicable) | 0 |
| 40 | allocation of UPL amounts < 0 | (20,700) |
| 41 | annual UPL amount after aggregate limit | (20,700) |
| 42 | adjustments | 1,617,305 |
| 42 | UPL adjustment available for SFY2020 | 1,617,305 |
| +3 | 01 L aujustinent available 101 3F12020 | 1,017,505 |

| | Facility Name | Phoebe Sumter Medical Center |
|----|---|------------------------------|
| 2 | base period report period beginning date | 8/1/2017 |
| 3 | base period report period ending date | 7/31/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 6,506,579 |
| 11 | cost of Medicaid covered services | 1,395,897 |
| | Medicaid CCR | 0.2145 |
| | | |
| 12 | total hospital CCR | 0.261095207 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 1,336,851 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 159,835 |
| 18 | payments | 9,499 |
| 19 | annual covered charges | 159,835 |
| 20 | annual interim payments | 9,499 |
| 21 | annual cost of services | 41,732 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 1,614,124 |
| 25 | payments | 357,253 |
| 26 | annual covered charges | 1,614,124 |
| 27 | annual interim payments | 357,253 |
| 28 | annual cost of services | 421,440 |
| 29 | | |
| 30 | Medicaid annual payments | 1,703,603 |
| 31 | Cost of services - max annual payments for UPL | 1,859,069 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.047562 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 1,784,630 |
| 37 | adjusted maximum annual payments for UPL | 1,947,490 |
| 38 | annual facility specific UPL amount | 162,860 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (2,058) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 160,802 |
| 43 | UPL adjustment available for SFY2020 | 160,802 |

| | Eacility Namo | Piedmont Athens Regional Medical Ctr |
|----|---|--------------------------------------|
| 2 | Facility Name base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | 0/30/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | 1 |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | 0 |
| 9 | subject to cost settlement | |
| 10 | covered charges | 24,591,666 |
| 11 | cost of Medicaid covered services | 3,813,264 |
| | Medicaid CCR | 0.1551 |
| | | 0.1001 |
| 12 | total hospital CCR | 0.193936753 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 3,651,963 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 689,387 |
| 18 | payments | 20,698 |
| 19 | annual covered charges | 689,387 |
| 20 | annual interim payments | 20,698 |
| 21 | annual cost of services | 133,697 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 3,874,146 |
| 25 | payments | 624,943 |
| 26 | annual covered charges | 3,874,146 |
| 27 | annual interim payments | 624,943 |
| 28 | annual cost of services | 751,339 |
| 29 | | |
| 30 | Medicaid annual payments | 4,297,604 |
| 31 | Cost of services - max annual payments for UPL | 4,698,300 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 4,521,741 |
| 37 | adjusted maximum annual payments for UPL | 4,943,335 |
| 38 | annual facility specific UPL amount | 421,594 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (5,328) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 416,266 |
| 43 | UPL adjustment available for SFY2020 | 416,266 |

| | Facility Name | Piedmont Henry Hospital |
|----------|--|-------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period beginning date | 6/30/2018 |
| 4 | | 0/50/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 15,858,832 |
| 11 | cost of Medicaid covered services | 1,850,103 |
| | Medicaid CCR | 0.1167 |
| | | |
| 12 | total hospital CCR | 0.174693787 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 1,771,844 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 708,119 |
| 18 | payments | 18,404 |
| 19 | annual covered charges | 708,119 |
| 20 | annual interim payments | 18,404 |
| 21 | annual cost of services | 123,704 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 783,388 |
| 25 | payments | 54,669 |
| 26 | annual covered charges | 783,388 |
| 27 | annual interim payments | 54,669 |
| 28 | annual cost of services | 136,853 |
| 29 | Medicaid annual nauments | 1 944 017 |
| 30 31 | Medicaid annual payments Cost of services - max annual payments for UPL | 1,844,917 |
| 32 | Cost of services - max annual payments for OPE | 2,110,000 |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | 1.052134 |
| 36 | adjusted Medicaid annual payments | 1,941,137 |
| 37 | adjusted maximum annual payments for UPL | 2,220,739 |
| 38 | annual facility specific UPL amount | 279,602 |
| 39 | | 2,5,002 |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (3,533) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 276,069 |
| 43 | UPL adjustment available for SFY2020 | 276,069 |

| | Facility Name | Piedmont Newton Medical Center |
|----|---|--------------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | -,, |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 11,056,390 |
| 11 | cost of Medicaid covered services | 1,130,268 |
| | Medicaid CCR | 0.1022 |
| | | 011012 |
| 12 | total hospital CCR | 0.158577888 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 1,082,458 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 342,234 |
| 18 | payments | 9,510 |
| 19 | annual covered charges | 342,234 |
| 20 | annual interim payments | 9,510 |
| 21 | annual cost of services | 54,271 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 945,768 |
| 25 | payments | 140,466 |
| 26 | annual covered charges | 945,768 |
| 27 | annual interim payments | 140,466 |
| 28 | annual cost of services | 149,978 |
| 29 | | 1.5,570 |
| 30 | Medicaid annual payments | 1,232,434 |
| 31 | Cost of services - max annual payments for UPL | 1,334,517 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | 1002101 |
| 36 | adjusted Medicaid annual payments | 1,296,710 |
| 37 | adjusted maximum annual payments for UPL | 1,230,710 |
| 38 | annual facility specific UPL amount | 107,407 |
| 39 | | 107,407 |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 40 | allocation of UPL amounts < 0 | (1,357) |
| 41 | annual UPL amount after aggregate limit | (1,557) |
| 42 | adjustments | 106,050 |
| 42 | UPL adjustment available for SFY2020 | 106,050 |
| 40 | | 100,050 |

| | Facility Norse | South Co Modical Contor |
|----|---|--------------------------------------|
| 2 | Facility Name base period report period beginning date | South Ga Medical Center 10/1/2017 |
| 3 | base period report period beginning date | 9/30/2018 |
| 4 | base period report period ending date | 9/30/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 10,891,503 |
| 10 | cost of Medicaid covered services | 3,438,882 |
| | Medicaid CCR | 0.3157 |
| | | 0.5157 |
| 12 | total hospital CCR | 0.304389108 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 3,293,417 |
| 15 | | 3,233,417 |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 207,628 |
| 18 | payments | 18,662 |
| 19 | annual covered charges | 207,628 |
| 20 | annual interim payments | 18,662 |
| 21 | annual cost of services | 63,200 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 6,498,929 |
| 25 | payments | 1,095,838 |
| 26 | annual covered charges | 6,498,929 |
| 27 | annual interim payments | 1,095,838 |
| 28 | annual cost of services | 1,978,203 |
| 29 | | |
| 30 | Medicaid annual payments | 4,407,917 |
| 31 | Cost of services - max annual payments for UPL | 5,480,285 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.038496 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 4,577,604 |
| 37 | adjusted maximum annual payments for UPL | 5,691,254 |
| 38 | annual facility specific UPL amount | 1,113,650 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (14,074) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 1,099,576 |
| 43 | UPL adjustment available for SFY2020 | 1,099,576 |

| | Facility Name | South Ga Medical Center - Berrien Campus |
|----|---|--|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period beginning date | 9/30/2018 |
| 4 | | 5/50/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 543,092 |
| 11 | cost of Medicaid covered services | 216,621 |
| | Medicaid CCR | 0.3989 |
| | | |
| 12 | total hospital CCR | 0.451496455 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 207,458 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 26,875 |
| 18 | payments | 3,670 |
| 19 | annual covered charges | 26,875 |
| 20 | annual interim payments | 3,670 |
| 21 | annual cost of services | 12,134 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 0 |
| 25 | payments | 0 |
| 26 | annual covered charges | 0 |
| 27 | annual interim payments | 0 |
| 28 | annual cost of services | 0 |
| 29 | | |
| 30 | Medicaid annual payments | 211,128 |
| 31 | Cost of services - max annual payments for UPL | 228,755 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.038496 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 219,256 |
| 37 | adjusted maximum annual payments for UPL | 237,561 |
| 38 | annual facility specific UPL amount | 18,305 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (231) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 18,074 |
| 43 | UPL adjustment available for SFY2020 | 18,074 |

| | Facility Name | Southeast Ga Health System - Brunswick |
|----------|---|--|
| 2 | base period report period beginning date | 5/1/2017 |
| 3 | base period report period beginning date | 4/30/2018 |
| 4 | | 4,50,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 7,414,181 |
| 11 | cost of Medicaid covered services | 2,135,533 |
| | Medicaid CCR | 0.2880 |
| | | |
| 12 | total hospital CCR | 0.312368029 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 2,045,200 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 502,673 |
| 18 | payments | 29,089 |
| 19 | annual covered charges | 502,673 |
| 20 | annual interim payments | 29,089 |
| 21 | annual cost of services | 157,019 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 1,652,979 |
| 25 | payments | 318,196 |
| 26 | annual covered charges | 1,652,979 |
| 27 | annual interim payments | 318,196 |
| 28 | annual cost of services | 516,338 |
| 29 | | 2 202 405 |
| 30 | Medicaid annual payments | 2,392,485 |
| 31 | Cost of services - max annual payments for UPL | 2,808,890 |
| 32 | a d'acture et facture | |
| 33 | adjustment factor | 1.059555 |
| 34 | inflation | 1.058555 |
| 35 | adjusted Madiasid annual normanta | 2 5 2 5 7 7 |
| 36 | adjusted Medicaid annual payments | 2,532,577 |
| 37 38 | adjusted maximum annual payments for UPL | 2,973,365 |
| 38 | annual facility specific UPL amount | 440,788 |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 40 | allocation of UPL amounts < 0 | (5,570) |
| +1 | annual UPL amount after aggregate limit | (5,570) |
| 42 | adjustments | 435,218 |
| 42 | UPL adjustment available for SFY2020 | 435,218 |
| -15 | | +55,210 |

