

Georgia Department of Community Health
SFY 2021 Hospital Upper Payment Limit

	Facility Name	CAH status (1 = yes)	Inpatient UPL	Outpatient UPL	Total UPL Payment	Total IGT
	<u>state governmental hospitals</u>					
1	Augusta University Medical Center	0	5,659,476	3,341,874	9,001,350	2,403,585
2	Roosevelt Warm Springs Rehabilitation & Specialty	0	0	0	0	0
	<i>total state governmental</i>		5,659,476	3,341,874	9,001,350	2,403,585
	<u>nonstate governmental hospitals</u>					
3	Appling Hospital	0	411,768	56,989	468,757	125,170
4	Burke Medical Center	0	44,658	62,903	107,561	28,721
5	Children's Healthcare of Atlanta at Hughes Spalding	0	57,112	403,361	460,473	122,959
6	Coffee Regional Medical Center	0	1,597,796	390,453	1,988,249	530,911
7	Colquitt Regional Medical Center	0	1,599,263	234,059	1,833,322	489,542
8	Crisp Regional Hospital, Inc.	0	1,028,079	137,107	1,165,186	311,133
9	Dodge County Hospital	0	534,747	61,804	596,551	159,295
10	Dorminy Medical Center	0	378,176	104,369	482,545	128,851
11	Emanuel Medical Center	0	420,996	196,872	617,868	164,986
12	Emory Decatur	0	6,244,234	673,288	6,917,522	1,847,151
13	Emory Hillandale Hospital	0	2,322,375	190,103	2,512,478	670,894
14	Evans Memorial Hospital	0	130,805	47,632	178,437	47,647
15	Floyd Medical Center	0	6,518,309	1,370,226	7,888,535	2,106,437
16	Grady General Hospital	0	358,977	51,103	410,080	109,502
17	Grady Health System/Grady Memorial Hospital	0	42,698,217	917,804	43,616,021	11,646,569
18	Habersham County Medical Center	0	338,053	41,907	379,960	101,459
19	Houston Medical Center	0	3,397,011	403,320	3,800,331	1,014,784
20	Irwin County Hospital	0	252,835	37,192	290,027	77,444
21	Jefferson Hospital	0	73,127	60,975	134,102	35,809
22	Memorial Hospital And Manor	0	376,436	115,451	491,887	131,347
23	Northeast Georgia Medical Center Gainesville	0	13,736,581	1,072,669	14,809,250	3,954,439
24	Northside Hospital	0	14,410,052	306,305	14,716,357	3,929,635
25	Northside Hospital Cherokee	0	2,731,269	525,422	3,256,691	869,618
26	Northside Hospital Duluth	0	1,620,903	376,458	1,997,361	533,345
27	Northside Hospital Forsyth	0	3,744,453	318,134	4,062,587	1,084,813
28	Northside Hospital Gwinnett	0	9,665,921	726,776	10,392,697	2,775,109
29	Perry Hospital	0	183,695	37,127	220,822	58,965
30	Phoebe Putney Memorial Hospital, Inc.	0	10,175,810	2,319,642	12,495,452	3,336,598
31	Phoebe Sumter Medical Center	0	1,577,767	324,417	1,902,184	507,931
32	Piedmont Athens Regional Medical Center, Inc.	0	7,331,695	544,652	7,876,347	2,103,182
33	Piedmont Columbus Regional Midtown Campus	0	5,400,203	101,154	5,501,357	1,469,001
34	Piedmont Columbus Regional Northside Campus	0	0	18,250	18,250	4,873

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	Facility Name	CAH status (1 = yes)	Inpatient UPL	Outpatient UPL	Total UPL Payment	Total IGT
35	Piedmont Henry Hospital, Inc.	0	4,223,745	263,836	4,487,581	1,198,296
36	Piedmont Newton Hospital	0	1,117,966	112,596	1,230,562	328,589
37	South Ga Medical Center	0	4,200,856	371,139	4,571,995	1,220,837
38	South Ga Medical Center - Berrien Campus	0	15,169	30,960	46,129	12,318
39	Southeast Ga Health System - Brunswick	0	4,998,692	389,972	5,388,664	1,438,908
40	Southeast Ga Health System - Camden	0	313,484	65,056	378,540	101,080
41	Southwell Medical	0	42,787	2,065	44,852	11,977
42	Stephens County Hospital	0	267,541	96,933	364,474	97,325
43	Tanner Medical Center/Carrollton	0	2,600,799	781,253	3,382,052	903,092
44	Tanner Medical Center/Villa Rica	0	3,685,601	265,342	3,950,943	1,055,001
45	The Medical Center, Navicent Health	0	16,684,811	1,104,068	17,788,879	4,750,076
46	Tift Regional Medical Center - A Campus of Tift Reg Health System	0	2,841,668	1,062,719	3,904,387	1,042,569
47	Union County Hospital Authority	0	193,663	43,525	237,188	63,335
48	University Hospital	0	5,471,898	361,356	5,833,254	1,557,624
49	University Hospital McDuffie	0	152,390	39,980	192,370	51,368
50	Upton Regional Medical Center	0	1,522,828	175,708	1,698,536	453,552
51	Washington County Regional Medical	0	80,675	76,473	157,148	41,962
52	Wayne Memorial Hospital	0	685,476	337,379	1,022,855	273,127
53	Wellstar Cobb Hospital	0	7,003,296	998,642	8,001,938	2,136,717
54	Wellstar Douglas Hospital	0	2,108,615	223,937	2,332,552	622,850
55	Wellstar Kennestone Hospital	0	11,502,261	832,784	12,335,045	3,293,766
56	Wellstar Paulding Hospital	0	1,806,218	273,614	2,079,832	555,367
57	Wellstar West Georgia Medical Center	0	2,400,038	593,451	2,993,489	799,336
58	Wellstar Windy Hill Hospital	0	0	93,096	93,096	24,859
	subtotal		213,281,800	20,823,808	234,105,608	62,512,051
59	Bacon County Hospital and Health System	1	189,971	58,515	248,486	0
60	Bleckley Memorial Hospital	1	0	13,642	13,642	0
61	Brooks County Hospital	1	0	53,404	53,404	0
62	Candler County Hospital	1	0	15,514	15,514	0
63	Chatuge Regional Hospital, Inc.	1	20,333	51,682	72,015	0
64	Clinch Memorial Hospital	1	20,434	38,014	58,448	0
65	Effingham Health System	1	0	58,836	58,836	0
66	Elbert Memorial Hospital	1	0	16,791	16,791	0
67	Floyd Polk Medical Center	1	0	110,556	110,556	0
68	Higgins General Hospital	1	3,822	98,403	102,225	0
69	Jasper Memorial Hosp	1	8,478	13,515	21,993	0
70	Jeff Davis Hospital	1	0	38,558	38,558	0
71	Liberty Regional Medical Center	1	0	88,479	88,479	0
72	Lifebrite Hospital Group Of Early, Llc	1	32,598	78,147	110,745	0

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	Facility Name	CAH status (1 = yes)	Inpatient UPL	Outpatient UPL	Total UPL Payment	Total IGT
73	Medical Center of Peach County, Navicent Health	1	0	29,944	29,944	0
74	Miller County Hospital	1	824,692	54,939	879,631	0
75	Mitchell County Hospital	1	7,261	211,947	219,208	0
76	Monroe County Hospital	1	2,180	38,901	41,081	0
77	Morgan Memorial Hospital	1	1,620	37,183	38,803	0
78	Putnam General Hospital	1	0	18,311	18,311	0
79	South Ga Medical Center - Lanier Campus	1	13,474	28,095	41,569	0
80	Warm Springs Medical Center	1	24,796	23,412	48,208	0
81	Wellstar Sylvan Grove Hospital, Inc	1	0	20,833	20,833	0
82	Wills Memorial Hospital	1	108,540	35,287	143,827	0
	subtotal - CAH		1,258,199	1,232,908	2,491,107	0
	total non-state governmental		214,539,999	22,056,716	236,596,715	62,512,051
	nongovernmental hospitals					
83	Jenkins County Medical Center	1	879	27,130	28,009	0
84	Mountain Lakes Medical Center	1	32,403	33,603	66,006	0
85	Optim Medical Center - Screven	1	0	64,919	64,919	0
86	Optim Medical Center - Tattnall	1	0	154,215	154,215	0
87	Phoebe Worth Medical Center	1	0	21,790	21,790	0
88	St. Mary's Good Samaritan Hospital	1	0	26,189	26,189	0
	subtotal - CAH		33,282	327,846	361,128	0
	Total		220,232,757	25,726,436	245,959,193	64,915,636

SFY2021

INPATIENT

Hospital UPL

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Augusta University Medical Center
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	134,818,494
11	payments for services	32,928,326
12	annual covered charges	134,818,494
13	annual payments for services	32,928,326
14		
15	total hospital CCR	25.12%
16		
17	annual cost of services	33,861,172
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	139,491,842
23	adjusted Medicaid payments for services	34,069,753
24	supplemental rate adjustment payments	11,073,280
25	total adjusted Medicaid payments	45,143,033
26	adjusted cost of services	35,034,936
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.54613
32	maximum annual payments (at DRG differential)	52,676,267
33		
34	maximum annual payments	52,676,267
35	facility specific UPL amount	7,533,234
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,873,758)
39	allocation of supplemental payments	(0)
40	total aggregate limit adjustments	(1,873,758)
41		
42	UPL adjustment available for SFY2021	5,659,476

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Roosevelt Warm Springs Rehabilitation & Specialty
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,825,767
11	payments for services	3,015,249
12	annual covered charges	2,825,767
13	annual payments for services	3,015,249
14		
15	total hospital CCR	42.62%
16		
17	annual cost of services	1,204,267
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	2,923,719
23	adjusted Medicaid payments for services	3,119,770
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,119,770
26	adjusted cost of services	1,246,012
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	1,246,012
35	facility specific UPL amount	(1,873,758)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	1,873,758
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	1,873,758
41		
42	UPL adjustment available for SFY2021	0

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Appling Hospital
2	base period report period beginning date	9/1/2018
3	base period report period ending date	8/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,960,417
11	payments for services	1,009,223
12	annual covered charges	1,960,417
13	annual payments for services	1,009,223
14		
15	total hospital CCR	68.84%
16		
17	annual cost of services	1,349,553
18		
19	<u>adjustment factor</u>	
20	inflation	1.030144
21		
22	adjusted annual charges	2,019,512
23	adjusted Medicaid payments for services	1,039,645
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,039,645
26	adjusted cost of services	1,390,234
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	1,569,583
33		
34	maximum annual payments	1,569,583
35	facility specific UPL amount	529,938
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(803)
39	allocation of supplemental payments	(117,367)
40	total aggregate limit adjustments	(118,170)
41		
42	UPL adjustment available for SFY2021	411,768

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Burke Medical Center
2	base period report period beginning date	6/1/2018
3	base period report period ending date	5/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	246,056
11	payments for services	108,737
12	annual covered charges	246,056
13	annual payments for services	108,737
14		
15	total hospital CCR	40.64%
16		
17	annual cost of services	99,993
18		
19	<u>adjustment factor</u>	
20	inflation	1.036939
21		
22	adjusted annual charges	255,145
23	adjusted Medicaid payments for services	112,754
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	112,754
26	adjusted cost of services	103,687
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	170,228
33		
34	maximum annual payments	170,228
35	facility specific UPL amount	57,474
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(87)
39	allocation of supplemental payments	(12,729)
40	total aggregate limit adjustments	(12,816)
41		
42	UPL adjustment available for SFY2021	44,658

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Children's Healthcare of Atlanta at Hughes Spalding
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	7,828,925
11	payments for services	1,214,438
12	annual covered charges	7,828,925
13	annual payments for services	1,214,438
14		
15	total hospital CCR	16.42%
16		
17	annual cost of services	1,285,696
18		
19	<u>adjustment factor</u>	
20	inflation	1.031496
21		
22	adjusted annual charges	8,075,505
23	adjusted Medicaid payments for services	1,252,688
24	supplemental rate adjustment payments	1,782,932
25	total adjusted Medicaid payments	3,035,620
26	adjusted cost of services	1,326,190
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	1,326,190
35	facility specific UPL amount	(1,709,430)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(111)
39	allocation of supplemental payments	1,766,653
40	total aggregate limit adjustments	1,766,542
41		
42	UPL adjustment available for SFY2021	57,112

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Coffee Regional Medical Center
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	15,215,850
11	payments for services	3,910,984
12	annual covered charges	15,215,850
13	annual payments for services	3,910,984
14		
15	total hospital CCR	19.31%
16		
17	annual cost of services	2,937,807
18		
19	<u>adjustment factor</u>	
20	inflation	1.031496
21		
22	adjusted annual charges	15,695,088
23	adjusted Medicaid payments for services	4,034,164
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,034,164
26	adjusted cost of services	3,030,336
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	6,090,498
33		
34	maximum annual payments	6,090,498
35	facility specific UPL amount	2,056,334
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,116)
39	allocation of supplemental payments	(455,422)
40	total aggregate limit adjustments	(458,538)
41		
42	UPL adjustment available for SFY2021	1,597,796

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Colquitt Regional Medical Center
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	14,155,836
11	payments for services	3,928,268
12	annual covered charges	14,155,836
13	annual payments for services	3,928,268
14		
15	total hospital CCR	27.96%
16		
17	annual cost of services	3,957,294
18		
19	<u>adjustment factor</u>	
20	inflation	1.027899
21		
22	adjusted annual charges	14,550,770
23	adjusted Medicaid payments for services	4,037,863
24	supplemental rate adjustment payments	874,081
25	total adjusted Medicaid payments	4,911,944
26	adjusted cost of services	4,067,699
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	6,096,083
33		
34	maximum annual payments	6,096,083
35	facility specific UPL amount	1,184,139
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,118)
39	allocation of supplemental payments	418,242
40	total aggregate limit adjustments	415,124
41		
42	UPL adjustment available for SFY2021	1,599,263

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Crisp Regional Hospital, Inc.
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	6,474,639
11	payments for services	2,508,759
12	annual covered charges	6,474,639
13	annual payments for services	2,508,759
14		
15	total hospital CCR	33.00%
16		
17	annual cost of services	2,136,881
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	6,699,076
23	adjusted Medicaid payments for services	2,595,723
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,595,723
26	adjusted cost of services	2,210,954
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	3,918,841
33		
34	maximum annual payments	3,918,841
35	facility specific UPL amount	1,323,118
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,005)
39	allocation of supplemental payments	(293,034)
40	total aggregate limit adjustments	(295,039)
41		
42	UPL adjustment available for SFY2021	1,028,079

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Dodge County Hospital
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	3,965,929
11	payments for services	1,313,500
12	annual covered charges	3,965,929
13	annual payments for services	1,313,500
14		
15	total hospital CCR	25.26%
16		
17	annual cost of services	1,001,650
18		
19	<u>adjustment factor</u>	
20	inflation	1.027899
21		
22	adjusted annual charges	4,076,574
23	adjusted Medicaid payments for services	1,350,145
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,350,145
26	adjusted cost of services	1,029,595
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	2,038,354
33		
34	maximum annual payments	2,038,354
35	facility specific UPL amount	688,209
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,043)
39	allocation of supplemental payments	(152,419)
40	total aggregate limit adjustments	(153,462)
41		
42	UPL adjustment available for SFY2021	534,747

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Dorminy Medical Center
2	base period report period beginning date	8/1/2018
3	base period report period ending date	7/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,717,957
11	payments for services	924,864
12	annual covered charges	2,717,957
13	annual payments for services	924,864
14		
15	total hospital CCR	24.16%
16		
17	annual cost of services	656,659
18		
19	<u>adjustment factor</u>	
20	inflation	1.032399
21		
22	adjusted annual charges	2,806,016
23	adjusted Medicaid payments for services	954,829
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	954,829
26	adjusted cost of services	677,934
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	1,441,534
33		
34	maximum annual payments	1,441,534
35	facility specific UPL amount	486,705
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(737)
39	allocation of supplemental payments	(107,792)
40	total aggregate limit adjustments	(108,529)
41		
42	UPL adjustment available for SFY2021	378,176

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Emanuel Medical Center
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	3,675,514
11	payments for services	1,027,332
12	annual covered charges	3,675,514
13	annual payments for services	1,027,332
14		
15	total hospital CCR	30.91%
16		
17	annual cost of services	1,136,222
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	3,802,922
23	adjusted Medicaid payments for services	1,062,943
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,062,943
26	adjusted cost of services	1,175,608
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	1,604,757
33		
34	maximum annual payments	1,604,757
35	facility specific UPL amount	541,814
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(821)
39	allocation of supplemental payments	(119,997)
40	total aggregate limit adjustments	(120,818)
41		
42	UPL adjustment available for SFY2021	420,996

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Emory Decatur
2	base period report period beginning date	7/1/2018
3	base period report period ending date	8/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	0.85
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	57,243,504
11	payments for services	18,005,045
12	annual covered charges	48,656,978
13	annual payments for services	15,304,289
14		
15	total hospital CCR	26.47%
16		
17	annual cost of services	12,879,147
18		
19	<u>adjustment factor</u>	
20	inflation	1.030144
21		
22	adjusted annual charges	50,123,694
23	adjusted Medicaid payments for services	15,765,621
24	supplemental rate adjustment payments	68,955
25	total adjusted Medicaid payments	15,834,576
26	adjusted cost of services	13,267,376
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	23,801,831
33		
34	maximum annual payments	23,801,831
35	facility specific UPL amount	7,967,255
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(12,176)
39	allocation of supplemental payments	(1,710,845)
40	total aggregate limit adjustments	(1,723,021)
41		
42	UPL adjustment available for SFY2021	6,244,234

