

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Amara Healthcare & Rehab

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	304.43	317.99
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	144.22	147.68
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	161.32	164.78

Medicare UPL rate minus Medicaid UPL rate

Line 5		143.12	153.21
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)	28,067	28,067
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		30,307

Facility-Specific UPL calculation

Line 10			4,643,481
Facility-Specific UPL calculation for 07-01-19 to 06-30-20			4,643,481

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Appling Nursing and Rehabilitation Pavilion

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	224.34	234.33
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	185.41	189.85
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	202.51	206.95

Medicare UPL rate minus Medicaid UPL rate

Line 5		21.84	27.38
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)	32,630	32,630
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		35,234

Facility-Specific UPL calculation

Line 10			964,658
Facility-Specific UPL calculation for 07-01-19 to 06-30-20			964,658

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Azalea Trace Nursing Center

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	293.30	306.37
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	175.94	180.16
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	193.04	197.26

Medicare UPL rate minus Medicaid UPL rate

Line 5		100.26	109.10
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)	33,534	33,534
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		36,210

Facility-Specific UPL calculation

Line 10			3,950,606
Facility-Specific UPL calculation for 07-01-19 to 06-30-20			3,950,606

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Calhoun Nursing Home

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	299.74	313.09

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	170.58	174.67
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	187.68	191.77

Medicare UPL rate minus Medicaid UPL rate

Line 5		112.07	121.32
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Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	19,532	19,532
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		21,091

Facility-Specific UPL calculation

Line 10			2,558,829
	Facility-Specific UPL calculation for 07-01-19 to 06-30-20		2,558,829

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Chatuge Regional Nursing Home

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	265.15	276.96

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	177.12	181.37
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	194.22	198.47

Medicare UPL rate minus Medicaid UPL rate

Line 5		70.94	78.50
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Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	30,978	30,978
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		33,450

Facility-Specific UPL calculation

Line 10			2,625,673
	Facility-Specific UPL calculation for 07-01-19 to 06-30-20		2,625,673

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Coastal Manor

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	301.17	314.59
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	189.59	194.14
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	206.69	211.24

Medicare UPL rate minus Medicaid UPL rate

Line 5		94.48	103.34
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)	31,070	31,070
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		33,549

Facility-Specific UPL calculation

Line 10			3,467,055
Facility-Specific UPL calculation for 07-01-19 to 06-30-20			3,467,055

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Cook Senior Living Center

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	265.64	277.47

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	161.67	165.55
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	178.77	182.65

Medicare UPL rate minus Medicaid UPL rate

Line 5		86.87	94.83
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Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	25,505	25,505
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		27,540

Facility-Specific UPL calculation

Line 10			2,611,495
	Facility-Specific UPL calculation for 07-01-19 to 06-30-20		2,611,495

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Cordele Health & Rehab Center

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	273.81	286.01

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	170.71	174.80
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	187.81	191.90

Medicare UPL rate minus Medicaid UPL rate

Line 5		86.01	94.11
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Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	13,214	13,214
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		14,268

Facility-Specific UPL calculation

Line 10			1,342,691
	Facility-Specific UPL calculation for 07-01-19 to 06-30-20		1,342,691

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Crestview Nursing Facility

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	308.87	322.63

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	174.49	178.67
Line 3	Provider Fee adjustment	0.00	0.00
Line 4	Adjusted Medicaid rate for UPL	174.49	178.67

Medicare UPL rate minus Medicaid UPL rate

Line 5		134.39	143.96
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Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	77,430	77,430
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		83,609

Facility-Specific UPL calculation

Line 10			12,036,027
	Facility-Specific UPL calculation for 07-01-19 to 06-30-20		12,036,027

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Crisp Regional Nrsng. & Rehab.

