



Brian P. Kemp, Governor

Caylee Noggle, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

MEMORANDUM

Date: January 9, 2023

To: Chief Executive Officer/Chief Financial Officer

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

Subject: State Fiscal Year 2023 Upper Payment Limit (UPL) Hospital

BY ELECTRONIC MAIL

The Department will proceed in issuing UPL payments to hospital for the 1st and 2nd quarters of State Fiscal Year 2023. 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 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 January 17, 2023, to document the expected method of transfer. If the required intergovernmental transfer is not received by noon on Wednesday, January 25, 2023, 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.

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

**SFY 2023 Hospital Upper Payment Limit
Interim Payment – 1st and 2nd quarters**

Monday	January 9, 2023	Notice to Hospitals
Tuesday	January 17, 2023	Due Notice of Intent to Transfer
Wednesday	January 25, 2023	Due Intergovernmental Transfers
Thursday	February 16, 2023	Payment

Georgia Department of Community Health
SFY 2023 Hospital UPL - Notice of Intent to Transfer Form
Interim Payment – 1st and 2nd quarters

Notice of Intent to Transfer form for Hospital UPL payment is **due by Tuesday, January 17, 2023**. Intergovernmental transfer for Hospital UPL payment is **due no later than 12 p.m. on Wednesday, January 25, 2023**.

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

**Georgia Department of Community Health
Instructions for Hospital UPL Intergovernmental Transfers
January 2023**

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 Wednesday, January 25, 2023. 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 .

Georgia Department of Community Health
SFY 2023 Hospital UPL
ONLY for 1st - 2nd quarters

	Facility Name	SFY2023 Inpatient UPL	SFY2023 Outpatient UPL	Total Annual UPL	Inpatient 1st qtr payment	1st qtr IGT	Inpatient 2nd qtr payment	2nd qtr IGT
	<u>state governmental hospitals</u>							
1	Augusta University Medical Center	10,702,841	5,139,496	15,842,337	1,133,672	305,525	0	0
2	Roosevelt Warm Springs Rehabilitation & Specialty	162,702	0	162,702	0	0	0	0
3	Roosevelt Warm Springs LTAC	0	0	0	0	0	0	0
	<i>total state governmental</i>	10,865,543	5,139,496	16,005,039	1,133,672	305,525	0	0
	<u>nonstate governmental hospitals</u>							
4	Appling Hospital	299,115	84,639	383,754	74,779	20,153	74,779	20,774
6	Children's Healthcare of Atlanta at Hughes Spalding	76,641	282,139	358,780	19,160	5,164	19,160	5,323
7	Coffee Regional Medical Center, Inc.	1,376,000	506,650	1,882,650	344,000	92,708	344,000	95,563
8	Colquitt Regional Medical Center	2,031,545	259,770	2,291,315	507,886	136,875	507,886	141,091
9	Crisp Regional Hospital, Inc.	1,012,615	481,578	1,494,193	253,154	68,225	253,154	70,326
10	Dodge County Hospital	396,990	69,510	466,500	99,248	26,747	99,248	27,571
11	Dorminy Medical Center	362,826	55,621	418,447	90,707	24,446	90,707	25,198
12	Emanuel Medical Center	403,216	150,942	554,158	100,804	27,167	100,804	28,003
13	Emory Decatur Hospital	5,853,058	372,314	6,225,372	1,463,265	394,350	1,463,265	406,495
14	Emory Hillandale Hospital	1,962,729	147,805	2,110,534	490,682	132,239	490,682	136,311
15	Evans Memorial Hospital, Inc.	165,141	21,532	186,673	41,285	11,126	41,285	11,469
16	Atrium Health Floyd Medical Center	5,805,250	1,753,009	7,558,259	1,451,313	391,129	1,451,313	403,175
17	Grady General Hospital	272,613	41,119	313,732	68,153	18,367	68,153	18,933
18	Grady Memorial Hospital	41,184,939	1,775,215	42,960,154	10,296,235	2,774,835	10,296,235	2,860,294
19	Habersham Medical Center	388,355	83,546	471,901	97,089	26,165	97,089	26,971
20	Houston Medical Center	3,137,645	278,026	3,415,671	784,411	211,399	784,411	217,909
21	Irwin County Hospital	131,077	76,775	207,852	32,769	8,831	32,769	9,103
22	Jefferson Hospital	48,726	51,075	99,801	12,182	3,283	12,182	3,384
23	Memorial Hospital And Manor	352,608	209,514	562,122	88,152	23,757	88,152	24,489
24	Northeast Georgia Medical Center Gainesville	18,096,154	1,226,058	19,322,212	4,524,039	1,219,229	4,524,039	1,256,778
25	Northside Hospital	17,355,321	346,360	17,701,681	4,338,830	1,169,315	4,338,830	1,205,327
26	Northside Hospital Cherokee	4,418,352	607,893	5,026,245	1,104,588	297,686	1,104,588	306,855
27	Northside Hospital Duluth	2,299,836	155,167	2,455,003	574,959	154,951	574,959	159,724
28	Northside Hospital Forsyth	4,674,650	519,183	5,193,833	1,168,663	314,955	1,168,663	324,655

Georgia Department of Community Health
SFY 2023 Hospital UPL
ONLY for 1st - 2nd quarters

	Facility Name	SFY2023 Inpatient UPL	SFY2023 Outpatient UPL	Total Annual UPL	Inpatient 1st qtr payment	1st qtr IGT	Inpatient 2nd qtr payment	2nd qtr IGT
29	Northside Hospital Gwinnett	11,675,026	619,185	12,294,211	2,918,757	786,605	2,918,757	810,831
30	Perry Hospital	174,900	63,688	238,588	43,725	11,784	43,725	12,147
31	Phoebe Putney Memorial Hospital	10,363,773	2,933,445	13,297,218	2,590,943	698,259	2,590,943	719,764
32	Phoebe Sumter Medical Center	1,332,761	423,150	1,755,911	333,190	89,795	333,190	92,560
33	Piedmont Athens Regional Medical Center	8,182,871	544,562	8,727,433	2,045,718	551,321	2,045,718	568,300
34	Piedmont Columbus Regional-Midtown	6,825,994	487,578	7,313,572	1,706,499	459,901	1,706,499	474,065
35	Piedmont Columbus Regional - Northside	0	46,154	46,154	0	0	0	0
36	Piedmont Henry Hospital	4,560,943	359,318	4,920,261	1,140,236	307,294	1,140,236	316,758
37	Piedmont Newton Hospital	1,629,834	133,063	1,762,897	407,459	109,810	407,459	113,192
38	South Georgia Medical Center	5,089,191	852,926	5,942,117	1,272,298	342,884	1,272,298	353,444
39	South Georgia Medical Center Berrien Campus	18,603	16,907	35,510	4,651	1,253	4,651	1,292
40	Southeast Georgia Health System - Brunswick	4,241,179	258,137	4,499,316	1,060,295	285,750	1,060,295	294,550
41	Southeast Georgia Health System - Camden	296,849	51,317	348,166	74,212	20,000	74,212	20,616
42	Southwell Medical Center	55,370	5,983	61,353	13,843	3,731	13,843	3,846
43	Stephens County Hospital	365,501	116,563	482,064	91,375	24,626	91,375	25,384
44	Tanner Medical Center - Carrollton	2,573,195	697,914	3,271,109	643,299	173,369	643,299	178,708
45	Tanner Medical Center Villa Rica	3,451,381	1,586,398	5,037,779	862,845	232,537	862,845	239,698
46	Atrium Health Navicent The Medical Center	12,184,663	2,147,206	14,331,869	3,046,166	820,942	3,046,166	846,225
47	Tift Regional Medical Center	2,727,472	2,645,613	5,373,085	681,868	183,763	681,868	189,423
48	Union General Hospital, Inc.	172,863	102,027	274,890	43,216	11,647	43,216	12,005
49	Piedmont Augusta Hospital	4,748,342	474,912	5,223,254	1,187,086	319,920	1,187,086	329,772
50	Piedmont Mcduffie Hospital	187,399	38,827	226,226	46,850	12,626	46,850	13,015
51	Upton Regional Medical Center	1,385,573	242,469	1,628,042	346,393	93,353	346,393	96,228
52	Washington County Regional Medical	55,303	143,773	199,076	13,826	3,726	13,826	3,841
53	Wayne Memorial Hospital	505,588	699,828	1,205,416	126,397	34,064	126,397	35,113
54	Wellstar Cobb Hospital	6,921,801	3,006,144	9,927,945	1,730,450	466,356	1,730,450	480,719
55	Wellstar Douglas Hospital	2,063,677	228,790	2,292,467	515,919	139,040	515,919	143,322
56	Wellstar Kennestone Hospital	11,956,239	862,544	12,818,783	2,989,060	805,552	2,989,060	830,361
57	Wellstar Paulding Hospital	2,372,839	278,210	2,651,049	593,210	159,870	593,210	164,794
58	Wellstar West Georgia Medical Center	2,688,118	577,311	3,265,429	672,030	181,112	672,030	186,690
59	Wellstar Windy Hill Hospital	9,629	137,974	147,603	2,407	649	2,407	669
	subtotal	220,922,279	30,337,356	251,259,635	55,230,576	14,884,641	55,230,576	15,343,053

Georgia Department of Community Health
SFY 2023 Hospital UPL
ONLY for 1st - 2nd quarters

	Facility Name	SFY2023 Inpatient UPL	SFY2023 Outpatient UPL	Total Annual UPL		Inpatient 1st qtr payment	1st qtr IGT		Inpatient 2nd qtr payment	2nd qtr IGT
60	Bacon County Hospital	180,889	256,591	437,480		45,222	0		45,222	0
61	Bleckley Memorial Hospital	0	8,085	8,085		0	0		0	0
62	Brooks County Hospital	8,627	49,510	58,137		2,157	0		2,157	0
63	Candler County Hospital	50,804	16,040	66,844		0	0		0	0
64	Chatuge Regional Hospital, Inc.	5,643	6,946	12,589		1,411	0		1,411	0
65	Clinch Memorial Hospital	10,042	16,958	27,000		2,511	0		2,511	0
66	Effingham Health System	0	64,710	64,710		0	0		0	0
67	Elbert Memorial Hospital	0	35,080	35,080		0	0		0	0
68	Atrium Health Floyd Polk Medical Center	3,038	40,517	43,555		0	0		0	0
69	Higgins General Hospital	96,291	94,542	190,833		24,073	0		24,073	0
70	Jasper Memorial Hospital	0	14,326	14,326		0	0		0	0
71	Jeff Davis Hospital	98,453	43,086	141,539		14,442	0		0	0
84	Jenkins County Medical Center	62,630	32,637	95,267		15,658	0		15,658	0
72	Liberty Regional Medical Center	5,205	95,858	101,063		1,301	0		1,301	0
73	Atrium Health Navicent Peach	0	29,757	29,757		0	0		0	0
74	Miller County Hospital	890,727	899,140	1,789,867		222,682	0		222,682	0
75	Mitchell County Hospital	75,154	224,247	299,401		18,789	0		18,789	0
76	Monroe County Hospital	61,861	27,910	89,771		3,885	0		0	0
77	Morgan Memorial Hospital	6,749	21,040	27,789		326	0		0	0
78	Lifebrite Community Hospital of Early	82,475	85,536	168,011		20,619	0		20,619	0
79	Putnam General Hospital	17,871	28,148	46,019		0	0		0	0
80	South Georgia Medical Center Lanier Campus	25,426	20,978	46,404		6,357	0		6,357	0
81	Warm Springs Medical Center	38,304	14,156	52,460		9,576	0		9,576	0
82	Wellstar Sylvan Grove Hospital	2,427	19,075	21,502		607	0		0	0
83	Wills Memorial Hospital	91,119	9,951	101,070		22,780	0		22,391	0
	subtotal - CAH	1,813,735	2,154,824	3,968,559		412,396	0		392,747	0
	total non-state governmental	222,736,014	32,492,180	255,228,194		55,642,972	14,884,641		55,623,323	15,343,053