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Emory Hillandale Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	8/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	0.85
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	18,250,037
11	payments for services	6,696,493
12	annual covered charges	15,512,532
13	annual payments for services	5,692,019
14		
15	total hospital CCR	19.02%
16		
17	annual cost of services	2,949,928
18		
19	<u>adjustment factor</u>	
20	inflation	1.030144
21		
22	adjusted annual charges	15,980,142
23	adjusted Medicaid payments for services	5,863,599
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,863,599
26	adjusted cost of services	3,038,851
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	8,852,451
33		
34	maximum annual payments	8,852,451
35	facility specific UPL amount	2,988,852
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4,528)
39	allocation of supplemental payments	(661,949)
40	total aggregate limit adjustments	(666,477)
41		
42	UPL adjustment available for SFY2021	2,322,375

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Evans Memorial Hospital
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	857,123
11	payments for services	321,298
12	annual covered charges	857,123
13	annual payments for services	321,298
14		
15	total hospital CCR	23.30%
16		
17	annual cost of services	199,745
18		
19	<u>adjustment factor</u>	
20	inflation	1.027899
21		
22	adjusted annual charges	881,036
23	adjusted Medicaid payments for services	330,262
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	330,262
26	adjusted cost of services	205,318
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	498,606
33		
34	maximum annual payments	498,606
35	facility specific UPL amount	168,344
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(255)
39	allocation of supplemental payments	(37,284)
40	total aggregate limit adjustments	(37,539)
41		
42	UPL adjustment available for SFY2021	130,805

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Floyd Medical Center
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	66,458,971
11	payments for services	15,906,239
12	annual covered charges	66,458,971
13	annual payments for services	15,906,239
14		
15	total hospital CCR	19.58%
16		
17	annual cost of services	13,011,350
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	68,762,705
23	adjusted Medicaid payments for services	16,457,613
24	supplemental rate adjustment payments	1,731,458
25	total adjusted Medicaid payments	18,189,071
26	adjusted cost of services	13,462,375
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	24,846,552
33		
34	maximum annual payments	24,846,552
35	facility specific UPL amount	6,657,481
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(12,710)
39	allocation of supplemental payments	(126,462)
40	total aggregate limit adjustments	(139,172)
41		
42	UPL adjustment available for SFY2021	6,518,309

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Grady General Hospital
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,792,815
11	payments for services	881,755
12	annual covered charges	1,792,815
13	annual payments for services	881,755
14		
15	total hospital CCR	29.69%
16		
17	annual cost of services	532,320
18		
19	<u>adjustment factor</u>	
20	inflation	1.027899
21		
22	adjusted annual charges	1,842,833
23	adjusted Medicaid payments for services	906,355
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	906,355
26	adjusted cost of services	547,171
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	1,368,351
33		
34	maximum annual payments	1,368,351
35	facility specific UPL amount	461,996
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(700)
39	allocation of supplemental payments	(102,319)
40	total aggregate limit adjustments	(103,019)
41		
42	UPL adjustment available for SFY2021	358,977

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Grady Health System/Grady Memorial Hospital
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	614,068,489
11	payments for services	104,513,916
12	annual covered charges	614,068,489
13	annual payments for services	104,513,916
14		
15	total hospital CCR	16.51%
16		
17	annual cost of services	101,352,309
18		
19	<u>adjustment factor</u>	
20	inflation	1.031496
21		
22	adjusted annual charges	633,409,190
23	adjusted Medicaid payments for services	107,805,686
24	supplemental rate adjustment payments	31,581,218
25	total adjusted Medicaid payments	139,386,904
26	adjusted cost of services	104,544,501
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	162,757,478
33		
34	maximum annual payments	162,757,478
35	facility specific UPL amount	23,370,574
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(83,259)
39	allocation of supplemental payments	19,410,902
40	total aggregate limit adjustments	19,327,643
41		
42	UPL adjustment available for SFY2021	42,698,217

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Habersham County Medical Center
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,014,290
11	payments for services	824,929
12	annual covered charges	2,014,290
13	annual payments for services	824,929
14		
15	total hospital CCR	41.80%
16		
17	annual cost of services	842,068
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	2,084,113
23	adjusted Medicaid payments for services	853,524
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	853,524
26	adjusted cost of services	871,257
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	1,288,591
33		
34	maximum annual payments	1,288,591
35	facility specific UPL amount	435,067
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(659)
39	allocation of supplemental payments	(96,355)
40	total aggregate limit adjustments	(97,014)
41		
42	UPL adjustment available for SFY2021	338,053

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Houston Medical Center
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	26,821,455
11	payments for services	8,314,982
12	annual covered charges	26,821,455
13	annual payments for services	8,314,982
14		
15	total hospital CCR	27.52%
16		
17	annual cost of services	7,380,216
18		
19	<u>adjustment factor</u>	
20	inflation	1.031496
21		
22	adjusted annual charges	27,666,224
23	adjusted Medicaid payments for services	8,576,871
24	supplemental rate adjustment payments	1,178,811
25	total adjusted Medicaid payments	9,755,682
26	adjusted cost of services	7,612,663
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	12,948,759
33		
34	maximum annual payments	12,948,759
35	facility specific UPL amount	3,193,077
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(6,624)
39	allocation of supplemental payments	210,558
40	total aggregate limit adjustments	203,934
41		
42	UPL adjustment available for SFY2021	3,397,011

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Irwin County Hospital
2	base period report period beginning date	12/1/2018
3	base period report period ending date	11/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,437,341
11	payments for services	619,595
12	annual covered charges	1,437,341
13	annual payments for services	619,595
14		
15	total hospital CCR	30.77%
16		
17	annual cost of services	442,263
18		
19	<u>adjustment factor</u>	
20	inflation	1.030294
21		
22	adjusted annual charges	1,480,884
23	adjusted Medicaid payments for services	638,365
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	638,365
26	adjusted cost of services	455,661
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	963,759
33		
34	maximum annual payments	963,759
35	facility specific UPL amount	325,394
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(493)
39	allocation of supplemental payments	(72,066)
40	total aggregate limit adjustments	(72,559)
41		
42	UPL adjustment available for SFY2021	252,835

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Jefferson Hospital
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	221,862
11	payments for services	178,995
12	annual covered charges	221,862
13	annual payments for services	178,995
14		
15	total hospital CCR	80.60%
16		
17	annual cost of services	178,822
18		
19	<u>adjustment factor</u>	
20	inflation	1.031496
21		
22	adjusted annual charges	228,850
23	adjusted Medicaid payments for services	184,633
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	184,633
26	adjusted cost of services	184,454
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	278,746
33		
34	maximum annual payments	278,746
35	facility specific UPL amount	94,113
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(143)
39	allocation of supplemental payments	(20,843)
40	total aggregate limit adjustments	(20,986)
41		
42	UPL adjustment available for SFY2021	73,127

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Memorial Hospital And Manor
2	base period report period beginning date	4/1/2018
3	base period report period ending date	3/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,430,194
11	payments for services	912,549
12	annual covered charges	2,430,194
13	annual payments for services	912,549
14		
15	total hospital CCR	35.83%
16		
17	annual cost of services	870,765
18		
19	<u>adjustment factor</u>	
20	inflation	1.041519
21		
22	adjusted annual charges	2,531,093
23	adjusted Medicaid payments for services	950,437
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	950,437
26	adjusted cost of services	906,918
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	1,434,903
33		
34	maximum annual payments	1,434,903
35	facility specific UPL amount	484,466
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(734)
39	allocation of supplemental payments	(107,296)
40	total aggregate limit adjustments	(108,030)
41		
42	UPL adjustment available for SFY2021	376,436

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Northeast Georgia Medical Center Gainesville
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	179,585,270
11	payments for services	33,741,172
12	annual covered charges	179,585,270
13	annual payments for services	33,741,172
14		
15	total hospital CCR	19.44%
16		
17	annual cost of services	34,918,390
18		
19	<u>adjustment factor</u>	
20	inflation	1.027899
21		
22	adjusted annual charges	184,595,519
23	adjusted Medicaid payments for services	34,682,517
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	34,682,517
26	adjusted cost of services	35,892,578
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	52,361,236
33		
34	maximum annual payments	52,361,236
35	facility specific UPL amount	17,678,719
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(26,786)
39	allocation of supplemental payments	(3,915,352)
40	total aggregate limit adjustments	(3,942,138)
41		
42	UPL adjustment available for SFY2021	13,736,581

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Northside Hospital
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	174,776,854
11	payments for services	35,395,415
12	annual covered charges	174,776,854
13	annual payments for services	35,395,415
14		
15	total hospital CCR	18.96%
16		
17	annual cost of services	33,139,314
18		
19	<u>adjustment factor</u>	
20	inflation	1.027899
21		
22	adjusted annual charges	179,652,953
23	adjusted Medicaid payments for services	36,382,912
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	36,382,912
26	adjusted cost of services	34,063,868
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	54,928,374
33		
34	maximum annual payments	54,928,374
35	facility specific UPL amount	18,545,462
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(28,099)
39	allocation of supplemental payments	(4,107,311)
40	total aggregate limit adjustments	(4,135,410)
41		
42	UPL adjustment available for SFY2021	14,410,052

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Northside Hospital Cherokee
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	39,252,464
11	payments for services	6,708,817
12	annual covered charges	39,252,464
13	annual payments for services	6,708,817
14		
15	total hospital CCR	17.15%
16		
17	annual cost of services	6,733,640
18		
19	<u>adjustment factor</u>	
20	inflation	1.027899
21		
22	adjusted annual charges	40,347,568
23	adjusted Medicaid payments for services	6,895,986
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	6,895,986
26	adjusted cost of services	6,921,502
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	10,411,077
33		
34	maximum annual payments	10,411,077
35	facility specific UPL amount	3,515,091
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(5,326)
39	allocation of supplemental payments	(778,496)
40	total aggregate limit adjustments	(783,822)
41		
42	UPL adjustment available for SFY2021	2,731,269

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Northside Hospital Duluth
2	base period report period beginning date	7/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	0.8
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	19,099,786
11	payments for services	4,976,779
12	annual covered charges	15,279,829
13	annual payments for services	3,981,423
14		
15	total hospital CCR	23.45%
16		
17	annual cost of services	3,582,614
18		
19	<u>adjustment factor</u>	
20	inflation	1.027899
21		
22	adjusted annual charges	15,706,121
23	adjusted Medicaid payments for services	4,092,501
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,092,501
26	adjusted cost of services	3,682,565
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	6,178,572
33		
34	maximum annual payments	6,178,572
35	facility specific UPL amount	2,086,071
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,161)
39	allocation of supplemental payments	(462,007)
40	total aggregate limit adjustments	(465,168)
41		
42	UPL adjustment available for SFY2021	1,620,903

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Northside Hospital Forsyth
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	52,716,450
11	payments for services	9,197,501
12	annual covered charges	52,716,450
13	annual payments for services	9,197,501
14		
15	total hospital CCR	18.49%
16		
17	annual cost of services	9,745,602
18		
19	<u>adjustment factor</u>	
20	inflation	1.027899
21		
22	adjusted annual charges	54,187,186
23	adjusted Medicaid payments for services	9,454,102
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	9,454,102
26	adjusted cost of services	10,017,495
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	14,273,141
33		
34	maximum annual payments	14,273,141
35	facility specific UPL amount	4,819,039
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(7,301)
39	allocation of supplemental payments	(1,067,285)
40	total aggregate limit adjustments	(1,074,586)
41		
42	UPL adjustment available for SFY2021	3,744,453

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Northside Hospital Gwinnett
2	base period report period beginning date	7/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	0.8
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	114,327,510
11	payments for services	29,678,007
12	annual covered charges	91,462,008
13	annual payments for services	23,742,405
14		
15	total hospital CCR	23.45%
16		
17	annual cost of services	21,444,813
18		
19	<u>adjustment factor</u>	
20	inflation	1.027899
21		
22	adjusted annual charges	94,013,707
23	adjusted Medicaid payments for services	24,404,794
24	supplemental rate adjustment payments	2,920,335
25	total adjusted Medicaid payments	27,325,129
26	adjusted cost of services	22,043,102
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	36,844,650
33		
34	maximum annual payments	36,844,650
35	facility specific UPL amount	9,519,521
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(18,848)
39	allocation of supplemental payments	165,248
40	total aggregate limit adjustments	146,400
41		
42	UPL adjustment available for SFY2021	9,665,921

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Perry Hospital
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,360,375
11	payments for services	449,636
12	annual covered charges	1,360,375
13	annual payments for services	449,636
14		
15	total hospital CCR	25.54%
16		
17	annual cost of services	347,422
18		
19	<u>adjustment factor</u>	
20	inflation	1.031496
21		
22	adjusted annual charges	1,403,221
23	adjusted Medicaid payments for services	463,798
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	463,798
26	adjusted cost of services	358,364
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	700,210
33		
34	maximum annual payments	700,210
35	facility specific UPL amount	236,412
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(358)
39	allocation of supplemental payments	(52,359)
40	total aggregate limit adjustments	(52,717)
41		
42	UPL adjustment available for SFY2021	183,695

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Phoebe Putney Memorial Hospital, Inc.
2	base period report period beginning date	8/1/2018
3	base period report period ending date	7/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	99,031,835
11	payments for services	24,885,899
12	annual covered charges	99,031,835
13	annual payments for services	24,885,899
14		
15	total hospital CCR	23.69%
16		
17	annual cost of services	23,458,628
18		
19	<u>adjustment factor</u>	
20	inflation	1.032399
21		
22	adjusted annual charges	102,240,367
23	adjusted Medicaid payments for services	25,692,177
24	supplemental rate adjustment payments	2,887,264
25	total adjusted Medicaid payments	28,579,441
26	adjusted cost of services	24,218,664
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	38,788,250
33		
34	maximum annual payments	38,788,250
35	facility specific UPL amount	10,208,809
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(19,842)
39	allocation of supplemental payments	(13,157)
40	total aggregate limit adjustments	(32,999)
41		
42	UPL adjustment available for SFY2021	10,175,810

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Phoebe Sumter Medical Center
2	base period report period beginning date	8/1/2018
3	base period report period ending date	7/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	12,458,124
11	payments for services	3,858,578
12	annual covered charges	12,458,124
13	annual payments for services	3,858,578
14		
15	total hospital CCR	23.85%
16		
17	annual cost of services	2,970,729
18		
19	<u>adjustment factor</u>	
20	inflation	1.032399
21		
22	adjusted annual charges	12,861,755
23	adjusted Medicaid payments for services	3,983,592
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,983,592
26	adjusted cost of services	3,066,978
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	6,014,148
33		
34	maximum annual payments	6,014,148
35	facility specific UPL amount	2,030,556
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,077)
39	allocation of supplemental payments	(449,712)
40	total aggregate limit adjustments	(452,789)
41		
42	UPL adjustment available for SFY2021	1,577,767

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Piedmont Athens Regional Medical Center, Inc.
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	77,083,181
11	payments for services	17,891,098
12	annual covered charges	77,083,181
13	annual payments for services	17,891,098
14		
15	total hospital CCR	21.17%
16		
17	annual cost of services	16,319,866
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	79,755,192
23	adjusted Medicaid payments for services	18,511,275
24	supplemental rate adjustment payments	2,313,685
25	total adjusted Medicaid payments	20,824,960
26	adjusted cost of services	16,885,578
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	27,947,027
33		
34	maximum annual payments	27,947,027
35	facility specific UPL amount	7,122,067
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(14,296)
39	allocation of supplemental payments	223,924
40	total aggregate limit adjustments	209,628
41		
42	UPL adjustment available for SFY2021	7,331,695

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Piedmont Columbus Regional Midtown Campus
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	37,346,619
11	payments for services	13,177,791
12	annual covered charges	37,346,619
13	annual payments for services	13,177,791
14		
15	total hospital CCR	26.17%
16		
17	annual cost of services	9,773,259
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	38,641,202
23	adjusted Medicaid payments for services	13,634,586
24	supplemental rate adjustment payments	4,380,003
25	total adjusted Medicaid payments	18,014,589
26	adjusted cost of services	10,112,039
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	20,584,544
33		
34	maximum annual payments	20,584,544
35	facility specific UPL amount	2,569,955
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(10,530)
39	allocation of supplemental payments	2,840,778
40	total aggregate limit adjustments	2,830,248
41		
42	UPL adjustment available for SFY2021	5,400,203

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Piedmont Columbus Regional Northside Campus
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,928,760
11	payments for services	809,039
12	annual covered charges	2,928,760
13	annual payments for services	809,039
14		
15	total hospital CCR	23.32%
16		
17	annual cost of services	682,936
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	3,030,283
23	adjusted Medicaid payments for services	837,084
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	837,084
26	adjusted cost of services	706,609
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	706,609
35	facility specific UPL amount	(130,475)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	130,475
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	130,475
41		
42	UPL adjustment available for SFY2021	0