| | En silit. No es | Courth cost Co. Use the Sustaine Court day |
|--------|---|--|
| 2 | Facility Name | Southeast Ga Health System - Camden |
| 2 3 | base period report period beginning date base period report period ending date | 5/1/2017 4/30/2018 |
| 3 4 | | 4/30/2018 |
| 4 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | CATT Status (1 – yes) | 0 |
| 9 | subject to cost settlement | |
| 10 | covered charges | 1,855,665 |
| 10 | cost of Medicaid covered services | 529,740 |
| | Medicaid CCR | 0.2855 |
| | | 0.2055 |
| 12 | total hospital CCR | 0.342424214 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 507,332 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 166,580 |
| 18 | payments | 11,076 |
| 19 | annual covered charges | 166,580 |
| 20 | annual interim payments | 11,076 |
| 21 | annual cost of services | 57,041 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 136,809 |
| 25 | payments | 35,180 |
| 26 | annual covered charges | 136,809 |
| 27 | annual interim payments | 35,180 |
| 28 | annual cost of services | 46,847 |
| 29 | | |
| 30 | Medicaid annual payments | 553,588 |
| 31 | Cost of services - max annual payments for UPL | 633,628 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.058555 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 586,003 |
| 37 | adjusted maximum annual payments for UPL | 670,730 |
| 38 | annual facility specific UPL amount | 84,727 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (1,071) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 83,656 |
| 43 | UPL adjustment available for SFY2020 | 83,656 |

| | Facility Nome | Stophone County Heavital |
|----------|---|--------------------------|
| 2 | Facility Name base period report period beginning date | Stephens County Hospital |
| 2 | base period report period beginning date | 10/1/2017 9/30/2018 |
| 4 | | 9/30/2018 |
| 4 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | 1 |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | 0 |
| 9 | subject to cost settlement | |
| 10 | covered charges | 1,728,441 |
| 11 | cost of Medicaid covered services | 581,099 |
| | Medicaid CCR | 0.3362 |
| | | 0.0002 |
| 12 | total hospital CCR | 0.374860714 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 556,519 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 184,595 |
| 18 | payments | 14,847 |
| 19 | annual covered charges | 184,595 |
| 20 | annual interim payments | 14,847 |
| 21 | annual cost of services | 69,197 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 371,553 |
| 25 | payments | 94,269 |
| 26 | annual covered charges | 371,553 |
| 27 | annual interim payments | 94,269 |
| 28 | annual cost of services | 139,281 |
| 29 | | |
| 30 | Medicaid annual payments | 665,635 |
| 31 | Cost of services - max annual payments for UPL | 789,577 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.038496 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 691,259 |
| 37 | adjusted maximum annual payments for UPL | 819,973 |
| 38 | annual facility specific UPL amount | 128,714 |
| 39 | annual allocation of above slimit (if any list b) | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (1,627) |
| 40 | annual UPL amount after aggregate limit | 402.002 |
| 42 43 | adjustments UPL adjustment available for SFY2020 | 127,087 |
| 43 | | 127,087 |

| | Facility Name | Tanner Medical Center/Carrollton |
|----|---|----------------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 13,981,215 |
| 11 | cost of Medicaid covered services | 2,952,810 |
| | Medicaid CCR | 0.2112 |
| | | |
| 12 | total hospital CCR | 0.252322115 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 2,827,906 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 626,393 |
| 18 | payments | 23,159 |
| 19 | annual covered charges | 626,393 |
| 20 | annual interim payments | 23,159 |
| 21 | annual cost of services | 158,053 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 5,500,553 |
| 25 | payments | 780,673 |
| 26 | annual covered charges | 5,500,553 |
| 27 | annual interim payments | 780,673 |
| 28 | annual cost of services | 1,387,911 |
| 29 | | |
| 30 | Medicaid annual payments | 3,631,738 |
| 31 | Cost of services - max annual payments for UPL | 4,498,774 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 3,821,148 |
| 37 | adjusted maximum annual payments for UPL | 4,733,403 |
| 38 | annual facility specific UPL amount | 912,255 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (11,529) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 900,726 |
| 43 | UPL adjustment available for SFY2020 | 900,726 |

| acility Name ase period report period beginning date ase period report period ending date | Tanner Medical Center/Villa Rica 7/1/2017 |
|---|---|
| ase period report period beginning date | |
| | ,,_,_,_,, |
| ase period report period chaing date | 6/30/2018 |
| | 0,00,2010 |
| djustment factor (if period not equal to 1 year) | 1 |
| | |
| CAH status (1 = yes) | 0 |
| | |
| ubject to cost settlement | |
| | 7,705,213 |
| | 1,906,753 |
| | 0.2475 |
| | 0.2475 |
| otal hospital CCR | 0.279869216 |
| ost settlement rate | 95.77% |
| nnual Medicaid payments after cost settlement | 1,826,097 |
| | |
| ubject to fixed fee payment | |
| | 356,033 |
| - | 13,929 |
| - | 356,033 |
| | 13,929 |
| | 99,643 |
| | |
| ubject to limit of inpatient rate | |
| | 2,493,353 |
| - | 885,889 |
| - | 2,493,353 |
| | 885,889 |
| • • | 697,813 |
| | |
| Aedicaid annual payments | 2,725,915 |
| | 2,704,209 |
| | |
| diustment factor | |
| nflation | 1.052154 |
| | |
| diusted Medicaid annual payments | 2,868,082 |
| | 2,845,244 |
| | (22,838) |
| | (22,000) |
| nnual allocation of charge limit (if applicable) | 0 |
| | 22,838 |
| | |
| | 0 |
| • | 0 |
| | ubject to cost settlement overed charges ost of Medicaid covered services ledicaid CCR otal hospital CCR ost settlement rate nnual Medicaid payments after cost settlement ubject to fixed fee payment overed charges ayments nnual covered charges nnual interim payments nnual cost of services ubject to limit of inpatient rate overed charges ayments nnual cost of services ubject to limit of inpatient rate overed charges ayments nnual covered charges ayments nnual cost of services ubject to limit of inpatient rate overed charges ayments nnual covered charges annual interim payments nnual cost of services ledicaid annual payments ost of services - max annual payments for UPL djustment factor |

| | Facility Name | Tift Regional Medical Center - A Campus of Tift Reg Health System |
|----------|---|---|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period ending date | 9/30/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 16,132,086 |
| 11 | cost of Medicaid covered services | 2,998,112 |
| | Medicaid CCR | 0.1858 |
| 12 | total hospital CCR | 0.19465931 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 2,871,292 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 493,454 |
| 18 | payments | 25,471 |
| 19 | annual covered charges | 493,454 |
| 20 | annual interim payments | 25,471 |
| 21 | annual cost of services | 96,055 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 3,499,197 |
| 25 | payments | 391,723 |
| 26 | annual covered charges | 3,499,197 |
| 27 | annual interim payments | 391,723 |
| 28 | annual cost of services | 681,151 |
| 29 | | |
| 30 | Medicaid annual payments | 3,288,486 |
| 31 | Cost of services - max annual payments for UPL | 3,775,318 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.038496 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 3,415,080 |
| 37 | adjusted maximum annual payments for UPL | 3,920,653 |
| 38 39 | annual facility specific UPL amount | 505,573 |
| 39 40 | annual allocation of charge limit (if applicable) | 0 |
| 40 | allocation of UPL amounts < 0 | (6,389) |
| 41 | annual UPL amount after aggregate limit | (0,383) |
| 42 | adjustments | 499,184 |
| 42 | UPL adjustment available for SFY2020 | 499,184 |
| Ъ | | 455,164 |

| | Facility Name | Union General Hospital, Inc. |
|----|---|------------------------------|
| 2 | base period report period beginning date | 5/1/2017 |
| 3 | base period report period ending date | 4/30/2018 |
| 4 | | , |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 1,798,085 |
| 11 | cost of Medicaid covered services | 480,271 |
| | Medicaid CCR | 0.2671 |
| | | |
| 12 | total hospital CCR | 0.378782189 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 459,956 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 93,616 |
| 18 | payments | 5,930 |
| 19 | annual covered charges | 93,616 |
| 20 | annual interim payments | 5,930 |
| 21 | annual cost of services | 35,460 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 211,057 |
| 25 | payments | 32,644 |
| 26 | annual covered charges | 211,057 |
| 27 | annual interim payments | 32,644 |
| 28 | annual cost of services | 79,945 |
| 29 | | |
| 30 | Medicaid annual payments | 498,530 |
| 31 | Cost of services - max annual payments for UPL | 595,676 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.058555 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 527,721 |
| 37 | adjusted maximum annual payments for UPL | 630,556 |
| 38 | annual facility specific UPL amount | 102,835 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (1,300) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 101,535 |
| 43 | UPL adjustment available for SFY2020 | 101,535 |

