



Brian P. Kemp, Governor

Caylee Noggle, Commissioner

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2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | [www.dch.georgia.gov](http://www.dch.georgia.gov)

MEMORANDUM

Date: April 8, 2022

To: Chief Executive Officer/Chief Financial Officer

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

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

BY ELECTRONIC MAIL

The Department will proceed in issuing UPL payments to hospital for the 1<sup>st</sup> - 3<sup>rd</sup> quarters of State Fiscal Year 2022. Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts are attached. This information will be available at a later date on the Department's web site at [www.dch.georgia.gov](http://www.dch.georgia.gov) by selecting options for "Providers," "Provider types," "Hospital providers," then "Hospital Supplemental Reimbursement."

To assure that the timely receipt of intergovernmental transfers can be confirmed, a Notice of Intent to Transfer form **must be submitted** by April 13, 2022, to document the expected method of transfer. If the required intergovernmental transfer is not received by noon on Monday, April 18, 2022, the associated UPL payment will be delayed until later this year.

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

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

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

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

**SFY 2022 Hospital Upper Payment Limit  
1<sup>st</sup> – 3<sup>rd</sup> quarters**

<b>Friday</b>	<b>April 8, 2022</b>	<b>Notice to Hospitals</b>
<b>Wednesday</b>	<b>April 13, 2022</b>	<b>Due Notice of Intent to Transfer</b>
<b>Monday</b>	<b>April 18, 2022</b>	<b>Due Intergovernmental Transfers</b>
<b>Thursday</b>	<b>May 12, 2022</b>	<b>Payment</b>

**Georgia Department of Community Health**  
**SFY 2022 Hospital UPL - Notice of Intent to Transfer Form**  
**1<sup>st</sup> – 3<sup>rd</sup> quarter payments**

Notice of Intent to Transfer form for Hospital UPL payment is **due by Wednesday, April 13, 2022**. Intergovernmental transfer for Hospital UPL payment is **due no later than 12 p.m. on Monday, April 18, 2022**.

Name of Governmental Unit Making IGT: \_\_\_\_\_

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

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

Expected method of transfer (select one):

EFT \_\_\_\_\_ ACH \_\_\_\_\_

Designated contact if additional information is needed:

Name \_\_\_\_\_

Title / Organization \_\_\_\_\_

E-mail address \_\_\_\_\_

Telephone number \_\_\_\_\_

**Return completed form by e-mail to [DCH.Supplemental@dch.ga.gov](mailto:DCH.Supplemental@dch.ga.gov)**

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

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

- Intergovernmental transfer for Hospital UPL is **due by 12 p.m. on Monday, April 18, 2022.**  
**NO EXCEPTIONS**
- Intergovernmental Transfers can only be accepted from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

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

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

- Payment made by ACH transfer should be sent to:

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

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

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

Georgia Department of Community Health  
SFY 2022 Hospital UPL  
ONLY for 1st - 3rd quarters

	Facility Name	Annual SFY2022 Inpatient UPL	Annual SFY2022 Outpatient UPL	Total Annual UPL	Inpatient 1st qtr payment	1st qtr IGT	Inpatient 2nd-3rd qtrs payments	2nd-3rd qtrs IGT
	<b><u>state governmental hospitals</u></b>							
1	Augusta University Medical Center	1,133,672	3,817,080	4,950,752	283,418	75,871	566,836	152,762
2	Roosevelt Warm Springs Rehabilitation & Specialty	0	0	0	0	0	0	0
3	<b>Roosevelt Warm Springs LTAC</b>	0	0	0	0	0	0	0
	<b><i>total state governmental</i></b>	1,133,672	3,817,080	4,950,752	283,418	75,871	566,836	152,762
	<b><u>nonstate governmental hospitals</u></b>							
4	Appling Hospital	301,237	89,681	390,918	75,309	20,160	150,619	40,592
5	Burke Medical Center	42,354	63,100	105,454	10,589	2,835	21,176	5,707
6	Children's Healthcare of Atlanta at Hughes Spalding	107,170	291,439	398,609	26,793	7,172	53,584	14,441
7	Coffee Regional Medical Center, Inc.	1,593,750	500,471	2,094,221	398,438	106,662	796,874	214,758
8	Colquitt Regional Medical Center	1,741,179	644,479	2,385,658	435,295	116,528	870,589	234,624
9	Crisp Regional Hospital, Inc.	847,347	869,252	1,716,599	211,837	56,709	423,673	114,180
10	Dodge County Hospital	383,244	61,127	444,371	95,811	25,649	191,622	51,642
11	Dorminy Medical Center	281,780	68,326	350,106	70,445	18,858	140,890	37,970
12	Emanuel Medical Center	316,776	148,816	465,592	79,194	21,200	158,388	42,686
13	Emory Decatur Hospital	5,647,660	359,216	6,006,876	1,411,915	377,970	2,823,830	761,022
14	Emory Hillandale Hospital	2,173,491	140,867	2,314,358	543,373	145,461	1,086,745	292,878
15	Evans Memorial Hospital, Inc.	104,999	37,735	142,734	26,250	7,027	52,499	14,148
16	Floyd Medical Center	5,429,578	1,467,793	6,897,371	1,357,395	363,375	2,714,788	731,635
17	Grady General Hospital	246,281	53,795	300,076	61,570	16,482	123,141	33,186
18	Grady Memorial Hospital	36,507,892	1,721,410	38,229,302	9,126,973	2,443,291	18,253,946	4,919,438
19	Habersham Medical Center	331,930	61,692	393,622	82,983	22,215	165,964	44,727
20	Houston Medical Center	3,460,384	403,992	3,864,376	865,096	231,586	1,730,192	466,287
21	Irwin County Hospital	148,737	41,161	189,898	37,184	9,954	74,369	20,042
22	Jefferson Hospital	85,624	53,594	139,218	21,406	5,730	42,812	11,538
23	Memorial Hospital And Manor	310,314	138,865	449,179	77,579	20,768	155,156	41,815
24	Northeast Georgia Medical Center Gainesville	14,708,939	1,256,398	15,965,337	3,677,235	984,396	7,354,469	1,982,029
25	Northside Hospital	13,894,078	525,801	14,419,879	3,473,520	929,861	6,947,038	1,872,227
26	Northside Hospital Cherokee	2,652,588	655,752	3,308,340	663,147	177,524	1,326,294	357,436
27	Northside Hospital Duluth	1,876,282	328,865	2,205,147	469,071	125,570	938,140	252,829

Georgia Department of Community Health  
SFY 2022 Hospital UPL  
ONLY for 1st - 3rd quarters

	Facility Name	Annual SFY2022 Inpatient UPL	Annual SFY2022 Outpatient UPL	Total Annual UPL	Inpatient 1st qtr payment	1st qtr IGT	Inpatient 2nd-3rd qtrs payments	2nd-3rd qtrs IGT
28	Northside Hospital Forsyth	3,373,910	780,787	4,154,697	843,478	225,799	1,686,954	454,634
29	Northside Hospital Gwinnett	11,083,251	906,625	11,989,876	2,770,813	741,747	5,541,625	1,493,468
30	Perry Hospital	180,394	39,579	219,973	45,099	12,073	90,196	24,308
31	Phoebe Putney Memorial Hospital	9,785,360	2,892,799	12,678,159	2,446,340	654,885	4,892,680	1,318,577
32	Phoebe Sumter Medical Center	1,220,057	396,194	1,616,251	305,014	81,652	610,029	164,403
33	Piedmont Athens Regional Medical Center	6,419,419	423,573	6,842,992	1,604,855	429,620	3,209,709	865,017
34	Piedmont Columbus Regional-Midtown	5,564,142	977,966	6,542,108	1,391,036	372,380	2,782,070	749,768
35	Piedmont Columbus Regional - Northside	0	35,659	35,659	0	0	0	0
36	Piedmont Henry Hospital	4,012,500	319,345	4,331,845	1,003,125	268,537	2,006,250	540,684
37	Piedmont Newton Hospital	1,347,977	124,023	1,472,000	336,994	90,213	673,989	181,640
38	South Georgia Medical Center	4,309,837	402,892	4,712,729	1,077,459	288,436	2,154,919	580,751
39	South Georgia Medical Center Berrien Campus	24,373	21,642	46,015	6,093	1,631	12,187	3,284
40	Southeast Georgia Health System - Brunswick	3,848,644	549,078	4,397,722	962,161	257,570	1,924,322	518,605
41	Southeast Georgia Health System - Camden	258,448	83,151	341,599	64,612	17,297	129,224	34,826
42	Southwell Medical Center	60,251	5,980	66,231	15,063	4,032	30,125	8,119
43	Stephens County Hospital	336,648	128,235	464,883	84,162	22,530	168,324	45,363
44	Tanner Medical Center - Carrollton	1,936,548	934,679	2,871,227	484,137	129,603	968,274	260,950
45	Tanner Medical Center Villa Rica	3,095,446	465,998	3,561,444	773,862	207,163	1,547,722	417,111
46	Medical Center - Navicent Health	13,656,210	1,169,055	14,825,265	3,414,053	913,942	6,828,104	1,840,174
47	Tift Regional Medical Center	2,691,899	1,717,514	4,409,413	672,975	180,155	1,345,949	362,733
48	Union General Hospital, Inc.	181,805	61,602	243,407	45,451	12,167	90,903	24,498
49	University Hospital	5,459,544	523,885	5,983,429	1,364,886	365,380	2,729,772	735,674
50	University Hospital Mcduffie	136,608	34,234	170,842	34,152	9,142	68,304	18,408
51	Upson Regional Medical Center	1,439,057	156,527	1,595,584	359,764	96,309	719,529	193,913
52	Washington County Regional Medical	78,135	97,949	176,084	19,534	5,229	39,067	10,529
53	Wayne Memorial Hospital	564,879	552,999	1,117,878	141,220	37,805	282,439	76,117
54	Wellstar Cobb Hospital	6,465,617	3,226,344	9,691,961	1,616,404	432,711	3,232,809	871,242
55	Wellstar Douglas Hospital	1,836,849	228,505	2,065,354	459,212	122,931	918,425	247,516
56	Wellstar Kennestone Hospital	11,333,604	751,504	12,085,108	2,833,401	758,501	5,666,802	1,527,203
57	Wellstar Paulding Hospital	1,950,060	392,976	2,343,036	487,515	130,508	975,030	262,771
58	Wellstar West Georgia Medical Center	2,363,423	557,444	2,920,867	590,856	158,172	1,181,711	318,471

Georgia Department of Community Health  
SFY 2022 Hospital UPL  
ONLY for 1st - 3rd quarters

	Facility Name	Annual SFY2022 Inpatient UPL	Annual SFY2022 Outpatient UPL	Total Annual UPL	Inpatient 1st qtr payment	1st qtr IGT	Inpatient 2nd-3rd qtrs payments	2nd-3rd qtrs IGT
59	Wellstar Windy Hill Hospital	0	48,665	48,665	0	0	0	0
	<b>subtotal</b>	198,208,509	28,991,035	227,199,544	49,552,134	13,265,103	99,104,241	26,708,594
60	Bacon County Hospital	352,627	127,887	480,514	88,157	0	176,313	0
61	Bleckley Memorial Hospital	0	7,810	7,810	0	0	0	0
62	Brooks County Hospital	22,283	75,547	97,830	5,571	0	11,141	0
63	Candler County Hospital	0	19,828	19,828	0	0	0	0
64	Chatuge Regional Hospital, Inc.	14,535	57,182	71,717	3,634	0	7,267	0
65	Clinch Memorial Hospital	17,906	44,060	61,966	4,477	0	8,952	0
66	Effingham Health System	60,508	80,742	141,250	15,127	0	30,254	0
67	Elbert Memorial Hospital	0	21,082	21,082	0	0	0	0
68	Floyd Polk Medical Center	0	46,755	46,755	0	0	0	0
69	Higgins General Hospital	50,598	121,974	172,572	12,650	0	25,298	0
70	Jasper Memorial Hospital	0	23,534	23,534	0	0	0	0
71	Jeff Davis Hospital	14,442	28,783	43,225	3,611	0	7,220	0
72	Liberty Regional Medical Center	3,404	71,026	74,430	851	0	1,702	0
73	Medical Center Of Peach County, Navicent	0	20,840	20,840	0	0	0	0
74	Miller County Hospital	1,080,667	159,020	1,239,687	270,167	0	540,333	0
75	Mitchell County Hospital	20,116	61,015	81,131	5,029	0	10,058	0
76	Monroe County Hospital	3,885	32,890	36,775	971	0	1,943	0
77	Morgan Memorial Hospital	326	18,469	18,795	82	0	162	0
78	Lifebrite Community Hospital of Early	91,652	74,891	166,543	22,913	0	45,826	0
79	Putnam General Hospital	0	43,385	43,385	0	0	0	0
80	South Georgia Medical Center Lanier Campus	22,809	32,171	54,980	5,702	0	11,405	0
81	Warm Springs Medical Center	22,226	29,302	51,528	5,557	0	11,112	0
82	Wellstar Sylvan Grove Hospital	874	22,731	23,605	219	0	436	0
83	Wills Memorial Hospital	45,170	15,795	60,965	11,293	0	22,584	0
	<b>subtotal - CAH</b>	1,824,028	1,236,719	3,060,747	456,011	0	912,006	0
	<b>total non-state governmental</b>	200,032,537	30,227,754	230,260,291	50,008,145	13,265,103	100,016,247	26,708,594

## Georgia Department of Community Health

SFY 2022 Hospital UPL

ONLY for 1st - 3rd quarters

	Facility Name	Annual SFY2022 Inpatient UPL	Annual SFY2022 Outpatient UPL	Total Annual UPL	Inpatient 1st qtr payment	1st qtr IGT	Inpatient 2nd-3rd qtrs payments	2nd-3rd qtrs IGT
	<b><u>nongovernmental hospitals</u></b>							
84	Jenkins County Medical Center	46,400	37,694	84,094	11,600	0	23,200	6,252
85	Mountain Lakes Medical Center	32,390	31,532	63,922	8,098	0	16,194	4,364
86	Optim Medical Center - Screven	26,794	21,851	48,645	6,699	0	13,396	3,610
87	Optim Medical Center - Tattnall	55,495	77,776	133,271	13,874	0	27,747	7,478
88	Phoebe Worth Medical Center	19,629	27,977	47,606	4,907	0	9,815	2,645
89	St. Mary's Good Samaritan Hospital	0	38,431	38,431	0	0	0	0
	<b>subtotal - CAH</b>	180,708	235,261	415,969	45,178	0	90,352	24,349
	<b>TOTAL</b>	<b>201,346,917</b>	<b>34,280,095</b>	<b>235,627,012</b>	<b>50,336,741</b>	<b>13,340,974</b>	<b>100,673,435</b>	<b>26,885,705</b>



## Georgia Department of Community Health

SFY 2022 Hospital UPL

ONLY for 1st - 3rd quarters

	Facility Name	Outpatient 1st qtr payment	1st qtr IGT	Outpatient 2nd-3rd qtrs payments	2nd-3rd qtrs IGT	Total Payment for 1st-3rd quarters	Total IGT due for 1st- 3rd quarters
	<b><u>state governmental hospitals</u></b>						
1	Augusta University Medical Center	954,270	255,458	1,908,540	514,352	3,713,064	998,443
2	Roosevelt Warm Springs Rehabilitation & Specialty	0	0	0	0	0	0
3	<b>Roosevelt Warm Springs LTAC</b>	0	0	0	0	0	0
	<b><i>total state governmental</i></b>	954,270	255,458	1,908,540	514,352	3,713,064	998,443
	<b><u>nonstate governmental hospitals</u></b>						
4	Appling Hospital	22,420	6,002	44,841	12,085	293,189	78,839
5	Burke Medical Center	15,775	4,223	31,550	8,503	79,090	21,268
6	Children's Healthcare of Atlanta at Hughes Spalding	72,860	19,505	145,719	39,271	298,956	80,389
7	Coffee Regional Medical Center, Inc.	125,118	33,494	250,235	67,438	1,570,665	422,352
8	Colquitt Regional Medical Center	161,120	43,132	322,239	86,843	1,789,243	481,127
9	Crisp Regional Hospital, Inc.	217,313	58,175	434,626	117,132	1,287,449	346,196
10	Dodge County Hospital	15,282	4,091	30,563	8,237	333,278	89,619
11	Dorminy Medical Center	17,082	4,573	34,162	9,207	262,579	70,608
12	Emanuel Medical Center	37,204	9,960	74,408	20,053	349,194	93,899
13	Emory Decatur Hospital	89,804	24,041	179,608	48,404	4,505,157	1,211,437
14	Emory Hillandale Hospital	35,217	9,428	70,433	18,982	1,735,768	466,749
15	Evans Memorial Hospital, Inc.	9,434	2,525	18,867	5,085	107,050	28,785
16	Floyd Medical Center	366,948	98,232	733,897	197,785	5,173,028	1,391,027
17	Grady General Hospital	13,449	3,600	26,897	7,249	225,057	60,517
18	Grady Memorial Hospital	430,353	115,205	860,704	231,960	28,671,976	7,709,894
19	Habersham Medical Center	15,423	4,129	30,846	8,313	295,216	79,384
20	Houston Medical Center	100,998	27,037	201,996	54,438	2,898,282	779,348
21	Irwin County Hospital	10,290	2,755	20,581	5,547	142,424	38,298
22	Jefferson Hospital	13,399	3,587	26,796	7,222	104,413	28,077
23	Memorial Hospital And Manor	34,716	9,293	69,433	18,712	336,884	90,588
24	Northeast Georgia Medical Center Gainesville	314,100	84,085	628,198	169,299	11,974,002	3,219,809
25	Northside Hospital	131,450	35,189	262,901	70,852	10,814,909	2,908,129
26	Northside Hospital Cherokee	163,938	43,886	327,876	88,363	2,481,255	667,209
27	Northside Hospital Duluth	82,216	22,009	164,433	44,315	1,653,860	444,723