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Piedmont Henry Hospital, Inc.
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	49,219,111
11	payments for services	10,306,952
12	annual covered charges	49,219,111
13	annual payments for services	10,306,952
14		
15	total hospital CCR	16.18%
16		
17	annual cost of services	7,963,822
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	50,925,242
23	adjusted Medicaid payments for services	10,664,232
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	10,664,232
26	adjusted cost of services	8,239,880
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	16,100,111
33		
34	maximum annual payments	16,100,111
35	facility specific UPL amount	5,435,879
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(8,236)
39	allocation of supplemental payments	(1,203,898)
40	total aggregate limit adjustments	(1,212,134)
41		
42	UPL adjustment available for SFY2021	4,223,745

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Piedmont Newton Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	11,100,041
11	payments for services	2,728,106
12	annual covered charges	11,100,041
13	annual payments for services	2,728,106
14		
15	total hospital CCR	15.49%
16		
17	annual cost of services	1,719,920
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	11,484,813
23	adjusted Medicaid payments for services	2,822,673
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,822,673
26	adjusted cost of services	1,779,539
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	4,261,474
33		
34	maximum annual payments	4,261,474
35	facility specific UPL amount	1,438,801
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,180)
39	allocation of supplemental payments	(318,655)
40	total aggregate limit adjustments	(320,835)
41		
42	UPL adjustment available for SFY2021	1,117,966

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	South Ga Medical Center
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	38,286,008
11	payments for services	10,318,562
12	annual covered charges	38,286,008
13	annual payments for services	10,318,562
14		
15	total hospital CCR	28.96%
16		
17	annual cost of services	11,088,229
18		
19	<u>adjustment factor</u>	
20	inflation	1.027899
21		
22	adjusted annual charges	39,354,149
23	adjusted Medicaid payments for services	10,606,440
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	10,606,440
26	adjusted cost of services	11,397,580
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	16,012,861
33		
34	maximum annual payments	16,012,861
35	facility specific UPL amount	5,406,421
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(8,191)
39	allocation of supplemental payments	(1,197,374)
40	total aggregate limit adjustments	(1,205,565)
41		
42	UPL adjustment available for SFY2021	4,200,856

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	South Ga Medical Center - Berrien Campus
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	101,303
11	payments for services	37,261
12	annual covered charges	101,303
13	annual payments for services	37,261
14		
15	total hospital CCR	46.98%
16		
17	annual cost of services	47,592
18		
19	<u>adjustment factor</u>	
20	inflation	1.027899
21		
22	adjusted annual charges	104,129
23	adjusted Medicaid payments for services	38,301
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	38,301
26	adjusted cost of services	48,920
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	57,824
33		
34	maximum annual payments	57,824
35	facility specific UPL amount	19,523
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(30)
39	allocation of supplemental payments	(4,324)
40	total aggregate limit adjustments	(4,354)
41		
42	UPL adjustment available for SFY2021	15,169

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Southeast Ga Health System - Brunswick
2	base period report period beginning date	5/1/2018
3	base period report period ending date	4/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	35,959,755
11	payments for services	12,144,486
12	annual covered charges	35,959,755
13	annual payments for services	12,144,486
14		
15	total hospital CCR	30.31%
16		
17	annual cost of services	10,901,041
18		
19	<u>adjustment factor</u>	
20	inflation	1.039224
21		
22	adjusted annual charges	37,370,240
23	adjusted Medicaid payments for services	12,620,841
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	12,620,841
26	adjusted cost of services	11,328,623
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	19,054,062
33		
34	maximum annual payments	19,054,062
35	facility specific UPL amount	6,433,221
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(9,747)
39	allocation of supplemental payments	(1,424,782)
40	total aggregate limit adjustments	(1,434,529)
41		
42	UPL adjustment available for SFY2021	4,998,692

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Southeast Ga Health System - Camden
2	base period report period beginning date	5/1/2018
3	base period report period ending date	4/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,077,937
11	payments for services	761,620
12	annual covered charges	2,077,937
13	annual payments for services	761,620
14		
15	total hospital CCR	32.06%
16		
17	annual cost of services	666,245
18		
19	<u>adjustment factor</u>	
20	inflation	1.039224
21		
22	adjusted annual charges	2,159,442
23	adjusted Medicaid payments for services	791,494
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	791,494
26	adjusted cost of services	692,378
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	1,194,942
33		
34	maximum annual payments	1,194,942
35	facility specific UPL amount	403,448
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(611)
39	allocation of supplemental payments	(89,353)
40	total aggregate limit adjustments	(89,964)
41		
42	UPL adjustment available for SFY2021	313,484

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Southwell Medical
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	194,015
11	payments for services	104,409
12	annual covered charges	194,015
13	annual payments for services	104,409
14		
15	total hospital CCR	72.09%
16		
17	annual cost of services	139,873
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	200,740
23	adjusted Medicaid payments for services	108,028
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	108,028
26	adjusted cost of services	144,722
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	163,093
33		
34	maximum annual payments	163,093
35	facility specific UPL amount	55,065
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(83)
39	allocation of supplemental payments	(12,195)
40	total aggregate limit adjustments	(12,278)
41		
42	UPL adjustment available for SFY2021	42,787

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Stephens County Hospital
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,618,660
11	payments for services	657,160
12	annual covered charges	1,618,660
13	annual payments for services	657,160
14		
15	total hospital CCR	36.65%
16		
17	annual cost of services	593,185
18		
19	<u>adjustment factor</u>	
20	inflation	1.027899
21		
22	adjusted annual charges	1,663,819
23	adjusted Medicaid payments for services	675,494
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	675,494
26	adjusted cost of services	609,734
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	1,019,814
33		
34	maximum annual payments	1,019,814
35	facility specific UPL amount	344,320
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(522)
39	allocation of supplemental payments	(76,257)
40	total aggregate limit adjustments	(76,779)
41		
42	UPL adjustment available for SFY2021	267,541

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Tanner Medical Center/Carrollton
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	24,122,479
11	payments for services	6,346,573
12	annual covered charges	24,122,479
13	annual payments for services	6,346,573
14		
15	total hospital CCR	24.90%
16		
17	annual cost of services	6,007,069
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	24,958,661
23	adjusted Medicaid payments for services	6,566,571
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	6,566,571
26	adjusted cost of services	6,215,298
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	9,913,749
33		
34	maximum annual payments	9,913,749
35	facility specific UPL amount	3,347,178
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(5,071)
39	allocation of supplemental payments	(741,308)
40	total aggregate limit adjustments	(746,379)
41		
42	UPL adjustment available for SFY2021	2,600,799

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Tanner Medical Center/Villa Rica
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	26,098,969
11	payments for services	8,993,752
12	annual covered charges	26,098,969
13	annual payments for services	8,993,752
14		
15	total hospital CCR	28.36%
16		
17	annual cost of services	7,402,840
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	27,003,664
23	adjusted Medicaid payments for services	9,305,511
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	9,305,511
26	adjusted cost of services	7,659,452
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	14,048,809
33		
34	maximum annual payments	14,048,809
35	facility specific UPL amount	4,743,298
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(7,187)
39	allocation of supplemental payments	(1,050,510)
40	total aggregate limit adjustments	(1,057,697)
41		
42	UPL adjustment available for SFY2021	3,685,601

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	The Medical Center, Navicent Health
2	base period report period beginning date	10/1/2018
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	0.8
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	216,370,085
11	payments for services	51,049,992
12	annual covered charges	173,096,068
13	annual payments for services	40,839,994
14		
15	total hospital CCR	22.07%
16		
17	annual cost of services	38,207,039
18		
19	<u>adjustment factor</u>	
20	inflation	1.031496
21		
22	adjusted annual charges	178,547,902
23	adjusted Medicaid payments for services	42,126,290
24	supplemental rate adjustment payments	7,157,309
25	total adjusted Medicaid payments	49,283,599
26	adjusted cost of services	39,410,408
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	63,599,324
33		
34	maximum annual payments	63,599,324
35	facility specific UPL amount	14,315,725
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(32,534)
39	allocation of supplemental payments	2,401,620
40	total aggregate limit adjustments	2,369,086
41		
42	UPL adjustment available for SFY2021	16,684,811

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Tift Regional Medical Center - A Campus of Tift Reg Health System
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	34,306,246
11	payments for services	6,979,988
12	annual covered charges	34,306,246
13	annual payments for services	6,979,988
14		
15	total hospital CCR	19.60%
16		
17	annual cost of services	6,723,036
18		
19	<u>adjustment factor</u>	
20	inflation	1.027899
21		
22	adjusted annual charges	35,263,356
23	adjusted Medicaid payments for services	7,174,723
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	7,174,723
26	adjusted cost of services	6,910,602
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	10,831,895
33		
34	maximum annual payments	10,831,895
35	facility specific UPL amount	3,657,172
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(5,541)
39	allocation of supplemental payments	(809,963)
40	total aggregate limit adjustments	(815,504)
41		
42	UPL adjustment available for SFY2021	2,841,668

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Union County Hospital Authority
2	base period report period beginning date	5/1/2018
3	base period report period ending date	4/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,114,200
11	payments for services	470,512
12	annual covered charges	1,114,200
13	annual payments for services	470,512
14		
15	total hospital CCR	38.00%
16		
17	annual cost of services	423,377
18		
19	<u>adjustment factor</u>	
20	inflation	1.039224
21		
22	adjusted annual charges	1,157,903
23	adjusted Medicaid payments for services	488,967
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	488,967
26	adjusted cost of services	439,984
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	738,208
33		
34	maximum annual payments	738,208
35	facility specific UPL amount	249,241
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(378)
39	allocation of supplemental payments	(55,200)
40	total aggregate limit adjustments	(55,578)
41		
42	UPL adjustment available for SFY2021	193,663

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	University Hospital
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	50,514,250
11	payments for services	13,393,756
12	annual covered charges	50,514,250
13	annual payments for services	13,393,756
14		
15	total hospital CCR	27.24%
16		
17	annual cost of services	13,759,066
18		
19	<u>adjustment factor</u>	
20	inflation	1.031496
21		
22	adjusted annual charges	52,105,247
23	adjusted Medicaid payments for services	13,815,606
24	supplemental rate adjustment payments	113,460
25	total adjusted Medicaid payments	13,929,066
26	adjusted cost of services	14,192,422
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	20,857,835
33		
34	maximum annual payments	20,857,835
35	facility specific UPL amount	6,928,769
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(10,670)
39	allocation of supplemental payments	(1,446,201)
40	total aggregate limit adjustments	(1,456,871)
41		
42	UPL adjustment available for SFY2021	5,471,898

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	University Hospital McDuffie
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	887,393
11	payments for services	373,010
12	annual covered charges	887,393
13	annual payments for services	373,010
14		
15	total hospital CCR	25.15%
16		
17	annual cost of services	223,136
18		
19	<u>adjustment factor</u>	
20	inflation	1.031496
21		
22	adjusted annual charges	915,342
23	adjusted Medicaid payments for services	384,758
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	384,758
26	adjusted cost of services	230,164
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	580,881
33		
34	maximum annual payments	580,881
35	facility specific UPL amount	196,123
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(297)
39	allocation of supplemental payments	(43,436)
40	total aggregate limit adjustments	(43,733)
41		
42	UPL adjustment available for SFY2021	152,390

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Upson Regional Medical Center
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	13,290,688
11	payments for services	3,727,477
12	annual covered charges	13,290,688
13	annual payments for services	3,727,477
14		
15	total hospital CCR	21.08%
16		
17	annual cost of services	2,801,720
18		
19	<u>adjustment factor</u>	
20	inflation	1.031496
21		
22	adjusted annual charges	13,709,292
23	adjusted Medicaid payments for services	3,844,878
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,844,878
26	adjusted cost of services	2,889,963
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	5,804,728
33		
34	maximum annual payments	5,804,728
35	facility specific UPL amount	1,959,850
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,969)
39	allocation of supplemental payments	(434,053)
40	total aggregate limit adjustments	(437,022)
41		
42	UPL adjustment available for SFY2021	1,522,828

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Washington County Regional Medical
2	base period report period beginning date	9/1/2018
3	base period report period ending date	8/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	356,550
11	payments for services	197,730
12	annual covered charges	356,550
13	annual payments for services	197,730
14		
15	total hospital CCR	36.58%
16		
17	annual cost of services	130,414
18		
19	<u>adjustment factor</u>	
20	inflation	1.030144
21		
22	adjusted annual charges	367,298
23	adjusted Medicaid payments for services	203,690
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	203,690
26	adjusted cost of services	134,345
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	307,517
33		
34	maximum annual payments	307,517
35	facility specific UPL amount	103,827
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(157)
39	allocation of supplemental payments	(22,995)
40	total aggregate limit adjustments	(23,152)
41		
42	UPL adjustment available for SFY2021	80,675

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Wayne Memorial Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	6,489,128
11	payments for services	1,672,728
12	annual covered charges	6,489,128
13	annual payments for services	1,672,728
14		
15	total hospital CCR	24.82%
16		
17	annual cost of services	1,610,545
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	6,714,067
23	adjusted Medicaid payments for services	1,730,711
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,730,711
26	adjusted cost of services	1,666,373
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	2,612,906
33		
34	maximum annual payments	2,612,906
35	facility specific UPL amount	882,195
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,337)
39	allocation of supplemental payments	(195,382)
40	total aggregate limit adjustments	(196,719)
41		
42	UPL adjustment available for SFY2021	685,476

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Wellstar Cobb Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	97,559,798
11	payments for services	17,089,723
12	annual covered charges	97,559,798
13	annual payments for services	17,089,723
14		
15	total hospital CCR	17.87%
16		
17	annual cost of services	17,431,863
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	100,941,611
23	adjusted Medicaid payments for services	17,682,121
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	17,682,121
26	adjusted cost of services	18,036,121
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	26,695,229
33		
34	maximum annual payments	26,695,229
35	facility specific UPL amount	9,013,108
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(13,656)
39	allocation of supplemental payments	(1,996,156)
40	total aggregate limit adjustments	(2,009,812)
41		
42	UPL adjustment available for SFY2021	7,003,296

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Wellstar Douglas Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	27,183,483
11	payments for services	5,145,529
12	annual covered charges	27,183,483
13	annual payments for services	5,145,529
14		
15	total hospital CCR	15.33%
16		
17	annual cost of services	4,167,714
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	28,125,771
23	adjusted Medicaid payments for services	5,323,894
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,323,894
26	adjusted cost of services	4,312,184
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	8,037,642
33		
34	maximum annual payments	8,037,642
35	facility specific UPL amount	2,713,748
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4,112)
39	allocation of supplemental payments	(601,021)
40	total aggregate limit adjustments	(605,133)
41		
42	UPL adjustment available for SFY2021	2,108,615

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Wellstar Kennestone Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	171,987,339
11	payments for services	28,068,280
12	annual covered charges	171,987,339
13	annual payments for services	28,068,280
14		
15	total hospital CCR	16.24%
16		
17	annual cost of services	27,925,526
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	177,949,108
23	adjusted Medicaid payments for services	29,041,239
24	supplemental rate adjustment payments	4,161,040
25	total adjusted Medicaid payments	33,202,279
26	adjusted cost of services	28,893,536
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	43,844,430
33		
34	maximum annual payments	43,844,430
35	facility specific UPL amount	10,642,151
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(22,429)
39	allocation of supplemental payments	882,539
40	total aggregate limit adjustments	860,110
41		
42	UPL adjustment available for SFY2021	11,502,261

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Wellstar Paulding Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	23,872,508
11	payments for services	4,407,605
12	annual covered charges	23,872,508
13	annual payments for services	4,407,605
14		
15	total hospital CCR	15.79%
16		
17	annual cost of services	3,769,067
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	24,700,025
23	adjusted Medicaid payments for services	4,560,390
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,560,390
26	adjusted cost of services	3,899,718
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	6,884,958
33		
34	maximum annual payments	6,884,958
35	facility specific UPL amount	2,324,568
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,522)
39	allocation of supplemental payments	(514,828)
40	total aggregate limit adjustments	(518,350)
41		
42	UPL adjustment available for SFY2021	1,806,218

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Wellstar West Georgia Medical Center
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	32,244,964
11	payments for services	5,856,669
12	annual covered charges	32,244,964
13	annual payments for services	5,856,669
14		
15	total hospital CCR	18.86%
16		
17	annual cost of services	6,082,219
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	33,362,703
23	adjusted Medicaid payments for services	6,059,685
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	6,059,685
26	adjusted cost of services	6,293,053
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50973
32	maximum annual payments (at DRG differential)	9,148,488
33		
34	maximum annual payments	9,148,488
35	facility specific UPL amount	3,088,803
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4,680)
39	allocation of supplemental payments	(684,085)
40	total aggregate limit adjustments	(688,765)
41		
42	UPL adjustment available for SFY2021	2,400,038

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Wellstar Windy Hill Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	0
11	payments for services	0
12	annual covered charges	0
13	annual payments for services	0
14		
15	total hospital CCR	20.23%
16		
17	annual cost of services	0
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	0
23	adjusted Medicaid payments for services	0
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	0
26	adjusted cost of services	0
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	0
35	facility specific UPL amount	0
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	0
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	0
41		
42	UPL adjustment available for SFY2021	0

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Bacon County Hospital and Health System
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,788,293
11	payments for services	651,040
12	annual covered charges	1,788,293
13	annual payments for services	651,040
14		
15	total hospital CCR	49.62%
16		
17	annual cost of services	887,338
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	1,850,282
23	adjusted Medicaid payments for services	673,608
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	673,608
26	adjusted cost of services	918,097
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	918,097
35	facility specific UPL amount	244,489
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(370)
39	allocation of supplemental payments	(54,148)
40	total aggregate limit adjustments	(54,518)
41		
42	UPL adjustment available for SFY2021	189,971