| | Facility Name | University Hospital |
|----|---|---------------------|
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period beginning date | 12/31/2018 |
| 4 | | 12/31/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 15,413,534 |
| 11 | cost of Medicaid covered services | 2,980,568 |
| | Medicaid CCR | 0.1934 |
| | | |
| 12 | total hospital CCR | 0.263332263 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 2,854,490 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 341,815 |
| 18 | payments | 27,536 |
| 19 | annual covered charges | 341,815 |
| 20 | annual interim payments | 27,536 |
| 21 | annual cost of services | 90,011 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 3,318,966 |
| 25 | payments | 732,919 |
| 26 | annual covered charges | 3,318,966 |
| 27 | annual interim payments | 732,919 |
| 28 | annual cost of services | 873,991 |
| 29 | | |
| 30 | Medicaid annual payments | 3,614,945 |
| 31 | Cost of services - max annual payments for UPL | 3,944,570 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.03664 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 3,747,397 |
| 37 | adjusted maximum annual payments for UPL | 4,089,099 |
| 38 | annual facility specific UPL amount | 341,702 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (4,318) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 337,384 |
| 43 | UPL adjustment available for SFY2020 | 337,384 |

| | Facility Name | University Hospital McDuffie |
|----|---|------------------------------|
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period ending date | 12/31/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 3,361,485 |
| 11 | cost of Medicaid covered services | 623,298 |
| | Medicaid CCR | 0.1854 |
| | | |
| 12 | total hospital CCR | 0.236190463 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 596,932 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 90,180 |
| 18 | payments | 6,803 |
| 19 | annual covered charges | 90,180 |
| 20 | annual interim payments | 6,803 |
| 21 | annual cost of services | 21,300 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 0 |
| 25 | payments | 0 |
| 26 | annual covered charges | 0 |
| 27 | annual interim payments | 0 |
| 28 | annual cost of services | 0 |
| 29 | | |
| 30 | Medicaid annual payments | 603,735 |
| 31 | Cost of services - max annual payments for UPL | 644,598 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.03664 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 625,856 |
| 37 | adjusted maximum annual payments for UPL | 668,216 |
| 38 | annual facility specific UPL amount | 42,360 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (535) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 41,825 |
| 43 | UPL adjustment available for SFY2020 | 41,825 |

| | Facility Name | Uncon Regional Medical Conter |
|----|---|---|
| 2 | base period report period beginning date | Upson Regional Medical Center 1/1/2018 |
| 3 | base period report period beginning date | 12/31/2018 |
| 4 | | 12/51/2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | - |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 9,452,635 |
| 11 | cost of Medicaid covered services | 1,538,034 |
| | Medicaid CCR | 0.1627 |
| | | |
| 12 | total hospital CCR | 0.215748514 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 1,472,975 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 415,768 |
| 18 | payments | 21,179 |
| 19 | annual covered charges | 415,768 |
| 20 | annual interim payments | 21,179 |
| 21 | annual cost of services | 89,701 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 478,003 |
| 25 | payments | 66,543 |
| 26 | annual covered charges | 478,003 |
| 27 | annual interim payments | 66,543 |
| 28 | annual cost of services | 103,128 |
| 29 | | |
| 30 | Medicaid annual payments | 1,560,697 |
| 31 | Cost of services - max annual payments for UPL | 1,730,863 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.03664 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 1,617,881 |
| 37 | adjusted maximum annual payments for UPL | 1,794,282 |
| 38 | annual facility specific UPL amount | 176,401 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (2,229) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 174,172 |
| 43 | UPL adjustment available for SFY2020 | 174,172 |

| | Facility Name | Washington County Regional Medical Center |
|----|---|---|
| 2 | base period report period beginning date | 9/1/2017 |
| 3 | base period report period beginning date | 8/31/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 1,398,747 |
| 11 | cost of Medicaid covered services | 530,579 |
| | Medicaid CCR | 0.3793 |
| | | |
| 12 | total hospital CCR | 0.38936898 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 508,136 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 160,708 |
| 18 | payments | 10,226 |
| 19 | annual covered charges | 160,708 |
| 20 | annual interim payments | 10,226 |
| 21 | annual cost of services | 62,575 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 39,446 |
| 25 | payments | 11,090 |
| 26 | annual covered charges | 39,446 |
| 27 | annual interim payments | 11,090 |
| 28 | annual cost of services | 15,359 |
| 29 | | |
| 30 | Medicaid annual payments | 529,452 |
| 31 | Cost of services - max annual payments for UPL | 608,513 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.043009 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 552,223 |
| 37 | adjusted maximum annual payments for UPL | 634,685 |
| 38 | annual facility specific UPL amount | 82,462 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (1,042) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 81,420 |
| 43 | UPL adjustment available for SFY2020 | 81,420 |

| | Facility Name | |
|----|---|----------------------------------|
| 2 | Facility Name base period report period beginning date | Wayne Memorial Hospital 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | 0/30/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | 0 |
| 9 | subject to cost settlement | |
| 10 | covered charges | 3,342,665 |
| 10 | cost of Medicaid covered services | 644,669 |
| | Medicaid CCR | 0.1929 |
| | | 0.1929 |
| 12 | total hospital CCR | 0.265984222 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 617,400 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 693,592 |
| 18 | payments | 31,382 |
| 19 | annual covered charges | 693,592 |
| 20 | annual interim payments | 31,382 |
| 21 | annual cost of services | 184,485 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 474,559 |
| 25 | payments | 82,346 |
| 26 | annual covered charges | 474,559 |
| 27 | annual interim payments | 82,346 |
| 28 | annual cost of services | 126,225 |
| 29 | | |
| 30 | Medicaid annual payments | 731,128 |
| 31 | Cost of services - max annual payments for UPL | 955,379 |
| 32 | | · · · |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 769,259 |
| 37 | adjusted maximum annual payments for UPL | 1,005,206 |
| 38 | annual facility specific UPL amount | 235,947 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (2,982) |
| | annual UPL amount after aggregate limit | (-) |
| 42 | adjustments | 232,965 |
| 43 | UPL adjustment available for SFY2020 | 232,965 |

| | Facility Name | Wellstar Cobb Hospital |
|----|---|------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period beginning date | 6/30/2018 |
| 4 | | 0/30/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | - |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 21,727,645 |
| 11 | cost of Medicaid covered services | 3,049,493 |
| | Medicaid CCR | 0.1404 |
| | | |
| 12 | total hospital CCR | 0.187311595 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 2,920,499 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 838,408 |
| 18 | payments | 22,617 |
| 19 | annual covered charges | 838,408 |
| 20 | annual interim payments | 22,617 |
| 21 | annual cost of services | 157,044 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 5,474,210 |
| 25 | payments | 634,725 |
| 26 | annual covered charges | 5,474,210 |
| 27 | annual interim payments | 634,725 |
| 28 | annual cost of services | 1,025,383 |
| 29 | | |
| 30 | Medicaid annual payments | 3,577,841 |
| 31 | Cost of services - max annual payments for UPL | 4,231,920 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 3,764,440 |
| 37 | adjusted maximum annual payments for UPL | 4,452,632 |
| 38 | annual facility specific UPL amount | 688,192 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (8,697) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 679,495 |
| 43 | UPL adjustment available for SFY2020 | 679,495 |

| | Facility Name | Wellster Deuglas Hospital |
|----|---|------------------------------------|
| 2 | Facility Name base period report period beginning date | Wellstar Douglas Hospital 7/1/2017 |
| 3 | base period report period beginning date | 6/30/2018 |
| 4 | | 0/30/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | _ |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 12,850,850 |
| 11 | cost of Medicaid covered services | 1,709,627 |
| | Medicaid CCR | 0.1330 |
| | | 0.1000 |
| 12 | total hospital CCR | 0.158592697 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 1,637,310 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 723,566 |
| 18 | payments | 17,749 |
| 19 | annual covered charges | 723,566 |
| 20 | annual interim payments | 17,749 |
| 21 | annual cost of services | 114,752 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 1,071,192 |
| 25 | payments | 131,632 |
| 26 | annual covered charges | 1,071,192 |
| 27 | annual interim payments | 131,632 |
| 28 | annual cost of services | 169,883 |
| 29 | | |
| 30 | Medicaid annual payments | 1,786,691 |
| 31 | Cost of services - max annual payments for UPL | 1,994,262 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 1,879,874 |
| 37 | adjusted maximum annual payments for UPL | 2,098,271 |
| 38 | annual facility specific UPL amount | 218,397 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (2,760) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 215,637 |
| 43 | UPL adjustment available for SFY2020 | 215,637 |

| | Eacility Namo | Wallstar Kannastana Haspital |
|----|---|---------------------------------------|
| 2 | Facility Name base period report period beginning date | Wellstar Kennestone Hospital 7/1/2017 |
| 3 | base period report period beginning date | 6/30/2018 |
| 4 | | 0/30/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | CATI Status (1 – yes) | 0 |
| 9 | subject to cost settlement | |
| 10 | covered charges | 26,429,332 |
| 10 | cost of Medicaid covered services | 3,290,270 |
| | Medicaid CCR | 0.1245 |
| | | 0.1245 |
| 12 | total hospital CCR | 0.167824211 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 3,151,092 |
| 15 | | -,, |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 921,210 |
| 18 | payments | 20,796 |
| 19 | annual covered charges | 921,210 |
| 20 | annual interim payments | 20,796 |
| 21 | annual cost of services | 154,601 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 3,962,976 |
| 25 | payments | 302,075 |
| 26 | annual covered charges | 3,962,976 |
| 27 | annual interim payments | 302,075 |
| 28 | annual cost of services | 665,083 |
| 29 | | |
| 30 | Medicaid annual payments | 3,473,963 |
| 31 | Cost of services - max annual payments for UPL | 4,109,954 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 3,655,144 |
| 37 | adjusted maximum annual payments for UPL | 4,324,305 |
| 38 | annual facility specific UPL amount | 669,161 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (8,457) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 660,704 |
| 43 | UPL adjustment available for SFY2020 | 660,704 |