## Georgia Department of Community Health

SFY 2022 Hospital UPL

ONLY for 1st - 3rd quarters

	Facility Name	Outpatient 1st qtr payment	1st qtr IGT	Outpatient 2nd-3rd qtrs payments	2nd-3rd qtrs IGT	Total Payment for 1st-3rd quarters	Total IGT due for 1st- 3rd quarters
28	Northside Hospital Forsyth	195,197	52,254	390,393	105,211	3,116,022	837,898
29	Northside Hospital Gwinnett	226,656	60,676	453,313	122,168	8,992,407	2,418,059
30	Perry Hospital	9,895	2,649	19,789	5,333	164,979	44,363
31	Phoebe Putney Memorial Hospital	723,200	193,601	1,446,399	389,805	9,508,619	2,556,868
32	Phoebe Sumter Medical Center	99,049	26,515	198,096	53,387	1,212,188	325,957
33	Piedmont Athens Regional Medical Center	105,893	28,348	211,787	57,077	5,132,244	1,380,062
34	Piedmont Columbus Regional-Midtown	244,492	65,451	488,982	131,781	4,906,580	1,319,380
35	Piedmont Columbus Regional - Northside	8,915	2,387	17,829	4,805	26,744	7,192
36	Piedmont Henry Hospital	79,836	21,372	159,673	43,032	3,248,884	873,625
37	Piedmont Newton Hospital	31,006	8,300	62,011	16,712	1,104,000	296,865
38	South Georgia Medical Center	100,723	26,964	201,446	54,290	3,534,547	950,441
39	South Georgia Medical Center Berrien Campus	5,411	1,449	10,820	2,916	34,511	9,280
40	Southeast Georgia Health System - Brunswick	137,270	36,747	274,538	73,988	3,298,291	886,910
41	Southeast Georgia Health System - Camden	20,788	5,565	41,575	11,204	256,199	68,892
42	Southwell Medical Center	1,495	400	2,990	806	49,673	13,357
43	Stephens County Hospital	32,059	8,582	64,117	17,280	348,662	93,755
44	Tanner Medical Center - Carrollton	233,670	62,553	467,339	125,948	2,153,420	579,054
45	Tanner Medical Center Villa Rica	116,500	31,187	232,998	62,793	2,671,082	718,254
46	Medical Center - Navicent Health	292,264	78,239	584,527	157,530	11,118,948	2,989,885
47	Tift Regional Medical Center	429,379	114,945	858,756	231,435	3,307,059	889,268
48	Union General Hospital, Inc.	15,401	4,123	30,800	8,301	182,555	49,089
49	University Hospital	130,971	35,061	261,943	70,594	4,487,572	1,206,709
50	University Hospital Mcduffie	8,559	2,291	17,116	4,613	128,131	34,454
51	Upton Regional Medical Center	39,132	10,476	78,263	21,092	1,196,688	321,790
52	Washington County Regional Medical	24,487	6,555	48,975	13,199	132,063	35,512
53	Wayne Memorial Hospital	138,250	37,010	276,499	74,516	838,408	225,448
54	Wellstar Cobb Hospital	806,586	215,923	1,613,172	434,750	7,268,971	1,954,626
55	Wellstar Douglas Hospital	57,126	15,293	114,253	30,791	1,549,016	416,531
56	Wellstar Kennestone Hospital	187,876	50,294	375,752	101,265	9,063,831	2,437,263
57	Wellstar Paulding Hospital	98,244	26,300	196,488	52,954	1,757,277	472,533
58	Wellstar West Georgia Medical Center	139,361	37,307	278,722	75,116	2,190,650	589,066

## Georgia Department of Community Health

## SFY 2022 Hospital UPL

ONLY for 1st - 3rd quarters

	Facility Name	Outpatient 1st qtr payment	1st qtr IGT	Outpatient 2nd-3rd qtrs payments	2nd-3rd qtrs IGT	Total Payment for 1st-3rd quarters	Total IGT due for 1st- 3rd quarters
59	Wellstar Windy Hill Hospital	12,166	3,257	24,333	6,558	36,499	9,815
	<b>subtotal</b>	7,247,766	1,940,230	14,495,503	3,906,545	170,399,644	45,820,472
60	Bacon County Hospital	31,972	0	63,943	0	360,385	0
61	Bleckley Memorial Hospital	1,953	0	3,904	0	5,857	0
62	Brooks County Hospital	18,887	0	37,773	0	73,372	0
63	Candler County Hospital	4,957	0	9,914	0	14,871	0
64	Chatuge Regional Hospital, Inc.	14,296	0	28,590	0	53,787	0
65	Clinch Memorial Hospital	11,015	0	22,030	0	46,474	0
66	Effingham Health System	20,186	0	40,370	0	105,937	0
67	Elbert Memorial Hospital	5,271	0	10,540	0	15,811	0
68	Floyd Polk Medical Center	11,689	0	23,377	0	35,066	0
69	Higgins General Hospital	30,494	0	60,986	0	129,428	0
70	Jasper Memorial Hospital	5,884	0	11,766	0	17,650	0
71	Jeff Davis Hospital	7,196	0	14,391	0	32,418	0
72	Liberty Regional Medical Center	17,757	0	35,512	0	55,822	0
73	Medical Center Of Peach County, Navicent	5,210	0	10,420	0	15,630	0
74	Miller County Hospital	39,755	0	79,510	0	929,765	0
75	Mitchell County Hospital	15,254	0	30,507	0	60,848	0
76	Monroe County Hospital	8,223	0	16,444	0	27,581	0
77	Morgan Memorial Hospital	4,617	0	9,235	0	14,096	0
78	Lifebrite Community Hospital of Early	18,723	0	37,445	0	124,907	0
79	Putnam General Hospital	10,846	0	21,693	0	32,539	0
80	South Georgia Medical Center Lanier Campus	8,043	0	16,085	0	41,235	0
81	Warm Springs Medical Center	7,326	0	14,650	0	38,645	0
82	Wellstar Sylvan Grove Hospital	5,683	0	11,365	0	17,703	0
83	Wills Memorial Hospital	3,949	0	7,897	0	45,723	0
	<b>subtotal - CAH</b>	309,186	0	618,347	0	2,295,550	0
	<b>total non-state governmental</b>	7,556,952	1,940,230	15,113,850	3,906,545	172,695,194	45,820,472

Georgia Department of Community Health  
SFY 2022 Hospital UPL  
ONLY for 1st - 3rd quarters

	Facility Name	Outpatient 1st qtr payment	1st qtr IGT	Outpatient 2nd-3rd qtrs payments	2nd-3rd qtrs IGT	Total Payment for 1st-3rd quarters	Total IGT due for 1st- 3rd quarters
	<b><u>nongovernmental hospitals</u></b>						
84	Jenkins County Medical Center	9,424	0	18,846	0	63,070	6,252
85	Mountain Lakes Medical Center	7,883	0	15,766	0	47,941	4,364
86	Optim Medical Center - Screven	5,463	0	10,925	0	36,483	3,610
87	Optim Medical Center - Tattnall	19,444	0	38,888	0	99,953	7,478
88	Phoebe Worth Medical Center	6,994	0	13,989	0	35,705	2,645
89	St. Mary's Good Samaritan Hospital	9,608	0	19,215	0	28,823	0
	<b><i>subtotal - CAH</i></b>	58,816	0	117,629	0	311,975	24,349
	<b>TOTAL</b>	<b>8,570,038</b>	<b>2,195,688</b>	<b>17,140,019</b>	<b>4,420,897</b>	<b>176,720,233</b>	<b>46,843,264</b>

SFY 2022

# **INPATIENT**

Hospital UPL

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Augusta University Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	140,098,514
11	payments for services	30,614,626
12	annual covered charges	140,098,514
13	annual payments for services	30,614,626
14		
15	total hospital CCR	23.59%
16		
17	annual cost of services	33,044,768
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	151,426,880
23	adjusted Medicaid payments for services	33,090,125
24	supplemental rate adjustment payments	11,411,786
25	total adjusted Medicaid payments	44,501,911
26	adjusted cost of services	35,716,768
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.41685
32	maximum annual payments (at DRG differential)	46,883,744
33		
34	maximum annual payments	46,883,744
35	facility specific UPL amount	2,381,833
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,248,161)
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	(1,248,161)
41		
42	UPL adjustment available for SFY 2022	1,133,672

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Roosevelt Warm Springs Rehabilitation & Specialty
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	7,337,616
11	payments for services	3,193,180
12	annual covered charges	7,337,616
13	annual payments for services	3,193,180
14		
15	total hospital CCR	35.68%
16		
17	annual cost of services	2,617,954
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	7,930,936
23	adjusted Medicaid payments for services	3,451,381
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,451,381
26	adjusted cost of services	2,829,642
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	2,829,642
35	facility specific UPL amount	(621,739)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	621,739
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	621,739
41		
42	UPL adjustment available for SFY 2022	0

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Roosevelt Warm Springs LTAC
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	4,926,965
11	payments for services	2,816,308
12	annual covered charges	4,926,965
13	annual payments for services	2,816,308
14		
15	total hospital CCR	45.43%
16		
17	annual cost of services	2,238,494
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	5,341,441
23	adjusted Medicaid payments for services	3,053,227
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,053,227
26	adjusted cost of services	2,426,805
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	2,426,805
35	facility specific UPL amount	(626,422)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	626,422
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	626,422
41		
42	UPL adjustment available for SFY 2022	0



Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Applying Hospital
2	base period report period beginning date	9/1/2019
3	base period report period ending date	8/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	1,470,574
11	payments for services	777,251
12	annual covered charges	1,470,574
13	annual payments for services	777,251
14		
15	total hospital CCR	78.75%
16		
17	annual cost of services	1,158,023
18		
19	<u>adjustment factor</u>	
20	inflation	1.078695
21		
22	adjusted annual charges	1,586,301
23	adjusted Medicaid payments for services	838,417
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	838,417
26	adjusted cost of services	1,249,154
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	1,242,350
33		
34	maximum annual payments	1,242,350
35	facility specific UPL amount	403,933
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(685)
39	allocation of supplemental payments	(102,011)
40	total aggregate limit adjustments	(102,696)
41		
42	UPL adjustment available for SFY 2022	301,237

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Burke Medical Center
2	base period report period beginning date	6/1/2019
3	base period report period ending date	5/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	240,217
11	payments for services	108,703
12	annual covered charges	240,217
13	annual payments for services	108,703
14		
15	total hospital CCR	39.81%
16		
17	annual cost of services	95,635
18		
19	<u>adjustment factor</u>	
20	inflation	1.084436
21		
22	adjusted annual charges	260,500
23	adjusted Medicaid payments for services	117,881
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	117,881
26	adjusted cost of services	103,710
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	174,674
33		
34	maximum annual payments	174,674
35	facility specific UPL amount	56,793
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(96)
39	allocation of supplemental payments	(14,343)
40	total aggregate limit adjustments	(14,439)
41		
42	UPL adjustment available for SFY 2022	42,354

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Children's Healthcare of Atlanta at Hughes Spalding
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	5,048,471
11	payments for services	845,670
12	annual covered charges	5,048,471
13	annual payments for services	845,670
14		
15	total hospital CCR	19.38%
16		
17	annual cost of services	978,225
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	5,473,169
23	adjusted Medicaid payments for services	916,811
24	supplemental rate adjustment payments	1,330,424
25	total adjusted Medicaid payments	2,247,235
26	adjusted cost of services	1,060,517
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	1,060,517
35	facility specific UPL amount	(1,186,718)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(244)
39	allocation of supplemental payments	1,294,132
40	total aggregate limit adjustments	1,293,888
41		
42	UPL adjustment available for SFY 2022	107,170

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Coffee Regional Medical Center
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	17,216,570
11	payments for services	4,091,599
12	annual covered charges	17,216,570
13	annual payments for services	4,091,599
14		
15	total hospital CCR	20.73%
16		
17	annual cost of services	3,568,946
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	18,664,897
23	adjusted Medicaid payments for services	4,435,801
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,435,801
26	adjusted cost of services	3,869,180
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	6,572,881
33		
34	maximum annual payments	6,572,881
35	facility specific UPL amount	2,137,080
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,623)
39	allocation of supplemental payments	(539,707)
40	total aggregate limit adjustments	(543,330)
41		
42	UPL adjustment available for SFY 2022	1,593,750

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Colquitt Regional Medical Center
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	17,968,220
11	payments for services	4,497,088
12	annual covered charges	17,968,220
13	annual payments for services	4,497,088
14		
15	total hospital CCR	28.49%
16		
17	annual cost of services	5,118,975
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	19,362,841
23	adjusted Medicaid payments for services	4,846,134
24	supplemental rate adjustment payments	1,096,201
25	total adjusted Medicaid payments	5,942,335
26	adjusted cost of services	5,516,289
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	7,180,904
33		
34	maximum annual payments	7,180,904
35	facility specific UPL amount	1,238,569
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,959)
39	allocation of supplemental payments	506,569
40	total aggregate limit adjustments	502,610
41		
42	UPL adjustment available for SFY 2022	1,741,179

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Crisp Regional Hospital, Inc.
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	6,471,624
11	payments for services	2,181,943
12	annual covered charges	6,471,624
13	annual payments for services	2,181,943
14		
15	total hospital CCR	31.69%
16		
17	annual cost of services	2,051,152
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	6,994,920
23	adjusted Medicaid payments for services	2,358,375
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,358,375
26	adjusted cost of services	2,217,008
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	3,494,593
33		
34	maximum annual payments	3,494,593
35	facility specific UPL amount	1,136,218
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,926)
39	allocation of supplemental payments	(286,945)
40	total aggregate limit adjustments	(288,871)
41		
42	UPL adjustment available for SFY 2022	847,347

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Dodge County Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	2,982,505
11	payments for services	989,837
12	annual covered charges	2,982,505
13	annual payments for services	989,837
14		
15	total hospital CCR	26.77%
16		
17	annual cost of services	798,492
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	3,213,995
23	adjusted Medicaid payments for services	1,066,664
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,066,664
26	adjusted cost of services	860,468
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	1,580,561
33		
34	maximum annual payments	1,580,561
35	facility specific UPL amount	513,897
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(871)
39	allocation of supplemental payments	(129,782)
40	total aggregate limit adjustments	(130,653)
41		
42	UPL adjustment available for SFY 2022	383,244

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Dorminy Medical Center
2	base period report period beginning date	8/1/2019
3	base period report period ending date	7/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	2,671,559
11	payments for services	726,320
12	annual covered charges	2,671,559
13	annual payments for services	726,320
14		
15	total hospital CCR	28.42%
16		
17	annual cost of services	759,278
18		
19	<u>adjustment factor</u>	
20	inflation	1.079777
21		
22	adjusted annual charges	2,884,688
23	adjusted Medicaid payments for services	784,264
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	784,264
26	adjusted cost of services	819,851
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	1,162,107
33		
34	maximum annual payments	1,162,107
35	facility specific UPL amount	377,843
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(641)
39	allocation of supplemental payments	(95,422)
40	total aggregate limit adjustments	(96,063)
41		
42	UPL adjustment available for SFY 2022	281,780



Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Emanuel Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	2,902,987
11	payments for services	815,708
12	annual covered charges	2,902,987
13	annual payments for services	815,708
14		
15	total hospital CCR	27.64%
16		
17	annual cost of services	802,415
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	3,137,723
23	adjusted Medicaid payments for services	881,666
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	881,666
26	adjusted cost of services	867,298
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	1,306,435
33		
34	maximum annual payments	1,306,435
35	facility specific UPL amount	424,769
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(720)
39	allocation of supplemental payments	(107,273)
40	total aggregate limit adjustments	(107,993)
41		
42	UPL adjustment available for SFY 2022	316,776

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Emory Decatur Hospital
2	base period report period beginning date	9/1/2019
3	base period report period ending date	8/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	57,213,442
11	payments for services	14,572,087
12	annual covered charges	57,213,442
13	annual payments for services	14,572,087
14		
15	total hospital CCR	28.35%
16		
17	annual cost of services	16,221,576
18		
19	<u>adjustment factor</u>	
20	inflation	1.078695
21		
22	adjusted annual charges	61,715,854
23	adjusted Medicaid payments for services	15,718,837
24	supplemental rate adjustment payments	77,213
25	total adjusted Medicaid payments	15,796,050
26	adjusted cost of services	17,498,133
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	23,291,858
33		
34	maximum annual payments	23,291,858
35	facility specific UPL amount	7,495,808
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(12,840)
39	allocation of supplemental payments	(1,835,308)
40	total aggregate limit adjustments	(1,848,148)
41		
42	UPL adjustment available for SFY 2022	5,647,660

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Emory Hillandale Hospital
2	base period report period beginning date	9/1/2019
3	base period report period ending date	8/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	19,460,897
11	payments for services	5,608,038
12	annual covered charges	19,460,897
13	annual payments for services	5,608,038
14		
15	total hospital CCR	22.47%
16		
17	annual cost of services	4,373,725
18		
19	<u>adjustment factor</u>	
20	inflation	1.078695
21		
22	adjusted annual charges	20,992,372
23	adjusted Medicaid payments for services	6,049,363
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	6,049,363
26	adjusted cost of services	4,717,915
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	8,963,825
33		
34	maximum annual payments	8,963,825
35	facility specific UPL amount	2,914,462
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4,941)
39	allocation of supplemental payments	(736,030)
40	total aggregate limit adjustments	(740,971)
41		
42	UPL adjustment available for SFY 2022	2,173,491

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Evans Memorial Hospital, Inc.
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	777,565
11	payments for services	271,191
12	annual covered charges	777,565
13	annual payments for services	271,191
14		
15	total hospital CCR	22.32%
16		
17	annual cost of services	173,587
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	837,916
23	adjusted Medicaid payments for services	292,240
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	292,240
26	adjusted cost of services	187,060
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	433,035
33		
34	maximum annual payments	433,035
35	facility specific UPL amount	140,795
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(239)
39	allocation of supplemental payments	(35,557)
40	total aggregate limit adjustments	(35,796)
41		
42	UPL adjustment available for SFY 2022	104,999

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Floyd Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	66,322,735
11	payments for services	13,981,331
12	annual covered charges	66,322,735
13	annual payments for services	13,981,331
14		
15	total hospital CCR	19.75%
16		
17	annual cost of services	13,099,202
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	71,685,591
23	adjusted Medicaid payments for services	15,111,861
24	supplemental rate adjustment payments	1,737,140
25	total adjusted Medicaid payments	16,849,001
26	adjusted cost of services	14,158,403
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	22,392,453
33		
34	maximum annual payments	22,392,453
35	facility specific UPL amount	5,543,452
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(12,344)
39	allocation of supplemental payments	(101,530)
40	total aggregate limit adjustments	(113,874)
41		
42	UPL adjustment available for SFY 2022	5,429,578

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Grady General Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	1,585,479
11	payments for services	636,090
12	annual covered charges	1,585,479
13	annual payments for services	636,090
14		
15	total hospital CCR	35.16%
16		
17	annual cost of services	557,412
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	1,708,538
23	adjusted Medicaid payments for services	685,461
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	685,461
26	adjusted cost of services	600,676
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	1,015,702
33		
34	maximum annual payments	1,015,702
35	facility specific UPL amount	330,241
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(560)
39	allocation of supplemental payments	(83,400)
40	total aggregate limit adjustments	(83,960)
41		
42	UPL adjustment available for SFY 2022	246,281