Georgia Department of Community Health
SFY 2023 Hospital UPL
ONLY for 1st - 2nd quarters

	Facility Name	SFY2023 Inpatient UPL	SFY2023 Outpatient UPL	Total Annual UPL		Inpatient 1st qtr payment	1st qtr IGT		Inpatient 2nd qtr payment	2nd qtr IGT
	<u>nongovernmental hospitals</u>									
84	Mountain Lakes Medical Center	34,984	22,151	57,135		8,746	0		8,746	0
85	Optim Medical Center - Screven	0	14,879	14,879		0	0		0	0
86	Optim Medical Center - Tattnall	74,465	81,100	155,565		18,616	0		18,616	0
87	Phoebe Worth Medical Center	26,369	28,186	54,555		6,592	0		6,592	0
88	St. Mary's Good Samaritan Hospital	0	23,731	23,731		0	0		0	0
	<i>subtotal - CAH</i>	135,818	170,047	305,865		33,954	0		33,954	0
	TOTAL	233,737,375	37,801,723	271,539,098		56,810,598	15,190,166		55,657,277	15,343,053

Georgia Department of Community Health
SFY 2023 Hospital UPL
ONLY for 1st - 2nd quarters

	Facility Name	Outpatient 1st qtr payment	1st qtr IGT	Outpatient 2nd qtr payment	2nd qtr IGT	Total payments 1st-2nd qtrs	Total IGT 1st-2nd qtrs
	<u>state governmental hospitals</u>						
1	Augusta University Medical Center	1,284,874	346,274	1,284,874	356,938	3,703,420	1,008,737
2	Roosevelt Warm Springs Rehabilitation & Specialty	0	0	0	0	0	0
3	Roosevelt Warm Springs LTAC	0	0	0	0	0	0
	<i>total state governmental</i>	1,284,874	346,274	1,284,874	356,938	3,703,420	1,008,737
	<u>nonstate governmental hospitals</u>						
4	Appling Hospital	21,160	5,703	21,160	5,878	191,878	52,508
6	Children's Healthcare of Atlanta at Hughes Spalding	70,535	19,009	70,535	19,595	179,390	49,091
7	Coffee Regional Medical Center, Inc.	126,663	34,136	126,663	35,187	941,326	257,594
8	Colquitt Regional Medical Center	64,943	17,502	64,943	18,041	1,145,658	313,509
9	Crisp Regional Hospital, Inc.	120,395	32,446	120,395	33,446	747,098	204,443
10	Dodge County Hospital	17,378	4,683	17,378	4,828	233,252	63,829
11	Dorminy Medical Center	13,905	3,747	13,905	3,863	209,224	57,254
12	Emanuel Medical Center	37,736	10,170	37,736	10,483	277,080	75,823
13	Emory Decatur Hospital	93,079	25,085	93,079	25,857	3,112,688	851,787
14	Emory Hillandale Hospital	36,951	9,958	36,951	10,265	1,055,266	288,773
15	Evans Memorial Hospital, Inc.	5,383	1,451	5,383	1,495	93,336	25,541
16	Atrium Health Floyd Medical Center	438,252	118,109	438,252	121,746	3,779,130	1,034,159
17	Grady General Hospital	10,280	2,770	10,280	2,856	156,866	42,926
18	Grady Memorial Hospital	443,804	119,605	443,804	123,289	21,480,078	5,878,023
19	Habersham Medical Center	20,887	5,629	20,887	5,802	235,952	64,567
20	Houston Medical Center	69,507	18,732	69,507	19,309	1,707,836	467,349
21	Irwin County Hospital	19,194	5,173	19,194	5,332	103,926	28,439
22	Jefferson Hospital	12,769	3,441	12,769	3,547	49,902	13,655
23	Memorial Hospital And Manor	52,379	14,116	52,379	14,551	281,062	76,913
24	Northeast Georgia Medical Center Gainesville	306,515	82,606	306,515	85,150	9,661,108	2,643,763
25	Northside Hospital	86,590	23,336	86,590	24,055	8,850,840	2,422,033
26	Northside Hospital Cherokee	151,973	40,957	151,973	42,218	2,513,122	687,716
27	Northside Hospital Duluth	38,792	10,454	38,792	10,776	1,227,502	335,905
28	Northside Hospital Forsyth	129,796	34,980	129,796	36,057	2,596,918	710,647

Georgia Department of Community Health
SFY 2023 Hospital UPL
ONLY for 1st - 2nd quarters

	Facility Name	Outpatient 1st qtr payment	1st qtr IGT	Outpatient 2nd qtr payment	2nd qtr IGT	Total payments 1st-2nd qtrs	Total IGT 1st-2nd qtrs
29	Northside Hospital Gwinnett	154,796	41,718	154,796	43,002	6,147,106	1,682,156
30	Perry Hospital	15,922	4,291	15,922	4,423	119,294	32,645
31	Phoebe Putney Memorial Hospital	733,361	197,641	733,361	203,728	6,648,608	1,819,392
32	Phoebe Sumter Medical Center	105,788	28,510	105,788	29,388	877,956	240,253
33	Piedmont Athens Regional Medical Center	136,141	36,690	136,141	37,820	4,363,718	1,194,131
34	Piedmont Columbus Regional-Midtown	121,895	32,851	121,895	33,862	3,656,788	1,000,679
35	Piedmont Columbus Regional - Northside	11,539	3,110	11,539	3,206	23,078	6,316
36	Piedmont Henry Hospital	89,830	24,209	89,830	24,955	2,460,132	673,216
37	Piedmont Newton Hospital	33,266	8,965	33,266	9,241	881,450	241,208
38	South Georgia Medical Center	213,232	57,466	189,660	52,688	2,947,488	806,482
39	South Georgia Medical Center Berrien Campus	4,227	1,139	4,227	1,174	17,756	4,858
40	Southeast Georgia Health System - Brunswick	64,534	17,392	64,534	17,928	2,249,658	615,620
41	Southeast Georgia Health System - Camden	12,829	3,457	12,829	3,564	174,082	47,637
42	Southwell Medical Center	1,496	403	1,496	416	30,678	8,396
43	Stephens County Hospital	29,141	7,853	29,141	8,095	241,032	65,958
44	Tanner Medical Center - Carrollton	174,479	47,022	174,479	48,470	1,635,556	447,569
45	Tanner Medical Center Villa Rica	396,600	106,884	396,600	110,175	2,518,890	689,294
46	Atrium Health Navicent The Medical Center	536,802	144,668	536,802	149,124	7,165,936	1,960,959
47	Tift Regional Medical Center	661,403	178,248	661,403	183,738	2,686,542	735,172
48	Union General Hospital, Inc.	25,507	6,874	25,507	7,086	137,446	37,612
49	Piedmont Augusta Hospital	118,728	31,997	118,728	32,983	2,611,628	714,672
50	Piedmont McDuffie Hospital	9,707	2,616	9,707	2,697	113,114	30,954
51	Upson Regional Medical Center	60,617	16,336	60,617	16,839	814,020	222,756
52	Washington County Regional Medical	35,943	9,687	35,943	9,985	99,538	27,239
53	Wayne Memorial Hospital	174,957	47,151	174,957	48,603	602,708	164,931
54	Wellstar Cobb Hospital	751,536	202,539	751,536	208,777	4,963,972	1,358,391
55	Wellstar Douglas Hospital	57,198	15,415	57,198	15,890	1,146,234	313,667
56	Wellstar Kennestone Hospital	215,636	58,114	215,636	59,904	6,409,392	1,753,931
57	Wellstar Paulding Hospital	69,553	18,745	69,553	19,322	1,325,526	362,731
58	Wellstar West Georgia Medical Center	144,328	38,896	144,328	40,094	1,632,716	446,792
59	Wellstar Windy Hill Hospital	34,494	9,296	34,494	9,582	73,802	20,196
	subtotal	7,584,351	2,043,981	7,560,779	2,100,385	125,606,282	34,372,060

Georgia Department of Community Health
SFY 2023 Hospital UPL
ONLY for 1st - 2nd quarters

	Facility Name	Outpatient 1st qtr payment	1st qtr IGT	Outpatient 2nd qtr payment	2nd qtr IGT	Total payments 1st-2nd qtrs	Total IGT 1st-2nd qtrs
60	Bacon County Hospital	64,148	0	63,739	0	218,331	0
61	Bleckley Memorial Hospital	2,021	0	2,021	0	4,042	0
62	Brooks County Hospital	12,378	0	12,378	0	29,070	0
63	Candler County Hospital	4,010	0	4,010	0	8,020	0
64	Chatuge Regional Hospital, Inc.	1,737	0	1,737	0	6,296	0
65	Clinch Memorial Hospital	4,240	0	4,240	0	13,502	0
66	Effingham Health System	16,178	0	16,178	0	32,356	0
67	Elbert Memorial Hospital	8,770	0	8,770	0	17,540	0
68	Atrium Health Floyd Polk Medical Center	10,129	0	10,129	0	20,258	0
69	Higgins General Hospital	23,636	0	23,636	0	95,418	0
70	Jasper Memorial Hospital	3,582	0	3,582	0	7,164	0
71	Jeff Davis Hospital	10,772	0	10,772	0	35,986	0
84	Jenkins County Medical Center	8,159	0	8,159	0	47,634	0
72	Liberty Regional Medical Center	23,965	0	23,965	0	50,532	0
73	Atrium Health Navicent Peach	7,439	0	7,439	0	14,878	0
74	Miller County Hospital	159,020	0	0	0	604,384	0
75	Mitchell County Hospital	56,062	0	4,953	0	98,593	0
76	Monroe County Hospital	6,978	0	6,978	0	17,841	0
77	Morgan Memorial Hospital	5,260	0	5,260	0	10,846	0
78	Lifebrite Community Hospital of Early	21,384	0	21,384	0	84,006	0
79	Putnam General Hospital	7,037	0	7,037	0	14,074	0
80	South Georgia Medical Center Lanier Campus	5,245	0	5,245	0	23,204	0
81	Warm Springs Medical Center	3,539	0	3,539	0	26,230	0
82	Wellstar Sylvan Grove Hospital	4,769	0	4,769	0	10,145	0
83	Wills Memorial Hospital	2,488	0	2,488	0	50,147	0
	subtotal - CAH	472,946	0	262,408	0	1,540,497	0
	total non-state governmental	8,057,297	2,043,981	7,823,187	2,100,385	127,146,779	34,372,060

Georgia Department of Community Health
SFY 2023 Hospital UPL
ONLY for 1st - 2nd quarters

	Facility Name	Outpatient 1st qtr payment	1st qtr IGT	Outpatient 2nd qtr payment	2nd qtr IGT	Total payments 1st-2nd qtrs	Total IGT 1st-2nd qtrs
	<u>nongovernmental hospitals</u>						
84	Mountain Lakes Medical Center	5,538	0	5,538	0	28,568	0
85	Optim Medical Center - Screven	3,720	0	3,720	0	7,440	0
86	Optim Medical Center - Tattnall	20,275	0	20,275	0	77,782	0
87	Phoebe Worth Medical Center	7,047	0	7,047	0	27,278	0
88	St. Mary's Good Samaritan Hospital	5,933	0	5,933	0	11,866	0
	subtotal - CAH	42,513	0	42,513	0	152,934	0
	TOTAL	9,384,684	2,390,255	9,150,574	2,457,323	131,003,133	35,380,797