| | Facility Nama | Wollstor Doulding Hospital |
|----------|--|--|
| 2 | Facility Name base period report period beginning date | Wellstar Paulding Hospital 7/1/2017 |
| 3 | base period report period beginning date | 6/30/2018 |
| 4 | | 0/30/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 10,664,307 |
| 11 | cost of Medicaid covered services | 1,268,419 |
| | Medicaid CCR | 0.1189 |
| | | 0.1105 |
| 12 | total hospital CCR | 0.172087665 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 1,214,765 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 560,404 |
| 18 | payments | 14,596 |
| 19 | annual covered charges | 560,404 |
| 20 | annual interim payments | 14,596 |
| 21 | annual cost of services | 96,439 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 1,026,709 |
| 25 | payments | 87,365 |
| 26 | annual covered charges | 1,026,709 |
| 27 | annual interim payments | 87,365 |
| 28 | annual cost of services | 176,684 |
| 29 | | |
| 30 | Medicaid annual payments | 1,316,726 |
| 31 | Cost of services - max annual payments for UPL | 1,541,542 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 1,385,399 |
| 37 | adjusted maximum annual payments for UPL | 1,621,940 |
| 38 | annual facility specific UPL amount | 236,541 |
| 39 40 | annual allocation of charge limit (if applicable) | 0 |
| 40 | annual allocation of charge limit (if applicable) allocation of UPL amounts < 0 | |
| 41 | annual UPL amount after aggregate limit | (2,989) |
| 42 | adjustments | |
| 42 | UPL adjustment available for SFY2020 | 233,552 |
| 43 | OF L aujustiment available for SF12020 | 233,552 |

| | Eacility Namo | Wellstar West Georgia Medical Center |
|----|---|--------------------------------------|
| 2 | Facility Name base period report period beginning date | 7/1/2017 |
| 3 | base period report period beginning date | 6/30/2018 |
| 4 | | 0/30/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 12,425,123 |
| 11 | cost of Medicaid covered services | 1,794,321 |
| | Medicaid CCR | 0.1444 |
| | | |
| 12 | total hospital CCR | 0.226594687 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 1,718,421 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 1,251,991 |
| 18 | payments | 44,304 |
| 19 | annual covered charges | 1,251,991 |
| 20 | annual interim payments | 44,304 |
| 21 | annual cost of services | 283,695 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 2,271,042 |
| 25 | payments | 371,530 |
| 26 | annual covered charges | 2,271,042 |
| 27 | annual interim payments | 371,530 |
| 28 | annual cost of services | 514,606 |
| 29 | | |
| 30 | Medicaid annual payments | 2,134,255 |
| 31 | Cost of services - max annual payments for UPL | 2,592,622 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 2,245,565 |
| 37 | adjusted maximum annual payments for UPL | 2,727,838 |
| 38 | annual facility specific UPL amount | 482,273 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (6,095) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 476,178 |
| 43 | UPL adjustment available for SFY2020 | 476,178 |

| | Eacility Nama | Wellstar Windy Hill Hospital |
|----|---|------------------------------|
| 2 | Facility Name base period report period beginning date | 7/1/2017 |
| 3 | base period report period beginning date | 6/30/2018 |
| 4 | | 0/30/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | 1 |
| 7 | CAH status (1 = yes) | 0 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 2,442,461 |
| 11 | cost of Medicaid covered services | 449,092 |
| | Medicaid CCR | 0.1839 |
| | | 0.1055 |
| 12 | total hospital CCR | 0.208631903 |
| 13 | cost settlement rate | 95.77% |
| 14 | annual Medicaid payments after cost settlement | 430,095 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 0 |
| 18 | payments | 0 |
| 19 | annual covered charges | 0 |
| 20 | annual interim payments | 0 |
| 21 | annual cost of services | _ |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 560,558 |
| 25 | payments | 65,601 |
| 26 | annual covered charges | 560,558 |
| 27 | annual interim payments | 65,601 |
| 28 | annual cost of services | 116,950 |
| 29 | | |
| 30 | Medicaid annual payments | 495,696 |
| 31 | Cost of services - max annual payments for UPL | 566,042 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 521,549 |
| 37 | adjusted maximum annual payments for UPL | 595,563 |
| 38 | annual facility specific UPL amount | 74,014 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (935) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 73,079 |
| 43 | UPL adjustment available for SFY2020 | 73,079 |

| | Facility Name | Bacon County Hospital and Health System |
|----|---|---|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | 0/30/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | 1 |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | 1 |
| 9 | subject to cost settlement | |
| 10 | covered charges | 1,391,323 |
| 10 | cost of Medicaid covered services | 391,548 |
| | Medicaid CCR | 0.2814 |
| | | 0.2014 |
| 12 | total hospital CCR | 0.458861666 |
| 13 | cost settlement rate | 100.00% |
| 14 | annual Medicaid payments after cost settlement | 391,548 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 148,744 |
| 18 | payments | 9,046 |
| 19 | annual covered charges | 148,744 |
| 20 | annual interim payments | 9,046 |
| 21 | annual cost of services | 68,253 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 23 | covered charges | 45,437 |
| 25 | payments | 10,185 |
| 26 | annual covered charges | 45,437 |
| 27 | annual interim payments | 10,185 |
| 28 | annual cost of services | 20,849 |
| 29 | | 20,015 |
| 30 | Medicaid annual payments | 410,779 |
| 31 | Cost of services - max annual payments for UPL | 480,650 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 432,203 |
| 37 | adjusted maximum annual payments for UPL | 505,718 |
| 38 | annual facility specific UPL amount | 73,515 |
| 39 | | , 3,313 |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (929) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 72,586 |
| 43 | UPL adjustment available for SFY2020 | 72,586 |

| | Facility Name | Bleckley Memorial Hospital |
|----|---|----------------------------|
| 2 | base period report period beginning date | 4/1/2017 |
| 3 | base period report period original date | 3/31/2018 |
| 4 | | 5,51,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 308,182 |
| 11 | cost of Medicaid covered services | 250,274 |
| | Medicaid CCR | 0.8121 |
| | | 0.8121 |
| 12 | total hospital CCR | 0.656058257 |
| 12 | cost settlement rate | 100.00% |
| 13 | annual Medicaid payments after cost settlement | 250,274 |
| 14 | | 250,274 |
| 15 | subject to fixed fee payment | |
| 10 | | 41.000 |
| | covered charges | 41,996 |
| 18 | payments | 4,150 |
| 19 | annual covered charges | 41,996 |
| 20 | annual interim payments | 4,150 |
| 21 | annual cost of services | 27,552 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 0 |
| 25 | payments | 0 |
| 26 | annual covered charges | 0 |
| 27 | annual interim payments | 0 |
| 28 | annual cost of services | 0 |
| 29 | | |
| 30 | Medicaid annual payments | 254,424 |
| 31 | Cost of services - max annual payments for UPL | 277,826 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.061785 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 270,144 |
| 37 | adjusted maximum annual payments for UPL | 294,991 |
| 38 | annual facility specific UPL amount | 24,847 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (314) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 24,533 |
| 43 | UPL adjustment available for SFY2020 | 24,533 |

| | Facility Name | Brooks County Hospital |
|----|---|------------------------|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period beginning date | 9/30/2018 |
| 4 | | 5,50,2015 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | _ |
| 9 | subject to cost settlement | |
| 10 | covered charges | 803,906 |
| 11 | cost of Medicaid covered services | 259,718 |
| | Medicaid CCR | 0.3231 |
| | | |
| 12 | total hospital CCR | 0.39160009 |
| 13 | cost settlement rate | 100.00% |
| 14 | annual Medicaid payments after cost settlement | 259,718 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 40,515 |
| 18 | payments | 4,670 |
| 19 | annual covered charges | 40,515 |
| 20 | annual interim payments | 4,670 |
| 21 | annual cost of services | 15,866 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 91,776 |
| 25 | payments | 14,589 |
| 26 | annual covered charges | 91,776 |
| 27 | annual interim payments | 14,589 |
| 28 | annual cost of services | 35,939 |
| 29 | | |
| 30 | Medicaid annual payments | 278,977 |
| 31 | Cost of services - max annual payments for UPL | 311,523 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.038496 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 289,716 |
| 37 | adjusted maximum annual payments for UPL | 323,515 |
| 38 | annual facility specific UPL amount | 33,799 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (427) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 33,372 |
| 43 | UPL adjustment available for SFY2020 | 33,372 |

| | Facility Name | Candler County Hospital |
|----|---|-------------------------|
| 2 | base period report period beginning date | 1/1/201 |
| 3 | base period report period beginning date | 12/31/201 |
| 4 | | 12/51/201 |
| 5 | adjustment factor (if period not equal to 1 year) | |
| 6 | | |
| 7 | CAH status (1 = yes) | |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 1,925,71 |
| 11 | cost of Medicaid covered services | 396,04 |
| | Medicaid CCR | 0.205 |
| 12 | total hospital CCR | 0.2723702 |
| 13 | cost settlement rate | 100.00 |
| 14 | annual Medicaid payments after cost settlement | 396,04 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 78,78 |
| 18 | payments | 3,76 |
| 19 | annual covered charges | 78,78 |
| 20 | annual interim payments | 3,76 |
| 21 | annual cost of services | 21,45 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | |
| 25 | payments | |
| 26 | annual covered charges | |
| 27 | annual interim payments | |
| 28 | annual cost of services | |
| 29 | | |
| 30 | Medicaid annual payments | 399,80 |
| 31 | Cost of services - max annual payments for UPL | 417,50 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.0366 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 414,45 |
| 37 | adjusted maximum annual payments for UPL | 432,80 |
| 38 | annual facility specific UPL amount | 18,34 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | |
| 41 | allocation of UPL amounts < 0 | (23 |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 18,11 |
| 43 | UPL adjustment available for SFY2020 | 18,11 |