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Grady Memorial Hospital
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	570,065,715
11	payments for services	93,725,912
12	annual covered charges	570,065,715
13	annual payments for services	93,725,912
14		
15	total hospital CCR	19.38%
16		
17	annual cost of services	110,459,647
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	618,021,923
23	adjusted Medicaid payments for services	101,610,511
24	supplemental rate adjustment payments	35,361,467
25	total adjusted Medicaid payments	136,971,978
26	adjusted cost of services	119,751,954
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	150,564,423
33		
34	maximum annual payments	150,564,423
35	facility specific UPL amount	13,592,445
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(83,001)
39	allocation of supplemental payments	22,998,448
40	total aggregate limit adjustments	22,915,447
41		
42	UPL adjustment available for SFY 2022	36,507,892

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Habersham Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	2,150,358
11	payments for services	854,730
12	annual covered charges	2,150,358
13	annual payments for services	854,730
14		
15	total hospital CCR	40.54%
16		
17	annual cost of services	871,857
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	2,324,236
23	adjusted Medicaid payments for services	923,843
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	923,843
26	adjusted cost of services	942,355
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	1,368,932
33		
34	maximum annual payments	1,368,932
35	facility specific UPL amount	445,089
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(755)
39	allocation of supplemental payments	(112,404)
40	total aggregate limit adjustments	(113,159)
41		
42	UPL adjustment available for SFY 2022	331,930



Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Houston Medical Center
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	30,155,473
11	payments for services	8,883,768
12	annual covered charges	30,155,473
13	annual payments for services	8,883,768
14		
15	total hospital CCR	29.81%
16		
17	annual cost of services	8,989,845
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	32,692,272
23	adjusted Medicaid payments for services	9,631,106
24	supplemental rate adjustment payments	1,294,014
25	total adjusted Medicaid payments	10,925,120
26	adjusted cost of services	9,746,107
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	14,271,180
33		
34	maximum annual payments	14,271,180
35	facility specific UPL amount	3,346,060
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(7,867)
39	allocation of supplemental payments	122,191
40	total aggregate limit adjustments	114,324
41		
42	UPL adjustment available for SFY 2022	3,460,384

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Irwin County Hospital
2	base period report period beginning date	12/1/2019
3	base period report period ending date	11/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	1,070,250
11	payments for services	382,617
12	annual covered charges	1,070,250
13	annual payments for services	382,617
14		
15	total hospital CCR	34.38%
16		
17	annual cost of services	367,952
18		
19	<u>adjustment factor</u>	
20	inflation	1.081946
21		
22	adjusted annual charges	1,157,953
23	adjusted Medicaid payments for services	413,971
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	413,971
26	adjusted cost of services	398,104
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	613,414
33		
34	maximum annual payments	613,414
35	facility specific UPL amount	199,443
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(338)
39	allocation of supplemental payments	(50,368)
40	total aggregate limit adjustments	(50,706)
41		
42	UPL adjustment available for SFY 2022	148,737

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Jefferson Hospital
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	266,768
11	payments for services	219,822
12	annual covered charges	266,768
13	annual payments for services	219,822
14		
15	total hospital CCR	80.75%
16		
17	annual cost of services	215,405
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	289,210
23	adjusted Medicaid payments for services	238,314
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	238,314
26	adjusted cost of services	233,526
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	353,129
33		
34	maximum annual payments	353,129
35	facility specific UPL amount	114,815
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(195)
39	allocation of supplemental payments	(28,996)
40	total aggregate limit adjustments	(29,191)
41		
42	UPL adjustment available for SFY 2022	85,624

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Memorial Hospital And Manor
2	base period report period beginning date	4/1/2019
3	base period report period ending date	3/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	2,664,564
11	payments for services	791,165
12	annual covered charges	2,664,564
13	annual payments for services	791,165
14		
15	total hospital CCR	34.74%
16		
17	annual cost of services	925,645
18		
19	<u>adjustment factor</u>	
20	inflation	1.091659
21		
22	adjusted annual charges	2,908,795
23	adjusted Medicaid payments for services	863,682
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	863,682
26	adjusted cost of services	1,010,489
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	1,279,787
33		
34	maximum annual payments	1,279,787
35	facility specific UPL amount	416,105
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(706)
39	allocation of supplemental payments	(105,085)
40	total aggregate limit adjustments	(105,791)
41		
42	UPL adjustment available for SFY 2022	310,314

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Northeast Georgia Medical Center Gainesville
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	218,642,542
11	payments for services	37,989,991
12	annual covered charges	218,642,542
13	annual payments for services	37,989,991
14		
15	total hospital CCR	19.76%
16		
17	annual cost of services	43,206,025
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	235,612,702
23	adjusted Medicaid payments for services	40,938,622
24	supplemental rate adjustment payments	1,491,240
25	total adjusted Medicaid payments	42,429,862
26	adjusted cost of services	46,559,504
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	60,662,031
33		
34	maximum annual payments	60,662,031
35	facility specific UPL amount	18,232,169
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(33,441)
39	allocation of supplemental payments	(3,489,789)
40	total aggregate limit adjustments	(3,523,230)
41		
42	UPL adjustment available for SFY 2022	14,708,939

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Northside Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	206,826,461
11	payments for services	35,885,381
12	annual covered charges	206,826,461
13	annual payments for services	35,885,381
14		
15	total hospital CCR	21.10%
16		
17	annual cost of services	43,645,928
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	222,879,504
23	adjusted Medicaid payments for services	38,670,661
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	38,670,661
26	adjusted cost of services	47,033,550
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	57,301,412
33		
34	maximum annual payments	57,301,412
35	facility specific UPL amount	18,630,751
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(31,588)
39	allocation of supplemental payments	(4,705,085)
40	total aggregate limit adjustments	(4,736,673)
41		
42	UPL adjustment available for SFY 2022	13,894,078

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Northside Hospital Cherokee
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	45,150,492
11	payments for services	6,851,057
12	annual covered charges	45,150,492
13	annual payments for services	6,851,057
14		
15	total hospital CCR	19.55%
16		
17	annual cost of services	8,826,770
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	48,654,893
23	adjusted Medicaid payments for services	7,382,809
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	7,382,809
26	adjusted cost of services	9,511,869
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	10,939,699
33		
34	maximum annual payments	10,939,699
35	facility specific UPL amount	3,556,890
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(6,031)
39	allocation of supplemental payments	(898,271)
40	total aggregate limit adjustments	(904,302)
41		
42	UPL adjustment available for SFY 2022	2,652,588

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Northside Hospital Duluth
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	24,225,461
11	payments for services	4,846,030
12	annual covered charges	24,225,461
13	annual payments for services	4,846,030
14		
15	total hospital CCR	21.17%
16		
17	annual cost of services	5,127,876
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	26,105,744
23	adjusted Medicaid payments for services	5,222,159
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,222,159
26	adjusted cost of services	5,525,881
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	7,738,091
33		
34	maximum annual payments	7,738,091
35	facility specific UPL amount	2,515,932
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4,266)
39	allocation of supplemental payments	(635,384)
40	total aggregate limit adjustments	(639,650)
41		
42	UPL adjustment available for SFY 2022	1,876,282



Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Northside Hospital Forsyth
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	52,484,613
11	payments for services	8,714,075
12	annual covered charges	52,484,613
13	annual payments for services	8,714,075
14		
15	total hospital CCR	19.85%
16		
17	annual cost of services	10,420,019
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	56,558,259
23	adjusted Medicaid payments for services	9,390,427
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	9,390,427
26	adjusted cost of services	11,228,779
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	13,914,547
33		
34	maximum annual payments	13,914,547
35	facility specific UPL amount	4,524,120
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(7,671)
39	allocation of supplemental payments	(1,142,539)
40	total aggregate limit adjustments	(1,150,210)
41		
42	UPL adjustment available for SFY 2022	3,373,910

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Northside Hospital Gwinnett
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	132,800,426
11	payments for services	28,625,627
12	annual covered charges	132,800,426
13	annual payments for services	28,625,627
14		
15	total hospital CCR	21.17%
16		
17	annual cost of services	28,110,267
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	143,107,864
23	adjusted Medicaid payments for services	30,847,434
24	supplemental rate adjustment payments	3,124,991
25	total adjusted Medicaid payments	33,972,425
26	adjusted cost of services	30,292,073
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	45,709,111
33		
34	maximum annual payments	45,709,111
35	facility specific UPL amount	11,736,686
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(25,198)
39	allocation of supplemental payments	(628,237)
40	total aggregate limit adjustments	(653,435)
41		
42	UPL adjustment available for SFY 2022	11,083,251

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Perry Hospital
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	1,913,039
11	payments for services	463,121
12	annual covered charges	1,913,039
13	annual payments for services	463,121
14		
15	total hospital CCR	25.94%
16		
17	annual cost of services	496,166
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	2,073,971
23	adjusted Medicaid payments for services	502,081
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	502,081
26	adjusted cost of services	537,905
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	743,974
33		
34	maximum annual payments	743,974
35	facility specific UPL amount	241,893
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(410)
39	allocation of supplemental payments	(61,089)
40	total aggregate limit adjustments	(61,499)
41		
42	UPL adjustment available for SFY 2022	180,394

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Phoebe Putney Memorial Hospital
2	base period report period beginning date	8/1/2019
3	base period report period ending date	7/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	116,090,947
11	payments for services	25,222,876
12	annual covered charges	116,090,947
13	annual payments for services	25,222,876
14		
15	total hospital CCR	24.60%
16		
17	annual cost of services	28,553,649
18		
19	<u>adjustment factor</u>	
20	inflation	1.079777
21		
22	adjusted annual charges	125,352,334
23	adjusted Medicaid payments for services	27,235,081
24	supplemental rate adjustment payments	3,159,784
25	total adjusted Medicaid payments	30,394,865
26	adjusted cost of services	30,831,573
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	40,356,398
33		
34	maximum annual payments	40,356,398
35	facility specific UPL amount	9,961,533
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(22,247)
39	allocation of supplemental payments	(153,926)
40	total aggregate limit adjustments	(176,173)
41		
42	UPL adjustment available for SFY 2022	9,785,360

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Phoebe Sumter Medical Center
2	base period report period beginning date	8/1/2019
3	base period report period ending date	7/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	12,059,393
11	payments for services	3,144,835
12	annual covered charges	12,059,393
13	annual payments for services	3,144,835
14		
15	total hospital CCR	24.58%
16		
17	annual cost of services	2,963,961
18		
19	<u>adjustment factor</u>	
20	inflation	1.079777
21		
22	adjusted annual charges	13,021,455
23	adjusted Medicaid payments for services	3,395,721
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,395,721
26	adjusted cost of services	3,200,417
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	5,031,711
33		
34	maximum annual payments	5,031,711
35	facility specific UPL amount	1,635,990
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,774)
39	allocation of supplemental payments	(413,159)
40	total aggregate limit adjustments	(415,933)
41		
42	UPL adjustment available for SFY 2022	1,220,057

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Piedmont Athens Regional Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	79,616,446
11	payments for services	16,530,203
12	annual covered charges	79,616,446
13	annual payments for services	16,530,203
14		
15	total hospital CCR	20.02%
16		
17	annual cost of services	15,938,611
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	86,054,232
23	adjusted Medicaid payments for services	17,866,835
24	supplemental rate adjustment payments	2,383,436
25	total adjusted Medicaid payments	20,250,271
26	adjusted cost of services	17,227,407
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	26,474,719
33		
34	maximum annual payments	26,474,719
35	facility specific UPL amount	6,224,448
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(14,595)
39	allocation of supplemental payments	209,566
40	total aggregate limit adjustments	194,971
41		
42	UPL adjustment available for SFY 2022	6,419,419

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Piedmont Columbus Regional-Midtown
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	50,859,427
11	payments for services	14,327,837
12	annual covered charges	50,859,427
13	annual payments for services	14,327,837
14		
15	total hospital CCR	22.86%
16		
17	annual cost of services	11,628,507
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	54,971,920
23	adjusted Medicaid payments for services	15,486,386
24	supplemental rate adjustment payments	4,348,691
25	total adjusted Medicaid payments	19,835,077
26	adjusted cost of services	12,568,788
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	22,947,417
33		
34	maximum annual payments	22,947,417
35	facility specific UPL amount	3,112,340
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(12,650)
39	allocation of supplemental payments	2,464,452
40	total aggregate limit adjustments	2,451,802
41		
42	UPL adjustment available for SFY 2022	5,564,142

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Piedmont Columbus Regional - Northside
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	2,659,852
11	payments for services	670,698
12	annual covered charges	2,659,852
13	annual payments for services	670,698
14		
15	total hospital CCR	20.55%
16		
17	annual cost of services	546,624
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	2,874,928
23	adjusted Medicaid payments for services	724,931
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	724,931
26	adjusted cost of services	590,824
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	590,824
35	facility specific UPL amount	(134,107)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	134,107
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	134,107
41		
42	UPL adjustment available for SFY 2022	0



Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Piedmont Henry Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	53,172,339
11	payments for services	10,332,312
12	annual covered charges	53,172,339
13	annual payments for services	10,332,312
14		
15	total hospital CCR	15.78%
16		
17	annual cost of services	8,388,492
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	57,471,854
23	adjusted Medicaid payments for services	11,167,783
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	11,167,783
26	adjusted cost of services	9,066,785
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	16,548,197
33		
34	maximum annual payments	16,548,197
35	facility specific UPL amount	5,380,414
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(9,122)
39	allocation of supplemental payments	(1,358,792)
40	total aggregate limit adjustments	(1,367,914)
41		
42	UPL adjustment available for SFY 2022	4,012,500

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Piedmont Newton Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	16,533,537
11	payments for services	3,471,084
12	annual covered charges	16,533,537
13	annual payments for services	3,471,084
14		
15	total hospital CCR	15.32%
16		
17	annual cost of services	2,533,326
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	17,870,439
23	adjusted Medicaid payments for services	3,751,756
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,751,756
26	adjusted cost of services	2,738,171
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	5,559,277
33		
34	maximum annual payments	5,559,277
35	facility specific UPL amount	1,807,521
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,065)
39	allocation of supplemental payments	(456,479)
40	total aggregate limit adjustments	(459,544)
41		
42	UPL adjustment available for SFY 2022	1,347,977

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	South Georgia Medical Center
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	41,643,556
11	payments for services	11,131,374
12	annual covered charges	41,643,556
13	annual payments for services	11,131,374
14		
15	total hospital CCR	27.57%
16		
17	annual cost of services	11,479,407
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	44,875,762
23	adjusted Medicaid payments for services	11,995,347
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	11,995,347
26	adjusted cost of services	12,370,393
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	17,774,465
33		
34	maximum annual payments	17,774,465
35	facility specific UPL amount	5,779,118
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(9,799)
39	allocation of supplemental payments	(1,459,482)
40	total aggregate limit adjustments	(1,469,281)
41		
42	UPL adjustment available for SFY 2022	4,309,837

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	South Georgia Medical Center Berrien Campus
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	192,193
11	payments for services	62,949
12	annual covered charges	192,193
13	annual payments for services	62,949
14		
15	total hospital CCR	39.78%
16		
17	annual cost of services	76,453
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	207,110
23	adjusted Medicaid payments for services	67,835
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	67,835
26	adjusted cost of services	82,387
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	100,517
33		
34	maximum annual payments	100,517
35	facility specific UPL amount	32,682
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(55)
39	allocation of supplemental payments	(8,254)
40	total aggregate limit adjustments	(8,309)
41		
42	UPL adjustment available for SFY 2022	24,373

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Southeast Georgia Health System - Brunswick
2	base period report period beginning date	5/1/2019
3	base period report period ending date	4/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	35,653,474
11	payments for services	9,845,013
12	annual covered charges	35,653,474
13	annual payments for services	9,845,013
14		
15	total hospital CCR	29.95%
16		
17	annual cost of services	10,679,126
18		
19	<u>adjustment factor</u>	
20	inflation	1.088036
21		
22	adjusted annual charges	38,792,263
23	adjusted Medicaid payments for services	10,711,729
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	10,711,729
26	adjusted cost of services	11,619,274
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	15,872,426
33		
34	maximum annual payments	15,872,426
35	facility specific UPL amount	5,160,697
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(8,750)
39	allocation of supplemental payments	(1,303,303)
40	total aggregate limit adjustments	(1,312,053)
41		
42	UPL adjustment available for SFY 2022	3,848,644

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Southeast Georgia Health System - Camden
2	base period report period beginning date	5/1/2019
3	base period report period ending date	4/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	1,768,181
11	payments for services	661,124
12	annual covered charges	1,768,181
13	annual payments for services	661,124
14		
15	total hospital CCR	32.93%
16		
17	annual cost of services	582,295
18		
19	<u>adjustment factor</u>	
20	inflation	1.088036
21		
22	adjusted annual charges	1,923,845
23	adjusted Medicaid payments for services	719,327
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	719,327
26	adjusted cost of services	633,558
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	1,065,884
33		
34	maximum annual payments	1,065,884
35	facility specific UPL amount	346,557
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(588)
39	allocation of supplemental payments	(87,521)
40	total aggregate limit adjustments	(88,109)
41		
42	UPL adjustment available for SFY 2022	258,448

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Southwell Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	522,129
11	payments for services	155,149
12	annual covered charges	522,129
13	annual payments for services	155,149
14		
15	total hospital CCR	75.63%
16		
17	annual cost of services	394,863
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	564,348
23	adjusted Medicaid payments for services	167,694
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	167,694
26	adjusted cost of services	426,792
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	248,486
33		
34	maximum annual payments	248,486
35	facility specific UPL amount	80,792
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(137)
39	allocation of supplemental payments	(20,404)
40	total aggregate limit adjustments	(20,541)
41		
42	UPL adjustment available for SFY 2022	60,251

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Stephens County Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	1,873,092
11	payments for services	869,490
12	annual covered charges	1,873,092
13	annual payments for services	869,490
14		
15	total hospital CCR	39.85%
16		
17	annual cost of services	746,499
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	2,018,474
23	adjusted Medicaid payments for services	936,976
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	936,976
26	adjusted cost of services	804,439
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	1,388,392
33		
34	maximum annual payments	1,388,392
35	facility specific UPL amount	451,416
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(765)
39	allocation of supplemental payments	(114,003)
40	total aggregate limit adjustments	(114,768)
41		
42	UPL adjustment available for SFY 2022	336,648



Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Tanner Medical Center - Carrollton
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	20,190,084
11	payments for services	4,986,671
12	annual covered charges	20,190,084
13	annual payments for services	4,986,671
14		
15	total hospital CCR	26.54%
16		
17	annual cost of services	5,359,149
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	21,822,654
23	adjusted Medicaid payments for services	5,389,893
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,389,893
26	adjusted cost of services	5,792,490
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	7,986,636
33		
34	maximum annual payments	7,986,636
35	facility specific UPL amount	2,596,743
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4,403)
39	allocation of supplemental payments	(655,792)
40	total aggregate limit adjustments	(660,195)
41		
42	UPL adjustment available for SFY 2022	1,936,548