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	262.73	274.43

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	167.39	171.40
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	184.49	188.50

Medicare UPL rate minus Medicaid UPL rate

Line 5		78.24	85.93
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Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	19,324	19,324
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		20,866

Facility-Specific UPL calculation

Line 10			1,792,987
	Facility-Specific UPL calculation for 07-01-19 to 06-30-20		1,792,987

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Early Memorial NH

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	230.73	241.01

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	153.77	157.46
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	170.87	174.56

Medicare UPL rate minus Medicaid UPL rate

Line 5		59.86	66.45
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Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	32,441	32,441
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		35,030

Facility-Specific UPL calculation

Line 10			2,327,656
	Facility-Specific UPL calculation for 07-01-19 to 06-30-20		2,327,656

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Effingham County Extended Care

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	274.68	286.92
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	186.08	190.54
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	203.18	207.64

Medicare UPL rate minus Medicaid UPL rate

Line 5		71.50	79.27
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)	24,171	24,171
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		26,100

Facility-Specific UPL calculation

Line 10			2,069,009
Facility-Specific UPL calculation for 07-01-19 to 06-30-20			2,069,009

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Emanuel County Nursing Home

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	294.19	307.29

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	199.98	204.78
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	217.08	221.88

Medicare UPL rate minus Medicaid UPL rate

Line 5		77.11	85.42
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Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	15,316	15,316
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		16,538

Facility-Specific UPL calculation

Line 10			1,412,641
	Facility-Specific UPL calculation for 07-01-19 to 06-30-20		1,412,641

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Florence Hand Home SNF

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	254.35	265.68

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	187.65	192.15
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	204.75	209.25

Medicare UPL rate minus Medicaid UPL rate

Line 5		49.60	56.43
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Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	38,773	38,773
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		41,867

Facility-Specific UPL calculation

Line 10			2,362,410
	Facility-Specific UPL calculation for 07-01-19 to 06-30-20		2,362,410

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Gwinnett Extended Care Center

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	355.85	371.70

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	207.32	212.30
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	224.42	229.40

Medicare UPL rate minus Medicaid UPL rate

Line 5		131.43	142.30
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Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	14,601	14,601
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		15,766

Facility-Specific UPL calculation

Line 10			2,243,553
	Facility-Specific UPL calculation for 07-01-19 to 06-30-20		2,243,553

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Habersham Home

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	267.83	279.76

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	173.20	177.35
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	190.30	194.45

Medicare UPL rate minus Medicaid UPL rate

Line 5		77.53	85.31
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Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	19,983	19,983
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		21,578

Facility-Specific UPL calculation

Line 10			1,840,741
	Facility-Specific UPL calculation for 07-01-19 to 06-30-20		1,840,741

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Joe Anne Burgin NH

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	245.92	256.87
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	157.74	161.53
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	174.84	178.63

Medicare UPL rate minus Medicaid UPL rate

Line 5		71.08	78.25
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)	21,924	21,924
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		23,674

Facility-Specific UPL calculation

Line 10			1,852,403
Facility-Specific UPL calculation for 07-01-19 to 06-30-20			1,852,403

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Kentwood Nursing Facility

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	300.71	314.11

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	182.71	187.09
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	199.81	204.19

Medicare UPL rate minus Medicaid UPL rate

Line 5		100.91	109.92
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Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	19,934	19,934
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		21,525

Facility-Specific UPL calculation

Line 10			2,365,928
Facility-Specific UPL calculation for 07-01-19 to 06-30-20			2,365,928

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Lake Crossing Health Center

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	336.39	351.37

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	140.83	144.21
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	157.93	161.31

Medicare UPL rate minus Medicaid UPL rate

Line 5		178.46	190.06
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Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	25,843	25,843
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		27,905

Facility-Specific UPL calculation

Line 10			5,303,756
	Facility-Specific UPL calculation for 07-01-19 to 06-30-20		5,303,756

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Lakeland Villa Convalescent Center

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	246.00	256.96
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	199.39	204.17
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	216.49	221.27