SFY 2023

INPATIENT

Hospital UPL

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Augusta University Medical Center
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	146,408,662
11	payments for services	31,298,962
12	annual covered charges	146,408,662
13	annual payments for services	31,298,962
14		
15	total hospital CCR	23.23%
16		
17	annual cost of services	34,010,732
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	166,203,113
23	adjusted Medicaid payments for services	35,530,582
24	supplemental rate adjustment payments	10,976,925
25	total adjusted Medicaid payments	46,507,507
26	adjusted cost of services	38,608,983
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	1.61581
32	maximum annual payments (at DRG differential)	57,410,670
33		
34	maximum annual payments	57,410,670
35	facility specific UPL amount	10,903,163
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(364,691)
39	allocation of supplemental payments	164,369
40	total aggregate limit adjustments	(200,322)
41		
42	UPL amount after aggregate limit adjustments	10,702,841

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Roosevelt Warm Springs Rehabilitation & Specialty
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	6,397,685
11	payments for services	2,738,862
12	annual covered charges	6,397,685
13	annual payments for services	2,738,862
14		
15	total hospital CCR	47.39%
16		
17	annual cost of services	3,031,863
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	7,262,652
23	adjusted Medicaid payments for services	3,109,156
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,109,156
26	adjusted cost of services	3,441,771
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	3,441,771
35	facility specific UPL amount	332,615
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(5,544)
39	allocation of supplemental payments	(164,369)
40	total aggregate limit adjustments	(169,913)
41		
42	UPL amount after aggregate limit adjustments	162,702

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Roosevelt Warm Springs LTAC
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	5,699,524
11	payments for services	2,919,756
12	annual covered charges	5,699,524
13	annual payments for services	2,919,756
14		
15	total hospital CCR	45.28%
16		
17	annual cost of services	2,580,744
18		
19	<u>adjustment factor</u>	
20	inflation	1.0921
21		
22	adjusted annual charges	6,224,450
23	adjusted Medicaid payments for services	3,188,666
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,188,666
26	adjusted cost of services	2,818,431
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	2,818,431
35	facility specific UPL amount	(370,235)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	370,235
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	370,235
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Applying Hospital
2	base period report period beginning date	9/1/2020
3	base period report period ending date	8/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,385,398
11	payments for services	697,327
12	annual covered charges	1,385,398
13	annual payments for services	697,327
14		
15	total hospital CCR	80.67%
16		
17	annual cost of services	1,117,601
18		
19	<u>adjustment factor</u>	
20	inflation	1.1205
21		
22	adjusted annual charges	1,552,338
23	adjusted Medicaid payments for services	781,355
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	781,355
26	adjusted cost of services	1,252,272
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	1.50273
32	maximum annual payments (at DRG differential)	1,174,166
33		
34	maximum annual payments	1,174,166
35	facility specific UPL amount	392,811
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(687)
39	allocation of supplemental payments	(93,009)
40	total aggregate limit adjustments	(93,696)
41		
42	UPL amount after aggregate limit adjustments	299,115

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Atrium Health Navicent The Medical Center
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	151,597,470
11	payments for services	29,144,906
12	annual covered charges	151,597,470
13	annual payments for services	29,144,906
14		
15	total hospital CCR	20.43%
16		
17	annual cost of services	30,971,363
18		
19	<u>adjustment factor</u>	
20	inflation	1.0921
21		
22	adjusted annual charges	165,559,597
23	adjusted Medicaid payments for services	31,829,152
24	supplemental rate adjustment payments	7,919,583
25	total adjusted Medicaid payments	39,748,735
26	adjusted cost of services	33,823,826
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	1.50273
32	maximum annual payments (at DRG differential)	47,830,622
33		
34	maximum annual payments	47,830,622
35	facility specific UPL amount	8,081,887
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(27,998)
39	allocation of supplemental payments	4,130,774
40	total aggregate limit adjustments	4,102,776
41		
42	UPL amount after aggregate limit adjustments	12,184,663

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Children's Healthcare of Atlanta at Hughes Spalding
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	5,150,730
11	payments for services	795,826
12	annual covered charges	5,150,730
13	annual payments for services	795,826
14		
15	total hospital CCR	17.24%
16		
17	annual cost of services	887,986
18		
19	<u>adjustment factor</u>	
20	inflation	1.0921
21		
22	adjusted annual charges	5,625,112
23	adjusted Medicaid payments for services	869,122
24	supplemental rate adjustment payments	1,394,954
25	total adjusted Medicaid payments	2,264,076
26	adjusted cost of services	969,770
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	969,770
35	facility specific UPL amount	(1,294,306)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(176)
39	allocation of supplemental payments	1,371,123
40	total aggregate limit adjustments	1,370,947
41		
42	UPL amount after aggregate limit adjustments	76,641

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Coffee Regional Medical Center, Inc.
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	14,562,039
11	payments for services	3,291,302
12	annual covered charges	14,562,039
13	annual payments for services	3,291,302
14		
15	total hospital CCR	21.15%
16		
17	annual cost of services	3,079,871
18		
19	<u>adjustment factor</u>	
20	inflation	1.0921
21		
22	adjusted annual charges	15,903,203
23	adjusted Medicaid payments for services	3,594,431
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,594,431
26	adjusted cost of services	3,363,527
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	1.50273
32	maximum annual payments (at DRG differential)	5,401,459
33		
34	maximum annual payments	5,401,459
35	facility specific UPL amount	1,807,028
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,162)
39	allocation of supplemental payments	(427,866)
40	total aggregate limit adjustments	(431,028)
41		
42	UPL amount after aggregate limit adjustments	1,376,000

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Colquitt Regional Medical Center
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	19,108,587
11	payments for services	4,766,787
12	annual covered charges	19,108,587
13	annual payments for services	4,766,787
14		
15	total hospital CCR	25.37%
16		
17	annual cost of services	4,847,849
18		
19	<u>adjustment factor</u>	
20	inflation	1.1133
21		
22	adjusted annual charges	21,273,590
23	adjusted Medicaid payments for services	5,306,864
24	supplemental rate adjustment payments	903,288
25	total adjusted Medicaid payments	6,210,152
26	adjusted cost of services	5,397,110
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	1.50273
32	maximum annual payments (at DRG differential)	7,974,784
33		
34	maximum annual payments	7,974,784
35	facility specific UPL amount	1,764,632
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4,668)
39	allocation of supplemental payments	271,581
40	total aggregate limit adjustments	266,913
41		
42	UPL amount after aggregate limit adjustments	2,031,545

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Crisp Regional Hospital, Inc.
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	7,461,102
11	payments for services	2,330,149
12	annual covered charges	7,461,102
13	annual payments for services	2,330,149
14		
15	total hospital CCR	29.86%
16		
17	annual cost of services	2,227,885
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	8,469,843
23	adjusted Medicaid payments for services	2,645,185
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,645,185
26	adjusted cost of services	2,529,095
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	1.50273
32	maximum annual payments (at DRG differential)	3,974,999
33		
34	maximum annual payments	3,974,999
35	facility specific UPL amount	1,329,814
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,327)
39	allocation of supplemental payments	(314,872)
40	total aggregate limit adjustments	(317,199)
41		
42	UPL amount after aggregate limit adjustments	1,012,615

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Dodge County Hospital
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,595,298
11	payments for services	931,491
12	annual covered charges	2,595,298
13	annual payments for services	931,491
14		
15	total hospital CCR	27.54%
16		
17	annual cost of services	714,745
18		
19	<u>adjustment factor</u>	
20	inflation	1.1133
21		
22	adjusted annual charges	2,889,345
23	adjusted Medicaid payments for services	1,037,029
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,037,029
26	adjusted cost of services	795,726
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	1.50273
32	maximum annual payments (at DRG differential)	1,558,375
33		
34	maximum annual payments	1,558,375
35	facility specific UPL amount	521,346
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(912)
39	allocation of supplemental payments	(123,444)
40	total aggregate limit adjustments	(124,356)
41		
42	UPL amount after aggregate limit adjustments	396,990

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Dorminy Medical Center
2	base period report period beginning date	8/1/2020
3	base period report period ending date	7/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,608,625
11	payments for services	840,385
12	annual covered charges	2,608,625
13	annual payments for services	840,385
14		
15	total hospital CCR	32.15%
16		
17	annual cost of services	838,673
18		
19	<u>adjustment factor</u>	
20	inflation	1.1278
21		
22	adjusted annual charges	2,942,007
23	adjusted Medicaid payments for services	947,786
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	947,786
26	adjusted cost of services	945,855
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	1.50273
32	maximum annual payments (at DRG differential)	1,424,266
33		
34	maximum annual payments	1,424,266
35	facility specific UPL amount	476,480
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(834)
39	allocation of supplemental payments	(112,820)
40	total aggregate limit adjustments	(113,654)
41		
42	UPL amount after aggregate limit adjustments	362,826

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Emanuel Medical Center
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	3,594,993
11	payments for services	927,851
12	annual covered charges	3,594,993
13	annual payments for services	927,851
14		
15	total hospital CCR	29.96%
16		
17	annual cost of services	1,077,060
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	4,081,036
23	adjusted Medicaid payments for services	1,053,296
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,053,296
26	adjusted cost of services	1,222,679
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	1.50273
32	maximum annual payments (at DRG differential)	1,582,819
33		
34	maximum annual payments	1,582,819
35	facility specific UPL amount	529,523
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(927)
39	allocation of supplemental payments	(125,380)
40	total aggregate limit adjustments	(126,307)
41		
42	UPL amount after aggregate limit adjustments	403,216

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Emory Decatur Hospital
2	base period report period beginning date	9/1/2020
3	base period report period ending date	8/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	57,117,696
11	payments for services	13,645,282
12	annual covered charges	57,117,696
13	annual payments for services	13,645,282
14		
15	total hospital CCR	27.41%
16		
17	annual cost of services	15,655,960
18		
19	<u>adjustment factor</u>	
20	inflation	1.1205
21		
22	adjusted annual charges	64,000,378
23	adjusted Medicaid payments for services	15,289,538
24	supplemental rate adjustment payments	74,025
25	total adjusted Medicaid payments	15,363,563
26	adjusted cost of services	17,542,503
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	1.50273
32	maximum annual payments (at DRG differential)	22,976,047
33		
34	maximum annual payments	22,976,047
35	facility specific UPL amount	7,612,484
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(13,449)
39	allocation of supplemental payments	(1,745,977)
40	total aggregate limit adjustments	(1,759,426)
41		
42	UPL amount after aggregate limit adjustments	5,853,058

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Emory Hillandale Hospital
2	base period report period beginning date	9/1/2020
3	base period report period ending date	8/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	15,361,574
11	payments for services	4,575,728
12	annual covered charges	15,361,574
13	annual payments for services	4,575,728
14		
15	total hospital CCR	24.37%
16		
17	annual cost of services	3,743,616
18		
19	<u>adjustment factor</u>	
20	inflation	1.1205
21		
22	adjusted annual charges	17,212,644
23	adjusted Medicaid payments for services	5,127,103
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,127,103
26	adjusted cost of services	4,194,722
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50273
32	maximum annual payments (at DRG differential)	7,704,651
33		
34	maximum annual payments	7,704,651
35	facility specific UPL amount	2,577,548
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4,510)
39	allocation of supplemental payments	(610,309)
40	total aggregate limit adjustments	(614,819)
41		
42	UPL amount after aggregate limit adjustments	1,962,729

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Evans Memorial Hospital
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,559,000
11	payments for services	387,482
12	annual covered charges	1,559,000
13	annual payments for services	387,482
14		
15	total hospital CCR	17.81%
16		
17	annual cost of services	277,658
18		
19	<u>adjustment factor</u>	
20	inflation	1.1133
21		
22	adjusted annual charges	1,735,635
23	adjusted Medicaid payments for services	431,384
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	431,384
26	adjusted cost of services	309,117
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	1.50273
32	maximum annual payments (at DRG differential)	648,254
33		
34	maximum annual payments	648,254
35	facility specific UPL amount	216,870
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(379)
39	allocation of supplemental payments	(51,350)
40	total aggregate limit adjustments	(51,729)
41		
42	UPL amount after aggregate limit adjustments	165,141