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Bleckley Memorial Hospital
2	base period report period beginning date	4/1/2018
3	base period report period ending date	3/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	25,122
11	payments for services	17,149
12	annual covered charges	25,122
13	annual payments for services	17,149
14		
15	total hospital CCR	68.23%
16		
17	annual cost of services	17,141
18		
19	<u>adjustment factor</u>	
20	inflation	1.041519
21		
22	adjusted annual charges	26,165
23	adjusted Medicaid payments for services	17,861
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	17,861
26	adjusted cost of services	17,853
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	17,853
35	facility specific UPL amount	(8)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	8
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	8
41		
42	UPL adjustment available for SFY2021	0

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Brooks County Hospital
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	208,281
11	payments for services	89,030
12	annual covered charges	208,281
13	annual payments for services	89,030
14		
15	total hospital CCR	40.87%
16		
17	annual cost of services	85,119
18		
19	<u>adjustment factor</u>	
20	inflation	1.027899
21		
22	adjusted annual charges	214,092
23	adjusted Medicaid payments for services	91,514
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	91,514
26	adjusted cost of services	87,494
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	87,494
35	facility specific UPL amount	(4,020)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	4,020
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	4,020
41		
42	UPL adjustment available for SFY2021	0

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Candler County Hospital
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,070,424
11	payments for services	302,319
12	annual covered charges	1,070,424
13	annual payments for services	302,319
14		
15	total hospital CCR	25.42%
16		
17	annual cost of services	272,155
18		
19	<u>adjustment factor</u>	
20	inflation	1.031496
21		
22	adjusted annual charges	1,104,138
23	adjusted Medicaid payments for services	311,841
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	311,841
26	adjusted cost of services	280,727
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	280,727
35	facility specific UPL amount	(31,114)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	31,114
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	31,114
41		
42	UPL adjustment available for SFY2021	0

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Chatuge Regional Hospital, Inc.
2	base period report period beginning date	5/1/2018
3	base period report period ending date	4/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	75,012
11	payments for services	32,196
12	annual covered charges	75,012
13	annual payments for services	32,196
14		
15	total hospital CCR	76.49%
16		
17	annual cost of services	57,377
18		
19	<u>adjustment factor</u>	
20	inflation	1.039224
21		
22	adjusted annual charges	77,954
23	adjusted Medicaid payments for services	33,459
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	33,459
26	adjusted cost of services	59,628
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	59,628
35	facility specific UPL amount	26,169
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(40)
39	allocation of supplemental payments	(5,796)
40	total aggregate limit adjustments	(5,836)
41		
42	UPL adjustment available for SFY2021	20,333

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Clinch Memorial Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	174,273
11	payments for services	105,642
12	annual covered charges	174,273
13	annual payments for services	105,642
14		
15	total hospital CCR	75.20%
16		
17	annual cost of services	131,059
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	180,314
23	adjusted Medicaid payments for services	109,304
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	109,304
26	adjusted cost of services	135,602
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	135,602
35	facility specific UPL amount	26,298
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(40)
39	allocation of supplemental payments	(5,824)
40	total aggregate limit adjustments	(5,864)
41		
42	UPL adjustment available for SFY2021	20,434

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Effingham Health System
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	370,665
11	payments for services	148,492
12	annual covered charges	370,665
13	annual payments for services	148,492
14		
15	total hospital CCR	35.28%
16		
17	annual cost of services	130,783
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	383,514
23	adjusted Medicaid payments for services	153,639
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	153,639
26	adjusted cost of services	135,316
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	135,316
35	facility specific UPL amount	(18,323)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	18,323
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	18,323
41		
42	UPL adjustment available for SFY2021	0

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Elbert Memorial Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	176,892
11	payments for services	128,352
12	annual covered charges	176,892
13	annual payments for services	128,352
14		
15	total hospital CCR	36.32%
16		
17	annual cost of services	64,251
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	183,024
23	adjusted Medicaid payments for services	132,801
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	132,801
26	adjusted cost of services	66,478
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	66,478
35	facility specific UPL amount	(66,323)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	66,323
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	66,323
41		
42	UPL adjustment available for SFY2021	0

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Floyd Polk Medical Center
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	50,675
11	payments for services	17,367
12	annual covered charges	50,675
13	annual payments for services	17,367
14		
15	total hospital CCR	21.62%
16		
17	annual cost of services	10,954
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	52,432
23	adjusted Medicaid payments for services	17,969
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	17,969
26	adjusted cost of services	11,334
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	11,334
35	facility specific UPL amount	(6,635)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	6,635
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	6,635
41		
42	UPL adjustment available for SFY2021	0

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Higgins General Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	582,874
11	payments for services	187,833
12	annual covered charges	582,874
13	annual payments for services	187,833
14		
15	total hospital CCR	33.04%
16		
17	annual cost of services	192,586
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	603,079
23	adjusted Medicaid payments for services	194,344
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	194,344
26	adjusted cost of services	199,262
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	199,262
35	facility specific UPL amount	4,918
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(7)
39	allocation of supplemental payments	(1,089)
40	total aggregate limit adjustments	(1,096)
41		
42	UPL adjustment available for SFY2021	3,822

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Jasper Memorial Hosp
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	12,695
11	payments for services	5,392
12	annual covered charges	12,695
13	annual payments for services	5,392
14		
15	total hospital CCR	126.08%
16		
17	annual cost of services	16,006
18		
19	<u>adjustment factor</u>	
20	inflation	1.027899
21		
22	adjusted annual charges	13,049
23	adjusted Medicaid payments for services	5,542
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,542
26	adjusted cost of services	16,453
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	16,453
35	facility specific UPL amount	10,911
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(17)
39	allocation of supplemental payments	(2,416)
40	total aggregate limit adjustments	(2,433)
41		
42	UPL adjustment available for SFY2021	8,478

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Jeff Davis Hospital
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	932,031
11	payments for services	262,152
12	annual covered charges	932,031
13	annual payments for services	262,152
14		
15	total hospital CCR	27.25%
16		
17	annual cost of services	253,983
18		
19	<u>adjustment factor</u>	
20	inflation	1.027899
21		
22	adjusted annual charges	958,034
23	adjusted Medicaid payments for services	269,466
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	269,466
26	adjusted cost of services	261,069
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	261,069
35	facility specific UPL amount	(8,397)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	8,397
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	8,397
41		
42	UPL adjustment available for SFY2021	0

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Liberty Regional Medical Center
2	base period report period beginning date	12/1/2018
3	base period report period ending date	11/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,448,823
11	payments for services	430,906
12	annual covered charges	1,448,823
13	annual payments for services	430,906
14		
15	total hospital CCR	26.89%
16		
17	annual cost of services	389,592
18		
19	<u>adjustment factor</u>	
20	inflation	1.030294
21		
22	adjusted annual charges	1,492,714
23	adjusted Medicaid payments for services	443,960
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	443,960
26	adjusted cost of services	401,394
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	401,394
35	facility specific UPL amount	(42,566)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	42,566
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	42,566
41		
42	UPL adjustment available for SFY2021	0

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Lifebrite Hospital Group Of Early, Llc
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	126,409
11	payments for services	62,476
12	annual covered charges	126,409
13	annual payments for services	62,476
14		
15	total hospital CCR	81.71%
16		
17	annual cost of services	103,291
18		
19	<u>adjustment factor</u>	
20	inflation	1.027899
21		
22	adjusted annual charges	129,936
23	adjusted Medicaid payments for services	64,219
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	64,219
26	adjusted cost of services	106,173
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	106,173
35	facility specific UPL amount	41,954
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(64)
39	allocation of supplemental payments	(9,292)
40	total aggregate limit adjustments	(9,356)
41		
42	UPL adjustment available for SFY2021	32,598

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Medical Center of Peach County, Navicent Health
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,015,042
11	payments for services	416,756
12	annual covered charges	1,015,042
13	annual payments for services	416,756
14		
15	total hospital CCR	32.81%
16		
17	annual cost of services	333,053
18		
19	<u>adjustment factor</u>	
20	inflation	1.027899
21		
22	adjusted annual charges	1,043,361
23	adjusted Medicaid payments for services	428,383
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	428,383
26	adjusted cost of services	342,345
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	342,345
35	facility specific UPL amount	(86,038)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	86,038
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	86,038
41		
42	UPL adjustment available for SFY2021	0

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Miller County Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,788,487
11	payments for services	788,320
12	annual covered charges	1,788,487
13	annual payments for services	788,320
14		
15	total hospital CCR	101.43%
16		
17	annual cost of services	1,814,124
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	1,850,483
23	adjusted Medicaid payments for services	815,646
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	815,646
26	adjusted cost of services	1,877,009
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	1,877,009
35	facility specific UPL amount	1,061,363
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,608)
39	allocation of supplemental payments	(235,063)
40	total aggregate limit adjustments	(236,671)
41		
42	UPL adjustment available for SFY2021	824,692

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Mitchell County Hospital
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	56,203
11	payments for services	30,559
12	annual covered charges	56,203
13	annual payments for services	30,559
14		
15	total hospital CCR	70.55%
16		
17	annual cost of services	39,651
18		
19	<u>adjustment factor</u>	
20	inflation	1.027899
21		
22	adjusted annual charges	57,771
23	adjusted Medicaid payments for services	31,412
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	31,412
26	adjusted cost of services	40,757
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	40,757
35	facility specific UPL amount	9,345
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(14)
39	allocation of supplemental payments	(2,070)
40	total aggregate limit adjustments	(2,084)
41		
42	UPL adjustment available for SFY2021	7,261

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Monroe County Hospital
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	71,621
11	payments for services	32,238
12	annual covered charges	71,621
13	annual payments for services	32,238
14		
15	total hospital CCR	48.82%
16		
17	annual cost of services	34,967
18		
19	<u>adjustment factor</u>	
20	inflation	1.027899
21		
22	adjusted annual charges	73,619
23	adjusted Medicaid payments for services	33,137
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	33,137
26	adjusted cost of services	35,943
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	35,943
35	facility specific UPL amount	2,806
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4)
39	allocation of supplemental payments	(622)
40	total aggregate limit adjustments	(626)
41		
42	UPL adjustment available for SFY2021	2,180

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Morgan Memorial Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	24,160
11	payments for services	14,848
12	annual covered charges	24,160
13	annual payments for services	14,848
14		
15	total hospital CCR	69.80%
16		
17	annual cost of services	16,863
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	24,997
23	adjusted Medicaid payments for services	15,363
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	15,363
26	adjusted cost of services	17,448
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	17,448
35	facility specific UPL amount	2,085
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3)
39	allocation of supplemental payments	(462)
40	total aggregate limit adjustments	(465)
41		
42	UPL adjustment available for SFY2021	1,620

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Putnam General Hospital
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	120,097
11	payments for services	77,439
12	annual covered charges	120,097
13	annual payments for services	77,439
14		
15	total hospital CCR	46.61%
16		
17	annual cost of services	55,972
18		
19	<u>adjustment factor</u>	
20	inflation	1.027899
21		
22	adjusted annual charges	123,448
23	adjusted Medicaid payments for services	79,599
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	79,599
26	adjusted cost of services	57,534
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	57,534
35	facility specific UPL amount	(22,065)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	22,065
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	22,065
41		
42	UPL adjustment available for SFY2021	0

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	South Ga Medical Center - Lanier Campus
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	46,088
11	payments for services	31,409
12	annual covered charges	46,088
13	annual payments for services	31,409
14		
15	total hospital CCR	104.75%
16		
17	annual cost of services	48,278
18		
19	<u>adjustment factor</u>	
20	inflation	1.027899
21		
22	adjusted annual charges	47,374
23	adjusted Medicaid payments for services	32,285
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	32,285
26	adjusted cost of services	49,625
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	49,625
35	facility specific UPL amount	17,340
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(26)
39	allocation of supplemental payments	(3,840)
40	total aggregate limit adjustments	(3,866)
41		
42	UPL adjustment available for SFY2021	13,474

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Warm Springs Medical Center
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	120,453
11	payments for services	66,498
12	annual covered charges	120,453
13	annual payments for services	66,498
14		
15	total hospital CCR	80.89%
16		
17	annual cost of services	97,435
18		
19	<u>adjustment factor</u>	
20	inflation	1.031496
21		
22	adjusted annual charges	124,247
23	adjusted Medicaid payments for services	68,592
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	68,592
26	adjusted cost of services	100,504
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	100,504
35	facility specific UPL amount	31,912
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(48)
39	allocation of supplemental payments	(7,068)
40	total aggregate limit adjustments	(7,116)
41		
42	UPL adjustment available for SFY2021	24,796

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Wellstar Sylvan Grove Hospital, Inc
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	77,765
11	payments for services	19,888
12	annual covered charges	77,765
13	annual payments for services	19,888
14		
15	total hospital CCR	22.62%
16		
17	annual cost of services	17,591
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	80,461
23	adjusted Medicaid payments for services	20,577
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	20,577
26	adjusted cost of services	18,201
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	18,201
35	facility specific UPL amount	(2,376)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	2,376
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	2,376
41		
42	UPL adjustment available for SFY2021	0

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Wills Memorial Hospital
2	base period report period beginning date	5/1/2018
3	base period report period ending date	4/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	523,158
11	payments for services	190,002
12	annual covered charges	523,158
13	annual payments for services	190,002
14		
15	total hospital CCR	62.01%
16		
17	annual cost of services	324,419
18		
19	<u>adjustment factor</u>	
20	inflation	1.039224
21		
22	adjusted annual charges	543,678
23	adjusted Medicaid payments for services	197,455
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	197,455
26	adjusted cost of services	337,144
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	337,144
35	facility specific UPL amount	139,689
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(212)
39	allocation of supplemental payments	(30,937)
40	total aggregate limit adjustments	(31,149)
41		
42	UPL adjustment available for SFY2021	108,540

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Jenkins County Medical Center
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	12,995
11	payments for services	6,640
12	annual covered charges	12,995
13	annual payments for services	6,640
14		
15	total hospital CCR	64.95%
16		
17	annual cost of services	8,441
18		
19	<u>adjustment factor</u>	
20	inflation	1.031496
21		
22	adjusted annual charges	13,404
23	adjusted Medicaid payments for services	6,849
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	6,849
26	adjusted cost of services	8,707
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	8,707
35	facility specific UPL amount	1,858
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(257)
39	allocation of supplemental payments	(722)
40	total aggregate limit adjustments	(979)
41		
42	UPL adjustment available for SFY2021	879

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Mountain Lakes Medical Center
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	443,831
11	payments for services	125,032
12	annual covered charges	443,831
13	annual payments for services	125,032
14		
15	total hospital CCR	43.14%
16		
17	annual cost of services	191,464
18		
19	<u>adjustment factor</u>	
20	inflation	1.031496
21		
22	adjusted annual charges	457,810
23	adjusted Medicaid payments for services	128,970
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	128,970
26	adjusted cost of services	197,494
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	197,494
35	facility specific UPL amount	68,524
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(9,482)
39	allocation of supplemental payments	(26,639)
40	total aggregate limit adjustments	(36,121)
41		
42	UPL adjustment available for SFY2021	32,403

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Optim Medical Center - Screven
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	108,161
11	payments for services	68,274
12	annual covered charges	108,161
13	annual payments for services	68,274
14		
15	total hospital CCR	55.64%
16		
17	annual cost of services	60,181
18		
19	<u>adjustment factor</u>	
20	inflation	1.031496
21		
22	adjusted annual charges	111,568
23	adjusted Medicaid payments for services	70,424
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	70,424
26	adjusted cost of services	62,076
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	62,076
35	facility specific UPL amount	(8,348)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	8,348
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	8,348
41		
42	UPL adjustment available for SFY2021	0

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Optim Medical Center - Tattnall
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,377,986
11	payments for services	282,559
12	annual covered charges	2,377,986
13	annual payments for services	282,559
14		
15	total hospital CCR	11.69%
16		
17	annual cost of services	277,875
18		
19	<u>adjustment factor</u>	
20	inflation	1.031496
21		
22	adjusted annual charges	2,452,883
23	adjusted Medicaid payments for services	291,458
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	291,458
26	adjusted cost of services	286,627
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	286,627
35	facility specific UPL amount	(4,831)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	4,831
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	4,831
41		
42	UPL adjustment available for SFY2021	0

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	Phoebe Worth Medical Center
2	base period report period beginning date	8/1/2018
3	base period report period ending date	7/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	225,852
11	payments for services	99,448
12	annual covered charges	225,852
13	annual payments for services	99,448
14		
15	total hospital CCR	43.83%
16		
17	annual cost of services	99,001
18		
19	<u>adjustment factor</u>	
20	inflation	1.032399
21		
22	adjusted annual charges	233,169
23	adjusted Medicaid payments for services	102,670
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	102,670
26	adjusted cost of services	102,209
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	102,209
35	facility specific UPL amount	(461)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	461
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	461
41		
42	UPL adjustment available for SFY2021	0

Georgia Department of Community Health
SFY 2021 Hospital Inpatient UPL

	Facility Name	St. Mary's Good Samaritan Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	742,150
11	payments for services	326,406
12	annual covered charges	742,150
13	annual payments for services	326,406
14		
15	total hospital CCR	27.50%
16		
17	annual cost of services	204,124
18		
19	<u>adjustment factor</u>	
20	inflation	1.034664
21		
22	adjusted annual charges	767,876
23	adjusted Medicaid payments for services	337,721
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	337,721
26	adjusted cost of services	211,200
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	211,200
35	facility specific UPL amount	(126,521)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	126,521
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	126,521
41		
42	UPL adjustment available for SFY2021	0

