



Brian P. Kemp, Governor

Caylee Noggle, Commissioner

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MEMORANDUM

Date: April 1, 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) Nursing Home Payments

BY ELECTRONIC MAIL

The Department will proceed in issuing UPL payments to nursing home 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," "Nursing Home Providers," then "Nursing Home 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 6, 2022, to document the expected method of transfer. If the required intergovernmental transfer is not received by noon on Monday, April 11, 2022, the associated UPL payment will be delayed until later this year.

The UPL payment to nursing homes 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 Nursing Home Upper Payment Limit  
1<sup>st</sup> – 3<sup>rd</sup> quarters**

<b>Friday</b>	<b>April 1, 2022</b>	<b>Notice to Nursing Homes</b>
<b>Wednesday</b>	<b>April 6, 2022</b>	<b>Due Notice of Intent to Transfer</b>
<b>Monday</b>	<b>April 11, 2022</b>	<b>Due Intergovernmental Transfers</b>
<b>Thursday</b>	<b>May 5, 2022</b>	<b>Payment</b>

**Georgia Department of Community Health  
Instructions for Nursing Home 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 Nursing Home UPL is **due by 12 p.m. on Monday, April 11, 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 nursing home 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 nursing home 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 Nursing Home UPL - Notice of Intent to Transfer Form**  
**1<sup>st</sup> – 3<sup>rd</sup> quarter payments**

Notice of Intent to Transfer form for Nursing Home UPL payment is **due by Wednesday, April 6, 2022.** Intergovernmental transfer for Nursing Home UPL payment is **due no later than 12 p.m. on Monday, April 11, 2022.**

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

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

Name of affiliated Nursing Home	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  
SFY 2022 Nursing Home UPL  
ONLY 1st - 3rd quarters

	Nursing Home	Annual UPL	SFY2022 1qtr UPL	IGT 1qtr	SFY2022 2qtr + 3qtr UPL	IGT 2qtr + 3qtr	Total Payment for 1st - 3rd quarters	Total IGT due for 1st - 3rd quarters
1	Amara Healthcare & Rehab	3,552,767	888,192	237,769	1,776,383	478,735	2,664,575	716,504
2	Appling Nursing And Rehabilitation Pavilion	1,210,479	302,620	81,011	605,239	163,112	907,859	244,123
3	Azalea Trace Nursing Center	2,558,345	639,586	171,217	1,279,173	344,737	1,918,759	515,954
4	Calhoun Nursing Home	2,476,962	619,241	165,771	1,238,480	333,770	1,857,721	499,541
5	Chatuge Regional Nursing Home	2,126,486	531,622	142,315	1,063,242	286,544	1,594,864	428,859
6	Coastal Manor	3,028,770	757,193	202,701	1,514,384	408,126	2,271,577	610,827
7	Cordele Health & Rehab Center	1,254,662	313,666	83,968	627,330	169,065	940,996	253,033
8	Crestview Nursing Facility	11,078,825	2,769,706	741,450	5,539,413	1,492,872	8,309,119	2,234,322
9	Crisp Regional Nursing & Rehab.	1,534,570	383,643	102,701	767,284	206,783	1,150,927	309,484
10	Early Memorial Nursing Facility	2,178,912	544,728	145,824	1,089,456	293,608	1,634,184	439,432
11	Effingham County Extended Care	1,885,422	471,356	126,182	942,710	254,060	1,414,066	380,242
12	Emanuel County Nursing Home	873,602	218,401	58,466	436,800	117,718	655,201	176,184
13	Florence Hand Home	1,600,278	400,070	107,099	800,138	215,637	1,200,208	322,736
14	Habersham Home	1,364,727	341,182	91,334	682,363	183,897	1,023,545	275,231
15	Joe Anne Burgin Nursing Home	1,406,008	351,502	94,097	703,004	189,460	1,054,506	283,557
16	Kentwood Nursing Facility	1,583,761	395,940	105,993	791,881	213,412	1,187,821	319,405
17	SGMC Lakeland Villa Convalescent Center	1,075,082	268,771	71,950	537,540	144,867	806,311	216,817
18	Laurel Park at Piedmont Henry Hospital	1,160,092	290,023	77,639	580,046	156,322	870,069	233,961
19	Magnolia Manor Columbus East	3,175,211	793,803	212,501	1,587,605	427,860	2,381,408	640,361
20	Magnolia Manor Columbus West	4,198,580	1,049,645	280,990	2,099,290	565,759	3,148,935	846,749
21	Magnolia Manor Marion County	1,838,756	459,689	123,059	919,378	247,772	1,379,067	370,831
22	Magnolia Manor Methodist Nursing Center	4,791,980	1,197,995	320,703	2,395,990	645,719	3,593,985	966,422
23	Memorial Manor Nursing Home	1,968,089	492,022	131,714	984,045	265,200	1,476,067	396,914
24	Miller Nursing Home	10,681,428	2,670,357	714,855	5,340,714	1,439,322	8,011,071	2,154,177
25	Mitchell Convalescent Center	928,662	232,166	62,151	464,330	125,137	696,496	187,288
26	Muscogee Manor and Rehab Center	2,960,529	740,132	198,133	1,480,265	398,931	2,220,397	597,064
27	New Horizons Limestone	2,486,631	621,658	166,418	1,243,315	335,073	1,864,973	501,491
28	New Horizons Lanier Park	3,310,580	827,645	221,561	1,655,290	446,101	2,482,935	667,662
29	Northside Gwinnett Extended Care Center	1,400,187	350,047	93,708	700,093	188,675	1,050,140	282,383
30	Orchard View Rehab & Skilled Nursing Ctr	3,456,142	864,036	231,302	1,728,070	465,715	2,592,106	697,017
31	Palemon Gaskins Memorial Nursing Home	289,473	72,368	19,373	144,737	39,007	217,105	58,380