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Atrium Health Floyd Medical Center
2	base period report period beginning date	7/1/2020
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	0.66
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	112,531,062
11	payments for services	21,039,050
12	annual covered charges	74,270,501
13	annual payments for services	13,885,773
14		
15	total hospital CCR	18.68%
16		
17	annual cost of services	13,873,730
18		
19	<u>adjustment factor</u>	
20	inflation	1.0921
21		
22	adjusted annual charges	81,110,814
23	adjusted Medicaid payments for services	15,164,653
24	supplemental rate adjustment payments	1,703,621
25	total adjusted Medicaid payments	16,868,274
26	adjusted cost of services	15,151,501
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50273
32	maximum annual payments (at DRG differential)	22,788,379
33		
34	maximum annual payments	22,788,379
35	facility specific UPL amount	5,920,105
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(13,339)
39	allocation of supplemental payments	(101,516)
40	total aggregate limit adjustments	(114,855)
41		
42	UPL amount after aggregate limit adjustments	5,805,250

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Grady General Hospital
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,681,398
11	payments for services	639,654
12	annual covered charges	1,681,398
13	annual payments for services	639,654
14		
15	total hospital CCR	32.34%
16		
17	annual cost of services	543,764
18		
19	<u>adjustment factor</u>	
20	inflation	1.1133
21		
22	adjusted annual charges	1,871,900
23	adjusted Medicaid payments for services	712,127
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	712,127
26	adjusted cost of services	605,372
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	1.50273
32	maximum annual payments (at DRG differential)	1,070,135
33		
34	maximum annual payments	1,070,135
35	facility specific UPL amount	358,008
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(626)
39	allocation of supplemental payments	(84,769)
40	total aggregate limit adjustments	(85,395)
41		
42	UPL amount after aggregate limit adjustments	272,613

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Grady Memorial Hospital
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	639,399,718
11	payments for services	98,511,644
12	annual covered charges	639,399,718
13	annual payments for services	98,511,644
14		
15	total hospital CCR	17.24%
16		
17	annual cost of services	110,232,511
18		
19	<u>adjustment factor</u>	
20	inflation	1.0921
21		
22	adjusted annual charges	698,288,432
23	adjusted Medicaid payments for services	107,584,566
24	supplemental rate adjustment payments	33,902,094
25	total adjusted Medicaid payments	141,486,660
26	adjusted cost of services	120,384,925
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	1.50273
32	maximum annual payments (at DRG differential)	161,670,555
33		
34	maximum annual payments	161,670,555
35	facility specific UPL amount	20,183,895
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(94,635)
39	allocation of supplemental payments	21,095,679
40	total aggregate limit adjustments	21,001,044
41		
42	UPL amount after aggregate limit adjustments	41,184,939

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Habersham Medical Center
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,011,789
11	payments for services	893,651
12	annual covered charges	2,011,789
13	annual payments for services	893,651
14		
15	total hospital CCR	39.59%
16		
17	annual cost of services	796,467
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	2,283,783
23	adjusted Medicaid payments for services	1,014,473
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,014,473
26	adjusted cost of services	904,149
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	1.50273
32	maximum annual payments (at DRG differential)	1,524,479
33		
34	maximum annual payments	1,524,479
35	facility specific UPL amount	510,006
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(892)
39	allocation of supplemental payments	(120,759)
40	total aggregate limit adjustments	(121,651)
41		
42	UPL amount after aggregate limit adjustments	388,355

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Houston Medical Center
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	28,266,216
11	payments for services	7,505,040
12	annual covered charges	28,266,216
13	annual payments for services	7,505,040
14		
15	total hospital CCR	29.77%
16		
17	annual cost of services	8,414,853
18		
19	<u>adjustment factor</u>	
20	inflation	1.0921
21		
22	adjusted annual charges	30,869,534
23	adjusted Medicaid payments for services	8,196,254
24	supplemental rate adjustment payments	1,210,594
25	total adjusted Medicaid payments	9,406,848
26	adjusted cost of services	9,189,861
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	1.50273
32	maximum annual payments (at DRG differential)	12,316,757
33		
34	maximum annual payments	12,316,757
35	facility specific UPL amount	2,909,909
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(7,210)
39	allocation of supplemental payments	234,946
40	total aggregate limit adjustments	227,736
41		
42	UPL amount after aggregate limit adjustments	3,137,645

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Irwin County Hospital
2	base period report period beginning date	12/1/2020
3	base period report period ending date	11/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	894,335
11	payments for services	311,530
12	annual covered charges	894,335
13	annual payments for services	311,530
14		
15	total hospital CCR	37.55%
16		
17	annual cost of services	335,823
18		
19	<u>adjustment factor</u>	
20	inflation	1.0991
21		
22	adjusted annual charges	982,964
23	adjusted Medicaid payments for services	342,403
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	342,403
26	adjusted cost of services	369,103
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	1.50273
32	maximum annual payments (at DRG differential)	514,539
33		
34	maximum annual payments	514,539
35	facility specific UPL amount	172,136
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(301)
39	allocation of supplemental payments	(40,758)
40	total aggregate limit adjustments	(41,059)
41		
42	UPL amount after aggregate limit adjustments	131,077

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Jefferson Hospital
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	153,598
11	payments for services	116,550
12	annual covered charges	153,598
13	annual payments for services	116,550
14		
15	total hospital CCR	72.94%
16		
17	annual cost of services	112,034
18		
19	<u>adjustment factor</u>	
20	inflation	1.0921
21		
22	adjusted annual charges	167,744
23	adjusted Medicaid payments for services	127,284
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	127,284
26	adjusted cost of services	122,352
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	1.50273
32	maximum annual payments (at DRG differential)	191,273
33		
34	maximum annual payments	191,273
35	facility specific UPL amount	63,989
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(112)
39	allocation of supplemental payments	(15,151)
40	total aggregate limit adjustments	(15,263)
41		
42	UPL amount after aggregate limit adjustments	48,726

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Memorial Hospital And Manor
2	base period report period beginning date	4/1/2020
3	base period report period ending date	3/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,328,277
11	payments for services	796,035
12	annual covered charges	2,328,277
13	annual payments for services	796,035
14		
15	total hospital CCR	37.85%
16		
17	annual cost of services	881,253
18		
19	<u>adjustment factor</u>	
20	inflation	1.1571
21		
22	adjusted annual charges	2,694,049
23	adjusted Medicaid payments for services	921,092
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	921,092
26	adjusted cost of services	1,019,698
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	1.50273
32	maximum annual payments (at DRG differential)	1,384,153
33		
34	maximum annual payments	1,384,153
35	facility specific UPL amount	463,061
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(810)
39	allocation of supplemental payments	(109,643)
40	total aggregate limit adjustments	(110,453)
41		
42	UPL amount after aggregate limit adjustments	352,608

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Northeast Georgia Medical Center Gainesville
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	266,767,358
11	payments for services	42,460,550
12	annual covered charges	266,767,358
13	annual payments for services	42,460,550
14		
15	total hospital CCR	19.17%
16		
17	annual cost of services	51,139,303
18		
19	<u>adjustment factor</u>	
20	inflation	1.1133
21		
22	adjusted annual charges	296,992,100
23	adjusted Medicaid payments for services	47,271,330
24	supplemental rate adjustment payments	3,282,588
25	total adjusted Medicaid payments	50,553,918
26	adjusted cost of services	56,933,386
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	1.50273
32	maximum annual payments (at DRG differential)	71,036,046
33		
34	maximum annual payments	71,036,046
35	facility specific UPL amount	20,482,128
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(41,581)
39	allocation of supplemental payments	(2,344,393)
40	total aggregate limit adjustments	(2,385,974)
41		
42	UPL amount after aggregate limit adjustments	18,096,154

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Northside Hospital
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	231,054,716
11	payments for services	40,722,269
12	annual covered charges	231,054,716
13	annual payments for services	40,722,269
14		
15	total hospital CCR	21.83%
16		
17	annual cost of services	50,439,245
18		
19	<u>adjustment factor</u>	
20	inflation	1.1133
21		
22	adjusted annual charges	257,233,215
23	adjusted Medicaid payments for services	45,336,102
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	45,336,102
26	adjusted cost of services	56,154,011
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	1.50273
32	maximum annual payments (at DRG differential)	68,127,921
33		
34	maximum annual payments	68,127,921
35	facility specific UPL amount	22,791,819
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(39,879)
39	allocation of supplemental payments	(5,396,619)
40	total aggregate limit adjustments	(5,436,498)
41		
42	UPL amount after aggregate limit adjustments	17,355,321

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Northside Hospital Cherokee
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	68,432,093
11	payments for services	10,367,158
12	annual covered charges	68,432,093
13	annual payments for services	10,367,158
14		
15	total hospital CCR	18.33%
16		
17	annual cost of services	12,543,603
18		
19	<u>adjustment factor</u>	
20	inflation	1.1133
21		
22	adjusted annual charges	76,185,449
23	adjusted Medicaid payments for services	11,541,757
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	11,541,757
26	adjusted cost of services	13,964,793
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	1.50273
32	maximum annual payments (at DRG differential)	17,344,144
33		
34	maximum annual payments	17,344,144
35	facility specific UPL amount	5,802,387
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(10,153)
39	allocation of supplemental payments	(1,373,882)
40	total aggregate limit adjustments	(1,384,035)
41		
42	UPL amount after aggregate limit adjustments	4,418,352

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Northside Hospital Duluth
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	29,631,765
11	payments for services	5,396,301
12	annual covered charges	29,631,765
13	annual payments for services	5,396,301
14		
15	total hospital CCR	19.31%
16		
17	annual cost of services	5,721,894
18		
19	<u>adjustment factor</u>	
20	inflation	1.1133
21		
22	adjusted annual charges	32,989,044
23	adjusted Medicaid payments for services	6,007,702
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	6,007,702
26	adjusted cost of services	6,370,185
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	1.50273
32	maximum annual payments (at DRG differential)	9,027,954
33		
34	maximum annual payments	9,027,954
35	facility specific UPL amount	3,020,252
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(5,285)
39	allocation of supplemental payments	(715,131)
40	total aggregate limit adjustments	(720,416)
41		
42	UPL amount after aggregate limit adjustments	2,299,836

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Northside Hospital Forsyth
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	66,483,076
11	payments for services	10,968,529
12	annual covered charges	66,483,076
13	annual payments for services	10,968,529
14		
15	total hospital CCR	19.13%
16		
17	annual cost of services	12,718,212
18		
19	<u>adjustment factor</u>	
20	inflation	1.1133
21		
22	adjusted annual charges	74,015,609
23	adjusted Medicaid payments for services	12,211,263
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	12,211,263
26	adjusted cost of services	14,159,185
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	1.50273
32	maximum annual payments (at DRG differential)	18,350,231
33		
34	maximum annual payments	18,350,231
35	facility specific UPL amount	6,138,968
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(10,741)
39	allocation of supplemental payments	(1,453,577)
40	total aggregate limit adjustments	(1,464,318)
41		
42	UPL amount after aggregate limit adjustments	4,674,650

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Northside Hospital Gwinnett
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	140,444,946
11	payments for services	27,394,109
12	annual covered charges	140,444,946
13	annual payments for services	27,394,109
14		
15	total hospital CCR	18.74%
16		
17	annual cost of services	26,319,383
18		
19	<u>adjustment factor</u>	
20	inflation	1.1133
21		
22	adjusted annual charges	156,357,358
23	adjusted Medicaid payments for services	30,497,862
24	supplemental rate adjustment payments	3,321,658
25	total adjusted Medicaid payments	33,819,520
26	adjusted cost of services	29,301,369
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	1.50273
32	maximum annual payments (at DRG differential)	45,830,052
33		
34	maximum annual payments	45,830,052
35	facility specific UPL amount	12,010,532
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(26,827)
39	allocation of supplemental payments	(308,679)
40	total aggregate limit adjustments	(335,506)
41		
42	UPL amount after aggregate limit adjustments	11,675,026