SFY2021

OUTPATIENT

Hospital UPL

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Augusta University Medical Center
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	77,174,849
11	cost of Medicaid covered services	17,338,117
	Medicaid CCR	0.2247
12	total hospital CCR	0.251161178
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	17,338,117
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	2,782,494
18	payments	111,303
19	annual covered charges	2,782,494
20	annual interim payments	111,303
21	annual cost of services	698,854
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	19,367,508
25	payments	2,222,005
26	annual covered charges	19,367,508
27	annual interim payments	2,222,005
28	annual cost of services	4,864,366
29		
30	Medicaid annual payments	19,671,425
31	Cost of services - max annual payments for UPL	22,901,337
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	20,353,315
37	adjusted maximum annual payments for UPL	23,695,189
38	annual facility specific UPL amount	3,341,874
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	3,341,874
43	UPL adjustment available for SFY2021	3,341,874

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Roosevelt Warm Springs Rehabilitation & Specialty
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	12,434
11	cost of Medicaid covered services	5,251
	Medicaid CCR	0.4223
12	total hospital CCR	0.426173477
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	5,251
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	0
18	payments	0
19	annual covered charges	0
20	annual interim payments	0
21	annual cost of services	0
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	5,251
31	Cost of services - max annual payments for UPL	5,251
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	5,433
37	adjusted maximum annual payments for UPL	5,433
38	annual facility specific UPL amount	0
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	0
43	UPL adjustment available for SFY2021	0

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Applying Hospital
2	base period report period beginning date	9/1/2018
3	base period report period ending date	8/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	984,568
11	cost of Medicaid covered services	317,771
	Medicaid CCR	0.3228
12	total hospital CCR	0.688401216
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	304,329
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	41,742
18	payments	4,649
19	annual covered charges	41,742
20	annual interim payments	4,649
21	annual cost of services	28,735
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	41,029
25	payments	10,450
26	annual covered charges	41,029
27	annual interim payments	10,450
28	annual cost of services	28,244
29		
30	Medicaid annual payments	319,428
31	Cost of services - max annual payments for UPL	374,750
32		
33	<u>adjustment factor</u>	
34	inflation	1.030144
35		
36	adjusted Medicaid annual payments	329,057
37	adjusted maximum annual payments for UPL	386,046
38	annual facility specific UPL amount	56,989
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	56,989
43	UPL adjustment available for SFY2021	56,989

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Burke Medical Center
2	base period report period beginning date	6/1/2018
3	base period report period ending date	5/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	894,686
11	cost of Medicaid covered services	253,401
	Medicaid CCR	0.2832
12	total hospital CCR	0.406381178
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	242,682
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	141,967
18	payments	7,750
19	annual covered charges	141,967
20	annual interim payments	7,750
21	annual cost of services	57,693
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	250,432
31	Cost of services - max annual payments for UPL	311,094
32		
33	<u>adjustment factor</u>	
34	inflation	1.036939
35		
36	adjusted Medicaid annual payments	259,683
37	adjusted maximum annual payments for UPL	322,586
38	annual facility specific UPL amount	62,903
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	62,903
43	UPL adjustment available for SFY2021	62,903

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Children's Healthcare of Atlanta at Hughes Spalding
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	19,717,411
11	cost of Medicaid covered services	3,469,796
	Medicaid CCR	0.1760
12	total hospital CCR	0.164223887
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,323,024
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,887,508
18	payments	65,702
19	annual covered charges	1,887,508
20	annual interim payments	65,702
21	annual cost of services	309,974
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	3,388,726
31	Cost of services - max annual payments for UPL	3,779,770
32		
33	<u>adjustment factor</u>	
34	inflation	1.031496
35		
36	adjusted Medicaid annual payments	3,495,457
37	adjusted maximum annual payments for UPL	3,898,818
38	annual facility specific UPL amount	403,361
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	403,361
43	UPL adjustment available for SFY2021	403,361

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Coffee Regional Medical Center
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	9,705,058
11	cost of Medicaid covered services	1,576,487
	Medicaid CCR	0.1624
12	total hospital CCR	0.19307545
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,509,802
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	472,312
18	payments	40,407
19	annual covered charges	472,312
20	annual interim payments	40,407
21	annual cost of services	91,192
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,705,812
25	payments	261,366
26	annual covered charges	2,705,812
27	annual interim payments	261,366
28	annual cost of services	522,426
29		
30	Medicaid annual payments	1,811,575
31	Cost of services - max annual payments for UPL	2,190,105
32		
33	<u>adjustment factor</u>	
34	inflation	1.031496
35		
36	adjusted Medicaid annual payments	1,868,632
37	adjusted maximum annual payments for UPL	2,259,085
38	annual facility specific UPL amount	390,453
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	390,453
42		
43	UPL adjustment available for SFY2021	390,453

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Colquitt Regional Medical Center
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	7,224,668
11	cost of Medicaid covered services	1,653,335
	Medicaid CCR	0.2288
12	total hospital CCR	0.279552105
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,583,399
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	430,289
18	payments	22,948
19	annual covered charges	430,289
20	annual interim payments	22,948
21	annual cost of services	120,288
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	939,803
25	payments	202,294
26	annual covered charges	939,803
27	annual interim payments	202,294
28	annual cost of services	262,724
29		
30	Medicaid annual payments	1,808,641
31	Cost of services - max annual payments for UPL	2,036,347
32		
33	<u>adjustment factor</u>	
34	inflation	1.027899
35		
36	adjusted Medicaid annual payments	1,859,100
37	adjusted maximum annual payments for UPL	2,093,159
38	annual facility specific UPL amount	234,059
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	234,059
43	UPL adjustment available for SFY2021	234,059

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Crisp Regional Hospital, Inc.
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	4,014,634
11	cost of Medicaid covered services	896,841
	Medicaid CCR	0.2234
12	total hospital CCR	0.330038692
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	858,905
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	206,516
18	payments	19,188
19	annual covered charges	206,516
20	annual interim payments	19,188
21	annual cost of services	68,158
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	553,596
25	payments	137,100
26	annual covered charges	553,596
27	annual interim payments	137,100
28	annual cost of services	182,708
29		
30	Medicaid annual payments	1,015,193
31	Cost of services - max annual payments for UPL	1,147,707
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	1,050,384
37	adjusted maximum annual payments for UPL	1,187,491
38	annual facility specific UPL amount	137,107
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	137,107
43	UPL adjustment available for SFY2021	137,107

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Dodge County Hospital
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,800,436
11	cost of Medicaid covered services	545,556
	Medicaid CCR	0.1948
12	total hospital CCR	0.25256377
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	522,479
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	208,332
18	payments	15,567
19	annual covered charges	208,332
20	annual interim payments	15,567
21	annual cost of services	52,617
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	538,046
31	Cost of services - max annual payments for UPL	598,173
32		
33	<u>adjustment factor</u>	
34	inflation	1.027899
35		
36	adjusted Medicaid annual payments	553,057
37	adjusted maximum annual payments for UPL	614,861
38	annual facility specific UPL amount	61,804
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	61,804
43	UPL adjustment available for SFY2021	61,804

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Dorminy Medical Center
2	base period report period beginning date	8/1/2018
3	base period report period ending date	7/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,090,359
11	cost of Medicaid covered services	405,116
	Medicaid CCR	0.1938
12	total hospital CCR	0.241600391
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	387,980
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	402,621
18	payments	23,104
19	annual covered charges	402,621
20	annual interim payments	23,104
21	annual cost of services	97,273
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	453,655
25	payments	99,814
26	annual covered charges	453,655
27	annual interim payments	99,814
28	annual cost of services	109,603
29		
30	Medicaid annual payments	510,898
31	Cost of services - max annual payments for UPL	611,992
32		
33	<u>adjustment factor</u>	
34	inflation	1.032399
35		
36	adjusted Medicaid annual payments	527,451
37	adjusted maximum annual payments for UPL	631,820
38	annual facility specific UPL amount	104,369
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	104,369
43	UPL adjustment available for SFY2021	104,369

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Emanuel Medical Center
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	3,542,096
11	cost of Medicaid covered services	427,980
	Medicaid CCR	0.1208
12	total hospital CCR	0.309132697
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	409,876
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	630,426
18	payments	22,713
19	annual covered charges	630,426
20	annual interim payments	22,713
21	annual cost of services	194,885
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	432,589
31	Cost of services - max annual payments for UPL	622,865
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	447,584
37	adjusted maximum annual payments for UPL	644,456
38	annual facility specific UPL amount	196,872
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	196,872
43	UPL adjustment available for SFY2021	196,872

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Emory Decatur
2	base period report period beginning date	7/1/2018
3	base period report period ending date	8/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	0.85
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	21,003,926
11	cost of Medicaid covered services	3,719,423
	Medicaid CCR	0.1771
12	total hospital CCR	0.264692695
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,562,091
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	615,954
18	payments	24,838
19	annual covered charges	523,561
20	annual interim payments	21,112
21	annual cost of services	138,583
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,343,254
25	payments	439,308
26	annual covered charges	2,841,766
27	annual interim payments	373,412
28	annual cost of services	752,195
29		
30	Medicaid annual payments	3,956,615
31	Cost of services - max annual payments for UPL	4,610,201
32		
33	<u>adjustment factor</u>	
34	inflation	1.030144
35		
36	adjusted Medicaid annual payments	4,075,883
37	adjusted maximum annual payments for UPL	4,749,171
38	annual facility specific UPL amount	673,288
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	673,288
43	UPL adjustment available for SFY2021	673,288

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Emory Hillandale Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	8/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	0.85
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	14,123,568
11	cost of Medicaid covered services	2,225,291
	Medicaid CCR	0.1576
12	total hospital CCR	0.190164196
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,131,161
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	631,561
18	payments	31,151
19	annual covered charges	536,827
20	annual interim payments	26,478
21	annual cost of services	102,085
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	183,069
25	payments	17,397
26	annual covered charges	155,609
27	annual interim payments	14,787
28	annual cost of services	29,591
29		
30	Medicaid annual payments	2,172,426
31	Cost of services - max annual payments for UPL	2,356,967
32		
33	<u>adjustment factor</u>	
34	inflation	1.030144
35		
36	adjusted Medicaid annual payments	2,237,912
37	adjusted maximum annual payments for UPL	2,428,015
38	annual facility specific UPL amount	190,103
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	190,103
43	UPL adjustment available for SFY2021	190,103

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Evans Memorial Hospital
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,014,944
11	cost of Medicaid covered services	219,965
	Medicaid CCR	0.2167
12	total hospital CCR	0.233041702
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	210,660
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	222,097
18	payments	14,724
19	annual covered charges	222,097
20	annual interim payments	14,724
21	annual cost of services	51,758
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	225,384
31	Cost of services - max annual payments for UPL	271,723
32		
33	<u>adjustment factor</u>	
34	inflation	1.027899
35		
36	adjusted Medicaid annual payments	231,672
37	adjusted maximum annual payments for UPL	279,304
38	annual facility specific UPL amount	47,632
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	47,632
43	UPL adjustment available for SFY2021	47,632

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Floyd Medical Center
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	38,813,030
11	cost of Medicaid covered services	5,855,083
	Medicaid CCR	0.1509
12	total hospital CCR	0.195780185
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	5,607,413
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	834,811
18	payments	20,139
19	annual covered charges	834,811
20	annual interim payments	20,139
21	annual cost of services	163,439
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	9,734,139
25	payments	972,402
26	annual covered charges	9,734,139
27	annual interim payments	972,402
28	annual cost of services	1,905,752
29		
30	Medicaid annual payments	6,599,954
31	Cost of services - max annual payments for UPL	7,924,274
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	6,828,735
37	adjusted maximum annual payments for UPL	8,198,961
38	annual facility specific UPL amount	1,370,226
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	1,370,226
43	UPL adjustment available for SFY2021	1,370,226

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Grady General Hospital
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,978,801
11	cost of Medicaid covered services	448,825
	Medicaid CCR	0.2268
12	total hospital CCR	0.296918384
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	429,840
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	102,866
18	payments	7,989
19	annual covered charges	102,866
20	annual interim payments	7,989
21	annual cost of services	30,543
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	82,576
25	payments	16,341
26	annual covered charges	82,576
27	annual interim payments	16,341
28	annual cost of services	24,518
29		
30	Medicaid annual payments	454,170
31	Cost of services - max annual payments for UPL	503,886
32		
33	<u>adjustment factor</u>	
34	inflation	1.027899
35		
36	adjusted Medicaid annual payments	466,841
37	adjusted maximum annual payments for UPL	517,944
38	annual facility specific UPL amount	51,103
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	51,103
43	UPL adjustment available for SFY2021	51,103

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Grady Health System/Grady Memorial Hospital
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	120,551,969
11	cost of Medicaid covered services	20,021,723
	Medicaid CCR	0.1661
12	total hospital CCR	0.165050497
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	19,174,804
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,458,482
18	payments	32,438
19	annual covered charges	1,458,482
20	annual interim payments	32,438
21	annual cost of services	240,723
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	17,245,161
25	payments	3,011,747
26	annual covered charges	17,245,161
27	annual interim payments	3,011,747
28	annual cost of services	2,846,322
29		
30	Medicaid annual payments	22,218,989
31	Cost of services - max annual payments for UPL	23,108,768
32		
33	<u>adjustment factor</u>	
34	inflation	1.031496
35		
36	adjusted Medicaid annual payments	22,918,798
37	adjusted maximum annual payments for UPL	23,836,602
38	annual facility specific UPL amount	917,804
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	917,804
43	UPL adjustment available for SFY2021	917,804

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Habersham County Medical Center
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,660,567
11	cost of Medicaid covered services	621,204
	Medicaid CCR	0.2335
12	total hospital CCR	0.418046988
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	594,927
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	48,411
18	payments	6,012
19	annual covered charges	48,411
20	annual interim payments	6,012
21	annual cost of services	20,238
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	600,939
31	Cost of services - max annual payments for UPL	641,442
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	621,770
37	adjusted maximum annual payments for UPL	663,677
38	annual facility specific UPL amount	41,907
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	41,907
43	UPL adjustment available for SFY2021	41,907

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Houston Medical Center
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	13,973,862
11	cost of Medicaid covered services	2,989,950
	Medicaid CCR	0.2140
12	total hospital CCR	0.275160929
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,863,475
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	364,304
18	payments	17,118
19	annual covered charges	364,304
20	annual interim payments	17,118
21	annual cost of services	100,242
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,763,477
25	payments	303,834
26	annual covered charges	1,763,477
27	annual interim payments	303,834
28	annual cost of services	485,240
29		
30	Medicaid annual payments	3,184,427
31	Cost of services - max annual payments for UPL	3,575,432
32		
33	<u>adjustment factor</u>	
34	inflation	1.031496
35		
36	adjusted Medicaid annual payments	3,284,724
37	adjusted maximum annual payments for UPL	3,688,044
38	annual facility specific UPL amount	403,320
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	403,320
43	UPL adjustment available for SFY2021	403,320

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Irwin County Hospital
2	base period report period beginning date	12/1/2018
3	base period report period ending date	11/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,773,444
11	cost of Medicaid covered services	331,572
	Medicaid CCR	0.1870
12	total hospital CCR	0.307695156
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	317,547
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	88,030
18	payments	5,012
19	annual covered charges	88,030
20	annual interim payments	5,012
21	annual cost of services	27,086
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	322,559
31	Cost of services - max annual payments for UPL	358,658
32		
33	<u>adjustment factor</u>	
34	inflation	1.030294
35		
36	adjusted Medicaid annual payments	332,331
37	adjusted maximum annual payments for UPL	369,523
38	annual facility specific UPL amount	37,192
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	37,192
43	UPL adjustment available for SFY2021	37,192

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Jefferson Hospital
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	478,659
11	cost of Medicaid covered services	312,553
	Medicaid CCR	0.6530
12	total hospital CCR	0.806007592
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	299,332
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	57,092
18	payments	8,022
19	annual covered charges	57,092
20	annual interim payments	8,022
21	annual cost of services	46,017
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	16,677
25	payments	5,545
26	annual covered charges	16,677
27	annual interim payments	5,545
28	annual cost of services	13,442
29		
30	Medicaid annual payments	312,899
31	Cost of services - max annual payments for UPL	372,012
32		
33	<u>adjustment factor</u>	
34	inflation	1.031496
35		
36	adjusted Medicaid annual payments	322,754
37	adjusted maximum annual payments for UPL	383,729
38	annual facility specific UPL amount	60,975
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	60,975
43	UPL adjustment available for SFY2021	60,975

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Memorial Hospital And Manor
2	base period report period beginning date	4/1/2018
3	base period report period ending date	3/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	3,040,477
11	cost of Medicaid covered services	670,552
	Medicaid CCR	0.2205
12	total hospital CCR	0.358310828
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	642,188
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	285,816
18	payments	19,927
19	annual covered charges	285,816
20	annual interim payments	19,927
21	annual cost of services	102,411
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	662,115
31	Cost of services - max annual payments for UPL	772,963
32		
33	<u>adjustment factor</u>	
34	inflation	1.041519
35		
36	adjusted Medicaid annual payments	689,605
37	adjusted maximum annual payments for UPL	805,056
38	annual facility specific UPL amount	115,451
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	115,451
43	UPL adjustment available for SFY2021	115,451