Medicare UPL rate minus Medicaid UPL rate

Line 5		29.52	35.69
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)	17,753	17,753
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		19,170

Facility-Specific UPL calculation

Line 10			684,138
Facility-Specific UPL calculation for 07-01-19 to 06-30-20			684,138

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Magnolia Manor Columbus East

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	297.02	310.25
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	176.40	180.63
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	193.50	197.73

Medicare UPL rate minus Medicaid UPL rate

Line 5		103.53	112.52
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)	34,891	34,891
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		37,675

Facility-Specific UPL calculation

Line 10			4,239,282
Facility-Specific UPL calculation for 07-01-19 to 06-30-20			4,239,282

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Magnolia Manor Columbus West

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	315.28	329.32
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	165.17	169.13
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	182.27	186.23

Medicare UPL rate minus Medicaid UPL rate

Line 5		133.01	143.09
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)	33,472	33,472
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		36,143

Facility-Specific UPL calculation

Line 10			5,171,802
Facility-Specific UPL calculation for 07-01-19 to 06-30-20			5,171,802

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Magnolia Manor Marion County

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	310.01	323.82

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	172.81	176.95
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	189.91	194.05

Medicare UPL rate minus Medicaid UPL rate

Line 5		120.10	129.76
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Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	17,967	17,967
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		19,401

Facility-Specific UPL calculation

Line 10			2,517,564
	Facility-Specific UPL calculation for 07-01-19 to 06-30-20		2,517,564

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Magnolia Manor Methodist N. C.

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	288.02	300.85
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	163.32	167.23
Line 3	Provider Fee adjustment	0.00	0.00
Line 4	Adjusted Medicaid rate for UPL	163.32	167.23

Medicare UPL rate minus Medicaid UPL rate

Line 5		124.71	133.62
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)	42,648	42,648
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		46,051

Facility-Specific UPL calculation

Line 10			6,153,124
Facility-Specific UPL calculation for 07-01-19 to 06-30-20			6,153,124

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Memorial Manor Nursing Home

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	250.50	261.66

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	165.05	169.01
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	182.15	186.11

Medicare UPL rate minus Medicaid UPL rate

Line 5		68.35	75.54
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Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	30,401	30,401
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		32,827

Facility-Specific UPL calculation

Line 10			2,479,912
	Facility-Specific UPL calculation for 07-01-19 to 06-30-20		2,479,912

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Miller NH

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	472.40	493.44

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	194.14	198.80
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	211.24	215.90

Medicare UPL rate minus Medicaid UPL rate

Line 5		261.16	277.54
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Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	36,077	36,077
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		38,956

Facility-Specific UPL calculation

Line 10			10,812,001
	Facility-Specific UPL calculation for 07-01-19 to 06-30-20		10,812,001

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Mitchell Conv. Center

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	286.25	299.00

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	180.94	185.28
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	198.04	202.38

Medicare UPL rate minus Medicaid UPL rate

Line 5		88.21	96.62
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Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	14,433	14,433
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		15,585

Facility-Specific UPL calculation

Line 10			1,505,840
	Facility-Specific UPL calculation for 07-01-19 to 06-30-20		1,505,840

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Muscogee Manor & Rehab Center

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	291.07	304.04

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	204.08	208.98
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	221.18	226.08

Medicare UPL rate minus Medicaid UPL rate

Line 5		69.89	77.96
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Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	36,551	36,551
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		39,468

Facility-Specific UPL calculation

Line 10			3,076,843
	Facility-Specific UPL calculation for 07-01-19 to 06-30-20		3,076,843

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: New Horizons North

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	294.47	307.59
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	181.82	186.18
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	198.92	203.28

Medicare UPL rate minus Medicaid UPL rate

Line 5		95.55	104.31
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)	26,106	26,106
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		28,189

Facility-Specific UPL calculation

Line 10			2,940,287
Facility-Specific UPL calculation for 07-01-19 to 06-30-20			2,940,287