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Tanner Medical Center Villa Rica
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	23,139,400
11	payments for services	7,970,868
12	annual covered charges	23,139,400
13	annual payments for services	7,970,868
14		
15	total hospital CCR	29.66%
16		
17	annual cost of services	6,862,068
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	25,010,452
23	adjusted Medicaid payments for services	8,615,392
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	8,615,392
26	adjusted cost of services	7,416,935
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	12,766,116
33		
34	maximum annual payments	12,766,116
35	facility specific UPL amount	4,150,724
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(7,038)
39	allocation of supplemental payments	(1,048,240)
40	total aggregate limit adjustments	(1,055,278)
41		
42	UPL adjustment available for SFY 2022	3,095,446

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Medical Center - Navicent Health
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	157,275,027
11	payments for services	35,059,290
12	annual covered charges	157,275,027
13	annual payments for services	35,059,290
14		
15	total hospital CCR	21.67%
16		
17	annual cost of services	34,088,231
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	170,505,631
23	adjusted Medicaid payments for services	38,008,618
24	supplemental rate adjustment payments	7,301,051
25	total adjusted Medicaid payments	45,309,669
26	adjusted cost of services	36,955,869
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	56,320,410
33		
34	maximum annual payments	56,320,410
35	facility specific UPL amount	11,010,741
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(31,048)
39	allocation of supplemental payments	2,676,517
40	total aggregate limit adjustments	2,645,469
41		
42	UPL adjustment available for SFY 2022	13,656,210

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Tift Regional Medical Center
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	35,945,376
11	payments for services	6,952,591
12	annual covered charges	35,945,376
13	annual payments for services	6,952,591
14		
15	total hospital CCR	22.63%
16		
17	annual cost of services	8,133,333
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	38,735,312
23	adjusted Medicaid payments for services	7,492,223
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	7,492,223
26	adjusted cost of services	8,764,610
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	11,101,826
33		
34	maximum annual payments	11,101,826
35	facility specific UPL amount	3,609,603
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(6,120)
39	allocation of supplemental payments	(911,584)
40	total aggregate limit adjustments	(917,704)
41		
42	UPL adjustment available for SFY 2022	2,691,899

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Union General Hospital, Inc.
2	base period report period beginning date	5/1/2019
3	base period report period ending date	4/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	1,426,443
11	payments for services	465,066
12	annual covered charges	1,426,443
13	annual payments for services	465,066
14		
15	total hospital CCR	36.63%
16		
17	annual cost of services	522,528
18		
19	<u>adjustment factor</u>	
20	inflation	1.088036
21		
22	adjusted annual charges	1,552,021
23	adjusted Medicaid payments for services	506,009
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	506,009
26	adjusted cost of services	568,529
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	749,794
33		
34	maximum annual payments	749,794
35	facility specific UPL amount	243,785
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(413)
39	allocation of supplemental payments	(61,567)
40	total aggregate limit adjustments	(61,980)
41		
42	UPL adjustment available for SFY 2022	181,805

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	University Hospital
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	53,399,929
11	payments for services	14,016,168
12	annual covered charges	53,399,929
13	annual payments for services	14,016,168
14		
15	total hospital CCR	28.88%
16		
17	annual cost of services	15,421,734
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	57,892,145
23	adjusted Medicaid payments for services	15,195,264
24	supplemental rate adjustment payments	132,423
25	total adjusted Medicaid payments	15,327,687
26	adjusted cost of services	16,719,072
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	22,516,038
33		
34	maximum annual payments	22,516,038
35	facility specific UPL amount	7,188,351
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(12,412)
39	allocation of supplemental payments	(1,716,395)
40	total aggregate limit adjustments	(1,728,807)
41		
42	UPL adjustment available for SFY 2022	5,459,544

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	University Hospital Mcduffie
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	973,735
11	payments for services	350,713
12	annual covered charges	973,735
13	annual payments for services	350,713
14		
15	total hospital CCR	23.62%
16		
17	annual cost of services	230,014
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	1,055,649
23	adjusted Medicaid payments for services	380,216
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	380,216
26	adjusted cost of services	249,364
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	563,396
33		
34	maximum annual payments	563,396
35	facility specific UPL amount	183,180
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(311)
39	allocation of supplemental payments	(46,261)
40	total aggregate limit adjustments	(46,572)
41		
42	UPL adjustment available for SFY 2022	136,608

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Upson Regional Medical Center
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	14,252,945
11	payments for services	3,694,460
12	annual covered charges	14,252,945
13	annual payments for services	3,694,460
14		
15	total hospital CCR	22.89%
16		
17	annual cost of services	3,263,186
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	15,451,960
23	adjusted Medicaid payments for services	4,005,253
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,005,253
26	adjusted cost of services	3,537,698
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	5,934,904
33		
34	maximum annual payments	5,934,904
35	facility specific UPL amount	1,929,651
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,272)
39	allocation of supplemental payments	(487,322)
40	total aggregate limit adjustments	(490,594)
41		
42	UPL adjustment available for SFY 2022	1,439,057



Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Washington County Regional Medical
2	base period report period beginning date	9/1/2019
3	base period report period ending date	8/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	286,849
11	payments for services	201,604
12	annual covered charges	286,849
13	annual payments for services	201,604
14		
15	total hospital CCR	37.45%
16		
17	annual cost of services	107,418
18		
19	<u>adjustment factor</u>	
20	inflation	1.078695
21		
22	adjusted annual charges	309,423
23	adjusted Medicaid payments for services	217,469
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	217,469
26	adjusted cost of services	115,871
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	322,241
33		
34	maximum annual payments	322,241
35	facility specific UPL amount	104,772
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(178)
39	allocation of supplemental payments	(26,459)
40	total aggregate limit adjustments	(26,637)
41		
42	UPL adjustment available for SFY 2022	78,135

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Wayne Memorial Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	5,910,224
11	payments for services	1,454,580
12	annual covered charges	5,910,224
13	annual payments for services	1,454,580
14		
15	total hospital CCR	24.23%
16		
17	annual cost of services	1,432,141
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	6,388,125
23	adjusted Medicaid payments for services	1,572,197
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,572,197
26	adjusted cost of services	1,547,944
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	2,329,650
33		
34	maximum annual payments	2,329,650
35	facility specific UPL amount	757,453
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,284)
39	allocation of supplemental payments	(191,290)
40	total aggregate limit adjustments	(192,574)
41		
42	UPL adjustment available for SFY 2022	564,879

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Wellstar Cobb Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	108,896,608
11	payments for services	16,649,164
12	annual covered charges	108,896,608
13	annual payments for services	16,649,164
14		
15	total hospital CCR	17.14%
16		
17	annual cost of services	18,668,056
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	117,701,988
23	adjusted Medicaid payments for services	17,995,415
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	17,995,415
26	adjusted cost of services	20,177,555
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	26,665,246
33		
34	maximum annual payments	26,665,246
35	facility specific UPL amount	8,669,831
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(14,700)
39	allocation of supplemental payments	(2,189,514)
40	total aggregate limit adjustments	(2,204,214)
41		
42	UPL adjustment available for SFY 2022	6,465,617

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Wellstar Douglas Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	27,214,246
11	payments for services	4,729,944
12	annual covered charges	27,214,246
13	annual payments for services	4,729,944
14		
15	total hospital CCR	16.15%
16		
17	annual cost of services	4,395,175
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	29,414,790
23	adjusted Medicaid payments for services	5,112,407
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,112,407
26	adjusted cost of services	4,750,569
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	7,575,462
33		
34	maximum annual payments	7,575,462
35	facility specific UPL amount	2,463,055
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4,176)
39	allocation of supplemental payments	(622,030)
40	total aggregate limit adjustments	(626,206)
41		
42	UPL adjustment available for SFY 2022	1,836,849

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Wellstar Kennestone Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	218,675,712
11	payments for services	29,184,378
12	annual covered charges	218,675,712
13	annual payments for services	29,184,378
14		
15	total hospital CCR	16.09%
16		
17	annual cost of services	35,187,245
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	236,357,830
23	adjusted Medicaid payments for services	31,544,227
24	supplemental rate adjustment payments	4,900,868
25	total adjusted Medicaid payments	36,445,095
26	adjusted cost of services	38,032,486
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	46,741,605
33		
34	maximum annual payments	46,741,605
35	facility specific UPL amount	10,296,510
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(25,767)
39	allocation of supplemental payments	1,062,861
40	total aggregate limit adjustments	1,037,094
41		
42	UPL adjustment available for SFY 2022	11,333,604

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Wellstar Paulding Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	26,460,889
11	payments for services	5,021,467
12	annual covered charges	26,460,889
13	annual payments for services	5,021,467
14		
15	total hospital CCR	15.89%
16		
17	annual cost of services	4,204,027
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	28,600,516
23	adjusted Medicaid payments for services	5,427,503
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,427,503
26	adjusted cost of services	4,543,965
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	8,042,365
33		
34	maximum annual payments	8,042,365
35	facility specific UPL amount	2,614,862
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4,434)
39	allocation of supplemental payments	(660,368)
40	total aggregate limit adjustments	(664,802)
41		
42	UPL adjustment available for SFY 2022	1,950,060

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Wellstar West Georgia Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	34,888,190
11	payments for services	6,085,886
12	annual covered charges	34,888,190
13	annual payments for services	6,085,886
14		
15	total hospital CCR	18.81%
16		
17	annual cost of services	6,561,138
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	37,709,249
23	adjusted Medicaid payments for services	6,577,991
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	6,577,991
26	adjusted cost of services	7,091,672
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.48178
32	maximum annual payments (at DRG differential)	9,747,136
33		
34	maximum annual payments	9,747,136
35	facility specific UPL amount	3,169,145
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(5,373)
39	allocation of supplemental payments	(800,349)
40	total aggregate limit adjustments	(805,722)
41		
42	UPL adjustment available for SFY 2022	2,363,423

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Wellstar Windy Hill Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	0
11	payments for services	0
12	annual covered charges	0
13	annual payments for services	0
14		
15	total hospital CCR	19.52%
16		
17	annual cost of services	0
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	0
23	adjusted Medicaid payments for services	0
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	0
26	adjusted cost of services	0
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	0
35	facility specific UPL amount	0
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	0
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	0
41		
42	UPL adjustment available for SFY 2022	0



Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Bacon County Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	2,346,606
11	payments for services	643,066
12	annual covered charges	2,346,606
13	annual payments for services	643,066
14		
15	total hospital CCR	46.05%
16		
17	annual cost of services	1,080,535
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	2,536,353
23	adjusted Medicaid payments for services	695,064
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	695,064
26	adjusted cost of services	1,167,907
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	1,167,907
35	facility specific UPL amount	472,843
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(802)
39	allocation of supplemental payments	(119,414)
40	total aggregate limit adjustments	(120,216)
41		
42	UPL adjustment available for SFY 2022	352,627

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Bleckley Memorial Hospital
2	base period report period beginning date	4/1/2019
3	base period report period ending date	3/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	17,274
11	payments for services	16,676
12	annual covered charges	17,274
13	annual payments for services	16,676
14		
15	total hospital CCR	66.70%
16		
17	annual cost of services	11,522
18		
19	<u>adjustment factor</u>	
20	inflation	1.091659
21		
22	adjusted annual charges	18,857
23	adjusted Medicaid payments for services	18,205
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	18,205
26	adjusted cost of services	12,578
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	12,578
35	facility specific UPL amount	(5,627)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	5,627
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	5,627
41		
42	UPL adjustment available for SFY 2022	0

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Brooks County Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	226,849
11	payments for services	78,478
12	annual covered charges	226,849
13	annual payments for services	78,478
14		
15	total hospital CCR	46.82%
16		
17	annual cost of services	106,206
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	244,456
23	adjusted Medicaid payments for services	84,569
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	84,569
26	adjusted cost of services	114,449
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	114,449
35	facility specific UPL amount	29,880
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(51)
39	allocation of supplemental payments	(7,546)
40	total aggregate limit adjustments	(7,597)
41		
42	UPL adjustment available for SFY 2022	22,283

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Candler County Hospital
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	583,360
11	payments for services	272,335
12	annual covered charges	583,360
13	annual payments for services	272,335
14		
15	total hospital CCR	30.40%
16		
17	annual cost of services	177,353
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	632,435
23	adjusted Medicaid payments for services	295,245
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	295,245
26	adjusted cost of services	192,273
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	192,273
35	facility specific UPL amount	(102,972)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	102,972
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	102,972
41		
42	UPL adjustment available for SFY 2022	0

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Chatuge Regional Hospital, Inc.
2	base period report period beginning date	5/1/2019
3	base period report period ending date	4/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	78,272
11	payments for services	39,925
12	annual covered charges	78,272
13	annual payments for services	39,925
14		
15	total hospital CCR	73.89%
16		
17	annual cost of services	57,838
18		
19	<u>adjustment factor</u>	
20	inflation	1.088036
21		
22	adjusted annual charges	85,163
23	adjusted Medicaid payments for services	43,440
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	43,440
26	adjusted cost of services	62,930
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	62,930
35	facility specific UPL amount	19,490
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(33)
39	allocation of supplemental payments	(4,922)
40	total aggregate limit adjustments	(4,955)
41		
42	UPL adjustment available for SFY 2022	14,535

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Clinch Memorial Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	141,606
11	payments for services	92,160
12	annual covered charges	141,606
13	annual payments for services	92,160
14		
15	total hospital CCR	80.77%
16		
17	annual cost of services	114,375
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	153,056
23	adjusted Medicaid payments for services	99,612
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	99,612
26	adjusted cost of services	123,623
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	123,623
35	facility specific UPL amount	24,011
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(41)
39	allocation of supplemental payments	(6,064)
40	total aggregate limit adjustments	(6,105)
41		
42	UPL adjustment available for SFY 2022	17,906

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Effingham Health System
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	1,012,101
11	payments for services	293,238
12	annual covered charges	1,012,101
13	annual payments for services	293,238
14		
15	total hospital CCR	36.39%
16		
17	annual cost of services	368,305
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	1,093,939
23	adjusted Medicaid payments for services	316,949
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	316,949
26	adjusted cost of services	398,086
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	398,086
35	facility specific UPL amount	81,137
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(138)
39	allocation of supplemental payments	(20,491)
40	total aggregate limit adjustments	(20,629)
41		
42	UPL adjustment available for SFY 2022	60,508

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Elbert Memorial Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	210,707
11	payments for services	94,538
12	annual covered charges	210,707
13	annual payments for services	94,538
14		
15	total hospital CCR	37.62%
16		
17	annual cost of services	79,274
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	227,745
23	adjusted Medicaid payments for services	102,182
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	102,182
26	adjusted cost of services	85,684
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	85,684
35	facility specific UPL amount	(16,498)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	16,498
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	16,498
41		
42	UPL adjustment available for SFY 2022	0



Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Floyd Polk Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	22,204
11	payments for services	5,881
12	annual covered charges	22,204
13	annual payments for services	5,881
14		
15	total hospital CCR	21.72%
16		
17	annual cost of services	4,822
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	23,999
23	adjusted Medicaid payments for services	6,357
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	6,357
26	adjusted cost of services	5,212
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	5,212
35	facility specific UPL amount	(1,145)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	1,145
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	1,145
41		
42	UPL adjustment available for SFY 2022	0

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Higgins General Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	458,412
11	payments for services	105,092
12	annual covered charges	458,412
13	annual payments for services	105,092
14		
15	total hospital CCR	36.62%
16		
17	annual cost of services	167,864
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	495,479
23	adjusted Medicaid payments for services	113,590
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	113,590
26	adjusted cost of services	181,437
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	181,437
35	facility specific UPL amount	67,847
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(115)
39	allocation of supplemental payments	(17,134)
40	total aggregate limit adjustments	(17,249)
41		
42	UPL adjustment available for SFY 2022	50,598

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Jasper Memorial Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	0
11	payments for services	0
12	annual covered charges	0
13	annual payments for services	0
14		
15	total hospital CCR	114.62%
16		
17	annual cost of services	0
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	0
23	adjusted Medicaid payments for services	0
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	0
26	adjusted cost of services	0
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	0
35	facility specific UPL amount	0
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	0
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	0
41		
42	UPL adjustment available for SFY 2022	0

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Jeff Davis Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	1,430,187
11	payments for services	355,161
12	annual covered charges	1,430,187
13	annual payments for services	355,161
14		
15	total hospital CCR	26.09%
16		
17	annual cost of services	373,131
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	1,541,192
23	adjusted Medicaid payments for services	382,727
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	382,727
26	adjusted cost of services	402,092
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	402,092
35	facility specific UPL amount	19,365
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(33)
39	allocation of supplemental payments	(4,890)
40	total aggregate limit adjustments	(4,923)
41		
42	UPL adjustment available for SFY 2022	14,442

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Liberty Regional Medical Center
2	base period report period beginning date	12/1/2019
3	base period report period ending date	11/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	1,914,411
11	payments for services	443,016
12	annual covered charges	1,914,411
13	annual payments for services	443,016
14		
15	total hospital CCR	23.36%
16		
17	annual cost of services	447,235
18		
19	<u>adjustment factor</u>	
20	inflation	1.081946
21		
22	adjusted annual charges	2,071,289
23	adjusted Medicaid payments for services	479,319
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	479,319
26	adjusted cost of services	483,884
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	483,884
35	facility specific UPL amount	4,565
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(8)
39	allocation of supplemental payments	(1,153)
40	total aggregate limit adjustments	(1,161)
41		
42	UPL adjustment available for SFY 2022	3,404

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Medical Center Of Peach County, Navicent
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	1,385,882
11	payments for services	592,116
12	annual covered charges	1,385,882
13	annual payments for services	592,116
14		
15	total hospital CCR	31.33%
16		
17	annual cost of services	434,249
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	1,502,468
23	adjusted Medicaid payments for services	641,927
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	641,927
26	adjusted cost of services	470,780
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	470,780
35	facility specific UPL amount	(171,147)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	171,147
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	171,147
41		
42	UPL adjustment available for SFY 2022	0

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Miller County Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	1,635,630
11	payments for services	837,930
12	annual covered charges	1,635,630
13	annual payments for services	837,930
14		
15	total hospital CCR	133.20%
16		
17	annual cost of services	2,178,603
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	1,767,887
23	adjusted Medicaid payments for services	905,685
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	905,685
26	adjusted cost of services	2,354,765
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	2,354,765
35	facility specific UPL amount	1,449,080
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,457)
39	allocation of supplemental payments	(365,956)
40	total aggregate limit adjustments	(368,413)
41		
42	UPL adjustment available for SFY 2022	1,080,667