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Perry Hospital
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,537,381
11	payments for services	418,349
12	annual covered charges	1,537,381
13	annual payments for services	418,349
14		
15	total hospital CCR	25.29%
16		
17	annual cost of services	388,804
18		
19	<u>adjustment factor</u>	
20	inflation	1.0921
21		
22	adjusted annual charges	1,678,974
23	adjusted Medicaid payments for services	456,879
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	456,879
26	adjusted cost of services	424,613
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	1.50273
32	maximum annual payments (at DRG differential)	686,566
33		
34	maximum annual payments	686,566
35	facility specific UPL amount	229,687
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(402)
39	allocation of supplemental payments	(54,385)
40	total aggregate limit adjustments	(54,787)
41		
42	UPL amount after aggregate limit adjustments	174,900

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Phoebe Putney Memorial Hospital
2	base period report period beginning date	8/1/2020
3	base period report period ending date	7/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	117,620,659
11	payments for services	24,004,758
12	annual covered charges	117,620,659
13	annual payments for services	24,004,758
14		
15	total hospital CCR	26.09%
16		
17	annual cost of services	30,687,230
18		
19	<u>adjustment factor</u>	
20	inflation	1.1278
21		
22	adjusted annual charges	132,652,579
23	adjusted Medicaid payments for services	27,072,566
24	supplemental rate adjustment payments	3,269,953
25	total adjusted Medicaid payments	30,342,519
26	adjusted cost of services	34,609,058
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	1.50273
32	maximum annual payments (at DRG differential)	40,682,757
33		
34	maximum annual payments	40,682,757
35	facility specific UPL amount	10,340,238
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(23,814)
39	allocation of supplemental payments	47,349
40	total aggregate limit adjustments	23,535
41		
42	UPL amount after aggregate limit adjustments	10,363,773

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Phoebe Sumter Medical Center
2	base period report period beginning date	8/1/2020
3	base period report period ending date	7/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	14,088,683
11	payments for services	3,086,966
12	annual covered charges	14,088,683
13	annual payments for services	3,086,966
14		
15	total hospital CCR	25.57%
16		
17	annual cost of services	3,602,476
18		
19	<u>adjustment factor</u>	
20	inflation	1.1278
21		
22	adjusted annual charges	15,889,217
23	adjusted Medicaid payments for services	3,481,480
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,481,480
26	adjusted cost of services	4,062,872
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	1.50273
32	maximum annual payments (at DRG differential)	5,231,724
33		
34	maximum annual payments	5,231,724
35	facility specific UPL amount	1,750,244
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,062)
39	allocation of supplemental payments	(414,421)
40	total aggregate limit adjustments	(417,483)
41		
42	UPL amount after aggregate limit adjustments	1,332,761

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Piedmont Athens Regional Medical Center
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	97,061,823
11	payments for services	18,829,765
12	annual covered charges	97,061,823
13	annual payments for services	18,829,765
14		
15	total hospital CCR	17.53%
16		
17	annual cost of services	17,014,938
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	110,184,581
23	adjusted Medicaid payments for services	21,375,549
24	supplemental rate adjustment payments	2,284,466
25	total adjusted Medicaid payments	23,660,015
26	adjusted cost of services	19,315,358
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	1.50273
32	maximum annual payments (at DRG differential)	32,121,679
33		
34	maximum annual payments	32,121,679
35	facility specific UPL amount	8,461,664
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(18,803)
39	allocation of supplemental payments	(259,990)
40	total aggregate limit adjustments	(278,793)
41		
42	UPL amount after aggregate limit adjustments	8,182,871

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Piedmont Augusta Hospital
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	45,080,512
11	payments for services	11,357,719
12	annual covered charges	45,080,512
13	annual payments for services	11,357,719
14		
15	total hospital CCR	28.64%
16		
17	annual cost of services	12,911,059
18		
19	<u>adjustment factor</u>	
20	inflation	1.0921
21		
22	adjusted annual charges	49,232,427
23	adjusted Medicaid payments for services	12,403,765
24	supplemental rate adjustment payments	130,914
25	total adjusted Medicaid payments	12,534,679
26	adjusted cost of services	14,100,168
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	1.50273
32	maximum annual payments (at DRG differential)	18,639,510
33		
34	maximum annual payments	18,639,510
35	facility specific UPL amount	6,104,831
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(10,911)
39	allocation of supplemental payments	(1,345,578)
40	total aggregate limit adjustments	(1,356,489)
41		
42	UPL amount after aggregate limit adjustments	4,748,342

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Piedmont Columbus Regional - Midtown
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	62,391,568
11	payments for services	15,707,428
12	annual covered charges	62,391,568
13	annual payments for services	15,707,428
14		
15	total hospital CCR	18.12%
16		
17	annual cost of services	11,305,352
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	70,826,908
23	adjusted Medicaid payments for services	17,831,072
24	supplemental rate adjustment payments	4,411,186
25	total adjusted Medicaid payments	22,242,258
26	adjusted cost of services	12,833,836
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	1.50273
32	maximum annual payments (at DRG differential)	26,795,287
33		
34	maximum annual payments	26,795,287
35	facility specific UPL amount	4,553,029
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(15,685)
39	allocation of supplemental payments	2,288,650
40	total aggregate limit adjustments	2,272,965
41		
42	UPL amount after aggregate limit adjustments	6,825,994

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Piedmont Columbus Regional - Northside
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	4,344,155
11	payments for services	1,027,741
12	annual covered charges	4,344,155
13	annual payments for services	1,027,741
14		
15	total hospital CCR	18.72%
16		
17	annual cost of services	813,226
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	4,931,485
23	adjusted Medicaid payments for services	1,166,692
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,166,692
26	adjusted cost of services	923,174
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	923,174
35	facility specific UPL amount	(243,518)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	243,518
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	243,518
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Piedmont Henry Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	63,287,460
11	payments for services	10,495,273
12	annual covered charges	63,287,460
13	annual payments for services	10,495,273
14		
15	total hospital CCR	16.11%
16		
17	annual cost of services	10,195,610
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	71,843,925
23	adjusted Medicaid payments for services	11,914,234
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	11,914,234
26	adjusted cost of services	11,574,056
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	1.50273
32	maximum annual payments (at DRG differential)	17,903,877
33		
34	maximum annual payments	17,903,877
35	facility specific UPL amount	5,989,643
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(10,480)
39	allocation of supplemental payments	(1,418,220)
40	total aggregate limit adjustments	(1,428,700)
41		
42	UPL amount after aggregate limit adjustments	4,560,943

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Piedmont McDuffie Hospital
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,306,920
11	payments for services	448,247
12	annual covered charges	1,306,920
13	annual payments for services	448,247
14		
15	total hospital CCR	25.73%
16		
17	annual cost of services	336,271
18		
19	<u>adjustment factor</u>	
20	inflation	1.0921
21		
22	adjusted annual charges	1,427,287
23	adjusted Medicaid payments for services	489,531
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	489,531
26	adjusted cost of services	367,242
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	1.50273
32	maximum annual payments (at DRG differential)	735,633
33		
34	maximum annual payments	735,633
35	facility specific UPL amount	246,102
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(431)
39	allocation of supplemental payments	(58,272)
40	total aggregate limit adjustments	(58,703)
41		
42	UPL amount after aggregate limit adjustments	187,399

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Piedmont Newton Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	21,673,963
11	payments for services	3,750,443
12	annual covered charges	21,673,963
13	annual payments for services	3,750,443
14		
15	total hospital CCR	14.80%
16		
17	annual cost of services	3,207,747
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	24,604,283
23	adjusted Medicaid payments for services	4,257,503
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,257,503
26	adjusted cost of services	3,641,434
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	1.50273
32	maximum annual payments (at DRG differential)	6,397,877
33		
34	maximum annual payments	6,397,877
35	facility specific UPL amount	2,140,374
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,745)
39	allocation of supplemental payments	(506,795)
40	total aggregate limit adjustments	(510,540)
41		
42	UPL amount after aggregate limit adjustments	1,629,834

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	South Georgia Medical Center
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	47,267,231
11	payments for services	11,941,203
12	annual covered charges	47,267,231
13	annual payments for services	11,941,203
14		
15	total hospital CCR	26.31%
16		
17	annual cost of services	12,436,008
18		
19	<u>adjustment factor</u>	
20	inflation	1.1133
21		
22	adjusted annual charges	52,622,608
23	adjusted Medicaid payments for services	13,294,141
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	13,294,141
26	adjusted cost of services	13,845,008
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	1.50273
32	maximum annual payments (at DRG differential)	19,977,505
33		
34	maximum annual payments	19,977,505
35	facility specific UPL amount	6,683,364
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(11,694)
39	allocation of supplemental payments	(1,582,479)
40	total aggregate limit adjustments	(1,594,173)
41		
42	UPL amount after aggregate limit adjustments	5,089,191

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	South Georgia Medical Center Berrien Campus
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	91,356
11	payments for services	43,651
12	annual covered charges	91,356
13	annual payments for services	43,651
14		
15	total hospital CCR	34.30%
16		
17	annual cost of services	31,335
18		
19	<u>adjustment factor</u>	
20	inflation	1.1133
21		
22	adjusted annual charges	101,707
23	adjusted Medicaid payments for services	48,597
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	48,597
26	adjusted cost of services	34,885
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	1.50273
32	maximum annual payments (at DRG differential)	73,028
33		
34	maximum annual payments	73,028
35	facility specific UPL amount	24,431
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(43)
39	allocation of supplemental payments	(5,785)
40	total aggregate limit adjustments	(5,828)
41		
42	UPL amount after aggregate limit adjustments	18,603

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Southeast Georgia Health System - Brunswick
2	base period report period beginning date	5/1/2020
3	base period report period ending date	4/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	32,988,685
11	payments for services	9,636,372
12	annual covered charges	32,988,685
13	annual payments for services	9,636,372
14		
15	total hospital CCR	30.02%
16		
17	annual cost of services	9,903,203
18		
19	<u>adjustment factor</u>	
20	inflation	1.1497
21		
22	adjusted annual charges	37,927,091
23	adjusted Medicaid payments for services	11,078,937
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	11,078,937
26	adjusted cost of services	11,385,712
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	1.50273
32	maximum annual payments (at DRG differential)	16,648,651
33		
34	maximum annual payments	16,648,651
35	facility specific UPL amount	5,569,714
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(9,745)
39	allocation of supplemental payments	(1,318,790)
40	total aggregate limit adjustments	(1,328,535)
41		
42	UPL amount after aggregate limit adjustments	4,241,179

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Southeast Georgia Health System - Camden
2	base period report period beginning date	5/1/2020
3	base period report period ending date	4/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,172,353
11	payments for services	674,470
12	annual covered charges	2,172,353
13	annual payments for services	674,470
14		
15	total hospital CCR	30.40%
16		
17	annual cost of services	660,395
18		
19	<u>adjustment factor</u>	
20	inflation	1.1497
21		
22	adjusted annual charges	2,497,554
23	adjusted Medicaid payments for services	775,438
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	775,438
26	adjusted cost of services	759,256
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	1.50273
32	maximum annual payments (at DRG differential)	1,165,274
33		
34	maximum annual payments	1,165,274
35	facility specific UPL amount	389,836
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(682)
39	allocation of supplemental payments	(92,305)
40	total aggregate limit adjustments	(92,987)
41		
42	UPL amount after aggregate limit adjustments	296,849