Georgia Department of Community Health  
 SFY 2022 Nursing Home UPL  
 ONLY 1st - 3rd quarters

	Nursing Home	Annual UPL	SFY2022 1qtr UPL	IGT 1qtr	SFY2022 2qtr + 3qtr UPL	IGT 2qtr + 3qtr	Total Payment for 1st - 3rd quarters	Total IGT due for 1st - 3rd quarters
32	Pelham Parkway Nursing Home	1,972,725	493,181	132,025	986,363	265,825	1,479,544	397,850
33	Pinewood Manor Nursing Home and Rehabilitation	3,127,976	781,994	209,340	1,563,988	421,495	2,345,982	630,835
34	Senior Care Center - St. Marys	1,103,206	275,802	73,832	551,602	148,657	827,404	222,489
35	Southeast Georgia Health System - Senior Care Ctr	4,131,493	1,032,873	276,500	2,065,747	556,719	3,098,620	833,219
36	Southwell Health And Rehabilitation	2,063,136	515,784	138,075	1,031,568	278,008	1,547,352	416,083
37	The Retreat Nursing Home	1,378,698	344,675	92,269	689,348	185,779	1,034,023	278,048
38	Townsend Park Health & Rehab	3,557,832	889,458	238,108	1,778,916	479,418	2,668,374	717,526
39	Treutlen County Nursing Home	1,388,300	347,075	92,912	694,150	187,073	1,041,225	279,985
40	Twin Fountains Home	1,545,780	386,445	103,451	772,890	208,294	1,159,335	311,745
41	Twin Oaks Convalescent Center	1,822,098	455,525	121,944	911,048	245,527	1,366,573	367,471
42	Union County Nursing Home	2,330,289	582,572	155,955	1,165,145	314,007	1,747,717	469,962
43	University Extended Care Westwood	3,001,528	750,382	200,877	1,500,764	404,456	2,251,146	605,333
44	Warm Springs Med. Ctr. N.H.	2,731,735	682,934	182,821	1,365,867	368,101	2,048,801	550,922
45	Washington County Extended Care Facility	1,187,873	296,968	79,498	593,937	160,066	890,905	239,564
46	Wellstar Paulding Nursing Center	5,383,316	1,345,829	360,278	2,691,658	725,402	4,037,487	1,085,680

Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** Amara Healthcare & Rehab

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	328.25	348.02

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	152.72	150.86
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	169.82	167.96

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		158.43	180.06
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	23,971	23,971
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		19,731

**Facility-Specific UPL calculation**

<b>Line 10</b>			3,552,767
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		3,552,767
	<b>Allocation of UPL aggregate limit</b>		0
	<b>UPL calculation subject to aggregate limit</b>		3,552,767

Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** Appling Nursing And Rehabilitation Pavilion

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	252.46	267.67

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	205.46	202.95
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	222.56	220.05