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Mitchell County Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	57,006
11	payments for services	19,498
12	annual covered charges	57,006
13	annual payments for services	19,498
14		
15	total hospital CCR	78.11%
16		
17	annual cost of services	44,529
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	61,431
23	adjusted Medicaid payments for services	21,011
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	21,011
26	adjusted cost of services	47,985
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	47,985
35	facility specific UPL amount	26,974
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(46)
39	allocation of supplemental payments	(6,812)
40	total aggregate limit adjustments	(6,858)
41		
42	UPL adjustment available for SFY 2022	20,116



Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Monroe County Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	78,165
11	payments for services	31,511
12	annual covered charges	78,165
13	annual payments for services	31,511
14		
15	total hospital CCR	46.50%
16		
17	annual cost of services	36,345
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	84,232
23	adjusted Medicaid payments for services	33,957
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	33,957
26	adjusted cost of services	39,166
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	39,166
35	facility specific UPL amount	5,209
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(9)
39	allocation of supplemental payments	(1,315)
40	total aggregate limit adjustments	(1,324)
41		
42	UPL adjustment available for SFY 2022	3,885

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Morgan Memorial Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	18,268
11	payments for services	11,419
12	annual covered charges	18,268
13	annual payments for services	11,419
14		
15	total hospital CCR	64.72%
16		
17	annual cost of services	11,824
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	19,745
23	adjusted Medicaid payments for services	12,342
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	12,342
26	adjusted cost of services	12,780
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	12,780
35	facility specific UPL amount	438
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1)
39	allocation of supplemental payments	(111)
40	total aggregate limit adjustments	(112)
41		
42	UPL adjustment available for SFY 2022	326

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Lifebrite Community Hospital of Early
2	base period report period beginning date	10/1/2019
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	0.8
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	212,814
11	payments for services	85,633
12	annual covered charges	170,251
13	annual payments for services	68,506
14		
15	total hospital CCR	106.82%
16		
17	annual cost of services	181,867
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	184,573
23	adjusted Medicaid payments for services	74,269
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	74,269
26	adjusted cost of services	197,166
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	197,166
35	facility specific UPL amount	122,897
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(208)
39	allocation of supplemental payments	(31,037)
40	total aggregate limit adjustments	(31,245)
41		
42	UPL adjustment available for SFY 2022	91,652

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Putnam General Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	121,919
11	payments for services	81,637
12	annual covered charges	121,919
13	annual payments for services	81,637
14		
15	total hospital CCR	49.24%
16		
17	annual cost of services	60,032
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	131,382
23	adjusted Medicaid payments for services	87,973
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	87,973
26	adjusted cost of services	64,691
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	64,691
35	facility specific UPL amount	(23,282)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	23,282
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	23,282
41		
42	UPL adjustment available for SFY 2022	0

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	South Georgia Medical Center Lanier Campus
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	68,639
11	payments for services	36,661
12	annual covered charges	68,639
13	annual payments for services	36,661
14		
15	total hospital CCR	94.76%
16		
17	annual cost of services	65,043
18		
19	<u>adjustment factor</u>	
20	inflation	1.077616
21		
22	adjusted annual charges	73,966
23	adjusted Medicaid payments for services	39,506
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	39,506
26	adjusted cost of services	70,091
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	70,091
35	facility specific UPL amount	30,585
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(52)
39	allocation of supplemental payments	(7,724)
40	total aggregate limit adjustments	(7,776)
41		
42	UPL adjustment available for SFY 2022	22,809

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Warm Springs Medical Center
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	61,664
11	payments for services	33,588
12	annual covered charges	61,664
13	annual payments for services	33,588
14		
15	total hospital CCR	99.05%
16		
17	annual cost of services	61,080
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	66,851
23	adjusted Medicaid payments for services	36,414
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	36,414
26	adjusted cost of services	66,218
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	66,218
35	facility specific UPL amount	29,804
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(51)
39	allocation of supplemental payments	(7,527)
40	total aggregate limit adjustments	(7,578)
41		
42	UPL adjustment available for SFY 2022	22,226

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Wellstar Sylvan Grove Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	24,509
11	payments for services	4,748
12	annual covered charges	24,509
13	annual payments for services	4,748
14		
15	total hospital CCR	23.80%
16		
17	annual cost of services	5,832
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	26,491
23	adjusted Medicaid payments for services	5,132
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,132
26	adjusted cost of services	6,304
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	6,304
35	facility specific UPL amount	1,172
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2)
39	allocation of supplemental payments	(296)
40	total aggregate limit adjustments	(298)
41		
42	UPL adjustment available for SFY 2022	874

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Wills Memorial Hospital
2	base period report period beginning date	5/1/2019
3	base period report period ending date	4/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	165,045
11	payments for services	66,041
12	annual covered charges	165,045
13	annual payments for services	66,041
14		
15	total hospital CCR	73.74%
16		
17	annual cost of services	121,709
18		
19	<u>adjustment factor</u>	
20	inflation	1.088036
21		
22	adjusted annual charges	179,575
23	adjusted Medicaid payments for services	71,855
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	71,855
26	adjusted cost of services	132,424
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	132,424
35	facility specific UPL amount	60,569
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(103)
39	allocation of supplemental payments	(15,296)
40	total aggregate limit adjustments	(15,399)
41		
42	UPL adjustment available for SFY 2022	45,170



Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Jenkins County Medical Center
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	205,840
11	payments for services	69,535
12	annual covered charges	205,840
13	annual payments for services	69,535
14		
15	total hospital CCR	67.13%
16		
17	annual cost of services	138,185
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	223,156
23	adjusted Medicaid payments for services	75,385
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	75,385
26	adjusted cost of services	149,810
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	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	149,810
35	facility specific UPL amount	74,425
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,970)
39	allocation of supplemental payments	(24,055)
40	total aggregate limit adjustments	(28,025)
41		
42	UPL adjustment available for SFY 2022	46,400

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Mountain Lakes Medical Center
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	389,291
11	payments for services	154,036
12	annual covered charges	389,291
13	annual payments for services	154,036
14		
15	total hospital CCR	51.88%
16		
17	annual cost of services	201,957
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	422,040
23	adjusted Medicaid payments for services	166,994
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	166,994
26	adjusted cost of services	218,946
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	218,946
35	facility specific UPL amount	51,952
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,771)
39	allocation of supplemental payments	(16,791)
40	total aggregate limit adjustments	(19,562)
41		
42	UPL adjustment available for SFY 2022	32,390

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Optim Medical Center - Screven
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	145,830
11	payments for services	41,475
12	annual covered charges	145,830
13	annual payments for services	41,475
14		
15	total hospital CCR	55.62%
16		
17	annual cost of services	81,117
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	158,098
23	adjusted Medicaid payments for services	44,964
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	44,964
26	adjusted cost of services	87,941
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	87,941
35	facility specific UPL amount	42,977
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,292)
39	allocation of supplemental payments	(13,891)
40	total aggregate limit adjustments	(16,183)
41		
42	UPL adjustment available for SFY 2022	26,794

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Optim Medical Center - Tatttnall
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	3,456,511
11	payments for services	314,566
12	annual covered charges	3,456,511
13	annual payments for services	314,566
14		
15	total hospital CCR	11.48%
16		
17	annual cost of services	396,672
18		
19	<u>adjustment factor</u>	
20	inflation	1.084124
21		
22	adjusted annual charges	3,747,287
23	adjusted Medicaid payments for services	341,029
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	341,029
26	adjusted cost of services	430,042
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	430,042
35	facility specific UPL amount	89,013
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4,748)
39	allocation of supplemental payments	(28,770)
40	total aggregate limit adjustments	(33,518)
41		
42	UPL adjustment available for SFY 2022	55,495

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	Phoebe Worth Medical Center
2	base period report period beginning date	8/1/2019
3	base period report period ending date	7/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	281,389
11	payments for services	104,641
12	annual covered charges	281,389
13	annual payments for services	104,641
14		
15	total hospital CCR	47.55%
16		
17	annual cost of services	133,799
18		
19	<u>adjustment factor</u>	
20	inflation	1.079777
21		
22	adjusted annual charges	303,837
23	adjusted Medicaid payments for services	112,989
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	112,989
26	adjusted cost of services	144,473
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	144,473
35	facility specific UPL amount	31,484
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,679)
39	allocation of supplemental payments	(10,176)
40	total aggregate limit adjustments	(11,855)
41		
42	UPL adjustment available for SFY 2022	19,629

Georgia Department of Community Health  
SFY 2022 Hospital Inpatient UPL

	Facility Name	St. Mary's Good Samaritan Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	799,835
11	payments for services	353,149
12	annual covered charges	799,835
13	annual payments for services	353,149
14		
15	total hospital CCR	31.75%
16		
17	annual cost of services	253,913
18		
19	<u>adjustment factor</u>	
20	inflation	1.08086
21		
22	adjusted annual charges	864,510
23	adjusted Medicaid payments for services	381,705
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	381,705
26	adjusted cost of services	274,444
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	274,444
35	facility specific UPL amount	(107,261)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	107,261
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	107,261
41		
42	UPL adjustment available for SFY 2022	0

SFY 2022

# **OUTPATIENT**

Hospital UPL

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Augusta University Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	89,452,326
11	cost of Medicaid covered services	18,091,208
	Medicaid CCR	0.2022
12	total hospital CCR	0.235868087
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	18,091,208
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	2,750,672
18	payments	83,700
19	annual covered charges	2,750,672
20	annual interim payments	83,700
21	annual cost of services	648,796
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	21,770,528
25	payments	2,168,548
26	annual covered charges	21,770,528
27	annual interim payments	2,168,548
28	annual cost of services	5,134,973
29		
30	Medicaid annual payments	20,343,456
31	Cost of services - max annual payments for UPL	23,874,977
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	21,988,428
37	adjusted maximum annual payments for UPL	25,805,508
38	annual facility specific UPL amount	3,817,080
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	3,817,080
43	UPL adjustment available for SFY 2022	3,817,080



Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Roosevelt Warm Springs Rehabilitation & Specialty
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	0
11	cost of Medicaid covered services	0
	Medicaid CCR	0.0000
12	total hospital CCR	0.3567853
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	0
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	0
31	Cost of services - max annual payments for UPL	0
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	0
37	adjusted maximum annual payments for UPL	0
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 SFY 2022	0

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Roosevelt Warm Springs LTAC
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	0
11	cost of Medicaid covered services	0
	Medicaid CCR	0.0000
12	total hospital CCR	0.454335343
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	0
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	0
31	Cost of services - max annual payments for UPL	0
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	0
37	adjusted maximum annual payments for UPL	0
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 SFY 2022	0

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Appling Hospital
2	base period report period beginning date	9/1/2019
3	base period report period ending date	8/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,168,636
11	cost of Medicaid covered services	446,358
	Medicaid CCR	0.3819
12	total hospital CCR	0.787463023
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	427,477
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	57,420
18	payments	4,934
19	annual covered charges	57,420
20	annual interim payments	4,934
21	annual cost of services	45,216
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	37,082
25	payments	5,225
26	annual covered charges	37,082
27	annual interim payments	5,225
28	annual cost of services	29,201
29		
30	Medicaid annual payments	437,636
31	Cost of services - max annual payments for UPL	520,775
32		
33	<u>adjustment factor</u>	
34	inflation	1.078695
35		
36	adjusted Medicaid annual payments	472,076
37	adjusted maximum annual payments for UPL	561,757
38	annual facility specific UPL amount	89,681
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	89,681
43	UPL adjustment available for SFY 2022	89,681

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Burke Medical Center
2	base period report period beginning date	6/1/2019
3	base period report period ending date	5/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	885,862
11	cost of Medicaid covered services	283,575
	Medicaid CCR	0.3201
12	total hospital CCR	0.398120209
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	271,580
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	135,501
18	payments	7,754
19	annual covered charges	135,501
20	annual interim payments	7,754
21	annual cost of services	53,946
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	279,334
31	Cost of services - max annual payments for UPL	337,521
32		
33	<u>adjustment factor</u>	
34	inflation	1.084436
35		
36	adjusted Medicaid annual payments	302,920
37	adjusted maximum annual payments for UPL	366,020
38	annual facility specific UPL amount	63,100
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	63,100
43	UPL adjustment available for SFY 2022	63,100

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Children's Healthcare of Atlanta at Hughes Spalding
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	12,039,592
11	cost of Medicaid covered services	3,001,118
	Medicaid CCR	0.2493
12	total hospital CCR	0.193766516
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,874,171
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	916,228
18	payments	29,134
19	annual covered charges	916,228
20	annual interim payments	29,134
21	annual cost of services	177,534
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	74,151
25	payments	20,891
26	annual covered charges	74,151
27	annual interim payments	20,891
28	annual cost of services	14,368
29		
30	Medicaid annual payments	2,924,196
31	Cost of services - max annual payments for UPL	3,193,020
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	3,170,191
37	adjusted maximum annual payments for UPL	3,461,630
38	annual facility specific UPL amount	291,439
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	291,439
42		
43	UPL adjustment available for SFY 2022	291,439

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Coffee Regional Medical Center
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	7,919,689
11	cost of Medicaid covered services	1,616,108
	Medicaid CCR	0.2041
12	total hospital CCR	0.207297176
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,547,747
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	362,050
18	payments	17,857
19	annual covered charges	362,050
20	annual interim payments	17,857
21	annual cost of services	75,052
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,309,786
25	payments	350,028
26	annual covered charges	3,309,786
27	annual interim payments	350,028
28	annual cost of services	686,109
29		
30	Medicaid annual payments	1,915,632
31	Cost of services - max annual payments for UPL	2,377,269
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	2,076,783
37	adjusted maximum annual payments for UPL	2,577,254
38	annual facility specific UPL amount	500,471
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	500,471
43	UPL adjustment available for SFY 2022	500,471

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Colquitt Regional Medical Center
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	7,272,288
11	cost of Medicaid covered services	1,661,367
	Medicaid CCR	0.2285
12	total hospital CCR	0.284890511
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,591,091
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	220,923
18	payments	14,724
19	annual covered charges	220,923
20	annual interim payments	14,724
21	annual cost of services	62,939
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,065,957
25	payments	393,893
26	annual covered charges	3,065,957
27	annual interim payments	393,893
28	annual cost of services	873,462
29		
30	Medicaid annual payments	1,999,708
31	Cost of services - max annual payments for UPL	2,597,768
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	2,154,917
37	adjusted maximum annual payments for UPL	2,799,396
38	annual facility specific UPL amount	644,479
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	644,479
43	UPL adjustment available for SFY 2022	644,479

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Crisp Regional Hospital, Inc.
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	3,459,516
11	cost of Medicaid covered services	802,769
	Medicaid CCR	0.2320
12	total hospital CCR	0.316945473
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	768,812
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	213,604
18	payments	10,573
19	annual covered charges	213,604
20	annual interim payments	10,573
21	annual cost of services	67,701
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,011,213
25	payments	241,252
26	annual covered charges	3,011,213
27	annual interim payments	241,252
28	annual cost of services	954,390
29		
30	Medicaid annual payments	1,020,637
31	Cost of services - max annual payments for UPL	1,824,860
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	1,103,166
37	adjusted maximum annual payments for UPL	1,972,418
38	annual facility specific UPL amount	869,252
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	869,252
43	UPL adjustment available for SFY 2022	869,252



Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Dodge County Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,631,259
11	cost of Medicaid covered services	520,982
	Medicaid CCR	0.1980
12	total hospital CCR	0.267725363
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	498,944
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	169,566
18	payments	10,711
19	annual covered charges	169,566
20	annual interim payments	10,711
21	annual cost of services	45,397
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	509,655
31	Cost of services - max annual payments for UPL	566,379
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	549,212
37	adjusted maximum annual payments for UPL	610,339
38	annual facility specific UPL amount	61,127
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	61,127
43	UPL adjustment available for SFY 2022	61,127

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Dorminy Medical Center
2	base period report period beginning date	8/1/2019
3	base period report period ending date	7/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,998,069
11	cost of Medicaid covered services	393,245
	Medicaid CCR	0.1968
12	total hospital CCR	0.284207702
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	376,611
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	199,031
18	payments	15,116
19	annual covered charges	199,031
20	annual interim payments	15,116
21	annual cost of services	56,566
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	37,243
25	payments	5,391
26	annual covered charges	37,243
27	annual interim payments	5,391
28	annual cost of services	10,585
29		
30	Medicaid annual payments	397,118
31	Cost of services - max annual payments for UPL	460,396
32		
33	<u>adjustment factor</u>	
34	inflation	1.079777
35		
36	adjusted Medicaid annual payments	428,799
37	adjusted maximum annual payments for UPL	497,125
38	annual facility specific UPL amount	68,326
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	68,326
43	UPL adjustment available for SFY 2022	68,326

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Emanuel Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,939,016
11	cost of Medicaid covered services	411,139
	Medicaid CCR	0.1399
12	total hospital CCR	0.2764101
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	393,748
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	496,679
18	payments	16,995
19	annual covered charges	496,679
20	annual interim payments	16,995
21	annual cost of services	137,287
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	410,743
31	Cost of services - max annual payments for UPL	548,426
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	443,956
37	adjusted maximum annual payments for UPL	592,772
38	annual facility specific UPL amount	148,816
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	148,816
43	UPL adjustment available for SFY 2022	148,816

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Emory Decatur Hospital
2	base period report period beginning date	9/1/2019
3	base period report period ending date	8/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	123,524
11	cost of Medicaid covered services	21,655
	Medicaid CCR	0.1753
12	total hospital CCR	0.283527358
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	20,739
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	284,041
18	payments	12,755
19	annual covered charges	284,041
20	annual interim payments	12,755
21	annual cost of services	80,533
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,738,675
25	payments	228,646
26	annual covered charges	1,738,675
27	annual interim payments	228,646
28	annual cost of services	492,962
29		
30	Medicaid annual payments	262,140
31	Cost of services - max annual payments for UPL	595,150
32		
33	<u>adjustment factor</u>	
34	inflation	1.078695
35		
36	adjusted Medicaid annual payments	282,769
37	adjusted maximum annual payments for UPL	641,985
38	annual facility specific UPL amount	359,216
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	359,216
43	UPL adjustment available for SFY 2022	359,216

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Emory Hillandale Hospital
2	base period report period beginning date	9/1/2019
3	base period report period ending date	8/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	9,670,487
11	cost of Medicaid covered services	1,727,263
	Medicaid CCR	0.1786
12	total hospital CCR	0.224744245
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,654,200
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	332,728
18	payments	17,252
19	annual covered charges	332,728
20	annual interim payments	17,252
21	annual cost of services	74,779
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	1,671,452
31	Cost of services - max annual payments for UPL	1,802,042
32		
33	<u>adjustment factor</u>	
34	inflation	1.078695
35		
36	adjusted Medicaid annual payments	1,802,987
37	adjusted maximum annual payments for UPL	1,943,854
38	annual facility specific UPL amount	140,867
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	140,867
43	UPL adjustment available for SFY 2022	140,867