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: New Horizons West

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	297.64	310.90

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	192.36	196.98
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	209.46	214.08

Medicare UPL rate minus Medicaid UPL rate

Line 5		88.18	96.82
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Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	23,990	23,990
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		25,904

Facility-Specific UPL calculation

Line 10			2,508,074
	Facility-Specific UPL calculation for 07-01-19 to 06-30-20		2,508,074

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Orchard View

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	283.79	296.43

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	201.34	206.17
Line 3	Provider Fee adjustment	0.00	0.00
Line 4	Adjusted Medicaid rate for UPL	201.34	206.17

Medicare UPL rate minus Medicaid UPL rate

Line 5		82.45	90.26
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Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	43,461	43,461
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		46,929

Facility-Specific UPL calculation

Line 10			4,235,903
	Facility-Specific UPL calculation for 07-01-19 to 06-30-20		4,235,903

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Palemon Gaskins Memorial NH

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	265.70	277.54

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	185.43	189.88
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	202.53	206.98

Medicare UPL rate minus Medicaid UPL rate

Line 5		63.17	70.56
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Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	7,549	7,549
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		8,151

Facility-Specific UPL calculation

Line 10			575,097
	Facility-Specific UPL calculation for 07-01-19 to 06-30-20		575,097

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Pelham Parkway Nursing Home

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	266.67	278.55
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	160.48	164.33
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	177.58	181.43

Medicare UPL rate minus Medicaid UPL rate

Line 5		89.09	97.11
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)	32,567	32,567
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		35,166

Facility-Specific UPL calculation

Line 10			3,415,141
Facility-Specific UPL calculation for 07-01-19 to 06-30-20			3,415,141

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Pinewood Manor Inc.

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	272.98	285.14
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	105.86	108.40
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	122.96	125.50

Medicare UPL rate minus Medicaid UPL rate

Line 5		150.03	159.64
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)	26,027	26,027
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		28,104

Facility-Specific UPL calculation

Line 10			4,486,649
Facility-Specific UPL calculation for 07-01-19 to 06-30-20			4,486,649

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Retreat, The

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	294.06	307.16

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	183.70	188.11
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	200.80	205.21

Medicare UPL rate minus Medicaid UPL rate

Line 5		93.26	101.95
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Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	13,566	13,566
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		14,649

Facility-Specific UPL calculation

Line 10			1,493,431
	Facility-Specific UPL calculation for 07-01-19 to 06-30-20		1,493,431

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Senior Care Ctr.-St. Marys

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	262.59	274.29
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	180.81	185.15
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	197.91	202.25

Medicare UPL rate minus Medicaid UPL rate

Line 5		64.68	72.04
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)	16,827	16,827
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		18,170

Facility-Specific UPL calculation

Line 10			1,308,972
Facility-Specific UPL calculation for 07-01-19 to 06-30-20			1,308,972

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Southeast Georgia Health System - Senior Care

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	272.20	284.33

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	189.41	193.95
Line 3	Provider Fee adjustment	0.00	0.00
Line 4	Adjusted Medicaid rate for UPL	189.41	193.95

Medicare UPL rate minus Medicaid UPL rate

Line 5		82.79	90.37
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Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	44,080	44,080
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		47,598

Facility-Specific UPL calculation

Line 10			4,301,526
	Facility-Specific UPL calculation for 07-01-19 to 06-30-20		4,301,526

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Townsend Park H & R

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	339.70	354.83

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	176.42	180.66
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	193.52	197.76

Medicare UPL rate minus Medicaid UPL rate

Line 5		146.18	157.08
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Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	29,116	29,116
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		31,439

Facility-Specific UPL calculation

Line 10			4,938,295
	Facility-Specific UPL calculation for 07-01-19 to 06-30-20		4,938,295

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Treutlen County Nursing Home