| | Facility Name | Chatuge Regional Hospital, Inc. |
|----|---|---------------------------------|
| 2 | base period report period beginning date | 5/1/2017 |
| 3 | base period report period ending date | 4/30/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 202,686 |
| 11 | cost of Medicaid covered services | 81,550 |
| | Medicaid CCR | 0.4023 |
| | | |
| 12 | total hospital CCR | 0.746014086 |
| 13 | cost settlement rate | 100.00% |
| 14 | annual Medicaid payments after cost settlement | 81,550 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 13,995 |
| 18 | payments | 1,100 |
| 19 | annual covered charges | 13,995 |
| 20 | annual interim payments | 1,100 |
| 21 | annual cost of services | 10,440 |
| 22 | | 10,440 |
| 23 | subject to limit of inpatient rate | |
| 23 | covered charges | 0 |
| 25 | payments | C |
| 26 | annual covered charges | 0 |
| 20 | annual interim payments | |
| 27 | annual cost of services | |
| 28 | | |
| | Modicaid annual naumonte | 82 650 |
| 30 | Medicaid annual payments | 82,650 |
| 31 | Cost of services - max annual payments for UPL | 91,990 |
| 32 | a di ustan ant fa stan | |
| 33 | adjustment factor | 1.050555 |
| 34 | inflation | 1.058555 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 87,490 |
| 37 | adjusted maximum annual payments for UPL | 97,376 |
| 38 | annual facility specific UPL amount | 9,886 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (125) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 9,761 |
| 43 | UPL adjustment available for SFY2020 | 9,761 |

| | Facility Name | Clinch Memorial Hospital |
|----|---|--------------------------|
| 2 | base period report period beginning date | 7/1/202 |
| 3 | base period report period ending date | 6/30/202 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | |
| 6 | | |
| 7 | CAH status (1 = yes) | |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 302,52 |
| 11 | cost of Medicaid covered services | 279,45 |
| | Medicaid CCR | 0.923 |
| | | |
| 12 | total hospital CCR | 0.85738185 |
| 13 | cost settlement rate | 100.00 |
| 14 | annual Medicaid payments after cost settlement | 279,45 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 32,88 |
| 18 | payments | 3,45 |
| 19 | annual covered charges | 32,88 |
| 20 | annual interim payments | 3,45 |
| 21 | annual cost of services | 28,19 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 22,69 |
| 25 | payments | 17,35 |
| 26 | annual covered charges | 22,69 |
| 27 | annual interim payments | 17,3 |
| 28 | annual cost of services | 19,46 |
| 29 | | |
| 30 | Medicaid annual payments | 300,20 |
| 31 | Cost of services - max annual payments for UPL | 327,10 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.0521 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 315,92 |
| 37 | adjusted maximum annual payments for UPL | 344,16 |
| 38 | annual facility specific UPL amount | 28,24 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | |
| 41 | allocation of UPL amounts < 0 | (35 |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 27,89 |
| 43 | UPL adjustment available for SFY2020 | 27,89 |

| | Facility Name | Effingham Health System |
|----|---|-------------------------|
| 2 | base period report period beginning date | 7/1/201 |
| 3 | base period report period original date | 6/30/201 |
| 4 | | 0,00,20 |
| 5 | adjustment factor (if period not equal to 1 year) | |
| 6 | | |
| 7 | CAH status (1 = yes) | |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 2,295,20 |
| 11 | cost of Medicaid covered services | 668,83 |
| | Medicaid CCR | 0.291 |
| | | |
| 12 | total hospital CCR | 0.39162998 |
| 13 | cost settlement rate | 100.00 |
| 14 | annual Medicaid payments after cost settlement | 668,83 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 194,44 |
| 18 | payments | 8,60 |
| 19 | annual covered charges | 194,44 |
| 20 | annual interim payments | 8,60 |
| 21 | annual cost of services | 76,15 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 168,53 |
| 25 | payments | 27,39 |
| 26 | annual covered charges | 168,53 |
| 27 | annual interim payments | 27,3 |
| 28 | annual cost of services | 66,0 |
| 29 | | |
| 30 | Medicaid annual payments | 704,8 |
| 31 | Cost of services - max annual payments for UPL | 810,9 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.0521 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 741,59 |
| 37 | adjusted maximum annual payments for UPL | 853,28 |
| 38 | annual facility specific UPL amount | 111,69 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | |
| 41 | allocation of UPL amounts < 0 | (1,41 |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 110,28 |
| 43 | UPL adjustment available for SFY2020 | 110,28 |

| | Facility Norse | |
|----|---|--------------------------------------|
| 2 | Facility Name base period report period beginning date | Elbert Memorial Hospital 7/1/2017 |
| 3 | base period report period beginning date | 6/30/2018 |
| 4 | | 0/30/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 735,068 |
| 10 | cost of Medicaid covered services | 250,001 |
| | Medicaid CCR | 0.3401 |
| | | 0.3401 |
| 12 | total hospital CCR | 0.35424148 |
| 13 | cost settlement rate | 100.00% |
| 14 | annual Medicaid payments after cost settlement | 250,001 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 115,917 |
| 18 | payments | 6,489 |
| 19 | annual covered charges | 115,917 |
| 20 | annual interim payments | 6,489 |
| 21 | annual cost of services | 41,063 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 0 |
| 25 | payments | 0 |
| 26 | annual covered charges | 0 |
| 27 | annual interim payments | 0 |
| 28 | annual cost of services | 0 |
| 29 | | |
| 30 | Medicaid annual payments | 256,490 |
| 31 | Cost of services - max annual payments for UPL | 291,064 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 269,867 |
| 37 | adjusted maximum annual payments for UPL | 306,244 |
| 38 | annual facility specific UPL amount | 36,377 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (460) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 35,917 |
| 43 | UPL adjustment available for SFY2020 | 35,917 |

| | Facility Name | Floyd Polk Medical Center |
|----------|---|---------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 4,924,194 |
| 11 | cost of Medicaid covered services | 742,994 |
| | Medicaid CCR | 0.1509 |
| | | |
| 12 | total hospital CCR | 0.246804635 |
| 13 | cost settlement rate | 100.00% |
| 14 | annual Medicaid payments after cost settlement | 742,994 |
| 15 | authing the final for any second | |
| 16 | subject to fixed fee payment | 240 525 |
| 17 18 | covered charges | 340,525 |
| 18 | payments | 8,800 |
| 20 | annual covered charges annual interim payments | 340,525 |
| 20 | annual cost of services | 84,043 |
| 21 | | 64,043 |
| 22 | subject to limit of inpatient rate | |
| 24 | covered charges | 162,725 |
| 25 | payments | 24,314 |
| 26 | annual covered charges | 162,725 |
| 27 | annual interim payments | 24,314 |
| 28 | annual cost of services | 40,161 |
| 29 | | |
| 30 | Medicaid annual payments | 776,108 |
| 31 | Cost of services - max annual payments for UPL | 867,198 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 816,585 |
| 37 | adjusted maximum annual payments for UPL | 912,426 |
| 38 | annual facility specific UPL amount | 95,841 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (1,211) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 94,630 |
| 43 | UPL adjustment available for SFY2020 | 94,630 |

| 2 | Facility Name | Higgins General Hospital |
|---------|---|--------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 5 | adjustment factor (if period not equal to 1 year) | 1 |
| | adjustment factor (il period not equal to 1 year) | 1 |
| 6 7 | CAH status (1 = yes) | 1 |
| 8 | CAR Status (1 – yes) | 1 |
| | subject to cost sottlement | |
| 9 10 | subject to cost settlement covered charges | 3,247,422 |
| 10 | cost of Medicaid covered services | 712,965 |
| | Medicaid CCR | 0.2195 |
| | | 0.2195 |
| 12 | total hospital CCR | 0.333192744 |
| 13 | cost settlement rate | 100.00% |
| 14 | annual Medicaid payments after cost settlement | 712,965 |
| 15 | | , 12,505 |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 177,552 |
| 18 | payments | 6,950 |
| 19 | annual covered charges | 177,552 |
| 20 | annual interim payments | 6,950 |
| 21 | annual cost of services | 59,159 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 0 |
| 25 | payments | 0 |
| 26 | annual covered charges | 0 |
| 27 | annual interim payments | 0 |
| 28 | annual cost of services | 0 |
| 29 | | |
| 30 | Medicaid annual payments | 719,915 |
| 31 | Cost of services - max annual payments for UPL | 772,124 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 757,461 |
| 37 | adjusted maximum annual payments for UPL | 812,393 |
| 38 | annual facility specific UPL amount | 54,932 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (694) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 54,238 |
| 43 | UPL adjustment available for SFY2020 | 54,238 |

| | Facility Name | Jasper Memorial Hospital |
|----|---|--------------------------|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period beginning date | 9/30/2018 |
| 4 | | 5,50,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 158,167 |
| 11 | cost of Medicaid covered services | 133,082 |
| | Medicaid CCR | 0.8414 |
| | | |
| 12 | total hospital CCR | 1.127328702 |
| 13 | cost settlement rate | 100.00% |
| 14 | annual Medicaid payments after cost settlement | 133,082 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 12,298 |
| 18 | payments | 1,614 |
| 19 | annual covered charges | 12,298 |
| 20 | annual interim payments | 1,614 |
| 21 | annual cost of services | 13,864 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 0 |
| 25 | payments | 0 |
| 26 | annual covered charges | 0 |
| 27 | annual interim payments | 0 |
| 28 | annual cost of services | 0 |
| 29 | | |
| 30 | Medicaid annual payments | 134,696 |
| 31 | Cost of services - max annual payments for UPL | 146,946 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.038496 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 139,881 |
| 37 | adjusted maximum annual payments for UPL | 152,603 |
| 38 | annual facility specific UPL amount | 12,722 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (161) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 12,561 |
| 43 | UPL adjustment available for SFY2020 | 12,561 |