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Southwell Medical Center
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	321,658
11	payments for services	127,412
12	annual covered charges	321,658
13	annual payments for services	127,412
14		
15	total hospital CCR	49.99%
16		
17	annual cost of services	160,797
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	365,146
23	adjusted Medicaid payments for services	144,638
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	144,638
26	adjusted cost of services	182,537
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	1.50273
32	maximum annual payments (at DRG differential)	217,352
33		
34	maximum annual payments	217,352
35	facility specific UPL amount	72,714
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(127)
39	allocation of supplemental payments	(17,217)
40	total aggregate limit adjustments	(17,344)
41		
42	UPL amount after aggregate limit adjustments	55,370

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Stephens County Hospital
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,091,983
11	payments for services	857,605
12	annual covered charges	2,091,983
13	annual payments for services	857,605
14		
15	total hospital CCR	39.58%
16		
17	annual cost of services	828,007
18		
19	<u>adjustment factor</u>	
20	inflation	1.1133
21		
22	adjusted annual charges	2,329,005
23	adjusted Medicaid payments for services	954,772
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	954,772
26	adjusted cost of services	921,820
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	1.50273
32	maximum annual payments (at DRG differential)	1,434,765
33		
34	maximum annual payments	1,434,765
35	facility specific UPL amount	479,993
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(840)
39	allocation of supplemental payments	(113,652)
40	total aggregate limit adjustments	(114,492)
41		
42	UPL amount after aggregate limit adjustments	365,501

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Tanner Medical Center - Carrollton
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	27,715,676
11	payments for services	5,921,231
12	annual covered charges	27,715,676
13	annual payments for services	5,921,231
14		
15	total hospital CCR	26.83%
16		
17	annual cost of services	7,436,116
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	31,462,835
23	adjusted Medicaid payments for services	6,721,781
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	6,721,781
26	adjusted cost of services	8,441,479
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	1.50273
32	maximum annual payments (at DRG differential)	10,101,022
33		
34	maximum annual payments	10,101,022
35	facility specific UPL amount	3,379,241
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(5,913)
39	allocation of supplemental payments	(800,133)
40	total aggregate limit adjustments	(806,046)
41		
42	UPL amount after aggregate limit adjustments	2,573,195

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Tanner Medical Center - Villa Rica
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	24,961,027
11	payments for services	7,942,039
12	annual covered charges	24,961,027
13	annual payments for services	7,942,039
14		
15	total hospital CCR	26.81%
16		
17	annual cost of services	6,692,051
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	28,335,758
23	adjusted Medicaid payments for services	9,015,803
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	9,015,803
26	adjusted cost of services	7,596,816
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	1.50273
32	maximum annual payments (at DRG differential)	13,548,318
33		
34	maximum annual payments	13,548,318
35	facility specific UPL amount	4,532,515
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(7,931)
39	allocation of supplemental payments	(1,073,203)
40	total aggregate limit adjustments	(1,081,134)
41		
42	UPL amount after aggregate limit adjustments	3,451,381

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Tift Regional Medical Center
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	33,793,747
11	payments for services	6,399,698
12	annual covered charges	33,793,747
13	annual payments for services	6,399,698
14		
15	total hospital CCR	23.02%
16		
17	annual cost of services	7,779,321
18		
19	<u>adjustment factor</u>	
20	inflation	1.1133
21		
22	adjusted annual charges	37,622,579
23	adjusted Medicaid payments for services	7,124,784
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	7,124,784
26	adjusted cost of services	8,660,718
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50273
32	maximum annual payments (at DRG differential)	10,706,627
33		
34	maximum annual payments	10,706,627
35	facility specific UPL amount	3,581,843
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(6,267)
39	allocation of supplemental payments	(848,104)
40	total aggregate limit adjustments	(854,371)
41		
42	UPL amount after aggregate limit adjustments	2,727,472

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Union General Hospital, Inc.
2	base period report period beginning date	5/1/2020
3	base period report period ending date	4/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,070,738
11	payments for services	392,760
12	annual covered charges	1,070,738
13	annual payments for services	392,760
14		
15	total hospital CCR	33.09%
16		
17	annual cost of services	354,307
18		
19	<u>adjustment factor</u>	
20	inflation	1.1497
21		
22	adjusted annual charges	1,231,027
23	adjusted Medicaid payments for services	451,556
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	451,556
26	adjusted cost of services	407,347
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	1.50273
32	maximum annual payments (at DRG differential)	678,567
33		
34	maximum annual payments	678,567
35	facility specific UPL amount	227,011
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(397)
39	allocation of supplemental payments	(53,751)
40	total aggregate limit adjustments	(54,148)
41		
42	UPL amount after aggregate limit adjustments	172,863

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Upson Regional Medical Center
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	13,821,379
11	payments for services	3,314,200
12	annual covered charges	13,821,379
13	annual payments for services	3,314,200
14		
15	total hospital CCR	20.90%
16		
17	annual cost of services	2,888,668
18		
19	<u>adjustment factor</u>	
20	inflation	1.0921
21		
22	adjusted annual charges	15,094,328
23	adjusted Medicaid payments for services	3,619,438
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,619,438
26	adjusted cost of services	3,154,714
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	1.50273
32	maximum annual payments (at DRG differential)	5,439,038
33		
34	maximum annual payments	5,439,038
35	facility specific UPL amount	1,819,600
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,184)
39	allocation of supplemental payments	(430,843)
40	total aggregate limit adjustments	(434,027)
41		
42	UPL amount after aggregate limit adjustments	1,385,573

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Washington County Regional Medical
2	base period report period beginning date	9/1/2020
3	base period report period ending date	8/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	216,161
11	payments for services	128,928
12	annual covered charges	216,161
13	annual payments for services	128,928
14		
15	total hospital CCR	40.76%
16		
17	annual cost of services	88,107
18		
19	<u>adjustment factor</u>	
20	inflation	1.1205
21		
22	adjusted annual charges	242,208
23	adjusted Medicaid payments for services	144,464
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	144,464
26	adjusted cost of services	98,724
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	1.50273
32	maximum annual payments (at DRG differential)	217,090
33		
34	maximum annual payments	217,090
35	facility specific UPL amount	72,626
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(127)
39	allocation of supplemental payments	(17,196)
40	total aggregate limit adjustments	(17,323)
41		
42	UPL amount after aggregate limit adjustments	55,303

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Wayne Memorial Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	5,406,301
11	payments for services	1,163,418
12	annual covered charges	5,406,301
13	annual payments for services	1,163,418
14		
15	total hospital CCR	22.94%
16		
17	annual cost of services	1,240,205
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	6,137,233
23	adjusted Medicaid payments for services	1,320,712
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,320,712
26	adjusted cost of services	1,407,881
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	1.50273
32	maximum annual payments (at DRG differential)	1,984,674
33		
34	maximum annual payments	1,984,674
35	facility specific UPL amount	663,962
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,162)
39	allocation of supplemental payments	(157,212)
40	total aggregate limit adjustments	(158,374)
41		
42	UPL amount after aggregate limit adjustments	505,588

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Wellstar Cobb Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	126,123,925
11	payments for services	15,927,891
12	annual covered charges	126,123,925
13	annual payments for services	15,927,891
14		
15	total hospital CCR	16.83%
16		
17	annual cost of services	21,226,657
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	143,175,880
23	adjusted Medicaid payments for services	18,081,342
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	18,081,342
26	adjusted cost of services	24,096,501
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.50273
32	maximum annual payments (at DRG differential)	27,171,375
33		
34	maximum annual payments	27,171,375
35	facility specific UPL amount	9,090,033
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(15,905)
39	allocation of supplemental payments	(2,152,327)
40	total aggregate limit adjustments	(2,168,232)
41		
42	UPL amount after aggregate limit adjustments	6,921,801

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Wellstar Douglas Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	33,414,526
11	payments for services	4,748,767
12	annual covered charges	33,414,526
13	annual payments for services	4,748,767
14		
15	total hospital CCR	16.65%
16		
17	annual cost of services	5,563,519
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	37,932,170
23	adjusted Medicaid payments for services	5,390,800
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,390,800
26	adjusted cost of services	6,315,707
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	1.50273
32	maximum annual payments (at DRG differential)	8,100,917
33		
34	maximum annual payments	8,100,917
35	facility specific UPL amount	2,710,117
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4,742)
39	allocation of supplemental payments	(641,698)
40	total aggregate limit adjustments	(646,440)
41		
42	UPL amount after aggregate limit adjustments	2,063,677

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Wellstar Kennestone Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	222,442,602
11	payments for services	27,512,733
12	annual covered charges	222,442,602
13	annual payments for services	27,512,733
14		
15	total hospital CCR	16.26%
16		
17	annual cost of services	36,169,167
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	252,516,842
23	adjusted Medicaid payments for services	31,232,455
24	supplemental rate adjustment payments	5,450,611
25	total adjusted Medicaid payments	36,683,066
26	adjusted cost of services	41,059,238
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	1.50273
32	maximum annual payments (at DRG differential)	46,933,947
33		
34	maximum annual payments	46,933,947
35	facility specific UPL amount	10,250,881
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(27,473)
39	allocation of supplemental payments	1,732,831
40	total aggregate limit adjustments	1,705,358
41		
42	UPL amount after aggregate limit adjustments	11,956,239

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Wellstar Paulding Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	35,326,985
11	payments for services	5,460,186
12	annual covered charges	35,326,985
13	annual payments for services	5,460,186
14		
15	total hospital CCR	16.42%
16		
17	annual cost of services	5,800,691
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	40,103,193
23	adjusted Medicaid payments for services	6,198,403
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	6,198,403
26	adjusted cost of services	6,584,944
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	1.50273
32	maximum annual payments (at DRG differential)	9,314,526
33		
34	maximum annual payments	9,314,526
35	facility specific UPL amount	3,116,123
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(5,452)
39	allocation of supplemental payments	(737,832)
40	total aggregate limit adjustments	(743,284)
41		
42	UPL amount after aggregate limit adjustments	2,372,839

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Wellstar West Georgia Medical Center
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	38,629,200
11	payments for services	6,185,679
12	annual covered charges	38,629,200
13	annual payments for services	6,185,679
14		
15	total hospital CCR	18.22%
16		
17	annual cost of services	7,038,240
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	43,851,868
23	adjusted Medicaid payments for services	7,021,983
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	7,021,983
26	adjusted cost of services	7,989,810
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	1.50273
32	maximum annual payments (at DRG differential)	10,552,145
33		
34	maximum annual payments	10,552,145
35	facility specific UPL amount	3,530,162
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(6,177)
39	allocation of supplemental payments	(835,867)
40	total aggregate limit adjustments	(842,044)
41		
42	UPL amount after aggregate limit adjustments	2,688,118

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Wellstar Windy Hill Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,631,383
11	payments for services	482,772
12	annual covered charges	2,631,383
13	annual payments for services	482,772
14		
15	total hospital CCR	18.77%
16		
17	annual cost of services	493,911
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	2,987,146
23	adjusted Medicaid payments for services	548,043
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	548,043
26	adjusted cost of services	560,688
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	560,688
35	facility specific UPL amount	12,645
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(22)
39	allocation of supplemental payments	(2,994)
40	total aggregate limit adjustments	(3,016)
41		
42	UPL amount after aggregate limit adjustments	9,629