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Evans Memorial Hospital, Inc.
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	937,118
11	cost of Medicaid covered services	199,341
	Medicaid CCR	0.2127
12	total hospital CCR	0.223244633
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	190,909
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	149,362
18	payments	10,182
19	annual covered charges	149,362
20	annual interim payments	10,182
21	annual cost of services	33,344
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	41,317
25	payments	5,801
26	annual covered charges	41,317
27	annual interim payments	5,801
28	annual cost of services	9,224
29		
30	Medicaid annual payments	206,892
31	Cost of services - max annual payments for UPL	241,909
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	222,950
37	adjusted maximum annual payments for UPL	260,685
38	annual facility specific UPL amount	37,735
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	37,735
43	UPL adjustment available for SFY 2022	37,735

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Floyd Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	34,527,531
11	cost of Medicaid covered services	5,318,730
	Medicaid CCR	0.1540
12	total hospital CCR	0.197506968
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	5,093,748
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	402,932
18	payments	11,412
19	annual covered charges	402,932
20	annual interim payments	11,412
21	annual cost of services	79,582
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	10,726,590
25	payments	1,053,742
26	annual covered charges	10,726,590
27	annual interim payments	1,053,742
28	annual cost of services	2,118,576
29		
30	Medicaid annual payments	6,158,902
31	Cost of services - max annual payments for UPL	7,516,888
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	6,656,911
37	adjusted maximum annual payments for UPL	8,124,704
38	annual facility specific UPL amount	1,467,793
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	1,467,793
43	UPL adjustment available for SFY 2022	1,467,793

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Grady General Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,629,586
11	cost of Medicaid covered services	468,578
	Medicaid CCR	0.2875
12	total hospital CCR	0.351573005
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	448,757
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	52,889
18	payments	4,073
19	annual covered charges	52,889
20	annual interim payments	4,073
21	annual cost of services	18,594
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	89,120
25	payments	15,753
26	annual covered charges	89,120
27	annual interim payments	15,753
28	annual cost of services	31,332
29		
30	Medicaid annual payments	468,583
31	Cost of services - max annual payments for UPL	518,504
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	504,953
37	adjusted maximum annual payments for UPL	558,748
38	annual facility specific UPL amount	53,795
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	53,795
43	UPL adjustment available for SFY 2022	53,795



Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Grady Memorial Hospital
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	95,975,244
11	cost of Medicaid covered services	19,899,920
	Medicaid CCR	0.2073
12	total hospital CCR	0.193766516
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	19,058,153
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	669,823
18	payments	14,500
19	annual covered charges	669,823
20	annual interim payments	14,500
21	annual cost of services	129,789
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	20,629,918
25	payments	3,366,608
26	annual covered charges	20,629,918
27	annual interim payments	3,366,608
28	annual cost of services	3,997,387
29		
30	Medicaid annual payments	22,439,261
31	Cost of services - max annual payments for UPL	24,027,096
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	24,326,941
37	adjusted maximum annual payments for UPL	26,048,351
38	annual facility specific UPL amount	1,721,410
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	1,721,410
43	UPL adjustment available for SFY 2022	1,721,410

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Habersham Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,635,626
11	cost of Medicaid covered services	627,919
	Medicaid CCR	0.2382
12	total hospital CCR	0.405447496
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	601,358
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	99,176
18	payments	9,695
19	annual covered charges	99,176
20	annual interim payments	9,695
21	annual cost of services	40,211
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	611,053
31	Cost of services - max annual payments for UPL	668,130
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	660,463
37	adjusted maximum annual payments for UPL	722,155
38	annual facility specific UPL amount	61,692
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	61,692
43	UPL adjustment available for SFY 2022	61,692

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Houston Medical Center
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	12,498,294
11	cost of Medicaid covered services	2,973,315
	Medicaid CCR	0.2379
12	total hospital CCR	0.298116539
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,847,544
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	227,870
18	payments	9,264
19	annual covered charges	227,870
20	annual interim payments	9,264
21	annual cost of services	67,932
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,337,877
25	payments	210,638
26	annual covered charges	1,337,877
27	annual interim payments	210,638
28	annual cost of services	398,843
29		
30	Medicaid annual payments	3,067,446
31	Cost of services - max annual payments for UPL	3,440,090
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	3,325,492
37	adjusted maximum annual payments for UPL	3,729,484
38	annual facility specific UPL amount	403,992
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	403,992
43	UPL adjustment available for SFY 2022	403,992

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Irwin County Hospital
2	base period report period beginning date	12/1/2019
3	base period report period ending date	11/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,258,091
11	cost of Medicaid covered services	295,564
	Medicaid CCR	0.2349
12	total hospital CCR	0.343799994
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	283,062
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	67,649
18	payments	4,308
19	annual covered charges	67,649
20	annual interim payments	4,308
21	annual cost of services	23,258
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	33,872
25	payments	5,053
26	annual covered charges	33,872
27	annual interim payments	5,053
28	annual cost of services	11,645
29		
30	Medicaid annual payments	292,423
31	Cost of services - max annual payments for UPL	330,467
32		
33	<u>adjustment factor</u>	
34	inflation	1.081946
35		
36	adjusted Medicaid annual payments	316,386
37	adjusted maximum annual payments for UPL	357,547
38	annual facility specific UPL amount	41,161
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	41,161
43	UPL adjustment available for SFY 2022	41,161

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Jefferson Hospital
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	478,014
11	cost of Medicaid covered services	240,195
	Medicaid CCR	0.5025
12	total hospital CCR	0.807460205
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	230,035
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	55,430
18	payments	5,482
19	annual covered charges	55,430
20	annual interim payments	5,482
21	annual cost of services	44,758
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	235,517
31	Cost of services - max annual payments for UPL	284,953
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	255,330
37	adjusted maximum annual payments for UPL	308,924
38	annual facility specific UPL amount	53,594
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	53,594
43	UPL adjustment available for SFY 2022	53,594

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Memorial Hospital And Manor
2	base period report period beginning date	4/1/2019
3	base period report period ending date	3/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	3,403,524
11	cost of Medicaid covered services	858,932
	Medicaid CCR	0.2524
12	total hospital CCR	0.347390691
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	822,599
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	313,667
18	payments	18,092
19	annual covered charges	313,667
20	annual interim payments	18,092
21	annual cost of services	108,965
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	840,691
31	Cost of services - max annual payments for UPL	967,897
32		
33	<u>adjustment factor</u>	
34	inflation	1.091659
35		
36	adjusted Medicaid annual payments	917,748
37	adjusted maximum annual payments for UPL	1,056,613
38	annual facility specific UPL amount	138,865
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	138,865
43	UPL adjustment available for SFY 2022	138,865

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Northeast Georgia Medical Center Gainesville
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	40,532,639
11	cost of Medicaid covered services	5,905,315
	Medicaid CCR	0.1457
12	total hospital CCR	0.197610333
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	5,655,520
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	474,757
18	payments	21,012
19	annual covered charges	474,757
20	annual interim payments	21,012
21	annual cost of services	93,817
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	11,392,695
25	payments	1,408,009
26	annual covered charges	11,392,695
27	annual interim payments	1,408,009
28	annual cost of services	2,251,314
29		
30	Medicaid annual payments	7,084,541
31	Cost of services - max annual payments for UPL	8,250,446
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	7,634,415
37	adjusted maximum annual payments for UPL	8,890,813
38	annual facility specific UPL amount	1,256,398
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	1,256,398
43	UPL adjustment available for SFY 2022	1,256,398

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Northside Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	23,822,373
11	cost of Medicaid covered services	6,414,500
	Medicaid CCR	0.2693
12	total hospital CCR	0.211026806
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	6,143,167
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	556,558
18	payments	9,600
19	annual covered charges	556,558
20	annual interim payments	9,600
21	annual cost of services	117,449
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	11,312,570
25	payments	2,278,508
26	annual covered charges	11,312,570
27	annual interim payments	2,278,508
28	annual cost of services	2,387,256
29		
30	Medicaid annual payments	8,431,275
31	Cost of services - max annual payments for UPL	8,919,205
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	9,085,677
37	adjusted maximum annual payments for UPL	9,611,478
38	annual facility specific UPL amount	525,801
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	525,801
43	UPL adjustment available for SFY 2022	525,801



Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Northside Hospital Cherokee
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	12,695,629
11	cost of Medicaid covered services	1,933,720
	Medicaid CCR	0.1523
12	total hospital CCR	0.195496643
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,851,924
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	816,805
18	payments	14,769
19	annual covered charges	816,805
20	annual interim payments	14,769
21	annual cost of services	159,683
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,766,478
25	payments	354,523
26	annual covered charges	3,766,478
27	annual interim payments	354,523
28	annual cost of services	736,334
29		
30	Medicaid annual payments	2,221,216
31	Cost of services - max annual payments for UPL	2,829,737
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	2,393,618
37	adjusted maximum annual payments for UPL	3,049,370
38	annual facility specific UPL amount	655,752
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	655,752
43	UPL adjustment available for SFY 2022	655,752

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Northside Hospital Duluth
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	25,046,587
11	cost of Medicaid covered services	4,782,910
	Medicaid CCR	0.1910
12	total hospital CCR	0.211673018
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	4,580,593
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	411,517
18	payments	10,002
19	annual covered charges	411,517
20	annual interim payments	10,002
21	annual cost of services	87,107
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,634,683
25	payments	320,262
26	annual covered charges	1,634,683
27	annual interim payments	320,262
28	annual cost of services	346,018
29		
30	Medicaid annual payments	4,910,857
31	Cost of services - max annual payments for UPL	5,216,035
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	5,292,018
37	adjusted maximum annual payments for UPL	5,620,883
38	annual facility specific UPL amount	328,865
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	328,865
43	UPL adjustment available for SFY 2022	328,865

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Northside Hospital Forsyth
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	11,569,815
11	cost of Medicaid covered services	1,850,167
	Medicaid CCR	0.1599
12	total hospital CCR	0.198534745
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,771,905
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	407,740
18	payments	8,324
19	annual covered charges	407,740
20	annual interim payments	8,324
21	annual cost of services	80,951
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	4,648,971
25	payments	349,321
26	annual covered charges	4,648,971
27	annual interim payments	349,321
28	annual cost of services	922,982
29		
30	Medicaid annual payments	2,129,550
31	Cost of services - max annual payments for UPL	2,854,100
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	2,294,837
37	adjusted maximum annual payments for UPL	3,075,624
38	annual facility specific UPL amount	780,787
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	780,787
43	UPL adjustment available for SFY 2022	780,787

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Northside Hospital Gwinnett
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	25,046,587
11	cost of Medicaid covered services	4,782,910
	Medicaid CCR	0.1910
12	total hospital CCR	0.211673018
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	4,580,593
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	807,953
18	payments	18,394
19	annual covered charges	807,953
20	annual interim payments	18,394
21	annual cost of services	171,022
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	7,753,307
25	payments	1,154,786
26	annual covered charges	7,753,307
27	annual interim payments	1,154,786
28	annual cost of services	1,641,166
29		
30	Medicaid annual payments	5,753,773
31	Cost of services - max annual payments for UPL	6,595,098
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	6,200,358
37	adjusted maximum annual payments for UPL	7,106,983
38	annual facility specific UPL amount	906,625
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	906,625
43	UPL adjustment available for SFY 2022	906,625

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Perry Hospital
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,931,578
11	cost of Medicaid covered services	417,366
	Medicaid CCR	0.2161
12	total hospital CCR	0.25936021
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	399,711
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	37,670
18	payments	1,343
19	annual covered charges	37,670
20	annual interim payments	1,343
21	annual cost of services	9,770
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	100,672
25	payments	15,684
26	annual covered charges	100,672
27	annual interim payments	15,684
28	annual cost of services	26,110
29		
30	Medicaid annual payments	416,738
31	Cost of services - max annual payments for UPL	453,246
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	451,796
37	adjusted maximum annual payments for UPL	491,375
38	annual facility specific UPL amount	39,579
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	39,579
43	UPL adjustment available for SFY 2022	39,579

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Phoebe Putney Memorial Hospital
2	base period report period beginning date	8/1/2019
3	base period report period ending date	7/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	25,241,478
11	cost of Medicaid covered services	5,550,436
	Medicaid CCR	0.2199
12	total hospital CCR	0.245959311
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	5,315,653
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	383,717
18	payments	15,843
19	annual covered charges	383,717
20	annual interim payments	15,843
21	annual cost of services	94,379
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	22,030,435
25	payments	3,052,839
26	annual covered charges	22,030,435
27	annual interim payments	3,052,839
28	annual cost of services	5,418,591
29		
30	Medicaid annual payments	8,384,335
31	Cost of services - max annual payments for UPL	11,063,406
32		
33	<u>adjustment factor</u>	
34	inflation	1.079777
35		
36	adjusted Medicaid annual payments	9,053,212
37	adjusted maximum annual payments for UPL	11,946,011
38	annual facility specific UPL amount	2,892,799
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	2,892,799
43	UPL adjustment available for SFY 2022	2,892,799

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Phoebe Sumter Medical Center
2	base period report period beginning date	8/1/2019
3	base period report period ending date	7/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	6,813,504
11	cost of Medicaid covered services	1,385,206
	Medicaid CCR	0.2033
12	total hospital CCR	0.245780322
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,326,612
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	105,590
18	payments	7,205
19	annual covered charges	105,590
20	annual interim payments	7,205
21	annual cost of services	25,952
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,100,315
25	payments	472,415
26	annual covered charges	3,100,315
27	annual interim payments	472,415
28	annual cost of services	761,996
29		
30	Medicaid annual payments	1,806,232
31	Cost of services - max annual payments for UPL	2,173,154
32		
33	<u>adjustment factor</u>	
34	inflation	1.079777
35		
36	adjusted Medicaid annual payments	1,950,328
37	adjusted maximum annual payments for UPL	2,346,522
38	annual facility specific UPL amount	396,194
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	396,194
43	UPL adjustment available for SFY 2022	396,194

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Piedmont Athens Regional Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	19,764,868
11	cost of Medicaid covered services	2,974,392
	Medicaid CCR	0.1505
12	total hospital CCR	0.20019244
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,848,575
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	509,823
18	payments	15,910
19	annual covered charges	509,823
20	annual interim payments	15,910
21	annual cost of services	102,063
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,924,385
25	payments	205,332
26	annual covered charges	1,924,385
27	annual interim payments	205,332
28	annual cost of services	385,247
29		
30	Medicaid annual payments	3,069,817
31	Cost of services - max annual payments for UPL	3,461,702
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	3,318,042
37	adjusted maximum annual payments for UPL	3,741,615
38	annual facility specific UPL amount	423,573
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	423,573
42		
43	UPL adjustment available for SFY 2022	423,573



Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Piedmont Columbus Regional-Midtown
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	13,495,343
11	cost of Medicaid covered services	3,211,760
	Medicaid CCR	0.2380
12	total hospital CCR	0.22864015
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,075,903
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	636,898
18	payments	41,084
19	annual covered charges	636,898
20	annual interim payments	41,084
21	annual cost of services	145,620
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	7,308,068
25	payments	1,006,507
26	annual covered charges	7,308,068
27	annual interim payments	1,006,507
28	annual cost of services	1,670,918
29		
30	Medicaid annual payments	4,123,494
31	Cost of services - max annual payments for UPL	5,028,298
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	4,456,920
37	adjusted maximum annual payments for UPL	5,434,886
38	annual facility specific UPL amount	977,966
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	977,966
42		
43	UPL adjustment available for SFY 2022	977,966

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Piedmont Columbus Regional - Northside
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,902,626
11	cost of Medicaid covered services	285,261
	Medicaid CCR	0.1499
12	total hospital CCR	0.20550926
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	273,194
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	82,959
18	payments	3,961
19	annual covered charges	82,959
20	annual interim payments	3,961
21	annual cost of services	17,049
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	87,629
25	payments	10,173
26	annual covered charges	87,629
27	annual interim payments	10,173
28	annual cost of services	18,009
29		
30	Medicaid annual payments	287,328
31	Cost of services - max annual payments for UPL	320,319
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	310,561
37	adjusted maximum annual payments for UPL	346,220
38	annual facility specific UPL amount	35,659
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	35,659
42		
43	UPL adjustment available for SFY 2022	35,659

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Piedmont Henry Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	17,025,407
11	cost of Medicaid covered services	1,776,618
	Medicaid CCR	0.1044
12	total hospital CCR	0.157760439
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,701,467
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	766,668
18	payments	17,588
19	annual covered charges	766,668
20	annual interim payments	17,588
21	annual cost of services	120,950
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,824,702
25	payments	170,924
26	annual covered charges	1,824,702
27	annual interim payments	170,924
28	annual cost of services	287,866
29		
30	Medicaid annual payments	1,889,979
31	Cost of services - max annual payments for UPL	2,185,434
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	2,042,803
37	adjusted maximum annual payments for UPL	2,362,148
38	annual facility specific UPL amount	319,345
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	319,345
43	UPL adjustment available for SFY 2022	319,345

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Piedmont Newton Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	11,743,491
11	cost of Medicaid covered services	1,317,421
	Medicaid CCR	0.1122
12	total hospital CCR	0.153223468
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,261,694
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	433,013
18	payments	10,539
19	annual covered charges	433,013
20	annual interim payments	10,539
21	annual cost of services	66,348
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	189,804
25	payments	25,873
26	annual covered charges	189,804
27	annual interim payments	25,873
28	annual cost of services	29,082
29		
30	Medicaid annual payments	1,298,106
31	Cost of services - max annual payments for UPL	1,412,851
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	1,403,071
37	adjusted maximum annual payments for UPL	1,527,094
38	annual facility specific UPL amount	124,023
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	124,023
43	UPL adjustment available for SFY 2022	124,023

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	South Georgia Medical Center
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	12,012,255
11	cost of Medicaid covered services	3,126,684
	Medicaid CCR	0.2603
12	total hospital CCR	0.275658663
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,994,425
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	212,810
18	payments	15,507
19	annual covered charges	212,810
20	annual interim payments	15,507
21	annual cost of services	58,663
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,722,686
25	payments	827,733
26	annual covered charges	3,722,686
27	annual interim payments	827,733
28	annual cost of services	1,026,191
29		
30	Medicaid annual payments	3,837,665
31	Cost of services - max annual payments for UPL	4,211,538
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	4,135,529
37	adjusted maximum annual payments for UPL	4,538,421
38	annual facility specific UPL amount	402,892
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	402,892
43	UPL adjustment available for SFY 2022	402,892

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	South Georgia Medical Center Berrien Campus
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	565,066
11	cost of Medicaid covered services	150,395
	Medicaid CCR	0.2662
12	total hospital CCR	0.397791795
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	144,033
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	52,014
18	payments	6,970
19	annual covered charges	52,014
20	annual interim payments	6,970
21	annual cost of services	20,691
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	151,003
31	Cost of services - max annual payments for UPL	171,086
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	162,723
37	adjusted maximum annual payments for UPL	184,365
38	annual facility specific UPL amount	21,642
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	21,642
43	UPL adjustment available for SFY 2022	21,642