| | | |
|---------|---|-------------------------------|
| | Eacility Namo | Loff Davis Hospital |
| 2 | Facility Name base period report period beginning date | Jeff Davis Hospital 10/1/2017 |
| 3 | base period report period beginning date | 9/30/2018 |
| 4 | | 5/50/2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 1,032,173 |
| 11 | cost of Medicaid covered services | 228,759 |
| | Medicaid CCR | 0.2216 |
| | | |
| 12 | total hospital CCR | 0.272545945 |
| 13 | cost settlement rate | 100.00% |
| 14 | annual Medicaid payments after cost settlement | 228,759 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 149,471 |
| 18 | payments | 4,930 |
| 19 | annual covered charges | 149,471 |
| 20 | annual interim payments | 4,930 |
| 21 | annual cost of services | 40,738 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 19,839 |
| 25 | payments | 4,956 |
| 26 | annual covered charges | 19,839 |
| 27 | annual interim payments | 4,956 |
| 28 | annual cost of services | 5,407 |
| 29 | | |
| 30 | Medicaid annual payments | 238,645 |
| 31 | Cost of services - max annual payments for UPL | 274,904 |
| 32 | | |
| 33 | adjustment factor | 1 020100 |
| 34 | inflation | 1.038496 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 247,832 |
| 37 | adjusted maximum annual payments for UPL | 285,487 |
| 38 | annual facility specific UPL amount | 37,655 |
| 39 | annual allocation of charge limit (if any lights) | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (476) |
| 42 | annual UPL amount after aggregate limit adjustments | |
| 42 | UPL adjustment available for SFY2020 | 37,179 |
| 40 | | 37,179 |

| | Eacility Namo | Liberty Regional Medical Contor |
|----|---|--|
| 2 | Facility Name base period report period beginning date | Liberty Regional Medical Center 12/1/2017 |
| 3 | base period report period beginning date | 11/30/2018 |
| 4 | | 11/50/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 3,355,975 |
| 11 | cost of Medicaid covered services | 768,145 |
| | Medicaid CCR | 0.2289 |
| | | 0.2205 |
| 12 | total hospital CCR | 0.299661294 |
| 13 | cost settlement rate | 100.00% |
| 14 | annual Medicaid payments after cost settlement | 768,145 |
| 15 | | · · · · · · · · · · · · · · · · · · · |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 205,649 |
| 18 | payments | 14,997 |
| 19 | annual covered charges | 205,649 |
| 20 | annual interim payments | 14,997 |
| 21 | annual cost of services | 61,625 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 94,502 |
| 25 | payments | 9,913 |
| 26 | annual covered charges | 94,502 |
| 27 | annual interim payments | 9,913 |
| 28 | annual cost of services | 28,319 |
| 29 | | |
| 30 | Medicaid annual payments | 793,055 |
| 31 | Cost of services - max annual payments for UPL | 858,089 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.037258 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 822,603 |
| 37 | adjusted maximum annual payments for UPL | 890,060 |
| 38 | annual facility specific UPL amount | 67,457 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (852) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 66,605 |
| 43 | UPL adjustment available for SFY2020 | 66,605 |

| | Facility Name | Medical Center of Peach County, Navicent Health |
|----|---|---|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period beginning date | 9/30/2018 |
| 4 | | 5/50/2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | - |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 1,573,151 |
| 11 | cost of Medicaid covered services | 444,493 |
| | Medicaid CCR | 0.2825 |
| | | |
| 12 | total hospital CCR | 0.321203448 |
| 13 | cost settlement rate | 100.00% |
| 14 | annual Medicaid payments after cost settlement | 444,493 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 136,447 |
| 18 | payments | 10,360 |
| 19 | annual covered charges | 136,447 |
| 20 | annual interim payments | 10,360 |
| 21 | annual cost of services | 43,827 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 23,768 |
| 25 | payments | 4,863 |
| 26 | annual covered charges | 23,768 |
| 27 | annual interim payments | 4,863 |
| 28 | annual cost of services | 7,634 |
| 29 | | |
| 30 | Medicaid annual payments | 459,716 |
| 31 | Cost of services - max annual payments for UPL | 495,954 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.038496 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 477,413 |
| 37 | adjusted maximum annual payments for UPL | 515,046 |
| 38 | annual facility specific UPL amount | 37,633 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (476) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 37,157 |
| 43 | UPL adjustment available for SFY2020 | 37,157 |

| | | Miller County Hoositel |
|--------|---|------------------------------------|
| 2 | Facility Name base period report period beginning date | Miller County Hospital 7/1/2017 |
| 3 | base period report period beginning date | 6/30/2018 |
| 4 | | 6/30/2018 |
| 4 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | CATI Status (1 – yes) | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 4,577,457 |
| 10 | cost of Medicaid covered services | 1,547,751 |
| | Medicaid CCR | 0.3381 |
| | | 0.5561 |
| 12 | total hospital CCR | 0.893798941 |
| 13 | cost settlement rate | 100.00% |
| 14 | annual Medicaid payments after cost settlement | 1,547,751 |
| 15 | | 1,547,751 |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 73,238 |
| 18 | payments | 4,378 |
| 19 | annual covered charges | 73,238 |
| 20 | annual interim payments | 4,378 |
| 21 | annual cost of services | 65,460 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 75,460 |
| 25 | payments | 24,782 |
| 26 | annual covered charges | 75,460 |
| 27 | annual interim payments | 24,782 |
| 28 | annual cost of services | 67,446 |
| 29 | | |
| 30 | Medicaid annual payments | 1,576,911 |
| 31 | Cost of services - max annual payments for UPL | 1,680,657 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 1,659,153 |
| 37 | adjusted maximum annual payments for UPL | 1,768,310 |
| 38 | annual facility specific UPL amount | 109,157 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (1,379) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 107,778 |
| 43 | UPL adjustment available for SFY2020 | 107,778 |

| | Eacility Nama | Mitchell County Hernital |
|----|---|------------------------------------|
| 2 | Facility Name base period report period beginning date | Mitchell County Hospital 10/1/2017 |
| 3 | base period report period beginning date | 9/30/2018 |
| 4 | | 5750/2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | - |
| 9 | subject to cost settlement | |
| 10 | covered charges | 1,259,033 |
| 11 | cost of Medicaid covered services | 263,613 |
| | Medicaid CCR | 0.2094 |
| | | 0.2001 |
| 12 | total hospital CCR | 0.684471015 |
| 13 | cost settlement rate | 100.00% |
| 14 | annual Medicaid payments after cost settlement | 263,613 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 47,171 |
| 18 | payments | 4,280 |
| 19 | annual covered charges | 47,171 |
| 20 | annual interim payments | 4,280 |
| 21 | annual cost of services | 32,287 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 94,302 |
| 25 | payments | 19,826 |
| 26 | annual covered charges | 94,302 |
| 27 | annual interim payments | 19,826 |
| 28 | annual cost of services | 64,547 |
| 29 | | |
| 30 | Medicaid annual payments | 287,719 |
| 31 | Cost of services - max annual payments for UPL | 360,447 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.038496 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 298,795 |
| 37 | adjusted maximum annual payments for UPL | 374,323 |
| 38 | annual facility specific UPL amount | 75,528 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (954) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 74,574 |
| 43 | UPL adjustment available for SFY2020 | 74,574 |

| | Facility Nama | Monroe County Hospital |
|----|---|----------------------------------|
| 2 | Facility Name base period report period beginning date | Monroe County Hospital 10/1/2017 |
| 3 | base period report period beginning date | 9/30/2018 |
| 4 | | 9/30/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 362,319 |
| 11 | cost of Medicaid covered services | 144,399 |
| | Medicaid CCR | 0.3985 |
| | | 0.0000 |
| 12 | total hospital CCR | 0.472394232 |
| 13 | cost settlement rate | 100.00% |
| 14 | annual Medicaid payments after cost settlement | 144,399 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 66,734 |
| 18 | payments | 5,330 |
| 19 | annual covered charges | 66,734 |
| 20 | annual interim payments | 5,330 |
| 21 | annual cost of services | 31,525 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 0 |
| 25 | payments | 0 |
| 26 | annual covered charges | 0 |
| 27 | annual interim payments | 0 |
| 28 | annual cost of services | 0 |
| 29 | | |
| 30 | Medicaid annual payments | 149,729 |
| 31 | Cost of services - max annual payments for UPL | 175,924 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.038496 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 155,493 |
| 37 | adjusted maximum annual payments for UPL | 182,696 |
| 38 | annual facility specific UPL amount | 27,203 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (344) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 26,859 |
| 43 | UPL adjustment available for SFY2020 | 26,859 |