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Atrium Health Navicent Peach
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,237,050
11	payments for services	791,117
12	annual covered charges	2,237,050
13	annual payments for services	791,117
14		
15	total hospital CCR	31.14%
16		
17	annual cost of services	696,617
18		
19	<u>adjustment factor</u>	
20	inflation	1.0921
21		
22	adjusted annual charges	2,443,082
23	adjusted Medicaid payments for services	863,979
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	863,979
26	adjusted cost of services	760,775
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	760,775
35	facility specific UPL amount	(103,204)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	103,204
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	103,204
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Bacon County Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,508,878
11	payments for services	378,146
12	annual covered charges	1,508,878
13	annual payments for services	378,146
14		
15	total hospital CCR	38.93%
16		
17	annual cost of services	587,406
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	1,712,878
23	adjusted Medicaid payments for services	429,271
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	429,271
26	adjusted cost of services	666,823
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	666,823
35	facility specific UPL amount	237,552
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(416)
39	allocation of supplemental payments	(56,247)
40	total aggregate limit adjustments	(56,663)
41		
42	UPL amount after aggregate limit adjustments	180,889

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Bleckley Memorial Hospital
2	base period report period beginning date	4/1/2020
3	base period report period ending date	3/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	63,957
11	payments for services	57,385
12	annual covered charges	63,957
13	annual payments for services	57,385
14		
15	total hospital CCR	69.30%
16		
17	annual cost of services	44,322
18		
19	<u>adjustment factor</u>	
20	inflation	1.1571
21		
22	adjusted annual charges	74,005
23	adjusted Medicaid payments for services	66,400
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	66,400
26	adjusted cost of services	51,285
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	51,285
35	facility specific UPL amount	(15,115)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	15,115
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	15,115
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Brooks County Hospital
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	99,989
11	payments for services	35,138
12	annual covered charges	99,989
13	annual payments for services	35,138
14		
15	total hospital CCR	45.32%
16		
17	annual cost of services	45,315
18		
19	<u>adjustment factor</u>	
20	inflation	1.1133
21		
22	adjusted annual charges	111,318
23	adjusted Medicaid payments for services	39,119
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	39,119
26	adjusted cost of services	50,449
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	50,449
35	facility specific UPL amount	11,330
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(20)
39	allocation of supplemental payments	(2,683)
40	total aggregate limit adjustments	(2,703)
41		
42	UPL amount after aggregate limit adjustments	8,627

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Candler County Hospital
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,469,381
11	payments for services	348,571
12	annual covered charges	1,469,381
13	annual payments for services	348,571
14		
15	total hospital CCR	27.88%
16		
17	annual cost of services	409,663
18		
19	<u>adjustment factor</u>	
20	inflation	1.0921
21		
22	adjusted annual charges	1,604,711
23	adjusted Medicaid payments for services	380,674
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	380,674
26	adjusted cost of services	447,393
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	447,393
35	facility specific UPL amount	66,719
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(117)
39	allocation of supplemental payments	(15,798)
40	total aggregate limit adjustments	(15,915)
41		
42	UPL amount after aggregate limit adjustments	50,804

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Chatuge Regional Hospital, Inc.
2	base period report period beginning date	5/1/2020
3	base period report period ending date	4/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	86,944
11	payments for services	49,424
12	annual covered charges	86,944
13	annual payments for services	49,424
14		
15	total hospital CCR	64.26%
16		
17	annual cost of services	55,870
18		
19	<u>adjustment factor</u>	
20	inflation	1.1497
21		
22	adjusted annual charges	99,960
23	adjusted Medicaid payments for services	56,823
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	56,823
26	adjusted cost of services	64,234
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	64,234
35	facility specific UPL amount	7,411
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(13)
39	allocation of supplemental payments	(1,755)
40	total aggregate limit adjustments	(1,768)
41		
42	UPL amount after aggregate limit adjustments	5,643

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Clinch Memorial Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	131,856
11	payments for services	97,097
12	annual covered charges	131,856
13	annual payments for services	97,097
14		
15	total hospital CCR	82.45%
16		
17	annual cost of services	108,715
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	149,683
23	adjusted Medicaid payments for services	110,225
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	110,225
26	adjusted cost of services	123,413
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	123,413
35	facility specific UPL amount	13,188
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(23)
39	allocation of supplemental payments	(3,123)
40	total aggregate limit adjustments	(3,146)
41		
42	UPL amount after aggregate limit adjustments	10,042

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Effingham Health System
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	413,283
11	payments for services	234,560
12	annual covered charges	413,283
13	annual payments for services	234,560
14		
15	total hospital CCR	33.25%
16		
17	annual cost of services	137,417
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	469,159
23	adjusted Medicaid payments for services	266,273
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	266,273
26	adjusted cost of services	155,996
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	155,996
35	facility specific UPL amount	(110,277)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	110,277
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	110,277
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Elbert Memorial Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	338,196
11	payments for services	188,301
12	annual covered charges	338,196
13	annual payments for services	188,301
14		
15	total hospital CCR	45.34%
16		
17	annual cost of services	153,338
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	383,920
23	adjusted Medicaid payments for services	213,759
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	213,759
26	adjusted cost of services	174,069
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	174,069
35	facility specific UPL amount	(39,690)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	39,690
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	39,690
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Atrium Health Floyd Polk Medical Center
2	base period report period beginning date	7/1/2020
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	0.66
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	156,049
11	payments for services	25,831
12	annual covered charges	102,992
13	annual payments for services	17,048
14		
15	total hospital CCR	20.10%
16		
17	annual cost of services	20,701
18		
19	<u>adjustment factor</u>	
20	inflation	1.0921
21		
22	adjusted annual charges	112,478
23	adjusted Medicaid payments for services	18,618
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	18,618
26	adjusted cost of services	22,608
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	22,608
35	facility specific UPL amount	3,990
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(7)
39	allocation of supplemental payments	(945)
40	total aggregate limit adjustments	(952)
41		
42	UPL amount after aggregate limit adjustments	3,038

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Higgins General Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	931,533
11	payments for services	196,757
12	annual covered charges	931,533
13	annual payments for services	196,757
14		
15	total hospital CCR	33.08%
16		
17	annual cost of services	308,151
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	1,057,476
23	adjusted Medicaid payments for services	223,359
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	223,359
26	adjusted cost of services	349,813
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	349,813
35	facility specific UPL amount	126,454
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(221)
39	allocation of supplemental payments	(29,942)
40	total aggregate limit adjustments	(30,163)
41		
42	UPL amount after aggregate limit adjustments	96,291

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Jasper Memorial Hospital
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	0
11	payments for services	0
12	annual covered charges	0
13	annual payments for services	0
14		
15	total hospital CCR	86.12%
16		
17	annual cost of services	0
18		
19	<u>adjustment factor</u>	
20	inflation	1.1133
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 amount after aggregate limit adjustments	0

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Jeff Davis Hospital
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,912,829
11	payments for services	390,956
12	annual covered charges	1,912,829
13	annual payments for services	390,956
14		
15	total hospital CCR	26.51%
16		
17	annual cost of services	507,091
18		
19	<u>adjustment factor</u>	
20	inflation	1.1133
21		
22	adjusted annual charges	2,129,553
23	adjusted Medicaid payments for services	435,251
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	435,251
26	adjusted cost of services	564,544
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	564,544
35	facility specific UPL amount	129,293
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(226)
39	allocation of supplemental payments	(30,614)
40	total aggregate limit adjustments	(30,840)
41		
42	UPL amount after aggregate limit adjustments	98,453

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Jenkins County Medical Center
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	454,893
11	payments for services	119,701
12	annual covered charges	454,893
13	annual payments for services	119,701
14		
15	total hospital CCR	42.87%
16		
17	annual cost of services	195,013
18		
19	<u>adjustment factor</u>	
20	inflation	1.0921
21		
22	adjusted annual charges	496,789
23	adjusted Medicaid payments for services	130,725
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	130,725
26	adjusted cost of services	212,974
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	212,974
35	facility specific UPL amount	82,249
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(144)
39	allocation of supplemental payments	(19,475)
40	total aggregate limit adjustments	(19,619)
41		
42	UPL amount after aggregate limit adjustments	62,630

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Liberty Regional Medical Center
2	base period report period beginning date	12/1/2020
3	base period report period ending date	11/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,559,072
11	payments for services	361,255
12	annual covered charges	1,559,072
13	annual payments for services	361,255
14		
15	total hospital CCR	23.57%
16		
17	annual cost of services	367,473
18		
19	<u>adjustment factor</u>	
20	inflation	1.0991
21		
22	adjusted annual charges	1,713,576
23	adjusted Medicaid payments for services	397,055
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	397,055
26	adjusted cost of services	403,890
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	403,890
35	facility specific UPL amount	6,835
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(12)
39	allocation of supplemental payments	(1,618)
40	total aggregate limit adjustments	(1,630)
41		
42	UPL amount after aggregate limit adjustments	5,205

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Lifebrite Community Hospital of Early
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	145,711
11	payments for services	55,453
12	annual covered charges	145,711
13	annual payments for services	55,453
14		
15	total hospital CCR	106.12%
16		
17	annual cost of services	154,629
18		
19	<u>adjustment factor</u>	
20	inflation	1.0921
21		
22	adjusted annual charges	159,131
23	adjusted Medicaid payments for services	60,560
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	60,560
26	adjusted cost of services	168,870
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	168,870
35	facility specific UPL amount	108,310
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(190)
39	allocation of supplemental payments	(25,645)
40	total aggregate limit adjustments	(25,835)
41		
42	UPL amount after aggregate limit adjustments	82,475

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Miller County Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,792,842
11	payments for services	1,012,513
12	annual covered charges	1,792,842
13	annual payments for services	1,012,513
14		
15	total hospital CCR	113.95%
16		
17	annual cost of services	2,042,943
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	2,035,234
23	adjusted Medicaid payments for services	1,149,405
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,149,405
26	adjusted cost of services	2,319,149
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	2,319,149
35	facility specific UPL amount	1,169,744
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,047)
39	allocation of supplemental payments	(276,970)
40	total aggregate limit adjustments	(279,017)
41		
42	UPL amount after aggregate limit adjustments	890,727

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Mitchell County Hospital
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	167,645
11	payments for services	33,411
12	annual covered charges	167,645
13	annual payments for services	33,411
14		
15	total hospital CCR	72.81%
16		
17	annual cost of services	122,062
18		
19	<u>adjustment factor</u>	
20	inflation	1.1133
21		
22	adjusted annual charges	186,639
23	adjusted Medicaid payments for services	37,196
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	37,196
26	adjusted cost of services	135,892
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	135,892
35	facility specific UPL amount	98,696
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(173)
39	allocation of supplemental payments	(23,369)
40	total aggregate limit adjustments	(23,542)
41		
42	UPL amount after aggregate limit adjustments	75,154

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Monroe County Hospital
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	428,383
11	payments for services	139,508
12	annual covered charges	428,383
13	annual payments for services	139,508
14		
15	total hospital CCR	49.60%
16		
17	annual cost of services	212,478
18		
19	<u>adjustment factor</u>	
20	inflation	1.1133
21		
22	adjusted annual charges	476,919
23	adjusted Medicaid payments for services	155,314
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	155,314
26	adjusted cost of services	236,552
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	236,552
35	facility specific UPL amount	81,238
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(142)
39	allocation of supplemental payments	(19,235)
40	total aggregate limit adjustments	(19,377)
41		
42	UPL amount after aggregate limit adjustments	61,861

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Morgan Memorial Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	77,874
11	payments for services	41,735
12	annual covered charges	77,874
13	annual payments for services	41,735
14		
15	total hospital CCR	63.62%
16		
17	annual cost of services	49,543
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	88,403
23	adjusted Medicaid payments for services	47,378
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	47,378
26	adjusted cost of services	56,241
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	56,241
35	facility specific UPL amount	8,863
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(16)
39	allocation of supplemental payments	(2,098)
40	total aggregate limit adjustments	(2,114)
41		
42	UPL amount after aggregate limit adjustments	6,749