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Northeast Georgia Medical Center Gainesville
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	43,936,171
11	cost of Medicaid covered services	6,198,616
	Medicaid CCR	0.1411
12	total hospital CCR	0.194439055
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	5,936,415
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,028,186
18	payments	37,324
19	annual covered charges	1,028,186
20	annual interim payments	37,324
21	annual cost of services	199,920
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	9,098,331
25	payments	1,150,313
26	annual covered charges	9,098,331
27	annual interim payments	1,150,313
28	annual cost of services	1,769,071
29		
30	Medicaid annual payments	7,124,052
31	Cost of services - max annual payments for UPL	8,167,607
32		
33	<u>adjustment factor</u>	
34	inflation	1.027899
35		
36	adjusted Medicaid annual payments	7,322,806
37	adjusted maximum annual payments for UPL	8,395,475
38	annual facility specific UPL amount	1,072,669
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	1,072,669
43	UPL adjustment available for SFY2021	1,072,669

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Northside Hospital
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	23,203,654
11	cost of Medicaid covered services	6,134,044
	Medicaid CCR	0.2644
12	total hospital CCR	0.189609283
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	5,874,574
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	609,253
18	payments	11,479
19	annual covered charges	609,253
20	annual interim payments	11,479
21	annual cost of services	115,520
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	9,325,002
25	payments	1,833,627
26	annual covered charges	9,325,002
27	annual interim payments	1,833,627
28	annual cost of services	1,768,107
29		
30	Medicaid annual payments	7,719,680
31	Cost of services - max annual payments for UPL	8,017,671
32		
33	<u>adjustment factor</u>	
34	inflation	1.027899
35		
36	adjusted Medicaid annual payments	7,935,051
37	adjusted maximum annual payments for UPL	8,241,356
38	annual facility specific UPL amount	306,305
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	306,305
43	UPL adjustment available for SFY2021	306,305

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Northside Hospital Cherokee
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	13,222,155
11	cost of Medicaid covered services	1,739,553
	Medicaid CCR	0.1316
12	total hospital CCR	0.171546939
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,665,970
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	916,343
18	payments	18,394
19	annual covered charges	916,343
20	annual interim payments	18,394
21	annual cost of services	157,196
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	4,253,925
25	payments	430,972
26	annual covered charges	4,253,925
27	annual interim payments	430,972
28	annual cost of services	729,748
29		
30	Medicaid annual payments	2,115,336
31	Cost of services - max annual payments for UPL	2,626,497
32		
33	<u>adjustment factor</u>	
34	inflation	1.027899
35		
36	adjusted Medicaid annual payments	2,174,352
37	adjusted maximum annual payments for UPL	2,699,774
38	annual facility specific UPL amount	525,422
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	525,422
43	UPL adjustment available for SFY2021	525,422

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Northside Hospital Duluth
2	base period report period beginning date	7/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	0.8
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	28,564,472
11	cost of Medicaid covered services	6,226,455
	Medicaid CCR	0.2180
12	total hospital CCR	0.2344669
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	5,963,076
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	483,837
18	payments	16,245
19	annual covered charges	387,070
20	annual interim payments	12,996
21	annual cost of services	90,755
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	735,929
25	payments	141,174
26	annual covered charges	588,743
27	annual interim payments	112,939
28	annual cost of services	138,041
29		
30	Medicaid annual payments	6,089,011
31	Cost of services - max annual payments for UPL	6,455,251
32		
33	<u>adjustment factor</u>	
34	inflation	1.027899
35		
36	adjusted Medicaid annual payments	6,258,888
37	adjusted maximum annual payments for UPL	6,635,346
38	annual facility specific UPL amount	376,458
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	376,458
43	UPL adjustment available for SFY2021	376,458

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Northside Hospital Forsyth
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	11,843,939
11	cost of Medicaid covered services	1,551,837
	Medicaid CCR	0.1310
12	total hospital CCR	0.184868323
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,486,194
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	523,467
18	payments	12,486
19	annual covered charges	523,467
20	annual interim payments	12,486
21	annual cost of services	96,772
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,601,211
25	payments	136,443
26	annual covered charges	1,601,211
27	annual interim payments	136,443
28	annual cost of services	296,013
29		
30	Medicaid annual payments	1,635,123
31	Cost of services - max annual payments for UPL	1,944,622
32		
33	<u>adjustment factor</u>	
34	inflation	1.027899
35		
36	adjusted Medicaid annual payments	1,680,741
37	adjusted maximum annual payments for UPL	1,998,875
38	annual facility specific UPL amount	318,134
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	318,134
43	UPL adjustment available for SFY2021	318,134

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Northside Hospital Gwinnett
2	base period report period beginning date	7/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	0.8
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	28,564,472
11	cost of Medicaid covered services	6,226,455
	Medicaid CCR	0.2180
12	total hospital CCR	0.2344669
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	5,963,076
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,155,054
18	payments	36,586
19	annual covered charges	924,043
20	annual interim payments	29,269
21	annual cost of services	216,657
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	5,680,559
25	payments	1,011,549
26	annual covered charges	4,544,447
27	annual interim payments	809,239
28	annual cost of services	1,065,522
29		
30	Medicaid annual payments	6,801,584
31	Cost of services - max annual payments for UPL	7,508,634
32		
33	<u>adjustment factor</u>	
34	inflation	1.027899
35		
36	adjusted Medicaid annual payments	6,991,341
37	adjusted maximum annual payments for UPL	7,718,117
38	annual facility specific UPL amount	726,776
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	726,776
43	UPL adjustment available for SFY2021	726,776

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Perry Hospital
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,004,308
11	cost of Medicaid covered services	340,120
	Medicaid CCR	0.1697
12	total hospital CCR	0.255387173
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	325,733
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	100,372
18	payments	4,028
19	annual covered charges	100,372
20	annual interim payments	4,028
21	annual cost of services	25,634
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	329,761
31	Cost of services - max annual payments for UPL	365,754
32		
33	<u>adjustment factor</u>	
34	inflation	1.031496
35		
36	adjusted Medicaid annual payments	340,147
37	adjusted maximum annual payments for UPL	377,274
38	annual facility specific UPL amount	37,127
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	37,127
43	UPL adjustment available for SFY2021	37,127

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Phoebe Putney Memorial Hospital, Inc.
2	base period report period beginning date	8/1/2018
3	base period report period ending date	7/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	27,036,208
11	cost of Medicaid covered services	5,697,983
	Medicaid CCR	0.2108
12	total hospital CCR	0.236879664
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	5,456,958
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	639,695
18	payments	24,771
19	annual covered charges	639,695
20	annual interim payments	24,771
21	annual cost of services	151,531
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	19,768,083
25	payments	2,803,596
26	annual covered charges	19,768,083
27	annual interim payments	2,803,596
28	annual cost of services	4,682,657
29		
30	Medicaid annual payments	8,285,325
31	Cost of services - max annual payments for UPL	10,532,171
32		
33	<u>adjustment factor</u>	
34	inflation	1.032399
35		
36	adjusted Medicaid annual payments	8,553,761
37	adjusted maximum annual payments for UPL	10,873,403
38	annual facility specific UPL amount	2,319,642
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	2,319,642
43	UPL adjustment available for SFY2021	2,319,642

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Phoebe Sumter Medical Center
2	base period report period beginning date	8/1/2018
3	base period report period ending date	7/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	6,901,463
11	cost of Medicaid covered services	1,335,031
	Medicaid CCR	0.1934
12	total hospital CCR	0.238457202
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,278,559
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	194,357
18	payments	13,079
19	annual covered charges	194,357
20	annual interim payments	13,079
21	annual cost of services	46,346
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,548,473
25	payments	383,205
26	annual covered charges	2,548,473
27	annual interim payments	383,205
28	annual cost of services	607,702
29		
30	Medicaid annual payments	1,674,843
31	Cost of services - max annual payments for UPL	1,989,079
32		
33	<u>adjustment factor</u>	
34	inflation	1.032399
35		
36	adjusted Medicaid annual payments	1,729,106
37	adjusted maximum annual payments for UPL	2,053,523
38	annual facility specific UPL amount	324,417
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	324,417
43	UPL adjustment available for SFY2021	324,417

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Piedmont Athens Regional Medical Center, Inc.
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	20,483,250
11	cost of Medicaid covered services	3,341,180
	Medicaid CCR	0.1631
12	total hospital CCR	0.211717594
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,199,848
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	426,510
18	payments	18,644
19	annual covered charges	426,510
20	annual interim payments	18,644
21	annual cost of services	90,300
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,293,572
25	payments	383,890
26	annual covered charges	3,293,572
27	annual interim payments	383,890
28	annual cost of services	697,307
29		
30	Medicaid annual payments	3,602,382
31	Cost of services - max annual payments for UPL	4,128,787
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	3,727,255
37	adjusted maximum annual payments for UPL	4,271,907
38	annual facility specific UPL amount	544,652
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	544,652
43	UPL adjustment available for SFY2021	544,652

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Piedmont Columbus Regional Midtown Campus
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	15,061,477
11	cost of Medicaid covered services	3,863,484
	Medicaid CCR	0.2565
12	total hospital CCR	0.261690585
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,700,059
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	202,601
18	payments	24,838
19	annual covered charges	202,601
20	annual interim payments	24,838
21	annual cost of services	53,019
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,785,097
25	payments	822,675
26	annual covered charges	2,785,097
27	annual interim payments	822,675
28	annual cost of services	728,834
29		
30	Medicaid annual payments	4,547,572
31	Cost of services - max annual payments for UPL	4,645,337
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	4,705,209
37	adjusted maximum annual payments for UPL	4,806,363
38	annual facility specific UPL amount	101,154
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	101,154
43	UPL adjustment available for SFY2021	101,154

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Piedmont Columbus Regional Northside Campus
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,949,523
11	cost of Medicaid covered services	316,070
	Medicaid CCR	0.1621
12	total hospital CCR	0.233182704
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	302,700
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	27,807
18	payments	2,215
19	annual covered charges	27,807
20	annual interim payments	2,215
21	annual cost of services	6,484
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	304,915
31	Cost of services - max annual payments for UPL	322,554
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	315,485
37	adjusted maximum annual payments for UPL	333,735
38	annual facility specific UPL amount	18,250
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	18,250
43	UPL adjustment available for SFY2021	18,250

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Piedmont Henry Hospital, Inc.
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	15,881,950
11	cost of Medicaid covered services	1,878,421
	Medicaid CCR	0.1183
12	total hospital CCR	0.161803451
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,798,964
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	685,018
18	payments	21,918
19	annual covered charges	685,018
20	annual interim payments	21,918
21	annual cost of services	110,838
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,186,147
25	payments	105,303
26	annual covered charges	1,186,147
27	annual interim payments	105,303
28	annual cost of services	191,923
29		
30	Medicaid annual payments	1,926,185
31	Cost of services - max annual payments for UPL	2,181,182
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	1,992,954
37	adjusted maximum annual payments for UPL	2,256,790
38	annual facility specific UPL amount	263,836
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	263,836
43	UPL adjustment available for SFY2021	263,836

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Piedmont Newton Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	11,269,492
11	cost of Medicaid covered services	1,271,748
	Medicaid CCR	0.1128
12	total hospital CCR	0.154947208
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,217,953
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	338,609
18	payments	11,009
19	annual covered charges	338,609
20	annual interim payments	11,009
21	annual cost of services	52,467
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	653,016
25	payments	87,612
26	annual covered charges	653,016
27	annual interim payments	87,612
28	annual cost of services	101,183
29		
30	Medicaid annual payments	1,316,574
31	Cost of services - max annual payments for UPL	1,425,398
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	1,362,212
37	adjusted maximum annual payments for UPL	1,474,808
38	annual facility specific UPL amount	112,596
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	112,596
43	UPL adjustment available for SFY2021	112,596

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	South Ga Medical Center
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	11,886,916
11	cost of Medicaid covered services	3,257,379
	Medicaid CCR	0.2740
12	total hospital CCR	0.289615692
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,119,592
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	326,498
18	payments	29,537
19	annual covered charges	326,498
20	annual interim payments	29,537
21	annual cost of services	94,559
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,900,548
25	payments	681,787
26	annual covered charges	2,900,548
27	annual interim payments	681,787
28	annual cost of services	840,044
29		
30	Medicaid annual payments	3,830,916
31	Cost of services - max annual payments for UPL	4,191,982
32		
33	<u>adjustment factor</u>	
34	inflation	1.027899
35		
36	adjusted Medicaid annual payments	3,937,795
37	adjusted maximum annual payments for UPL	4,308,934
38	annual facility specific UPL amount	371,139
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	371,139
43	UPL adjustment available for SFY2021	371,139

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	South Ga Medical Center - Berrien Campus
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	557,328
11	cost of Medicaid covered services	183,263
	Medicaid CCR	0.3288
12	total hospital CCR	0.469797079
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	175,511
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	68,617
18	payments	9,868
19	annual covered charges	68,617
20	annual interim payments	9,868
21	annual cost of services	32,236
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	185,379
31	Cost of services - max annual payments for UPL	215,499
32		
33	<u>adjustment factor</u>	
34	inflation	1.027899
35		
36	adjusted Medicaid annual payments	190,551
37	adjusted maximum annual payments for UPL	221,511
38	annual facility specific UPL amount	30,960
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	30,960
43	UPL adjustment available for SFY2021	30,960

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Southeast Ga Health System - Brunswick
2	base period report period beginning date	5/1/2018
3	base period report period ending date	4/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	9,933,575
11	cost of Medicaid covered services	2,657,693
	Medicaid CCR	0.2675
12	total hospital CCR	0.303145596
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,545,273
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	468,552
18	payments	28,385
19	annual covered charges	468,552
20	annual interim payments	28,385
21	annual cost of services	142,039
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,932,902
25	payments	436,772
26	annual covered charges	1,932,902
27	annual interim payments	436,772
28	annual cost of services	585,951
29		
30	Medicaid annual payments	3,010,430
31	Cost of services - max annual payments for UPL	3,385,683
32		
33	<u>adjustment factor</u>	
34	inflation	1.039224
35		
36	adjusted Medicaid annual payments	3,128,511
37	adjusted maximum annual payments for UPL	3,518,483
38	annual facility specific UPL amount	389,972
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	389,972
43	UPL adjustment available for SFY2021	389,972

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Southeast Ga Health System - Camden
2	base period report period beginning date	5/1/2018
3	base period report period ending date	4/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,307,168
11	cost of Medicaid covered services	587,224
	Medicaid CCR	0.2545
12	total hospital CCR	0.320628225
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	562,384
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	163,413
18	payments	13,124
19	annual covered charges	163,413
20	annual interim payments	13,124
21	annual cost of services	52,395
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	84,219
25	payments	28,514
26	annual covered charges	84,219
27	annual interim payments	28,514
28	annual cost of services	27,003
29		
30	Medicaid annual payments	604,022
31	Cost of services - max annual payments for UPL	666,622
32		
33	<u>adjustment factor</u>	
34	inflation	1.039224
35		
36	adjusted Medicaid annual payments	627,714
37	adjusted maximum annual payments for UPL	692,770
38	annual facility specific UPL amount	65,056
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	65,056
43	UPL adjustment available for SFY2021	65,056

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Southwell Medical
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	252,278
11	cost of Medicaid covered services	47,192
	Medicaid CCR	0.1871
12	total hospital CCR	0.720938621
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	45,196
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	0
18	payments	0
19	annual covered charges	0
20	annual interim payments	0
21	annual cost of services	0
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	45,196
31	Cost of services - max annual payments for UPL	47,192
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	46,763
37	adjusted maximum annual payments for UPL	48,828
38	annual facility specific UPL amount	2,065
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	2,065
43	UPL adjustment available for SFY2021	2,065

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Stephens County Hospital
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,505,283
11	cost of Medicaid covered services	775,111
	Medicaid CCR	0.3094
12	total hospital CCR	0.366466483
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	742,324
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	103,583
18	payments	8,928
19	annual covered charges	103,583
20	annual interim payments	8,928
21	annual cost of services	37,960
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	297,868
25	payments	76,676
26	annual covered charges	297,868
27	annual interim payments	76,676
28	annual cost of services	109,159
29		
30	Medicaid annual payments	827,928
31	Cost of services - max annual payments for UPL	922,230
32		
33	<u>adjustment factor</u>	
34	inflation	1.027899
35		
36	adjusted Medicaid annual payments	851,026
37	adjusted maximum annual payments for UPL	947,959
38	annual facility specific UPL amount	96,933
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	96,933
43	UPL adjustment available for SFY2021	96,933

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Tanner Medical Center/Carrollton
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	14,844,428
11	cost of Medicaid covered services	3,040,145
	Medicaid CCR	0.2048
12	total hospital CCR	0.249023695
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,911,547
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	730,801
18	payments	31,954
19	annual covered charges	730,801
20	annual interim payments	31,954
21	annual cost of services	181,987
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	4,002,274
25	payments	520,213
26	annual covered charges	4,002,274
27	annual interim payments	520,213
28	annual cost of services	996,661
29		
30	Medicaid annual payments	3,463,714
31	Cost of services - max annual payments for UPL	4,218,793
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	3,583,780
37	adjusted maximum annual payments for UPL	4,365,033
38	annual facility specific UPL amount	781,253
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	781,253
43	UPL adjustment available for SFY2021	781,253