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		29.90	47.62
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	30,886	30,886
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		25,422

**Facility-Specific UPL calculation**

<b>Line 10</b>			1,210,479
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		1,210,479
	<b>Allocation of UPL aggregate limit</b>		0
	<b>UPL calculation subject to aggregate limit</b>		1,210,479



Georgia Department of Community Health  
 SFY 2022 Nursing Home UPL

**Provider Name:** Azalea Trace Nursing Center

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	304.99	323.36

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	191.12	188.78
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	208.22	205.88

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		96.78	117.48
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	26,457	26,457
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		21,777

**Facility-Specific UPL calculation**

<b>Line 10</b>		2,558,345
<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		2,558,345
<b>Allocation of UPL aggregate limit</b>		0
<b>UPL calculation subject to aggregate limit</b>		2,558,345

Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** Calhoun Nursing Home

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	350.95	372.09

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	200.09	197.65
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	217.19	214.75

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		133.76	157.34
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	19,126	19,126
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		15,743

**Facility-Specific UPL calculation**

<b>Line 10</b>			2,476,962
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		2,476,962
	<b>Allocation of UPL aggregate limit</b>		0
	<b>UPL calculation subject to aggregate limit</b>		2,476,962

Georgia Department of Community Health  
 SFY 2022 Nursing Home UPL

**Provider Name:** Chatuge Regional Nursing Home

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	292.64	310.27

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	204.72	202.22
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	221.82	219.32

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		70.82	90.95
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	28,407	28,407
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		23,382

**Facility-Specific UPL calculation**

<b>Line 10</b>		2,126,486
<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		2,126,486
<b>Allocation of UPL aggregate limit</b>		0
<b>UPL calculation subject to aggregate limit</b>		2,126,486

Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** Coastal Manor

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	328.18	347.95

**Medicaid UPL Rate**

	Medicaid rate without provider fee	215.16	212.53
<b>Line 2</b>			
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	232.26	229.63

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		95.93	118.32
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	31,101	31,101
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		25,599

**Facility-Specific UPL calculation**

<b>Line 10</b>			3,028,770
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		3,028,770
	<b>Allocation of UPL aggregate limit</b>		0
	<b>UPL calculation subject to aggregate limit</b>		3,028,770

Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** Cordele Health & Rehab Center

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	319.39	338.63

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	217.76	215.10
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	234.86	232.20

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		84.53	106.43
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	14,323	14,323
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		11,789

**Facility-Specific UPL calculation**

<b>Line 10</b>			1,254,662
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		1,254,662
	<b>Allocation of UPL aggregate limit</b>		0
	<b>UPL calculation subject to aggregate limit</b>		1,254,662

Georgia Department of Community Health  
 SFY 2022 Nursing Home UPL

**Provider Name:** Crestview Nursing Facility

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	314.26	333.19

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	169.30	167.24
<b>Line 3</b>	Provider Fee adjustment	0.00	0.00
<b>Line 4</b>	Adjusted Medicaid rate for UPL	169.30	167.24

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		144.96	165.95
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	81,109	81,109
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		66,761

**Facility-Specific UPL calculation**

<b>Line 10</b>		11,078,825
<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		11,078,825
<b>Allocation of UPL aggregate limit</b>		0
<b>UPL calculation subject to aggregate limit</b>		11,078,825

Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** Crisp Regional Nursing & Rehab.

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	324.47	344.01

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	213.31	210.71
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	230.41	227.81

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		94.06	116.20
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	16,044	16,044
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		13,206

**Facility-Specific UPL calculation**

<b>Line 10</b>			1,534,570
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		1,534,570
	<b>Allocation of UPL aggregate limit</b>		0
	<b>UPL calculation subject to aggregate limit</b>		1,534,570

Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** Early Memorial Nursing Facility

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	259.55	275.18

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	158.88	156.94
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	175.98	174.04

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		83.57	101.14
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	26,173	26,173
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		21,543

**Facility-Specific UPL calculation**

<b>Line 10</b>			2,178,912
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		2,178,912
	<b>Allocation of UPL aggregate limit</b>		0
	<b>UPL calculation subject to aggregate limit</b>		2,178,912



Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** Effingham County Extended Care

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	282.60	299.62

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	201.97	199.51
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	219.07	216.61

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		63.53	83.01
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	27,595	27,595
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		22,713