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Southeast Georgia Health System - Brunswick
2	base period report period beginning date	5/1/2019
3	base period report period ending date	4/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	12,964,429
11	cost of Medicaid covered services	3,415,636
	Medicaid CCR	0.2635
12	total hospital CCR	0.29952554
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,271,155
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	432,461
18	payments	24,905
19	annual covered charges	432,461
20	annual interim payments	24,905
21	annual cost of services	129,533
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,402,598
25	payments	464,098
26	annual covered charges	2,402,598
27	annual interim payments	464,098
28	annual cost of services	719,639
29		
30	Medicaid annual payments	3,760,158
31	Cost of services - max annual payments for UPL	4,264,808
32		
33	<u>adjustment factor</u>	
34	inflation	1.088036
35		
36	adjusted Medicaid annual payments	4,091,187
37	adjusted maximum annual payments for UPL	4,640,265
38	annual facility specific UPL amount	549,078
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	549,078
42		
43	UPL adjustment available for SFY 2022	549,078

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Southeast Georgia Health System - Camden
2	base period report period beginning date	5/1/2019
3	base period report period ending date	4/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,830,108
11	cost of Medicaid covered services	726,268
	Medicaid CCR	0.2566
12	total hospital CCR	0.329318601
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	695,547
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	136,206
18	payments	11,435
19	annual covered charges	136,206
20	annual interim payments	11,435
21	annual cost of services	44,855
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	183,950
25	payments	48,296
26	annual covered charges	183,950
27	annual interim payments	48,296
28	annual cost of services	60,578
29		
30	Medicaid annual payments	755,278
31	Cost of services - max annual payments for UPL	831,701
32		
33	<u>adjustment factor</u>	
34	inflation	1.088036
35		
36	adjusted Medicaid annual payments	821,770
37	adjusted maximum annual payments for UPL	904,921
38	annual facility specific UPL amount	83,151
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	83,151
42		
43	UPL adjustment available for SFY 2022	83,151



Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Southwell Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	528,083
11	cost of Medicaid covered services	130,790
	Medicaid CCR	0.2477
12	total hospital CCR	0.756256443
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	125,258
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	0
18	payments	0
19	annual covered charges	0
20	annual interim payments	0
21	annual cost of services	0
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	125,258
31	Cost of services - max annual payments for UPL	130,790
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	135,386
37	adjusted maximum annual payments for UPL	141,366
38	annual facility specific UPL amount	5,980
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	5,980
43	UPL adjustment available for SFY 2022	5,980

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Stephens County Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,330,619
11	cost of Medicaid covered services	875,425
	Medicaid CCR	0.3756
12	total hospital CCR	0.398538197
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	838,395
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	148,867
18	payments	7,910
19	annual covered charges	148,867
20	annual interim payments	7,910
21	annual cost of services	59,329
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	169,847
25	payments	37,141
26	annual covered charges	169,847
27	annual interim payments	37,141
28	annual cost of services	67,691
29		
30	Medicaid annual payments	883,446
31	Cost of services - max annual payments for UPL	1,002,445
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	952,016
37	adjusted maximum annual payments for UPL	1,080,251
38	annual facility specific UPL amount	128,235
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	128,235
43	UPL adjustment available for SFY 2022	128,235

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Tanner Medical Center - Carrollton
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	10,548,839
11	cost of Medicaid covered services	2,306,489
	Medicaid CCR	0.2186
12	total hospital CCR	0.265434696
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,208,925
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,127,296
18	payments	39,875
19	annual covered charges	1,127,296
20	annual interim payments	39,875
21	annual cost of services	299,223
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,995,004
25	payments	552,570
26	annual covered charges	3,995,004
27	annual interim payments	552,570
28	annual cost of services	1,060,413
29		
30	Medicaid annual payments	2,801,370
31	Cost of services - max annual payments for UPL	3,666,125
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	3,027,889
37	adjusted maximum annual payments for UPL	3,962,568
38	annual facility specific UPL amount	934,679
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	934,679
43	UPL adjustment available for SFY 2022	934,679

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Tanner Medical Center Villa Rica
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	6,245,881
11	cost of Medicaid covered services	1,627,024
	Medicaid CCR	0.2605
12	total hospital CCR	0.296553433
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,558,201
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	760,366
18	payments	27,590
19	annual covered charges	760,366
20	annual interim payments	27,590
21	annual cost of services	225,489
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,673,174
25	payments	924,877
26	annual covered charges	3,673,174
27	annual interim payments	924,877
28	annual cost of services	1,089,292
29		
30	Medicaid annual payments	2,510,668
31	Cost of services - max annual payments for UPL	2,941,805
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	2,713,681
37	adjusted maximum annual payments for UPL	3,179,679
38	annual facility specific UPL amount	465,998
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	465,998
43	UPL adjustment available for SFY 2022	465,998

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Medical Center - Navicent Health
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	33,024,886
11	cost of Medicaid covered services	6,273,298
	Medicaid CCR	0.1900
12	total hospital CCR	0.216742807
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	6,007,937
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	857,332
18	payments	24,368
19	annual covered charges	857,332
20	annual interim payments	24,368
21	annual cost of services	185,821
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	9,445,660
25	payments	1,395,752
26	annual covered charges	9,445,660
27	annual interim payments	1,395,752
28	annual cost of services	2,047,279
29		
30	Medicaid annual payments	7,428,057
31	Cost of services - max annual payments for UPL	8,506,398
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	8,052,935
37	adjusted maximum annual payments for UPL	9,221,990
38	annual facility specific UPL amount	1,169,055
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	1,169,055
43	UPL adjustment available for SFY 2022	1,169,055

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Tift Regional Medical Center
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	14,470,219
11	cost of Medicaid covered services	3,395,821
	Medicaid CCR	0.2347
12	total hospital CCR	0.226269247
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,252,178
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	922,916
18	payments	30,179
19	annual covered charges	922,916
20	annual interim payments	30,179
21	annual cost of services	208,828
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	8,775,532
25	payments	714,116
26	annual covered charges	8,775,532
27	annual interim payments	714,116
28	annual cost of services	1,985,633
29		
30	Medicaid annual payments	3,996,473
31	Cost of services - max annual payments for UPL	5,590,282
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	4,306,663
37	adjusted maximum annual payments for UPL	6,024,177
38	annual facility specific UPL amount	1,717,514
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	1,717,514
43	UPL adjustment available for SFY 2022	1,717,514

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Union General Hospital, Inc.
2	base period report period beginning date	5/1/2019
3	base period report period ending date	4/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,802,921
11	cost of Medicaid covered services	552,225
	Medicaid CCR	0.3063
12	total hospital CCR	0.366315706
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	528,866
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	112,388
18	payments	7,910
19	annual covered charges	112,388
20	annual interim payments	7,910
21	annual cost of services	41,169
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	536,776
31	Cost of services - max annual payments for UPL	593,394
32		
33	<u>adjustment factor</u>	
34	inflation	1.088036
35		
36	adjusted Medicaid annual payments	584,032
37	adjusted maximum annual payments for UPL	645,634
38	annual facility specific UPL amount	61,602
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	61,602
43	UPL adjustment available for SFY 2022	61,602

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	University Hospital
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	11,754,045
11	cost of Medicaid covered services	2,803,939
	Medicaid CCR	0.2386
12	total hospital CCR	0.288796899
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,685,332
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	182,659
18	payments	17,588
19	annual covered charges	182,659
20	annual interim payments	17,588
21	annual cost of services	52,751
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,849,688
25	payments	204,721
26	annual covered charges	1,849,688
27	annual interim payments	204,721
28	annual cost of services	534,184
29		
30	Medicaid annual payments	2,907,641
31	Cost of services - max annual payments for UPL	3,390,874
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	3,152,243
37	adjusted maximum annual payments for UPL	3,676,128
38	annual facility specific UPL amount	523,885
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	523,885
43	UPL adjustment available for SFY 2022	523,885



Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	University Hospital Mcduffie
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	3,175,830
11	cost of Medicaid covered services	621,930
	Medicaid CCR	0.1958
12	total hospital CCR	0.236218515
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	595,622
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	32,919
18	payments	2,506
19	annual covered charges	32,919
20	annual interim payments	2,506
21	annual cost of services	7,776
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	598,128
31	Cost of services - max annual payments for UPL	629,706
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	648,445
37	adjusted maximum annual payments for UPL	682,679
38	annual facility specific UPL amount	34,234
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	34,234
43	UPL adjustment available for SFY 2022	34,234

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Upson Regional Medical Center
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	10,158,887
11	cost of Medicaid covered services	1,461,315
	Medicaid CCR	0.1438
12	total hospital CCR	0.228948211
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,399,501
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	139,632
18	payments	6,736
19	annual covered charges	139,632
20	annual interim payments	6,736
21	annual cost of services	31,968
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	538,232
25	payments	65,892
26	annual covered charges	538,232
27	annual interim payments	65,892
28	annual cost of services	123,227
29		
30	Medicaid annual payments	1,472,129
31	Cost of services - max annual payments for UPL	1,616,510
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	1,595,970
37	adjusted maximum annual payments for UPL	1,752,497
38	annual facility specific UPL amount	156,527
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	156,527
43	UPL adjustment available for SFY 2022	156,527

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Washington County Regional Medical
2	base period report period beginning date	9/1/2019
3	base period report period ending date	8/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,163,783
11	cost of Medicaid covered services	298,599
	Medicaid CCR	0.2566
12	total hospital CCR	0.374476447
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	285,968
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	249,253
18	payments	15,167
19	annual covered charges	249,253
20	annual interim payments	15,167
21	annual cost of services	93,339
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	301,135
31	Cost of services - max annual payments for UPL	391,938
32		
33	<u>adjustment factor</u>	
34	inflation	1.078695
35		
36	adjusted Medicaid annual payments	324,833
37	adjusted maximum annual payments for UPL	422,782
38	annual facility specific UPL amount	97,949
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	97,949
43	UPL adjustment available for SFY 2022	97,949

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Wayne Memorial Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	5,526,291
11	cost of Medicaid covered services	913,278
	Medicaid CCR	0.1653
12	total hospital CCR	0.242315785
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	874,646
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,272,668
18	payments	45,582
19	annual covered charges	1,272,668
20	annual interim payments	45,582
21	annual cost of services	308,388
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,157,913
25	payments	312,705
26	annual covered charges	2,157,913
27	annual interim payments	312,705
28	annual cost of services	522,896
29		
30	Medicaid annual payments	1,232,933
31	Cost of services - max annual payments for UPL	1,744,562
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	1,332,628
37	adjusted maximum annual payments for UPL	1,885,627
38	annual facility specific UPL amount	552,999
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	552,999
43	UPL adjustment available for SFY 2022	552,999

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Wellstar Cobb Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	25,228,062
11	cost of Medicaid covered services	3,372,640
	Medicaid CCR	0.1337
12	total hospital CCR	0.171429181
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,229,977
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	804,444
18	payments	20,340
19	annual covered charges	804,444
20	annual interim payments	20,340
21	annual cost of services	137,905
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	28,218,594
25	payments	2,112,739
26	annual covered charges	28,218,594
27	annual interim payments	2,112,739
28	annual cost of services	4,837,490
29		
30	Medicaid annual payments	5,363,056
31	Cost of services - max annual payments for UPL	8,348,035
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	5,796,713
37	adjusted maximum annual payments for UPL	9,023,057
38	annual facility specific UPL amount	3,226,344
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	3,226,344
43	UPL adjustment available for SFY 2022	3,226,344

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Wellstar Douglas Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	14,623,149
11	cost of Medicaid covered services	1,881,019
	Medicaid CCR	0.1286
12	total hospital CCR	0.161502727
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,801,452
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	553,674
18	payments	13,090
19	annual covered charges	553,674
20	annual interim payments	13,090
21	annual cost of services	89,420
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	772,383
25	payments	69,228
26	annual covered charges	772,383
27	annual interim payments	69,228
28	annual cost of services	124,742
29		
30	Medicaid annual payments	1,883,770
31	Cost of services - max annual payments for UPL	2,095,181
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	2,036,092
37	adjusted maximum annual payments for UPL	2,264,597
38	annual facility specific UPL amount	228,505
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	228,505
43	UPL adjustment available for SFY 2022	228,505

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Wellstar Kennestone Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	33,276,952
11	cost of Medicaid covered services	3,966,402
	Medicaid CCR	0.1192
12	total hospital CCR	0.160910623
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,798,623
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	780,279
18	payments	14,500
19	annual covered charges	780,279
20	annual interim payments	14,500
21	annual cost of services	125,555
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	4,081,452
25	payments	240,299
26	annual covered charges	4,081,452
27	annual interim payments	240,299
28	annual cost of services	656,749
29		
30	Medicaid annual payments	4,053,422
31	Cost of services - max annual payments for UPL	4,748,706
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	4,381,182
37	adjusted maximum annual payments for UPL	5,132,686
38	annual facility specific UPL amount	751,504
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	751,504
43	UPL adjustment available for SFY 2022	751,504

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Wellstar Paulding Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	11,507,508
11	cost of Medicaid covered services	1,164,157
	Medicaid CCR	0.1012
12	total hospital CCR	0.158877031
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,114,913
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	551,847
18	payments	13,292
19	annual covered charges	551,847
20	annual interim payments	13,292
21	annual cost of services	87,676
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,270,236
25	payments	120,738
26	annual covered charges	2,270,236
27	annual interim payments	120,738
28	annual cost of services	360,688
29		
30	Medicaid annual payments	1,248,943
31	Cost of services - max annual payments for UPL	1,612,521
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	1,349,933
37	adjusted maximum annual payments for UPL	1,742,909
38	annual facility specific UPL amount	392,976
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	392,976
43	UPL adjustment available for SFY 2022	392,976



Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Wellstar West Georgia Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	16,250,428
11	cost of Medicaid covered services	1,972,307
	Medicaid CCR	0.1214
12	total hospital CCR	0.188061872
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,888,878
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	629,436
18	payments	16,850
19	annual covered charges	629,436
20	annual interim payments	16,850
21	annual cost of services	118,373
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,192,363
25	payments	269,573
26	annual covered charges	3,192,363
27	annual interim payments	269,573
28	annual cost of services	600,362
29		
30	Medicaid annual payments	2,175,301
31	Cost of services - max annual payments for UPL	2,691,042
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	2,351,196
37	adjusted maximum annual payments for UPL	2,908,640
38	annual facility specific UPL amount	557,444
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	557,444
43	UPL adjustment available for SFY 2022	557,444

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Wellstar Windy Hill Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	5,514,642
11	cost of Medicaid covered services	1,031,989
	Medicaid CCR	0.1871
12	total hospital CCR	0.195194981
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	988,336
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	0
18	payments	0
19	annual covered charges	0
20	annual interim payments	0
21	annual cost of services	0
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	37,577
25	payments	5,964
26	annual covered charges	37,577
27	annual interim payments	5,964
28	annual cost of services	7,335
29		
30	Medicaid annual payments	994,300
31	Cost of services - max annual payments for UPL	1,039,324
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	1,074,699
37	adjusted maximum annual payments for UPL	1,123,364
38	annual facility specific UPL amount	48,665
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	48,665
43	UPL adjustment available for SFY 2022	48,665

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Bacon County Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	14,487,368
11	cost of Medicaid covered services	4,185,624
	Medicaid CCR	0.2889
12	total hospital CCR	0.460467077
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	4,185,624
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	132,662
18	payments	10,587
19	annual covered charges	132,662
20	annual interim payments	10,587
21	annual cost of services	61,086
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	201,910
25	payments	25,153
26	annual covered charges	201,910
27	annual interim payments	25,153
28	annual cost of services	92,973
29		
30	Medicaid annual payments	4,221,364
31	Cost of services - max annual payments for UPL	4,339,683
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	4,562,703
37	adjusted maximum annual payments for UPL	4,690,590
38	annual facility specific UPL amount	127,887
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	127,887
43	UPL adjustment available for SFY 2022	127,887

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Bleckley Memorial Hospital
2	base period report period beginning date	4/1/2019
3	base period report period ending date	3/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	289,011
11	cost of Medicaid covered services	229,987
	Medicaid CCR	0.7958
12	total hospital CCR	0.667006681
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	229,987
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	14,257
18	payments	2,575
19	annual covered charges	14,257
20	annual interim payments	2,575
21	annual cost of services	9,510
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	8,069
25	payments	5,162
26	annual covered charges	8,069
27	annual interim payments	5,162
28	annual cost of services	5,382
29		
30	Medicaid annual payments	237,724
31	Cost of services - max annual payments for UPL	244,879
32		
33	<u>adjustment factor</u>	
34	inflation	1.091659
35		
36	adjusted Medicaid annual payments	259,514
37	adjusted maximum annual payments for UPL	267,324
38	annual facility specific UPL amount	7,810
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	7,810
43	UPL adjustment available for SFY 2022	7,810

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Brooks County Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	744,931
11	cost of Medicaid covered services	297,982
	Medicaid CCR	0.4000
12	total hospital CCR	0.468179524
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	297,982
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	55,568
18	payments	3,780
19	annual covered charges	55,568
20	annual interim payments	3,780
21	annual cost of services	26,016
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	145,747
25	payments	20,367
26	annual covered charges	145,747
27	annual interim payments	20,367
28	annual cost of services	68,236
29		
30	Medicaid annual payments	322,129
31	Cost of services - max annual payments for UPL	392,234
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	347,131
37	adjusted maximum annual payments for UPL	422,678
38	annual facility specific UPL amount	75,547
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	75,547
43	UPL adjustment available for SFY 2022	75,547

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Candler County Hospital
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,805,471
11	cost of Medicaid covered services	513,037
	Medicaid CCR	0.2842
12	total hospital CCR	0.304019805
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	513,037
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	68,908
18	payments	2,660
19	annual covered charges	68,908
20	annual interim payments	2,660
21	annual cost of services	20,949
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	515,697
31	Cost of services - max annual payments for UPL	533,986
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	559,079
37	adjusted maximum annual payments for UPL	578,907
38	annual facility specific UPL amount	19,828
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	19,828
43	UPL adjustment available for SFY 2022	19,828

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Chatuge Regional Hospital, Inc.
2	base period report period beginning date	5/1/2019
3	base period report period ending date	4/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	266,411
11	cost of Medicaid covered services	115,227
	Medicaid CCR	0.4325
12	total hospital CCR	0.738933142
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	115,227
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	25,353
18	payments	980
19	annual covered charges	25,353
20	annual interim payments	980
21	annual cost of services	18,734
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	59,647
25	payments	9,274
26	annual covered charges	59,647
27	annual interim payments	9,274
28	annual cost of services	44,075
29		
30	Medicaid annual payments	125,481
31	Cost of services - max annual payments for UPL	178,036
32		
33	<u>adjustment factor</u>	
34	inflation	1.088036
35		
36	adjusted Medicaid annual payments	136,528
37	adjusted maximum annual payments for UPL	193,710
38	annual facility specific UPL amount	57,182
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	57,182
43	UPL adjustment available for SFY 2022	57,182