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Tanner Medical Center/Villa Rica
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	8,474,904
11	cost of Medicaid covered services	2,139,615
	Medicaid CCR	0.2525
12	total hospital CCR	0.283644916
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,049,109
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	542,674
18	payments	21,146
19	annual covered charges	542,674
20	annual interim payments	21,146
21	annual cost of services	153,927
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	4,849,971
25	payments	1,342,505
26	annual covered charges	4,849,971
27	annual interim payments	1,342,505
28	annual cost of services	1,375,670
29		
30	Medicaid annual payments	3,412,760
31	Cost of services - max annual payments for UPL	3,669,212
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	3,531,060
37	adjusted maximum annual payments for UPL	3,796,402
38	annual facility specific UPL amount	265,342
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	265,342
43	UPL adjustment available for SFY2021	265,342

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	The Medical Center, Navicent Health
2	base period report period beginning date	10/1/2018
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	0.8
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	33,017,356
11	cost of Medicaid covered services	7,019,030
	Medicaid CCR	0.2126
12	total hospital CCR	0.220727363
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	6,722,125
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	907,531
18	payments	45,158
19	annual covered charges	726,025
20	annual interim payments	36,126
21	annual cost of services	160,254
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	13,259,969
25	payments	2,115,184
26	annual covered charges	10,607,975
27	annual interim payments	1,692,147
28	annual cost of services	2,341,470
29		
30	Medicaid annual payments	8,450,398
31	Cost of services - max annual payments for UPL	9,520,754
32		
33	<u>adjustment factor</u>	
34	inflation	1.031496
35		
36	adjusted Medicaid annual payments	8,716,552
37	adjusted maximum annual payments for UPL	9,820,620
38	annual facility specific UPL amount	1,104,068
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	1,104,068
43	UPL adjustment available for SFY2021	1,104,068

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Tift Regional Medical Center - A Campus of Tift Reg Health System
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	15,020,328
11	cost of Medicaid covered services	2,932,754
	Medicaid CCR	0.1953
12	total hospital CCR	0.195971204
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,808,699
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,126,275
18	payments	47,775
19	annual covered charges	1,126,275
20	annual interim payments	47,775
21	annual cost of services	220,717
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	6,406,887
25	payments	518,687
26	annual covered charges	6,406,887
27	annual interim payments	518,687
28	annual cost of services	1,255,565
29		
30	Medicaid annual payments	3,375,161
31	Cost of services - max annual payments for UPL	4,409,036
32		
33	<u>adjustment factor</u>	
34	inflation	1.027899
35		
36	adjusted Medicaid annual payments	3,469,325
37	adjusted maximum annual payments for UPL	4,532,044
38	annual facility specific UPL amount	1,062,719
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	1,062,719
43	UPL adjustment available for SFY2021	1,062,719

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Union County Hospital Authority
2	base period report period beginning date	5/1/2018
3	base period report period ending date	4/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,692,457
11	cost of Medicaid covered services	527,017
	Medicaid CCR	0.3114
12	total hospital CCR	0.379982979
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	504,724
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	65,169
18	payments	5,174
19	annual covered charges	65,169
20	annual interim payments	5,174
21	annual cost of services	24,763
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	509,898
31	Cost of services - max annual payments for UPL	551,780
32		
33	<u>adjustment factor</u>	
34	inflation	1.039224
35		
36	adjusted Medicaid annual payments	529,898
37	adjusted maximum annual payments for UPL	573,423
38	annual facility specific UPL amount	43,525
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	43,525
43	UPL adjustment available for SFY2021	43,525

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	University Hospital
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	14,802,067
11	cost of Medicaid covered services	3,176,497
	Medicaid CCR	0.2146
12	total hospital CCR	0.272379896
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,042,131
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	464,567
18	payments	32,904
19	annual covered charges	464,567
20	annual interim payments	32,904
21	annual cost of services	126,539
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,921,975
25	payments	401,186
26	annual covered charges	1,921,975
27	annual interim payments	401,186
28	annual cost of services	523,507
29		
30	Medicaid annual payments	3,476,221
31	Cost of services - max annual payments for UPL	3,826,543
32		
33	<u>adjustment factor</u>	
34	inflation	1.031496
35		
36	adjusted Medicaid annual payments	3,585,708
37	adjusted maximum annual payments for UPL	3,947,064
38	annual facility specific UPL amount	361,356
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	361,356
43	UPL adjustment available for SFY2021	361,356

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	University Hospital McDuffie
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	3,088,052
11	cost of Medicaid covered services	602,928
	Medicaid CCR	0.1952
12	total hospital CCR	0.251450666
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	577,424
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	81,992
18	payments	7,362
19	annual covered charges	81,992
20	annual interim payments	7,362
21	annual cost of services	20,617
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	584,786
31	Cost of services - max annual payments for UPL	623,545
32		
33	<u>adjustment factor</u>	
34	inflation	1.031496
35		
36	adjusted Medicaid annual payments	603,204
37	adjusted maximum annual payments for UPL	643,184
38	annual facility specific UPL amount	39,980
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	39,980
43	UPL adjustment available for SFY2021	39,980

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Upton Regional Medical Center
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	10,783,774
11	cost of Medicaid covered services	1,579,327
	Medicaid CCR	0.1465
12	total hospital CCR	0.21080322
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,512,521
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	350,703
18	payments	19,423
19	annual covered charges	350,703
20	annual interim payments	19,423
21	annual cost of services	73,929
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	624,595
25	payments	82,636
26	annual covered charges	624,595
27	annual interim payments	82,636
28	annual cost of services	131,667
29		
30	Medicaid annual payments	1,614,580
31	Cost of services - max annual payments for UPL	1,784,923
32		
33	<u>adjustment factor</u>	
34	inflation	1.031496
35		
36	adjusted Medicaid annual payments	1,665,433
37	adjusted maximum annual payments for UPL	1,841,141
38	annual facility specific UPL amount	175,708
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	175,708
43	UPL adjustment available for SFY2021	175,708

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Washington County Regional Medical
2	base period report period beginning date	9/1/2018
3	base period report period ending date	8/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,234,821
11	cost of Medicaid covered services	347,268
	Medicaid CCR	0.2812
12	total hospital CCR	0.365765577
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	332,579
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	199,987
18	payments	13,602
19	annual covered charges	199,987
20	annual interim payments	13,602
21	annual cost of services	73,148
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	346,181
31	Cost of services - max annual payments for UPL	420,416
32		
33	<u>adjustment factor</u>	
34	inflation	1.030144
35		
36	adjusted Medicaid annual payments	356,616
37	adjusted maximum annual payments for UPL	433,089
38	annual facility specific UPL amount	76,473
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	76,473
43	UPL adjustment available for SFY2021	76,473

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Wayne Memorial Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	4,638,762
11	cost of Medicaid covered services	779,184
	Medicaid CCR	0.1680
12	total hospital CCR	0.24819126
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	746,225
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	985,255
18	payments	49,501
19	annual covered charges	985,255
20	annual interim payments	49,501
21	annual cost of services	244,532
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,034,843
25	payments	158,753
26	annual covered charges	1,034,843
27	annual interim payments	158,753
28	annual cost of services	256,839
29		
30	Medicaid annual payments	954,479
31	Cost of services - max annual payments for UPL	1,280,555
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	987,565
37	adjusted maximum annual payments for UPL	1,324,944
38	annual facility specific UPL amount	337,379
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	337,379
43	UPL adjustment available for SFY2021	337,379

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Wellstar Cobb Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	24,412,867
11	cost of Medicaid covered services	3,297,498
	Medicaid CCR	0.1351
12	total hospital CCR	0.17867875
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,158,014
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	910,705
18	payments	25,912
19	annual covered charges	910,705
20	annual interim payments	25,912
21	annual cost of services	162,724
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	8,399,213
25	payments	811,873
26	annual covered charges	8,399,213
27	annual interim payments	811,873
28	annual cost of services	1,500,761
29		
30	Medicaid annual payments	3,995,799
31	Cost of services - max annual payments for UPL	4,960,983
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	4,134,309
37	adjusted maximum annual payments for UPL	5,132,951
38	annual facility specific UPL amount	998,642
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	998,642
43	UPL adjustment available for SFY2021	998,642

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Wellstar Douglas Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	15,527,671
11	cost of Medicaid covered services	2,026,850
	Medicaid CCR	0.1305
12	total hospital CCR	0.153317891
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,941,114
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	426,532
18	payments	14,030
19	annual covered charges	426,532
20	annual interim payments	14,030
21	annual cost of services	65,395
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,793,848
25	payments	195,695
26	annual covered charges	1,793,848
27	annual interim payments	195,695
28	annual cost of services	275,029
29		
30	Medicaid annual payments	2,150,839
31	Cost of services - max annual payments for UPL	2,367,274
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	2,225,396
37	adjusted maximum annual payments for UPL	2,449,333
38	annual facility specific UPL amount	223,937
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	223,937
43	UPL adjustment available for SFY2021	223,937

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Wellstar Kennestone Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	27,470,659
11	cost of Medicaid covered services	3,188,291
	Medicaid CCR	0.1161
12	total hospital CCR	0.162369659
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,053,426
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	767,164
18	payments	19,337
19	annual covered charges	767,164
20	annual interim payments	19,337
21	annual cost of services	124,564
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	6,079,877
25	payments	422,397
26	annual covered charges	6,079,877
27	annual interim payments	422,397
28	annual cost of services	987,188
29		
30	Medicaid annual payments	3,495,160
31	Cost of services - max annual payments for UPL	4,300,043
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	3,616,316
37	adjusted maximum annual payments for UPL	4,449,100
38	annual facility specific UPL amount	832,784
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	832,784
43	UPL adjustment available for SFY2021	832,784

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Wellstar Paulding Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	13,563,340
11	cost of Medicaid covered services	1,397,287
	Medicaid CCR	0.1030
12	total hospital CCR	0.157883173
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,338,182
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	638,308
18	payments	17,120
19	annual covered charges	638,308
20	annual interim payments	17,120
21	annual cost of services	100,778
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,691,824
25	payments	145,427
26	annual covered charges	1,691,824
27	annual interim payments	145,427
28	annual cost of services	267,111
29		
30	Medicaid annual payments	1,500,729
31	Cost of services - max annual payments for UPL	1,765,176
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	1,552,750
37	adjusted maximum annual payments for UPL	1,826,364
38	annual facility specific UPL amount	273,614
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	273,614
43	UPL adjustment available for SFY2021	273,614

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Wellstar West Georgia Medical Center
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	18,538,400
11	cost of Medicaid covered services	2,225,789
	Medicaid CCR	0.1201
12	total hospital CCR	0.18862539
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,131,638
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	672,912
18	payments	23,636
19	annual covered charges	672,912
20	annual interim payments	23,636
21	annual cost of services	126,928
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	4,568,844
25	payments	485,674
26	annual covered charges	4,568,844
27	annual interim payments	485,674
28	annual cost of services	861,800
29		
30	Medicaid annual payments	2,640,948
31	Cost of services - max annual payments for UPL	3,214,517
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	2,732,494
37	adjusted maximum annual payments for UPL	3,325,945
38	annual facility specific UPL amount	593,451
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	593,451
43	UPL adjustment available for SFY2021	593,451

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Wellstar Windy Hill Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	3,996,107
11	cost of Medicaid covered services	768,685
	Medicaid CCR	0.1924
12	total hospital CCR	0.202334415
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	736,170
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	0
18	payments	0
19	annual covered charges	0
20	annual interim payments	0
21	annual cost of services	0
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	608,216
25	payments	65,601
26	annual covered charges	608,216
27	annual interim payments	65,601
28	annual cost of services	123,063
29		
30	Medicaid annual payments	801,771
31	Cost of services - max annual payments for UPL	891,748
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	829,564
37	adjusted maximum annual payments for UPL	922,660
38	annual facility specific UPL amount	93,096
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	93,096
43	UPL adjustment available for SFY2021	93,096

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Bacon County Hospital and Health System
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,453,299
11	cost of Medicaid covered services	474,869
	Medicaid CCR	0.3268
12	total hospital CCR	0.496192908
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	474,869
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	137,333
18	payments	11,589
19	annual covered charges	137,333
20	annual interim payments	11,589
21	annual cost of services	68,144
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	486,458
31	Cost of services - max annual payments for UPL	543,013
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	503,321
37	adjusted maximum annual payments for UPL	561,836
38	annual facility specific UPL amount	58,515
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	58,515
43	UPL adjustment available for SFY2021	58,515

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Bleckley Memorial Hospital
2	base period report period beginning date	4/1/2018
3	base period report period ending date	3/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	308,182
11	cost of Medicaid covered services	260,939
	Medicaid CCR	0.8467
12	total hospital CCR	0.682293339
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	260,939
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	22,747
18	payments	3,690
19	annual covered charges	22,747
20	annual interim payments	3,690
21	annual cost of services	15,520
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	16,114
25	payments	9,726
26	annual covered charges	16,114
27	annual interim payments	9,726
28	annual cost of services	10,994
29		
30	Medicaid annual payments	274,355
31	Cost of services - max annual payments for UPL	287,453
32		
33	<u>adjustment factor</u>	
34	inflation	1.041519
35		
36	adjusted Medicaid annual payments	285,746
37	adjusted maximum annual payments for UPL	299,388
38	annual facility specific UPL amount	13,642
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	13,642
43	UPL adjustment available for SFY2021	13,642

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Brooks County Hospital
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	833,578
11	cost of Medicaid covered services	287,239
	Medicaid CCR	0.3446
12	total hospital CCR	0.408674664
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	287,239
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	58,014
18	payments	6,342
19	annual covered charges	58,014
20	annual interim payments	6,342
21	annual cost of services	23,709
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	180,949
25	payments	39,361
26	annual covered charges	180,949
27	annual interim payments	39,361
28	annual cost of services	73,949
29		
30	Medicaid annual payments	332,942
31	Cost of services - max annual payments for UPL	384,897
32		
33	<u>adjustment factor</u>	
34	inflation	1.027899
35		
36	adjusted Medicaid annual payments	342,231
37	adjusted maximum annual payments for UPL	395,635
38	annual facility specific UPL amount	53,404
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	53,404
43	UPL adjustment available for SFY2021	53,404

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Candler County Hospital
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,884,207
11	cost of Medicaid covered services	417,907
	Medicaid CCR	0.2218
12	total hospital CCR	0.2542495
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	417,907
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	72,924
18	payments	3,500
19	annual covered charges	72,924
20	annual interim payments	3,500
21	annual cost of services	18,541
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	421,407
31	Cost of services - max annual payments for UPL	436,448
32		
33	<u>adjustment factor</u>	
34	inflation	1.031496
35		
36	adjusted Medicaid annual payments	434,680
37	adjusted maximum annual payments for UPL	450,194
38	annual facility specific UPL amount	15,514
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	15,514
43	UPL adjustment available for SFY2021	15,514

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Chatuge Regional Hospital, Inc.
2	base period report period beginning date	5/1/2018
3	base period report period ending date	4/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	123,362
11	cost of Medicaid covered services	51,351
	Medicaid CCR	0.4163
12	total hospital CCR	0.76490407
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	51,351
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	14,344
18	payments	1,080
19	annual covered charges	14,344
20	annual interim payments	1,080
21	annual cost of services	10,972
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	58,320
25	payments	4,769
26	annual covered charges	58,320
27	annual interim payments	4,769
28	annual cost of services	44,609
29		
30	Medicaid annual payments	57,200
31	Cost of services - max annual payments for UPL	106,932
32		
33	<u>adjustment factor</u>	
34	inflation	1.039224
35		
36	adjusted Medicaid annual payments	59,444
37	adjusted maximum annual payments for UPL	111,126
38	annual facility specific UPL amount	51,682
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	51,682
43	UPL adjustment available for SFY2021	51,682

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Clinch Memorial Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	334,917
11	cost of Medicaid covered services	241,148
	Medicaid CCR	0.7200
12	total hospital CCR	0.752033028
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	241,148
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	55,496
18	payments	5,880
19	annual covered charges	55,496
20	annual interim payments	5,880
21	annual cost of services	41,735
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	8,871
25	payments	5,785
26	annual covered charges	8,871
27	annual interim payments	5,785
28	annual cost of services	6,671
29		
30	Medicaid annual payments	252,813
31	Cost of services - max annual payments for UPL	289,554
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	261,577
37	adjusted maximum annual payments for UPL	299,591
38	annual facility specific UPL amount	38,014
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	38,014
43	UPL adjustment available for SFY2021	38,014

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Effingham Health System
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,665,644
11	cost of Medicaid covered services	668,458
	Medicaid CCR	0.2508
12	total hospital CCR	0.352832127
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	668,458
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	164,451
18	payments	8,460
19	annual covered charges	164,451
20	annual interim payments	8,460
21	annual cost of services	58,024
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	40,105
25	payments	6,849
26	annual covered charges	40,105
27	annual interim payments	6,849
28	annual cost of services	14,150
29		
30	Medicaid annual payments	683,767
31	Cost of services - max annual payments for UPL	740,632
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	707,469
37	adjusted maximum annual payments for UPL	766,305
38	annual facility specific UPL amount	58,836
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	58,836
43	UPL adjustment available for SFY2021	58,836