**Facility-Specific UPL calculation**

<b>Line 10</b>		1,885,422
<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		1,885,422
<b>Allocation of UPL aggregate limit</b>		0
<b>UPL calculation subject to aggregate limit</b>		1,885,422

Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** Emanuel County Nursing Home

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	275.98	292.60

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	203.87	201.38
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	220.97	218.48

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		55.01	74.12
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	14,319	14,319
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		11,786

**Facility-Specific UPL calculation**

<b>Line 10</b>			873,602
	Facility-Specific UPL calculation for 07-01-21 to 06-30-22		873,602
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		873,602

Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** Florence Hand Home

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	254.15	269.46

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	198.33	195.91
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	215.43	213.01

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		38.73	56.45
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	34,443	34,443
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		28,350

**Facility-Specific UPL calculation**

<b>Line 10</b>			1,600,278
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		1,600,278
	<b>Allocation of UPL aggregate limit</b>		0
	<b>UPL calculation subject to aggregate limit</b>		1,600,278

Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** Habersham Home

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	280.65	297.55

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	187.01	184.73
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	204.11	201.83

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		76.54	95.72
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	17,321	17,321
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		14,257

**Facility-Specific UPL calculation**

<b>Line 10</b>			1,364,727
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		1,364,727
	<b>Allocation of UPL aggregate limit</b>		0
	<b>UPL calculation subject to aggregate limit</b>		1,364,727

Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** Joe Anne Burgin Nursing Home

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	261.16	276.89

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	170.74	168.65
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	187.84	185.75

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		73.32	91.14
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	18,743	18,743
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		15,427

**Facility-Specific UPL calculation**

<b>Line 10</b>			1,406,008
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		1,406,008
	<b>Allocation of UPL aggregate limit</b>		0
	<b>UPL calculation subject to aggregate limit</b>		1,406,008

Georgia Department of Community Health  
 SFY 2022 Nursing Home UPL

**Provider Name:** Kentwood Nursing Facility

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	339.64	360.10

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	213.23	210.63
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	230.33	227.73

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		109.31	132.37
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	14,536	14,536
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		11,965

**Facility-Specific UPL calculation**

<b>Line 10</b>			1,583,761
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		1,583,761
	<b>Allocation of UPL aggregate limit</b>		0
	<b>UPL calculation subject to aggregate limit</b>		1,583,761

Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** SGMC Lakeland Villa Convalescent Ctr.

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	271.60	287.96

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	208.57	206.02
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	225.67	223.12

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		45.93	64.84
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	20,145	20,145
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		16,581

**Facility-Specific UPL calculation**

<b>Line 10</b>			1,075,082
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		1,075,082
	<b>Allocation of UPL aggregate limit</b>		0
	<b>UPL calculation subject to aggregate limit</b>		1,075,082

Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** Laurel Park at Piedmont Henry Hospital

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	345.67	366.49

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	226.92	224.15
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	244.02	241.25

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		101.66	125.24
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	11,254	11,254
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		9,263

**Facility-Specific UPL calculation**

<b>Line 10</b>			1,160,092
	Facility-Specific UPL calculation for 07-01-21 to 06-30-22		1,160,092
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		1,160,092



Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** Magnolia Manor Columbus East

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	296.00	313.83

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	183.35	181.11
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	200.45	198.21

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		95.56	115.62
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	33,365	33,365
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		27,463

**Facility-Specific UPL calculation**

<b>Line 10</b>			3,175,211
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		3,175,211
	<b>Allocation of UPL aggregate limit</b>		0
	<b>UPL calculation subject to aggregate limit</b>		3,175,211

Georgia Department of Community Health  
 SFY 2022 Nursing Home UPL

**Provider Name:** Magnolia Manor Columbus West

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	323.07	342.53

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	173.63	171.51
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	190.73	188.61

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		132.35	153.92
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	33,141	33,141
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		27,278

**Facility-Specific UPL calculation**

<b>Line 10</b>			4,198,580
	Facility-Specific UPL calculation for 07-01-21 to 06-30-22		4,198,580
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		4,198,580

Georgia Department of Community Health  
 SFY 2022 Nursing Home UPL

**Provider Name:** Magnolia Manor Marion County

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	322.09	341.49

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	199.11	196.68
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	216.21	213.78

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		105.89	127.71
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	17,492	17,492
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		14,398