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Clinch Memorial Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	365,015
11	cost of Medicaid covered services	272,523
	Medicaid CCR	0.7466
12	total hospital CCR	0.807697654
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	272,523
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	50,398
18	payments	5,180
19	annual covered charges	50,398
20	annual interim payments	5,180
21	annual cost of services	40,706
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	36,490
25	payments	24,235
26	annual covered charges	36,490
27	annual interim payments	24,235
28	annual cost of services	29,473
29		
30	Medicaid annual payments	301,938
31	Cost of services - max annual payments for UPL	342,702
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	326,353
37	adjusted maximum annual payments for UPL	370,413
38	annual facility specific UPL amount	44,060
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	44,060
43	UPL adjustment available for SFY 2022	44,060



Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Effingham Health System
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,766,468
11	cost of Medicaid covered services	740,538
	Medicaid CCR	0.2677
12	total hospital CCR	0.363901561
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	740,538
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	174,193
18	payments	7,500
19	annual covered charges	174,193
20	annual interim payments	7,500
21	annual cost of services	63,389
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	155,862
25	payments	37,906
26	annual covered charges	155,862
27	annual interim payments	37,906
28	annual cost of services	56,718
29		
30	Medicaid annual payments	785,944
31	Cost of services - max annual payments for UPL	860,645
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	849,495
37	adjusted maximum annual payments for UPL	930,237
38	annual facility specific UPL amount	80,742
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	80,742
43	UPL adjustment available for SFY 2022	80,742

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Elbert Memorial Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,023,531
11	cost of Medicaid covered services	337,034
	Medicaid CCR	0.3293
12	total hospital CCR	0.376229033
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	337,034
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	62,639
18	payments	5,090
19	annual covered charges	62,639
20	annual interim payments	5,090
21	annual cost of services	23,567
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	17,688
25	payments	5,627
26	annual covered charges	17,688
27	annual interim payments	5,627
28	annual cost of services	6,655
29		
30	Medicaid annual payments	347,751
31	Cost of services - max annual payments for UPL	367,256
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	375,870
37	adjusted maximum annual payments for UPL	396,952
38	annual facility specific UPL amount	21,082
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	21,082
43	UPL adjustment available for SFY 2022	21,082

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Floyd Polk Medical Center
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	5,793,195
11	cost of Medicaid covered services	850,741
	Medicaid CCR	0.1469
12	total hospital CCR	0.21718533
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	850,741
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	186,391
18	payments	5,040
19	annual covered charges	186,391
20	annual interim payments	5,040
21	annual cost of services	40,481
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	62,225
25	payments	5,698
26	annual covered charges	62,225
27	annual interim payments	5,698
28	annual cost of services	13,514
29		
30	Medicaid annual payments	861,479
31	Cost of services - max annual payments for UPL	904,736
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	931,138
37	adjusted maximum annual payments for UPL	977,893
38	annual facility specific UPL amount	46,755
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	46,755
43	UPL adjustment available for SFY 2022	46,755

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Higgins General Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,494,118
11	cost of Medicaid covered services	641,821
	Medicaid CCR	0.2573
12	total hospital CCR	0.3661863
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	641,821
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	346,215
18	payments	13,930
19	annual covered charges	346,215
20	annual interim payments	13,930
21	annual cost of services	126,779
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	655,751
31	Cost of services - max annual payments for UPL	768,600
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	708,775
37	adjusted maximum annual payments for UPL	830,749
38	annual facility specific UPL amount	121,974
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	121,974
43	UPL adjustment available for SFY 2022	121,974

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Jasper Memorial Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	113,352
11	cost of Medicaid covered services	90,167
	Medicaid CCR	0.7955
12	total hospital CCR	1.146209945
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	90,167
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	20,885
18	payments	2,100
19	annual covered charges	20,885
20	annual interim payments	2,100
21	annual cost of services	23,939
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	92,267
31	Cost of services - max annual payments for UPL	114,106
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	99,428
37	adjusted maximum annual payments for UPL	122,962
38	annual facility specific UPL amount	23,534
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	23,534
43	UPL adjustment available for SFY 2022	23,534

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Jeff Davis Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,487,955
11	cost of Medicaid covered services	332,108
	Medicaid CCR	0.2232
12	total hospital CCR	0.260896398
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	332,108
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	124,648
18	payments	5,810
19	annual covered charges	124,648
20	annual interim payments	5,810
21	annual cost of services	32,520
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	337,918
31	Cost of services - max annual payments for UPL	364,628
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	364,146
37	adjusted maximum annual payments for UPL	392,929
38	annual facility specific UPL amount	28,783
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	28,783
43	UPL adjustment available for SFY 2022	28,783

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Liberty Regional Medical Center
2	base period report period beginning date	12/1/2019
3	base period report period ending date	11/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	3,419,931
11	cost of Medicaid covered services	576,804
	Medicaid CCR	0.1687
12	total hospital CCR	0.233615131
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	576,804
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	92,169
18	payments	4,725
19	annual covered charges	92,169
20	annual interim payments	4,725
21	annual cost of services	21,532
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	659,597
25	payments	105,252
26	annual covered charges	659,597
27	annual interim payments	105,252
28	annual cost of services	154,092
29		
30	Medicaid annual payments	686,781
31	Cost of services - max annual payments for UPL	752,428
32		
33	<u>adjustment factor</u>	
34	inflation	1.081946
35		
36	adjusted Medicaid annual payments	743,060
37	adjusted maximum annual payments for UPL	814,086
38	annual facility specific UPL amount	71,026
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	71,026
43	UPL adjustment available for SFY 2022	71,026

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Medical Center Of Peach County, Nav
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,483,487
11	cost of Medicaid covered services	414,581
	Medicaid CCR	0.2795
12	total hospital CCR	0.313337571
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	414,581
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	86,595
18	payments	7,910
19	annual covered charges	86,595
20	annual interim payments	7,910
21	annual cost of services	27,133
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	422,491
31	Cost of services - max annual payments for UPL	441,714
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	458,033
37	adjusted maximum annual payments for UPL	478,873
38	annual facility specific UPL amount	20,840
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	20,840
43	UPL adjustment available for SFY 2022	20,840



Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Miller County Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	3,344,269
11	cost of Medicaid covered services	1,844,639
	Medicaid CCR	0.5516
12	total hospital CCR	1.331965928
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	1,844,639
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	69,186
18	payments	6,048
19	annual covered charges	69,186
20	annual interim payments	6,048
21	annual cost of services	92,153
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	53,558
25	payments	10,318
26	annual covered charges	53,558
27	annual interim payments	10,318
28	annual cost of services	71,337
29		
30	Medicaid annual payments	1,861,005
31	Cost of services - max annual payments for UPL	2,008,129
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	2,011,486
37	adjusted maximum annual payments for UPL	2,170,506
38	annual facility specific UPL amount	159,020
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	159,020
43	UPL adjustment available for SFY 2022	159,020

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Mitchell County Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,201,254
11	cost of Medicaid covered services	281,092
	Medicaid CCR	0.2340
12	total hospital CCR	0.781121399
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	281,092
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	36,720
18	payments	2,800
19	annual covered charges	36,720
20	annual interim payments	2,800
21	annual cost of services	28,683
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	44,853
25	payments	4,299
26	annual covered charges	44,853
27	annual interim payments	4,299
28	annual cost of services	35,036
29		
30	Medicaid annual payments	288,191
31	Cost of services - max annual payments for UPL	344,811
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	310,559
37	adjusted maximum annual payments for UPL	371,574
38	annual facility specific UPL amount	61,015
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	61,015
43	UPL adjustment available for SFY 2022	61,015

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Monroe County Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	368,416
11	cost of Medicaid covered services	119,764
	Medicaid CCR	0.3251
12	total hospital CCR	0.464977781
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	119,764
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	75,274
18	payments	4,480
19	annual covered charges	75,274
20	annual interim payments	4,480
21	annual cost of services	35,001
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	124,244
31	Cost of services - max annual payments for UPL	154,765
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	133,887
37	adjusted maximum annual payments for UPL	166,777
38	annual facility specific UPL amount	32,890
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	32,890
43	UPL adjustment available for SFY 2022	32,890

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Morgan Memorial Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	547,332
11	cost of Medicaid covered services	304,968
	Medicaid CCR	0.5572
12	total hospital CCR	0.647248146
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	304,968
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	29,646
18	payments	2,100
19	annual covered charges	29,646
20	annual interim payments	2,100
21	annual cost of services	19,188
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	307,068
31	Cost of services - max annual payments for UPL	324,156
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	331,898
37	adjusted maximum annual payments for UPL	350,367
38	annual facility specific UPL amount	18,469
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	18,469
43	UPL adjustment available for SFY 2022	18,469

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Lifebrite Community Hospital of Early
2	base period report period beginning date	10/1/2019
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	0.8
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,642,605
11	cost of Medicaid covered services	919,182
	Medicaid CCR	0.5596
12	total hospital CCR	1.068229074
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	919,182
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	86,469
18	payments	6,020
19	annual covered charges	69,175
20	annual interim payments	4,816
21	annual cost of services	73,895
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	923,998
31	Cost of services - max annual payments for UPL	993,077
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	1,001,728
37	adjusted maximum annual payments for UPL	1,076,619
38	annual facility specific UPL amount	74,891
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	74,891
43	UPL adjustment available for SFY 2022	74,891

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Putnam General Hospital
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	421,938
11	cost of Medicaid covered services	189,265
	Medicaid CCR	0.4486
12	total hospital CCR	0.492395487
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	189,265
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	51,566
18	payments	4,560
19	annual covered charges	51,566
20	annual interim payments	4,560
21	annual cost of services	25,391
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	80,675
25	payments	20,295
26	annual covered charges	80,675
27	annual interim payments	20,295
28	annual cost of services	39,724
29		
30	Medicaid annual payments	214,120
31	Cost of services - max annual payments for UPL	254,380
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	230,739
37	adjusted maximum annual payments for UPL	274,124
38	annual facility specific UPL amount	43,385
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	43,385
43	UPL adjustment available for SFY 2022	43,385

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	South Georgia Medical Center Lanier Campus
2	base period report period beginning date	10/1/2019
3	base period report period ending date	9/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	402,398
11	cost of Medicaid covered services	160,549
	Medicaid CCR	0.3990
12	total hospital CCR	0.947612807
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	160,549
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	30,952
18	payments	4,480
19	annual covered charges	30,952
20	annual interim payments	4,480
21	annual cost of services	29,331
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	10,784
25	payments	5,216
26	annual covered charges	10,784
27	annual interim payments	5,216
28	annual cost of services	10,219
29		
30	Medicaid annual payments	170,245
31	Cost of services - max annual payments for UPL	200,099
32		
33	<u>adjustment factor</u>	
34	inflation	1.077616
35		
36	adjusted Medicaid annual payments	183,459
37	adjusted maximum annual payments for UPL	215,630
38	annual facility specific UPL amount	32,171
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	32,171
42		
43	UPL adjustment available for SFY 2022	32,171

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Warm Springs Medical Center
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	253,224
11	cost of Medicaid covered services	132,260
	Medicaid CCR	0.5223
12	total hospital CCR	0.990528981
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	132,260
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	29,124
18	payments	1,820
19	annual covered charges	29,124
20	annual interim payments	1,820
21	annual cost of services	28,848
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	134,080
31	Cost of services - max annual payments for UPL	161,108
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	145,359
37	adjusted maximum annual payments for UPL	174,661
38	annual facility specific UPL amount	29,302
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	29,302
43	UPL adjustment available for SFY 2022	29,302



Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Wellstar Sylvan Grove Hospital
2	base period report period beginning date	7/1/2019
3	base period report period ending date	6/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,836,919
11	cost of Medicaid covered services	252,517
	Medicaid CCR	0.1375
12	total hospital CCR	0.237972234
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	252,517
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	108,966
18	payments	4,900
19	annual covered charges	108,966
20	annual interim payments	4,900
21	annual cost of services	25,931
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	257,417
31	Cost of services - max annual payments for UPL	278,448
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	278,232
37	adjusted maximum annual payments for UPL	300,963
38	annual facility specific UPL amount	22,731
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	22,731
43	UPL adjustment available for SFY 2022	22,731

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Wills Memorial Hospital
2	base period report period beginning date	5/1/2019
3	base period report period ending date	4/30/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	404,139
11	cost of Medicaid covered services	214,518
	Medicaid CCR	0.5308
12	total hospital CCR	0.737429633
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	214,518
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	25,097
18	payments	3,990
19	annual covered charges	25,097
20	annual interim payments	3,990
21	annual cost of services	18,507
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	218,508
31	Cost of services - max annual payments for UPL	233,025
32		
33	<u>adjustment factor</u>	
34	inflation	1.088036
35		
36	adjusted Medicaid annual payments	237,745
37	adjusted maximum annual payments for UPL	253,540
38	annual facility specific UPL amount	15,795
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
42	adjustments	15,795
43	UPL adjustment available for SFY 2022	15,795

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Jenkins County Medical Center
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	241,937
11	cost of Medicaid covered services	136,557
	Medicaid CCR	0.5644
12	total hospital CCR	0.671321982
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	136,557
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	59,429
18	payments	6,790
19	annual covered charges	59,429
20	annual interim payments	6,790
21	annual cost of services	39,896
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	72,271
25	payments	46,421
26	annual covered charges	72,271
27	annual interim payments	46,421
28	annual cost of services	48,517
29		
30	Medicaid annual payments	189,768
31	Cost of services - max annual payments for UPL	224,970
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	205,732
37	adjusted maximum annual payments for UPL	243,895
38	annual facility specific UPL amount	38,163
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(469)
	annual UPL amount after aggregate limit	
42	adjustments	37,694
43	UPL adjustment available for SFY 2022	37,694

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Mountain Lakes Medical Center
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	386,606
11	cost of Medicaid covered services	203,528
	Medicaid CCR	0.5264
12	total hospital CCR	0.518782085
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	203,528
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	44,706
18	payments	2,450
19	annual covered charges	44,706
20	annual interim payments	2,450
21	annual cost of services	23,193
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	58,662
25	payments	21,729
26	annual covered charges	58,662
27	annual interim payments	21,729
28	annual cost of services	30,433
29		
30	Medicaid annual payments	227,707
31	Cost of services - max annual payments for UPL	257,154
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	246,863
37	adjusted maximum annual payments for UPL	278,787
38	annual facility specific UPL amount	31,924
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(392)
	annual UPL amount after aggregate limit	
42	adjustments	31,532
43	UPL adjustment available for SFY 2022	31,532

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Optim Medical Center - Screven
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	552,193
11	cost of Medicaid covered services	202,618
	Medicaid CCR	0.3669
12	total hospital CCR	0.556246451
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	202,618
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	42,845
18	payments	4,410
19	annual covered charges	42,845
20	annual interim payments	4,410
21	annual cost of services	23,832
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	11,242
25	payments	5,269
26	annual covered charges	11,242
27	annual interim payments	5,269
28	annual cost of services	6,253
29		
30	Medicaid annual payments	212,297
31	Cost of services - max annual payments for UPL	232,703
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	230,156
37	adjusted maximum annual payments for UPL	252,279
38	annual facility specific UPL amount	22,123
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(272)
	annual UPL amount after aggregate limit	
42	adjustments	21,851
43	UPL adjustment available for SFY 2022	21,851

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Optim Medical Center - Tattnall
2	base period report period beginning date	1/1/2020
3	base period report period ending date	12/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,209,058
11	cost of Medicaid covered services	382,361
	Medicaid CCR	0.1731
12	total hospital CCR	0.114760705
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	382,361
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	72,610
18	payments	7,420
19	annual covered charges	72,610
20	annual interim payments	7,420
21	annual cost of services	8,333
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,343,038
25	payments	82,408
26	annual covered charges	1,343,038
27	annual interim payments	82,408
28	annual cost of services	154,128
29		
30	Medicaid annual payments	472,189
31	Cost of services - max annual payments for UPL	544,822
32		
33	<u>adjustment factor</u>	
34	inflation	1.084124
35		
36	adjusted Medicaid annual payments	511,911
37	adjusted maximum annual payments for UPL	590,655
38	annual facility specific UPL amount	78,744
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(968)
	annual UPL amount after aggregate limit	
42	adjustments	77,776
43	UPL adjustment available for SFY 2022	77,776

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	Phoebe Worth Medical Center
2	base period report period beginning date	8/1/2019
3	base period report period ending date	7/31/2020
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,091,057
11	cost of Medicaid covered services	375,774
	Medicaid CCR	0.3444
12	total hospital CCR	0.475494662
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	375,774
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	43,904
18	payments	2,940
19	annual covered charges	43,904
20	annual interim payments	2,940
21	annual cost of services	20,876
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	28,525
25	payments	5,267
26	annual covered charges	28,525
27	annual interim payments	5,267
28	annual cost of services	13,563
29		
30	Medicaid annual payments	383,981
31	Cost of services - max annual payments for UPL	410,213
32		
33	<u>adjustment factor</u>	
34	inflation	1.079777
35		
36	adjusted Medicaid annual payments	414,614
37	adjusted maximum annual payments for UPL	442,939
38	annual facility specific UPL amount	28,325
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(348)
	annual UPL amount after aggregate limit	
42	adjustments	27,977
43	UPL adjustment available for SFY 2022	27,977

Georgia Department of Community Health  
SFY 2022 Hospital Outpatient UPL

	Facility Name	St. Mary's Good Samaritan Hospital
2	base period report period beginning date	43647
3	base period report period ending date	44012
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	1307108
11	cost of Medicaid covered services	316864
	Medicaid CCR	0.2424
12	total hospital CCR	0.317456829
13	cost settlement rate	1
14	annual Medicaid payments after cost settlement	316864
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	83728
18	payments	6650
19	annual covered charges	83728
20	annual interim payments	6650
21	annual cost of services	26580
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	67235
25	payments	5276
26	annual covered charges	67235
27	annual interim payments	5276
28	annual cost of services	21344
29		
30	Medicaid annual payments	328790
31	Cost of services - max annual payments for UPL	364788
32		
33	<u>adjustment factor</u>	
34	inflation	1.08086
35		
36	adjusted Medicaid annual payments	355376
37	adjusted maximum annual payments for UPL	394285
38	annual facility specific UPL amount	38909
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	-478
	annual UPL amount after aggregate limit	
42	adjustments	38431
43	UPL adjustment available for SFY 2022	38431