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Elbert Memorial Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	955,157
11	cost of Medicaid covered services	323,694
	Medicaid CCR	0.3389
12	total hospital CCR	0.363224047
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	323,694
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	62,578
18	payments	6,501
19	annual covered charges	62,578
20	annual interim payments	6,501
21	annual cost of services	22,730
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	330,195
31	Cost of services - max annual payments for UPL	346,424
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	341,641
37	adjusted maximum annual payments for UPL	358,432
38	annual facility specific UPL amount	16,791
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	16,791
43	UPL adjustment available for SFY2021	16,791

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Floyd Polk Medical Center
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	6,374,111
11	cost of Medicaid covered services	857,671
	Medicaid CCR	0.1346
12	total hospital CCR	0.216163965
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	857,671
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	348,165
18	payments	10,290
19	annual covered charges	348,165
20	annual interim payments	10,290
21	annual cost of services	75,261
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	355,082
25	payments	34,875
26	annual covered charges	355,082
27	annual interim payments	34,875
28	annual cost of services	76,756
29		
30	Medicaid annual payments	902,836
31	Cost of services - max annual payments for UPL	1,009,688
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	934,132
37	adjusted maximum annual payments for UPL	1,044,688
38	annual facility specific UPL amount	110,556
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	110,556
43	UPL adjustment available for SFY2021	110,556

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Higgins General Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	3,385,997
11	cost of Medicaid covered services	774,540
	Medicaid CCR	0.2287
12	total hospital CCR	0.330408357
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	774,540
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	300,109
18	payments	13,090
19	annual covered charges	300,109
20	annual interim payments	13,090
21	annual cost of services	99,159
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	42,070
25	payments	4,863
26	annual covered charges	42,070
27	annual interim payments	4,863
28	annual cost of services	13,900
29		
30	Medicaid annual payments	792,493
31	Cost of services - max annual payments for UPL	887,599
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	819,964
37	adjusted maximum annual payments for UPL	918,367
38	annual facility specific UPL amount	98,403
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	98,403
43	UPL adjustment available for SFY2021	98,403

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Jasper Memorial Hosp
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	139,327
11	cost of Medicaid covered services	111,434
	Medicaid CCR	0.7998
12	total hospital CCR	1.260846584
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	111,434
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	11,928
18	payments	1,890
19	annual covered charges	11,928
20	annual interim payments	1,890
21	annual cost of services	15,039
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	113,324
31	Cost of services - max annual payments for UPL	126,473
32		
33	<u>adjustment factor</u>	
34	inflation	1.027899
35		
36	adjusted Medicaid annual payments	116,486
37	adjusted maximum annual payments for UPL	130,001
38	annual facility specific UPL amount	13,515
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	13,515
43	UPL adjustment available for SFY2021	13,515

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Jeff Davis Hospital
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,436,919
11	cost of Medicaid covered services	279,929
	Medicaid CCR	0.1948
12	total hospital CCR	0.272504838
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	279,929
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	166,938
18	payments	7,980
19	annual covered charges	166,938
20	annual interim payments	7,980
21	annual cost of services	45,491
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	287,909
31	Cost of services - max annual payments for UPL	325,420
32		
33	<u>adjustment factor</u>	
34	inflation	1.027899
35		
36	adjusted Medicaid annual payments	295,941
37	adjusted maximum annual payments for UPL	334,499
38	annual facility specific UPL amount	38,558
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	38,558
43	UPL adjustment available for SFY2021	38,558

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Liberty Regional Medical Center
2	base period report period beginning date	12/1/2018
3	base period report period ending date	11/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	3,636,425
11	cost of Medicaid covered services	750,767
	Medicaid CCR	0.2065
12	total hospital CCR	0.268902505
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	750,767
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	235,742
18	payments	13,360
19	annual covered charges	235,742
20	annual interim payments	13,360
21	annual cost of services	63,392
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	355,951
25	payments	59,871
26	annual covered charges	355,951
27	annual interim payments	59,871
28	annual cost of services	95,716
29		
30	Medicaid annual payments	823,998
31	Cost of services - max annual payments for UPL	909,875
32		
33	<u>adjustment factor</u>	
34	inflation	1.030294
35		
36	adjusted Medicaid annual payments	848,960
37	adjusted maximum annual payments for UPL	937,439
38	annual facility specific UPL amount	88,479
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	88,479
43	UPL adjustment available for SFY2021	88,479

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Lifebrite Hospital Group Of Early, Llc
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,317,862
11	cost of Medicaid covered services	843,018
	Medicaid CCR	0.3637
12	total hospital CCR	0.817114578
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	843,018
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	100,238
18	payments	5,880
19	annual covered charges	100,238
20	annual interim payments	5,880
21	annual cost of services	81,906
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	848,898
31	Cost of services - max annual payments for UPL	924,924
32		
33	<u>adjustment factor</u>	
34	inflation	1.027899
35		
36	adjusted Medicaid annual payments	872,581
37	adjusted maximum annual payments for UPL	950,728
38	annual facility specific UPL amount	78,147
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	78,147
43	UPL adjustment available for SFY2021	78,147

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Medical Center of Peach County, Navicent Health
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,735,536
11	cost of Medicaid covered services	529,497
	Medicaid CCR	0.3051
12	total hospital CCR	0.328116983
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	529,497
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	133,847
18	payments	14,786
19	annual covered charges	133,847
20	annual interim payments	14,786
21	annual cost of services	43,917
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	544,283
31	Cost of services - max annual payments for UPL	573,414
32		
33	<u>adjustment factor</u>	
34	inflation	1.027899
35		
36	adjusted Medicaid annual payments	559,468
37	adjusted maximum annual payments for UPL	589,412
38	annual facility specific UPL amount	29,944
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	29,944
43	UPL adjustment available for SFY2021	29,944

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Miller County Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	4,578,603
11	cost of Medicaid covered services	1,816,615
	Medicaid CCR	0.3968
12	total hospital CCR	1.014334265
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	1,816,615
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	43,106
18	payments	4,480
19	annual covered charges	43,106
20	annual interim payments	4,480
21	annual cost of services	43,724
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	18,544
25	payments	4,956
26	annual covered charges	18,544
27	annual interim payments	4,956
28	annual cost of services	18,810
29		
30	Medicaid annual payments	1,826,051
31	Cost of services - max annual payments for UPL	1,879,149
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	1,889,349
37	adjusted maximum annual payments for UPL	1,944,288
38	annual facility specific UPL amount	54,939
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	54,939
43	UPL adjustment available for SFY2021	54,939

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Mitchell County Hospital
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,354,437
11	cost of Medicaid covered services	285,243
	Medicaid CCR	0.2106
12	total hospital CCR	0.70550067
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	285,243
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	76,373
18	payments	6,370
19	annual covered charges	76,373
20	annual interim payments	6,370
21	annual cost of services	53,881
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	246,000
25	payments	14,869
26	annual covered charges	246,000
27	annual interim payments	14,869
28	annual cost of services	173,553
29		
30	Medicaid annual payments	306,482
31	Cost of services - max annual payments for UPL	512,677
32		
33	<u>adjustment factor</u>	
34	inflation	1.027899
35		
36	adjusted Medicaid annual payments	315,033
37	adjusted maximum annual payments for UPL	526,980
38	annual facility specific UPL amount	211,947
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	211,947
43	UPL adjustment available for SFY2021	211,947

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Monroe County Hospital
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	382,617
11	cost of Medicaid covered services	152,197
	Medicaid CCR	0.3978
12	total hospital CCR	0.488216154
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	152,197
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	96,012
18	payments	9,030
19	annual covered charges	96,012
20	annual interim payments	9,030
21	annual cost of services	46,875
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	161,227
31	Cost of services - max annual payments for UPL	199,072
32		
33	<u>adjustment factor</u>	
34	inflation	1.027899
35		
36	adjusted Medicaid annual payments	165,725
37	adjusted maximum annual payments for UPL	204,626
38	annual facility specific UPL amount	38,901
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	38,901
43	UPL adjustment available for SFY2021	38,901

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Morgan Memorial Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	395,299
11	cost of Medicaid covered services	228,445
	Medicaid CCR	0.5779
12	total hospital CCR	0.697974871
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	228,445
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	46,545
18	payments	4,340
19	annual covered charges	46,545
20	annual interim payments	4,340
21	annual cost of services	32,487
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	17,995
25	payments	4,769
26	annual covered charges	17,995
27	annual interim payments	4,769
28	annual cost of services	12,560
29		
30	Medicaid annual payments	237,554
31	Cost of services - max annual payments for UPL	273,492
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	245,789
37	adjusted maximum annual payments for UPL	282,972
38	annual facility specific UPL amount	37,183
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	37,183
43	UPL adjustment available for SFY2021	37,183

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Putnam General Hospital
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	574,792
11	cost of Medicaid covered services	266,100
	Medicaid CCR	0.4630
12	total hospital CCR	0.466058619
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	266,100
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	44,255
18	payments	3,832
19	annual covered charges	44,255
20	annual interim payments	3,832
21	annual cost of services	20,625
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	23,964
25	payments	10,148
26	annual covered charges	23,964
27	annual interim payments	10,148
28	annual cost of services	11,169
29		
30	Medicaid annual payments	280,080
31	Cost of services - max annual payments for UPL	297,894
32		
33	<u>adjustment factor</u>	
34	inflation	1.027899
35		
36	adjusted Medicaid annual payments	287,894
37	adjusted maximum annual payments for UPL	306,205
38	annual facility specific UPL amount	18,311
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	18,311
43	UPL adjustment available for SFY2021	18,311

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	South Ga Medical Center - Lanier Campus
2	base period report period beginning date	10/1/2018
3	base period report period ending date	9/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	362,410
11	cost of Medicaid covered services	162,879
	Medicaid CCR	0.4494
12	total hospital CCR	1.047527427
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	162,879
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	30,235
18	payments	4,340
19	annual covered charges	30,235
20	annual interim payments	4,340
21	annual cost of services	31,672
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	167,219
31	Cost of services - max annual payments for UPL	194,551
32		
33	<u>adjustment factor</u>	
34	inflation	1.027899
35		
36	adjusted Medicaid annual payments	171,884
37	adjusted maximum annual payments for UPL	199,979
38	annual facility specific UPL amount	28,095
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	28,095
43	UPL adjustment available for SFY2021	28,095

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Warm Springs Medical Center
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	331,623
11	cost of Medicaid covered services	136,840
	Medicaid CCR	0.4126
12	total hospital CCR	0.808906945
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	136,840
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	31,347
18	payments	2,660
19	annual covered charges	31,347
20	annual interim payments	2,660
21	annual cost of services	25,357
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	139,500
31	Cost of services - max annual payments for UPL	162,197
32		
33	<u>adjustment factor</u>	
34	inflation	1.031496
35		
36	adjusted Medicaid annual payments	143,894
37	adjusted maximum annual payments for UPL	167,306
38	annual facility specific UPL amount	23,412
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	23,412
43	UPL adjustment available for SFY2021	23,412

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Wellstar Sylvan Grove Hospital, Inc
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,838,692
11	cost of Medicaid covered services	270,797
	Medicaid CCR	0.1473
12	total hospital CCR	0.226207055
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	270,797
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	115,328
18	payments	5,953
19	annual covered charges	115,328
20	annual interim payments	5,953
21	annual cost of services	26,088
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	276,750
31	Cost of services - max annual payments for UPL	296,885
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	286,343
37	adjusted maximum annual payments for UPL	307,176
38	annual facility specific UPL amount	20,833
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	20,833
43	UPL adjustment available for SFY2021	20,833

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Wills Memorial Hospital
2	base period report period beginning date	5/1/2018
3	base period report period ending date	4/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	388,807
11	cost of Medicaid covered services	166,372
	Medicaid CCR	0.4279
12	total hospital CCR	0.620116824
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	166,372
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	63,546
18	payments	5,450
19	annual covered charges	63,546
20	annual interim payments	5,450
21	annual cost of services	39,406
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	171,822
31	Cost of services - max annual payments for UPL	205,778
32		
33	<u>adjustment factor</u>	
34	inflation	1.039224
35		
36	adjusted Medicaid annual payments	178,562
37	adjusted maximum annual payments for UPL	213,849
38	annual facility specific UPL amount	35,287
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	35,287
43	UPL adjustment available for SFY2021	35,287

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Jenkins County Medical Center
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	92,828
11	cost of Medicaid covered services	95,815
	Medicaid CCR	1.0322
12	total hospital CCR	0.649534912
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	95,815
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	50,085
18	payments	5,740
19	annual covered charges	50,085
20	annual interim payments	5,740
21	annual cost of services	32,532
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	7,187
25	payments	5,158
26	annual covered charges	7,187
27	annual interim payments	5,158
28	annual cost of services	4,668
29		
30	Medicaid annual payments	106,713
31	Cost of services - max annual payments for UPL	133,015
32		
33	<u>adjustment factor</u>	
34	inflation	1.031496
35		
36	adjusted Medicaid annual payments	110,074
37	adjusted maximum annual payments for UPL	137,204
38	annual facility specific UPL amount	27,130
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	27,130
43	UPL adjustment available for SFY2021	27,130

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Mountain Lakes Medical Center
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	573,770
11	cost of Medicaid covered services	271,791
	Medicaid CCR	0.4737
12	total hospital CCR	0.431388407
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	271,791
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	69,077
18	payments	4,690
19	annual covered charges	69,077
20	annual interim payments	4,690
21	annual cost of services	29,799
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	92,865
25	payments	32,593
26	annual covered charges	92,865
27	annual interim payments	32,593
28	annual cost of services	40,061
29		
30	Medicaid annual payments	309,074
31	Cost of services - max annual payments for UPL	341,651
32		
33	<u>adjustment factor</u>	
34	inflation	1.031496
35		
36	adjusted Medicaid annual payments	318,809
37	adjusted maximum annual payments for UPL	352,412
38	annual facility specific UPL amount	33,603
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	33,603
43	UPL adjustment available for SFY2021	33,603

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Optim Medical Center - Screven
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	647,229
11	cost of Medicaid covered services	229,151
	Medicaid CCR	0.3540
12	total hospital CCR	0.556404785
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	229,151
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	35,030
18	payments	3,850
19	annual covered charges	35,030
20	annual interim payments	3,850
21	annual cost of services	19,491
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	111,952
25	payments	14,995
26	annual covered charges	111,952
27	annual interim payments	14,995
28	annual cost of services	62,291
29		
30	Medicaid annual payments	247,996
31	Cost of services - max annual payments for UPL	310,933
32		
33	<u>adjustment factor</u>	
34	inflation	1.031496
35		
36	adjusted Medicaid annual payments	255,807
37	adjusted maximum annual payments for UPL	320,726
38	annual facility specific UPL amount	64,919
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	64,919
43	UPL adjustment available for SFY2021	64,919

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Optim Medical Center - Tatttnall
2	base period report period beginning date	1/1/2019
3	base period report period ending date	12/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,896,440
11	cost of Medicaid covered services	468,639
	Medicaid CCR	0.1618
12	total hospital CCR	0.116853242
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	468,639
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	156,252
18	payments	15,610
19	annual covered charges	156,252
20	annual interim payments	15,610
21	annual cost of services	18,259
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,164,716
25	payments	106,096
26	annual covered charges	2,164,716
27	annual interim payments	106,096
28	annual cost of services	252,954
29		
30	Medicaid annual payments	590,345
31	Cost of services - max annual payments for UPL	739,852
32		
33	<u>adjustment factor</u>	
34	inflation	1.031496
35		
36	adjusted Medicaid annual payments	608,939
37	adjusted maximum annual payments for UPL	763,154
38	annual facility specific UPL amount	154,215
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	154,215
43	UPL adjustment available for SFY2021	154,215

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	Phoebe Worth Medical Center
2	base period report period beginning date	8/1/2018
3	base period report period ending date	7/31/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	954,317
11	cost of Medicaid covered services	300,313
	Medicaid CCR	0.3147
12	total hospital CCR	0.438343195
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	300,313
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	47,743
18	payments	4,410
19	annual covered charges	47,743
20	annual interim payments	4,410
21	annual cost of services	20,928
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	21,987
25	payments	5,050
26	annual covered charges	21,987
27	annual interim payments	5,050
28	annual cost of services	9,638
29		
30	Medicaid annual payments	309,773
31	Cost of services - max annual payments for UPL	330,879
32		
33	<u>adjustment factor</u>	
34	inflation	1.032399
35		
36	adjusted Medicaid annual payments	319,809
37	adjusted maximum annual payments for UPL	341,599
38	annual facility specific UPL amount	21,790
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	21,790
43	UPL adjustment available for SFY2021	21,790

Georgia Department of Community Health
SFY 2021 Hospital Outpatient UPL

	Facility Name	St. Mary's Good Samaritan Hospital
2	base period report period beginning date	7/1/2018
3	base period report period ending date	6/30/2019
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,692,315
11	cost of Medicaid covered services	356,150
	Medicaid CCR	0.2105
12	total hospital CCR	0.275043701
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	356,150
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	124,965
18	payments	10,500
19	annual covered charges	124,965
20	annual interim payments	10,500
21	annual cost of services	34,371
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	23,360
25	payments	4,985
26	annual covered charges	23,360
27	annual interim payments	4,985
28	annual cost of services	6,425
29		
30	Medicaid annual payments	371,635
31	Cost of services - max annual payments for UPL	396,946
32		
33	<u>adjustment factor</u>	
34	inflation	1.034664
35		
36	adjusted Medicaid annual payments	384,517
37	adjusted maximum annual payments for UPL	410,706
38	annual facility specific UPL amount	26,189
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	26,189
43	UPL adjustment available for SFY2021	26,189