**Facility-Specific UPL calculation**

<b>Line 10</b>		1,838,756
<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		1,838,756
<b>Allocation of UPL aggregate limit</b>		0
<b>UPL calculation subject to aggregate limit</b>		1,838,756

Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** Magnolia Manor Methodist Nursing Center

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	300.30	318.39

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	181.97	179.75
<b>Line 3</b>	Provider Fee adjustment	0.00	0.00
<b>Line 4</b>	Adjusted Medicaid rate for UPL	181.97	179.75

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		118.33	138.64
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	41,994	41,994
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		34,565

**Facility-Specific UPL calculation**

<b>Line 10</b>		4,791,980
<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		4,791,980
<b>Allocation of UPL aggregate limit</b>		0
<b>UPL calculation subject to aggregate limit</b>		4,791,980

Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** Memorial Manor Nursing Home

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	253.89	269.18

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	175.63	173.49
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	192.73	190.59

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		61.16	78.59
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	30,424	30,424
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		25,042

**Facility-Specific UPL calculation**

<b>Line 10</b>			1,968,089
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		1,968,089
	<b>Allocation of UPL aggregate limit</b>		0
	<b>UPL calculation subject to aggregate limit</b>		1,968,089

Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** Miller Nursing Home

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	497.39	527.35

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	223.17	220.44
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	240.27	237.54

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		257.13	289.81
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	44,778	44,778
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		36,857

**Facility-Specific UPL calculation**

<b>Line 10</b>		10,681,428
<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		10,681,428
<b>Allocation of UPL aggregate limit</b>		0
<b>UPL calculation subject to aggregate limit</b>		10,681,428

Georgia Department of Community Health  
 SFY 2022 Nursing Home UPL

**Provider Name:** Mitchell Convalescent Center

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	279.33	296.15

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	190.49	188.16
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	207.59	205.26

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		71.74	90.89
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	12,413	12,413
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		10,217

**Facility-Specific UPL calculation**

<b>Line 10</b>		928,662
<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		928,662
<b>Allocation of UPL aggregate limit</b>		0
<b>UPL calculation subject to aggregate limit</b>		928,662

Georgia Department of Community Health  
 SFY 2022 Nursing Home UPL

**Provider Name:** Muscogee Manor and Rehab Center

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	337.58	357.91

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	227.77	224.99
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	244.87	242.09

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		92.71	115.82
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	31,055	31,055
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		25,561

**Facility-Specific UPL calculation**

<b>Line 10</b>			2,960,529
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		2,960,529
	<b>Allocation of UPL aggregate limit</b>		0
	<b>UPL calculation subject to aggregate limit</b>		2,960,529



Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** New Horizons Limestone

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	316.57	335.64

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	193.56	191.20
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	210.66	208.30

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		105.91	127.34
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	23,725	23,725
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		19,528

**Facility-Specific UPL calculation**

<b>Line 10</b>		2,486,631
<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		2,486,631
<b>Allocation of UPL aggregate limit</b>		0
<b>UPL calculation subject to aggregate limit</b>		2,486,631

Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** New Horizons Lanier Park

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	356.16	377.61

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	201.14	198.68
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	218.24	215.78

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		137.92	161.83
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	24,854	24,854
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		20,457

**Facility-Specific UPL calculation**

<b>Line 10</b>			3,310,580
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		3,310,580
	<b>Allocation of UPL aggregate limit</b>		0
	<b>UPL calculation subject to aggregate limit</b>		3,310,580

Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** Northside Gwinnett Extended Care Center

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	351.89	373.08

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	221.33	218.63
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	238.43	235.73

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		113.46	137.35
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	12,385	12,385
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		10,194

**Facility-Specific UPL calculation**

<b>Line 10</b>			1,400,187
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		1,400,187
	<b>Allocation of UPL aggregate limit</b>		0
	<b>UPL calculation subject to aggregate limit</b>		1,400,187

Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** Orchard View Rehab & Skilled Nursing Ctr

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	294.33	312.06

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	211.33	208.75
<b>Line 3</b>	Provider Fee adjustment	0.00	0.00
<b>Line 4</b>	Adjusted Medicaid rate for UPL	211.33	208.75

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		83.00	103.31
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	40,645	40,645
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		33,455

**Facility-Specific UPL calculation**

<b>Line 10</b>			3,456,142
	Facility-Specific UPL calculation for 07-01-21 to 06-30-22		3,456,142
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		3,456,142