| | Facility Name | Morgan Memorial Hospital |
|------|---|--------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period beginning date | 6/30/2018 |
| 4 | | 0/30/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | 1 |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | 1 |
| 9 | subject to cost settlement | |
| 10 | covered charges | 343,945 |
| 10 | cost of Medicaid covered services | 184,527 |
| 11 | Medicaid CCR | 0.5365 |
| | | 0.5305 |
| 12 | total hospital CCR | 0.626270994 |
| 13 | cost settlement rate | 100.00% |
| 14 | annual Medicaid payments after cost settlement | 184,527 |
| 15 | | 104,527 |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 40,445 |
| 18 | payments | 2,550 |
| 19 | annual covered charges | 40,445 |
| 20 | annual interim payments | 2,550 |
| 20 | annual cost of services | 25,330 |
| 21 | | 23,330 |
| 22 | subject to limit of inpatient rate | |
| 23 | covered charges | 0 |
| 24 | payments | 0 |
| 26 | annual covered charges | 0 |
| 20 | annual interim payments | 0 |
| 27 | annual cost of services | 0 |
| 20 | | 0 |
| 30 | Medicaid annual payments | 187,077 |
| 31 | Cost of services - max annual payments for UPL | 209,857 |
| 32 | | 203,037 |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | 1.052154 |
| 36 | adjusted Medicaid annual payments | 196,834 |
| 37 | adjusted maximum annual payments for UPL | 220,802 |
| 38 | annual facility specific UPL amount | 23,968 |
| 39 | | 23,508 |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 40 | allocation of UPL amounts < 0 | (303) |
| 71 | annual UPL amount after aggregate limit | (505) |
| 42 | adjustments | 23,665 |
| 42 | UPL adjustment available for SFY2020 | 23,665 |
| -1-3 | | 23,005 |

| | Facility Name | Lifebrite Community Hospital of Early |
|----------|--|---------------------------------------|
| 2 | base period report period beginning date | 11/1/2017 |
| 3 | base period report period ending date | 10/31/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 396,729 |
| 11 | cost of Medicaid covered services | 69,576 |
| | Medicaid CCR | 0.1754 |
| | | |
| 12 | total hospital CCR | 0.549264546 |
| 13 | cost settlement rate | 100.00% |
| 14 | annual Medicaid payments after cost settlement | 69,576 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 153,967 |
| 18 | payments | 5,120 |
| 19 | annual covered charges | 153,967 |
| 20 | annual interim payments | 5,120 |
| 21 | annual cost of services | 84,569 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 15,462 |
| 25 | payments | 4,863 |
| 26 | annual covered charges | 15,462 |
| 27 | annual interim payments | 4,863 |
| 28 | annual cost of services | 8,493 |
| 29 | | |
| 30 | Medicaid annual payments | 79,559 |
| 31 | Cost of services - max annual payments for UPL | 162,638 |
| 32 | | |
| 33 | adjustment factor | 4.007077 |
| 34 | inflation | 1.037877 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 82,572 |
| 37 | adjusted maximum annual payments for UPL | 168,798 |
| 38 | annual facility specific UPL amount | 86,226 |
| 39 | appual allocation of charge limit (if any liashed) | ^ |
| 40 | annual allocation of charge limit (if applicable) | 0 (1.000) |
| 41 | allocation of UPL amounts < 0 | (1,090) |
| 42 | annual UPL amount after aggregate limit | 05 120 |
| 42 43 | adjustments UPL adjustment available for SFY2020 | 85,136 |
| 43 | OFL aujustiment available for SF12020 | 85,136 |

| | Facility Name | Putnam General Hospital |
|----|---|-------------------------|
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period beginning date | 9/30/2018 |
| 4 | | 5/50/2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 529,603 |
| 11 | cost of Medicaid covered services | 276,795 |
| | Medicaid CCR | 0.5226 |
| | | |
| 12 | total hospital CCR | 0.512266148 |
| 13 | cost settlement rate | 100.00% |
| 14 | annual Medicaid payments after cost settlement | 276,795 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 47,394 |
| 18 | payments | 3,657 |
| 19 | annual covered charges | 47,394 |
| 20 | annual interim payments | 3,657 |
| 21 | annual cost of services | 24,278 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 14,177 |
| 25 | payments | 4,863 |
| 26 | annual covered charges | 14,177 |
| 27 | annual interim payments | 4,863 |
| 28 | annual cost of services | 7,262 |
| 29 | | |
| 30 | Medicaid annual payments | 285,315 |
| 31 | Cost of services - max annual payments for UPL | 308,335 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.038496 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 296,298 |
| 37 | adjusted maximum annual payments for UPL | 320,205 |
| 38 | annual facility specific UPL amount | 23,907 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (302) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 23,605 |
| 43 | UPL adjustment available for SFY2020 | 23,605 |

| | Facility Norse | South Co Madical Contar, Loniar Comput |
|--------|---|---|
| 2 | Facility Name | South Ga Medical Center - Lanier Campus |
| 2 | base period report period beginning date | 10/1/2017 |
| 3 | base period report period ending date | 9/30/2018 |
| 4 5 | adjustment factor (if pariod not aqual to 1 year) | 1 |
| | adjustment factor (if period not equal to 1 year) | 1 |
| 6 7 | (1 - y) | 1 |
| | CAH status (1 = yes) | 1 |
| 8 | auhiast ta sast asttlamant | |
| 9 | subject to cost settlement | 270.492 |
| 10 | covered charges | 370,482 |
| 11 | cost of Medicaid covered services | 186,354 |
| | Medicaid CCR | 0.5030 |
| 12 | total hospital CCR | 1.024967339 |
| 12 | cost settlement rate | 100.00% |
| 13 | | |
| 14 | annual Medicaid payments after cost settlement | 186,354 |
| 15 | authiast to fived fee normant | |
| | subject to fixed fee payment | 17.412 |
| 17 | covered charges | 17,412 |
| 18 | payments | 2,120 |
| 19 | annual covered charges | 17,412 |
| 20 | annual interim payments | 2,120 |
| 21 | annual cost of services | 17,847 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 0 |
| 25 | payments | 0 |
| 26 | annual covered charges | 0 |
| 27 | annual interim payments | 0 |
| 28 | annual cost of services | 0 |
| 29 | | |
| 30 | Medicaid annual payments | 188,474 |
| 31 | Cost of services - max annual payments for UPL | 204,201 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.038496 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 195,729 |
| 37 | adjusted maximum annual payments for UPL | 212,062 |
| 38 | annual facility specific UPL amount | 16,333 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (206) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 16,127 |
| 43 | UPL adjustment available for SFY2020 | 16,127 |

| | Facility Name | Warm Springs Medical Center |
|----|---|-----------------------------|
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period originally date | 12/31/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 385,652 |
| 11 | cost of Medicaid covered services | 157,182 |
| | Medicaid CCR | 0.4076 |
| | | |
| 12 | total hospital CCR | 0.784029057 |
| 13 | cost settlement rate | 100.00% |
| 14 | annual Medicaid payments after cost settlement | 157,182 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 37,320 |
| 18 | payments | 2,720 |
| 19 | annual covered charges | 37,320 |
| 20 | annual interim payments | 2,720 |
| 21 | annual cost of services | 29,260 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 0 |
| 25 | payments | 0 |
| 26 | annual covered charges | 0 |
| 27 | annual interim payments | 0 |
| 28 | annual cost of services | 0 |
| 29 | | |
| 30 | Medicaid annual payments | 159,902 |
| 31 | Cost of services - max annual payments for UPL | 186,442 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.03664 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 165,761 |
| 37 | adjusted maximum annual payments for UPL | 193,273 |
| 38 | annual facility specific UPL amount | 27,512 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (348) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 27,164 |
| 43 | UPL adjustment available for SFY2020 | 27,164 |

| | Facility Name | Wellstar Sylvan Grove Hospital |
|----------|---|--------------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 1,738,903 |
| 11 | cost of Medicaid covered services | 237,921 |
| | Medicaid CCR | 0.1368 |
| 10 | | 0.014404541 |
| 12 | total hospital CCR cost settlement rate | 0.214484511 |
| 13 | | 100.00% |
| 14 15 | annual Medicaid payments after cost settlement | 237,921 |
| 15 | subject to fixed fee payment | |
| 17 | covered charges | 286,036 |
| 18 | payments | 8,400 |
| 19 | annual covered charges | 286,036 |
| 20 | annual interim payments | 8,400 |
| 20 | annual cost of services | 61,350 |
| 22 | | 01,330 |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 0 |
| 25 | payments | 0 |
| 26 | annual covered charges | 0 |
| 27 | annual interim payments | 0 |
| 28 | annual cost of services | 0 |
| 29 | | |
| 30 | Medicaid annual payments | 246,321 |
| 31 | Cost of services - max annual payments for UPL | 299,271 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 259,168 |
| 37 | adjusted maximum annual payments for UPL | 314,879 |
| 38 | annual facility specific UPL amount | 55,711 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (704) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 55,007 |
| 43 | UPL adjustment available for SFY2020 | 55,007 |

| | Facility Nama | Wills Momorial Hospital |
|----|---|----------------------------------|
| 2 | Facility Name base period report period beginning date | Wills Memorial Hospital 5/1/2017 |
| 3 | base period report period beginning date | 4/30/2018 |
| 4 | | 4/30/2018 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 558,111 |
| 11 | cost of Medicaid covered services | 240,778 |
| | Medicaid CCR | 0.4314 |
| | | |
| 12 | total hospital CCR | 0.605254625 |
| 13 | cost settlement rate | 100.00% |
| 14 | annual Medicaid payments after cost settlement | 240,778 |
| 15 | | , |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 55,574 |
| 18 | payments | 4,500 |
| 19 | annual covered charges | 55,574 |
| 20 | annual interim payments | 4,500 |
| 21 | annual cost of services | 33,636 |
| 22 | | , |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 34,573 |
| 25 | payments | 14,589 |
| 26 | annual covered charges | 34,573 |
| 27 | annual interim payments | 14,589 |
| 28 | annual cost of services | 20,925 |
| 29 | | |
| 30 | Medicaid annual payments | 259,867 |
| 31 | Cost of services - max annual payments for UPL | 295,339 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.058555 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 275,084 |
| 37 | adjusted maximum annual payments for UPL | 312,633 |
| 38 | annual facility specific UPL amount | 37,549 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (475) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 37,074 |
| 43 | UPL adjustment available for SFY2020 | 37,074 |