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	292.27	305.29

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	168.93	172.99
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	186.03	190.09

Medicare UPL rate minus Medicaid UPL rate

Line 5		106.24	115.20
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Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	14,601	14,601
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		15,766

Facility-Specific UPL calculation

Line 10			1,816,281
	Facility-Specific UPL calculation for 07-01-19 to 06-30-20		1,816,281

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Twin Fountains Home

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	240.38	251.09
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	166.72	170.72
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	183.82	187.82

Medicare UPL rate minus Medicaid UPL rate

Line 5		56.56	63.26
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)	30,957	30,957
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		33,427

Facility-Specific UPL calculation

Line 10			2,114,726
Facility-Specific UPL calculation for 07-01-19 to 06-30-20			2,114,726

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Twin Oaks Convalescent Center

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	270.82	282.88
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	183.99	188.41
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	201.09	205.51

Medicare UPL rate minus Medicaid UPL rate

Line 5		69.73	77.38
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)	25,390	25,390
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		27,416

Facility-Specific UPL calculation

Line 10			2,121,396
Facility-Specific UPL calculation for 07-01-19 to 06-30-20			2,121,396

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Unihealth Post Acute-Laurel Park

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	376.25	393.01
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	214.32	219.47
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	231.42	236.57

Medicare UPL rate minus Medicaid UPL rate

Line 5		144.83	156.44
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)	12,324	12,324
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		13,307

Facility-Specific UPL calculation

Line 10		2,081,800
Facility-Specific UPL calculation for 07-01-19 to 06-30-20		2,081,800

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Union County Nursing Home

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	260.13	271.72

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	187.27	191.76
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	204.37	208.86

Medicare UPL rate minus Medicaid UPL rate

Line 5		55.76	62.85
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Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	40,001	40,001
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		43,193

Facility-Specific UPL calculation

Line 10			2,714,815
	Facility-Specific UPL calculation for 07-01-19 to 06-30-20		2,714,815

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: University Ext. Care/Westwood

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	305.88	319.51

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	178.51	182.79
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	195.61	199.89

Medicare UPL rate minus Medicaid UPL rate

Line 5		110.27	119.61
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Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	27,681	27,681
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		29,890

Facility-Specific UPL calculation

Line 10			3,575,182
	Facility-Specific UPL calculation for 07-01-19 to 06-30-20		3,575,182

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Warm Springs Med. Ctr. N.H.

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	279.01	291.44
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	152.94	156.61
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	170.04	173.71

Medicare UPL rate minus Medicaid UPL rate

Line 5		108.97	117.73
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)	16,813	16,813
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		18,155

Facility-Specific UPL calculation

Line 10		2,137,400
Facility-Specific UPL calculation for 07-01-19 to 06-30-20		2,137,400

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Washington County ECF

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	253.47	264.76
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	176.46	180.70
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	193.56	197.80

Medicare UPL rate minus Medicaid UPL rate

Line 5		59.91	66.96
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)	15,363	15,363
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		16,589

Facility-Specific UPL calculation

Line 10			1,110,855
Facility-Specific UPL calculation for 07-01-19 to 06-30-20			1,110,855

Georgia Department of Community Health
SFY2020 Nursing Home UPL

Provider Name: Wellstar Paulding Nursing Ctr

Average Base Year (10/1/2017 - 9/30/2018)	Rate Year - SFY2020
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	276.77	289.10
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	183.17	187.56
Line 3	Provider Fee adjustment	0.00	0.00
Line 4	Adjusted Medicaid rate for UPL	183.17	187.56

Medicare UPL rate minus Medicaid UPL rate

Line 5		93.61	101.54
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)	33,408	33,408
Line 7	Estimated change in patient days for SFY2020		7.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		36,074

Facility-Specific UPL calculation

Line 10			3,662,878
Facility-Specific UPL calculation for 07-01-19 to 06-30-20			3,662,878