Georgia Department of Community Health  
 SFY 2022 Nursing Home UPL

**Provider Name:** Palemon Gaskins Memorial Nursing Home

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	253.94	269.23

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	204.23	201.73
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	221.33	218.83

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		32.62	50.40
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	6,977	6,977
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		5,743

**Facility-Specific UPL calculation**

<b>Line 10</b>		289,473
<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		289,473
<b>Allocation of UPL aggregate limit</b>		0
<b>UPL calculation subject to aggregate limit</b>		289,473

Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** Pelham Parkway Nursing Home

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	238.89	253.28

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	160.67	158.71
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	177.77	175.81

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		61.12	77.47
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	30,938	30,938
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		25,465

**Facility-Specific UPL calculation**

<b>Line 10</b>			1,972,725
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		1,972,725
	<b>Allocation of UPL aggregate limit</b>		0
	<b>UPL calculation subject to aggregate limit</b>		1,972,725

Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** Pinewood Manor Nursing Home and Rehab.

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	277.89	294.63

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	129.90	128.32
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	147.00	145.42

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		130.89	149.21
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	25,469	25,469
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		20,964

**Facility-Specific UPL calculation**

<b>Line 10</b>			3,127,976
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		3,127,976
	<b>Allocation of UPL aggregate limit</b>		0
	<b>UPL calculation subject to aggregate limit</b>		3,127,976

Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** Senior Care Center - St. Marys

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	274.98	291.54

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	196.47	194.08
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	213.57	211.18

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		61.41	80.36
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	16,678	16,678
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		13,728

**Facility-Specific UPL calculation**

<b>Line 10</b>			1,103,206
	Facility-Specific UPL calculation for 07-01-21 to 06-30-22		1,103,206
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		1,103,206



Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** Southeast GA Health System - Senior Care

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

<b>Line 1</b>	PPS rate based on Medicaid patients for each quarter	288.43	305.80
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**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	213.25	210.65
<b>Line 3</b>	Provider Fee adjustment	0.00	0.00
<b>Line 4</b>	Adjusted Medicaid rate for UPL	213.25	210.65

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		75.18	95.15
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**Medicaid Patient Days**

<b>Line 6</b>	Medicaid days reported from quarterly provider fee report (base year)	52,752	52,752
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		43,420

**Facility-Specific UPL calculation**

<b>Line 10</b>			4,131,493
	Facility-Specific UPL calculation for 07-01-21 to 06-30-22		4,131,493
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		4,131,493

Georgia Department of Community Health  
 SFY 2022 Nursing Home UPL

**Provider Name:** Southwell Health And Rehabilitation

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	267.85	283.98

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	182.85	180.62
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	199.95	197.72

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		67.90	86.26
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	29,057	29,057
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		23,917

**Facility-Specific UPL calculation**

<b>Line 10</b>		2,063,136
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>	2,063,136
	<b>Allocation of UPL aggregate limit</b>	0
	<b>UPL calculation subject to aggregate limit</b>	2,063,136

Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** The Retreat Nursing Home

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	303.13	321.39

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	185.63	183.37
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	202.73	200.47

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		100.40	120.92
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	13,852	13,852
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		11,402

**Facility-Specific UPL calculation**

<b>Line 10</b>			1,378,698
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		1,378,698
	<b>Allocation of UPL aggregate limit</b>		0
	<b>UPL calculation subject to aggregate limit</b>		1,378,698

Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** Townsend Park Health & Rehab

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	335.31	355.51

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	185.42	183.15
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	202.52	200.25

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		132.80	155.26
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	27,841	27,841
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		22,916

**Facility-Specific UPL calculation**

<b>Line 10</b>			3,557,832
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		3,557,832
	<b>Allocation of UPL aggregate limit</b>		0
	<b>UPL calculation subject to aggregate limit</b>		3,557,832

Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** Treutlen County Nursing Home

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	293.10	310.75

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	176.40	174.25
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	193.50	191.35

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		99.60	119.40
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	14,126	14,126
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		11,627

**Facility-Specific UPL calculation**

<b>Line 10</b>		1,388,300
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>	1,388,300
	<b>Allocation of UPL aggregate limit</b>	0
	<b>UPL calculation subject to aggregate limit</b>	1,388,300