| | Facility Name | Jenkins County Medical Center |
|----|---|-------------------------------|
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period ending date | 12/31/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 189,569 |
| 11 | cost of Medicaid covered services | 153,116 |
| | Medicaid CCR | 0.8077 |
| 12 | total hospital CCR | 0.760526402 |
| 13 | cost settlement rate | 100.00% |
| 14 | annual Medicaid payments after cost settlement | 153,116 |
| 15 | | 133,110 |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 15,605 |
| 18 | payments | 1,800 |
| 19 | annual covered charges | 15,605 |
| 20 | annual interim payments | 1,800 |
| 21 | annual cost of services | 11,868 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 0 |
| 25 | payments | 0 |
| 26 | annual covered charges | 0 |
| 27 | annual interim payments | 0 |
| 28 | annual cost of services | 0 |
| 29 | | |
| 30 | Medicaid annual payments | 154,916 |
| 31 | Cost of services - max annual payments for UPL | 164,984 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.03664 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 160,592 |
| 37 | adjusted maximum annual payments for UPL | 171,029 |
| 38 | annual facility specific UPL amount | 10,437 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (253) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 10,184 |
| 43 | UPL adjustment available for SFY2020 | 10,184 |

| | Facility Name | Mountain Lakes Medical Center |
|----------|---|-------------------------------|
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period originally date | 12/31/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 437,882 |
| 11 | cost of Medicaid covered services | 232,495 |
| | Medicaid CCR | 0.5310 |
| | | |
| 12 | total hospital CCR | 0.439940478 |
| 13 | cost settlement rate | 100.00% |
| 14 | annual Medicaid payments after cost settlement | 232,495 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 31,961 |
| 18 | payments | 2,180 |
| 19 | annual covered charges | 31,961 |
| 20 | annual interim payments | 2,180 |
| 21 | annual cost of services | 14,061 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 28,169 |
| 25 | payments | 9,352 |
| 26 | annual covered charges | 28,169 |
| 27 | annual interim payments | 9,352 |
| 28 29 | annual cost of services | 12,393 |
| 30 | Medicaid annual payments | 244,027 |
| 31 | Cost of services - max annual payments for UPL | 258,949 |
| 32 | | 238,949 |
| 33 | adjustment factor | |
| 34 | inflation | 1.03664 |
| 35 | | 1.00001 |
| 36 | adjusted Medicaid annual payments | 252,968 |
| 37 | adjusted maximum annual payments for UPL | 268,437 |
| 38 | annual facility specific UPL amount | 15,469 |
| 39 | | 10,100 |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (375) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 15,094 |
| 43 | UPL adjustment available for SFY2020 | 15,094 |

| | Facility Name | Optim Medical Center - Screven |
|----|---|--------------------------------|
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period beginning date | 12/31/2018 |
| 4 | | 12/51/2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 685,643 |
| 11 | cost of Medicaid covered services | 246,236 |
| | Medicaid CCR | 0.3591 |
| | | 0.5551 |
| 12 | total hospital CCR | 0.447655606 |
| 13 | cost settlement rate | 100.00% |
| 14 | annual Medicaid payments after cost settlement | 246,236 |
| 15 | | , |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 35,674 |
| 18 | payments | 4,380 |
| 19 | annual covered charges | 35,674 |
| 20 | annual interim payments | 4,380 |
| 21 | annual cost of services | 15,970 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 112,476 |
| 25 | payments | 19,452 |
| 26 | annual covered charges | 112,476 |
| 27 | annual interim payments | 19,452 |
| 28 | annual cost of services | 50,351 |
| 29 | | |
| 30 | Medicaid annual payments | 270,068 |
| 31 | Cost of services - max annual payments for UPL | 312,557 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.03664 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 279,963 |
| 37 | adjusted maximum annual payments for UPL | 324,009 |
| 38 | annual facility specific UPL amount | 44,046 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (1,068) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 42,978 |
| 43 | UPL adjustment available for SFY2020 | 42,978 |

| | Facility Name | Optim Medical Center - Tattnall |
|----------|---|---------------------------------|
| 2 | base period report period beginning date | 1/1/2018 |
| 3 | base period report period original date | 12/31/2018 |
| 4 | | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 4,041,117 |
| 11 | cost of Medicaid covered services | 495,217 |
| | Medicaid CCR | 0.1225 |
| | | |
| 12 | total hospital CCR | 0.11082988 |
| 13 | cost settlement rate | 100.00% |
| 14 | annual Medicaid payments after cost settlement | 495,217 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 147,449 |
| 18 | payments | 11,310 |
| 19 | annual covered charges | 147,449 |
| 20 | annual interim payments | 11,310 |
| 21 | annual cost of services | 16,342 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 1,287,982 |
| 25 | payments | 86,635 |
| 26 | annual covered charges | 1,287,982 |
| 27 | annual interim payments | 86,635 |
| 28 | annual cost of services | 142,747 |
| 29 30 | Medicaid annual payments | 593,162 |
| 31 | Cost of services - max annual payments for UPL | 654,306 |
| 32 | Cost of services - max annual payments for OPE | 034,300 |
| 33 | adjustment factor | |
| 34 | inflation | 1.03664 |
| 35 | | 1.05001 |
| 36 | adjusted Medicaid annual payments | 614,895 |
| 37 | adjusted maximum annual payments for UPL | 678,280 |
| 38 | annual facility specific UPL amount | 63,385 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (1,537) |
| | annual UPL amount after aggregate limit | (-)) |
| 42 | adjustments | 61,848 |
| 43 | UPL adjustment available for SFY2020 | 61,848 |

| | Facility Name | Phoebe Worth Medical Center |
|----|---|-----------------------------|
| 2 | base period report period beginning date | 8/1/2017 |
| 3 | base period report period ending date | 7/31/2018 |
| 4 | | 7,51,2010 |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | _ |
| 9 | subject to cost settlement | |
| 10 | covered charges | 1,041,365 |
| 10 | cost of Medicaid covered services | 336,834 |
| | Medicaid CCR | 0.3235 |
| | | 0.5255 |
| 12 | total hospital CCR | 0.451892516 |
| 13 | cost settlement rate | 100.00% |
| 14 | annual Medicaid payments after cost settlement | 336,834 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 55,132 |
| 18 | payments | 2,670 |
| 19 | annual covered charges | 55,132 |
| 20 | annual interim payments | 2,670 |
| 21 | annual cost of services | 24,914 |
| 22 | | |
| 23 | subject to limit of inpatient rate | |
| 24 | covered charges | 0 |
| 25 | payments | 0 |
| 26 | annual covered charges | 0 |
| 27 | annual interim payments | 0 |
| 28 | annual cost of services | 0 |
| 29 | | |
| 30 | Medicaid annual payments | 339,504 |
| 31 | Cost of services - max annual payments for UPL | 361,748 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.047562 |
| 35 | - | |
| 36 | adjusted Medicaid annual payments | 355,651 |
| 37 | adjusted maximum annual payments for UPL | 378,953 |
| 38 | annual facility specific UPL amount | 23,302 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (565) |
| | annual UPL amount after aggregate limit | (505) |
| 42 | adjustments | 22,737 |
| 43 | UPL adjustment available for SFY2020 | 22,737 |

| | Facility Name | St. Mary's Good Samaritan Hospital |
|----------|---|------------------------------------|
| 2 | base period report period beginning date | 7/1/2017 |
| 3 | base period report period ending date | 6/30/2018 |
| 4 | Sector Sector Sector | |
| 5 | adjustment factor (if period not equal to 1 year) | 1 |
| 6 | | |
| 7 | CAH status (1 = yes) | 1 |
| 8 | | |
| 9 | subject to cost settlement | |
| 10 | covered charges | 1,620,863 |
| 11 | cost of Medicaid covered services | 390,759 |
| | Medicaid CCR | 0.2411 |
| | | |
| 12 | total hospital CCR | 0.277885235 |
| 13 | cost settlement rate | 100.00% |
| 14 | annual Medicaid payments after cost settlement | 390,759 |
| 15 | | |
| 16 | subject to fixed fee payment | |
| 17 | covered charges | 112,662 |
| 18 | payments | 8,500 |
| 19 | annual covered charges | 112,662 |
| 20 | annual interim payments | 8,500 |
| 21 | annual cost of services | 31,307 |
| 22 23 | cubiact to limit of innotiont rate | |
| 23 | subject to limit of inpatient rate covered charges | 00.145 |
| 24 | payments | 90,145 |
| 25 | annual covered charges | 90,145 |
| 20 | annual interim payments | 9,971 |
| 27 | annual cost of services | 25,050 |
| 29 | | 23,030 |
| 30 | Medicaid annual payments | 409,230 |
| 31 | Cost of services - max annual payments for UPL | 447,116 |
| 32 | | |
| 33 | adjustment factor | |
| 34 | inflation | 1.052154 |
| 35 | | |
| 36 | adjusted Medicaid annual payments | 430,573 |
| 37 | adjusted maximum annual payments for UPL | 470,435 |
| 38 | annual facility specific UPL amount | 39,862 |
| 39 | | |
| 40 | annual allocation of charge limit (if applicable) | 0 |
| 41 | allocation of UPL amounts < 0 | (967) |
| | annual UPL amount after aggregate limit | |
| 42 | adjustments | 38,895 |
| 43 | UPL adjustment available for SFY2020 | 38,895 |