Georgia Department of Community Health  
 SFY 2022 Nursing Home UPL

**Provider Name:** Twin Fountains Home

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	233.11	247.15

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	162.18	160.20
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	179.28	177.30

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		53.83	69.85
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	26,886	26,886
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		22,130

**Facility-Specific UPL calculation**

<b>Line 10</b>		1,545,780
<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		1,545,780
<b>Allocation of UPL aggregate limit</b>		0
<b>UPL calculation subject to aggregate limit</b>		1,545,780

Georgia Department of Community Health  
 SFY 2022 Nursing Home UPL

**Provider Name:** Twin Oaks Convalescent Center

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	288.27	305.63

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	198.30	195.88
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	215.40	212.98

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		72.87	92.65
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	23,892	23,892
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		19,666

**Facility-Specific UPL calculation**

<b>Line 10</b>			1,822,098
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		1,822,098
	<b>Allocation of UPL aggregate limit</b>		0
	<b>UPL calculation subject to aggregate limit</b>		1,822,098

Georgia Department of Community Health  
 SFY 2022 Nursing Home UPL

**Provider Name:** Union County Nursing Home

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	263.16	279.01

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	192.07	189.72
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	209.17	206.82

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		54.00	72.19
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	39,218	39,218
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		32,280

**Facility-Specific UPL calculation**

<b>Line 10</b>			2,330,289
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		2,330,289
	<b>Allocation of UPL aggregate limit</b>		0
	<b>UPL calculation subject to aggregate limit</b>		2,330,289



Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** University Extended Care Westwood

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	321.06	340.40

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	200.85	198.40
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	217.95	215.50

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		103.11	124.90
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	29,197	29,197
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		24,032

**Facility-Specific UPL calculation**

<b>Line 10</b>			3,001,528
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		3,001,528
	<b>Allocation of UPL aggregate limit</b>		0
	<b>UPL calculation subject to aggregate limit</b>		3,001,528

Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

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

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	287.65	304.97

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	155.20	153.30
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	172.30	170.40

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		115.36	134.57
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	24,662	24,662
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		20,299

**Facility-Specific UPL calculation**

<b>Line 10</b>			2,731,735
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		2,731,735
	<b>Allocation of UPL aggregate limit</b>		0
	<b>UPL calculation subject to aggregate limit</b>		2,731,735

Georgia Department of Community Health  
 SFY 2022 Nursing Home UPL

**Provider Name:** Washington Co. Extended Care Facility

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	264.17	280.08

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	181.53	179.31
<b>Line 3</b>	Provider Fee adjustment	17.10	17.10
<b>Line 4</b>	Adjusted Medicaid rate for UPL	198.63	196.41

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		65.54	83.67
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	17,248	17,248
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		14,197

**Facility-Specific UPL calculation**

<b>Line 10</b>			1,187,873
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		1,187,873
	<b>Allocation of UPL aggregate limit</b>		0
	<b>UPL calculation subject to aggregate limit</b>		1,187,873

Georgia Department of Community Health  
SFY 2022 Nursing Home UPL

**Provider Name:** Wellstar Paulding Nursing Center

Average Base Year (10/1/2019 - 9/30/2020)	Rate Year - SFY2022
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**Medicare UPL Rate**

	PPS rate based on Medicaid patients		
<b>Line 1</b>	for each quarter	302.69	320.92

**Medicaid UPL Rate**

<b>Line 2</b>	Medicaid rate without provider fee	182.05	179.83
<b>Line 3</b>	Provider Fee adjustment	0	0
<b>Line 4</b>	Adjusted Medicaid rate for UPL	182.05	179.83

**Medicare UPL rate minus Medicaid UPL rate**

<b>Line 5</b>		120.64	141.09
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**Medicaid Patient Days**

	Medicaid days reported from quarterly		
<b>Line 6</b>	provider fee report (base year)	46,355	46,355
<b>Line 7</b>	Estimated change in patient days for SFY2022		-0.18
<b>Line 8</b>	Portion of year		100%
<b>Line 9</b>	Adjusted Medicaid patient days for UPL		38,155

**Facility-Specific UPL calculation**

<b>Line 10</b>			5,383,316
	<b>Facility-Specific UPL calculation for 07-01-21 to 06-30-22</b>		5,383,316
	<b>Allocation of UPL aggregate limit</b>		0
	<b>UPL calculation subject to aggregate limit</b>		5,383,316