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Putnam General Hospital
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	124,924
11	payments for services	44,667
12	annual covered charges	124,924
13	annual payments for services	44,667
14		
15	total hospital CCR	52.63%
16		
17	annual cost of services	65,748
18		
19	<u>adjustment factor</u>	
20	inflation	1.1133
21		
22	adjusted annual charges	139,078
23	adjusted Medicaid payments for services	49,728
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	49,728
26	adjusted cost of services	73,197
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	73,197
35	facility specific UPL amount	23,469
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(41)
39	allocation of supplemental payments	(5,557)
40	total aggregate limit adjustments	(5,598)
41		
42	UPL amount after aggregate limit adjustments	17,871

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	South Georgia Medical Center Lanier Campus
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	84,770
11	payments for services	29,076
12	annual covered charges	84,770
13	annual payments for services	29,076
14		
15	total hospital CCR	69.68%
16		
17	annual cost of services	59,068
18		
19	<u>adjustment factor</u>	
20	inflation	1.1133
21		
22	adjusted annual charges	94,374
23	adjusted Medicaid payments for services	32,370
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	32,370
26	adjusted cost of services	65,760
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	65,760
35	facility specific UPL amount	33,390
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(58)
39	allocation of supplemental payments	(7,906)
40	total aggregate limit adjustments	(7,964)
41		
42	UPL amount after aggregate limit adjustments	25,426

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Warm Springs Medical Center
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	80,813
11	payments for services	36,426
12	annual covered charges	80,813
13	annual payments for services	36,426
14		
15	total hospital CCR	102.07%
16		
17	annual cost of services	82,486
18		
19	<u>adjustment factor</u>	
20	inflation	1.0921
21		
22	adjusted annual charges	88,256
23	adjusted Medicaid payments for services	39,781
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	39,781
26	adjusted cost of services	90,083
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	90,083
35	facility specific UPL amount	50,302
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(88)
39	allocation of supplemental payments	(11,910)
40	total aggregate limit adjustments	(11,998)
41		
42	UPL amount after aggregate limit adjustments	38,304

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Wellstar Sylvan Grove Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	48,819
11	payments for services	8,625
12	annual covered charges	48,819
13	annual payments for services	8,625
14		
15	total hospital CCR	23.42%
16		
17	annual cost of services	11,433
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	55,419
23	adjusted Medicaid payments for services	9,791
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	9,791
26	adjusted cost of services	12,979
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	12,979
35	facility specific UPL amount	3,188
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(6)
39	allocation of supplemental payments	(755)
40	total aggregate limit adjustments	(761)
41		
42	UPL amount after aggregate limit adjustments	2,427

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Wills Memorial Hospital
2	base period report period beginning date	5/1/2020
3	base period report period ending date	4/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	266,455
11	payments for services	101,836
12	annual covered charges	266,455
13	annual payments for services	101,836
14		
15	total hospital CCR	77.28%
16		
17	annual cost of services	205,916
18		
19	<u>adjustment factor</u>	
20	inflation	1.1497
21		
22	adjusted annual charges	306,343
23	adjusted Medicaid payments for services	117,081
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	117,081
26	adjusted cost of services	236,742
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	236,742
35	facility specific UPL amount	119,661
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(209)
39	allocation of supplemental payments	(28,333)
40	total aggregate limit adjustments	(28,542)
41		
42	UPL amount after aggregate limit adjustments	91,119

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Mountain Lakes Medical Center
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	401,565
11	payments for services	133,009
12	annual covered charges	401,565
13	annual payments for services	133,009
14		
15	total hospital CCR	44.25%
16		
17	annual cost of services	177,693
18		
19	<u>adjustment factor</u>	
20	inflation	1.0921
21		
22	adjusted annual charges	438,549
23	adjusted Medicaid payments for services	145,259
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	145,259
26	adjusted cost of services	194,059
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	194,059
35	facility specific UPL amount	48,800
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,760)
39	allocation of supplemental payments	(12,056)
40	total aggregate limit adjustments	(13,816)
41		
42	UPL amount after aggregate limit adjustments	34,984

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Optim Medical Center - Screven
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	229,331
11	payments for services	112,358
12	annual covered charges	229,331
13	annual payments for services	112,358
14		
15	total hospital CCR	47.36%
16		
17	annual cost of services	108,611
18		
19	<u>adjustment factor</u>	
20	inflation	1.0921
21		
22	adjusted annual charges	250,452
23	adjusted Medicaid payments for services	122,706
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	122,706
26	adjusted cost of services	118,614
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	118,614
35	facility specific UPL amount	(4,092)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	4,092
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	4,092
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Optim Medical Center - Tatttnall
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	4,598,328
11	payments for services	394,608
12	annual covered charges	4,598,328
13	annual payments for services	394,608
14		
15	total hospital CCR	10.65%
16		
17	annual cost of services	489,722
18		
19	<u>adjustment factor</u>	
20	inflation	1.0921
21		
22	adjusted annual charges	5,021,834
23	adjusted Medicaid payments for services	430,951
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	430,951
26	adjusted cost of services	534,825
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	534,825
35	facility specific UPL amount	103,874
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,746)
39	allocation of supplemental payments	(25,663)
40	total aggregate limit adjustments	(29,409)
41		
42	UPL amount after aggregate limit adjustments	74,465

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	Phoebe Worth Medical Center
2	base period report period beginning date	8/1/2020
3	base period report period ending date	7/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	247,716
11	payments for services	86,140
12	annual covered charges	247,716
13	annual payments for services	86,140
14		
15	total hospital CCR	47.94%
16		
17	annual cost of services	118,755
18		
19	<u>adjustment factor</u>	
20	inflation	1.1278
21		
22	adjusted annual charges	279,374
23	adjusted Medicaid payments for services	97,149
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	97,149
26	adjusted cost of services	133,932
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	133,932
35	facility specific UPL amount	36,783
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,327)
39	allocation of supplemental payments	(9,087)
40	total aggregate limit adjustments	(10,414)
41		
42	UPL amount after aggregate limit adjustments	26,369

Georgia Department of Community Health
SFY 2023 Hospital Inpatient UPL

	Facility Name	St. Mary's Good Samaritan Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	982,593
11	payments for services	427,380
12	annual covered charges	982,593
13	annual payments for services	427,380
14		
15	total hospital CCR	30.06%
16		
17	annual cost of services	295,367
18		
19	<u>adjustment factor</u>	
20	inflation	1.1352
21		
22	adjusted annual charges	1,115,440
23	adjusted Medicaid payments for services	485,162
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	485,162
26	adjusted cost of services	335,301
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	335,301
35	facility specific UPL amount	(149,861)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	149,861
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	149,861
41		
42	UPL amount after aggregate limit adjustments	0

SFY 2023

OUTPATIENT

Hospital UPL

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Augusta University Medical Center
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	99,959,082
11	cost of Medicaid covered services	19,923,895
	Medicaid CCR	0.1993
12	total hospital CCR	0.2323
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	19,923,895
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,442,900
18	payments	30,600
19	annual covered charges	1,442,900
20	annual interim payments	30,600
21	annual cost of services	335,186
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	31,674,617
25	payments	3,135,207
26	annual covered charges	31,674,617
27	annual interim payments	3,135,207
28	annual cost of services	7,358,014
29		
30	Medicaid annual payments	23,089,702
31	Cost of services - max annual payments for UPL	27,617,095
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	26,211,430
37	adjusted maximum annual payments for UPL	31,350,926
38	annual facility specific UPL amount	5,139,496
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	5,139,496
42		
43	UPL adjustment available for SFY2023	5,139,496

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Roosevelt Warm Springs Rehabilitation & Specialty
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	32,967
11	cost of Medicaid covered services	12,318
	Medicaid CCR	0.3736
12	total hospital CCR	0.4739
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	12,318
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	12,318
31	Cost of services - max annual payments for UPL	12,318
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	13,983
37	adjusted maximum annual payments for UPL	13,983
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 adjustments	0
42		0
43	UPL adjustment available for SFY2023	0

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Roosevelt Warm Springs LTAC
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	90,395
11	cost of Medicaid covered services	18,496
	Medicaid CCR	0.2046
12	total hospital CCR	0.4528
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	18,496
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	18,496
31	Cost of services - max annual payments for UPL	18,496
32		
33	<u>adjustment factor</u>	
34	inflation	1.0921
35		
36	adjusted Medicaid annual payments	20,199
37	adjusted maximum annual payments for UPL	20,199
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 adjustments	0
42		
43	UPL adjustment available for SFY2023	0

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Appling Hospital
2	base period report period beginning date	9/1/2020
3	base period report period ending date	8/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,042,494
11	cost of Medicaid covered services	433,556
	Medicaid CCR	0.4159
12	total hospital CCR	0.8067
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	415,217
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	77,215
18	payments	5,091
19	annual covered charges	77,215
20	annual interim payments	5,091
21	annual cost of services	62,289
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	420,308
31	Cost of services - max annual payments for UPL	495,845
32		
33	<u>adjustment factor</u>	
34	inflation	1.1205
35		
36	adjusted Medicaid annual payments	470,955
37	adjusted maximum annual payments for UPL	555,594
38	annual facility specific UPL amount	84,639
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	84,639
42		
43	UPL adjustment available for SFY2023	84,639

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Atrium Health Navicent The Medical Center
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	29,098,205
11	cost of Medicaid covered services	5,729,550
	Medicaid CCR	0.1969
12	total hospital CCR	0.2043
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	5,487,190
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,510,893
18	payments	37,459
19	annual covered charges	1,510,893
20	annual interim payments	37,459
21	annual cost of services	308,675
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	14,559,419
25	payments	1,521,939
26	annual covered charges	14,559,419
27	annual interim payments	1,521,939
28	annual cost of services	2,974,489
29		
30	Medicaid annual payments	7,046,588
31	Cost of services - max annual payments for UPL	9,012,714
32		
33	<u>adjustment factor</u>	
34	inflation	1.0921
35		
36	adjusted Medicaid annual payments	7,695,579
37	adjusted maximum annual payments for UPL	9,842,785
38	annual facility specific UPL amount	2,147,206
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	2,147,206
42		
43	UPL adjustment available for SFY2023	2,147,206

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Children's Healthcare of Atlanta at Hughes Spalding
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	12,329,120
11	cost of Medicaid covered services	2,511,240
	Medicaid CCR	0.2037
12	total hospital CCR	0.1724
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,405,015
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,075,911
18	payments	29,067
19	annual covered charges	1,075,911
20	annual interim payments	29,067
21	annual cost of services	185,487
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	137,147
25	payments	27,943
26	annual covered charges	137,147
27	annual interim payments	27,943
28	annual cost of services	23,644
29		
30	Medicaid annual payments	2,462,025
31	Cost of services - max annual payments for UPL	2,720,371
32		
33	<u>adjustment factor</u>	
34	inflation	1.0921
35		
36	adjusted Medicaid annual payments	2,688,778
37	adjusted maximum annual payments for UPL	2,970,917
38	annual facility specific UPL amount	282,139
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	282,139
42		
43	UPL adjustment available for SFY2023	282,139

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Coffee Regional Medical Center, Inc.
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	7,682,335
11	cost of Medicaid covered services	1,582,067
	Medicaid CCR	0.2059
12	total hospital CCR	0.2115
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,515,146
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	411,840
18	payments	18,092
19	annual covered charges	411,840
20	annual interim payments	18,092
21	annual cost of services	87,104
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,900,223
25	payments	285,408
26	annual covered charges	2,900,223
27	annual interim payments	285,408
28	annual cost of services	613,397
29		
30	Medicaid annual payments	1,818,646
31	Cost of services - max annual payments for UPL	2,282,568
32		
33	<u>adjustment factor</u>	
34	inflation	1.0921
35		
36	adjusted Medicaid annual payments	1,986,143
37	adjusted maximum annual payments for UPL	2,492,793
38	annual facility specific UPL amount	506,650
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	506,650
42		
43	UPL adjustment available for SFY2023	506,650

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Colquitt Regional Medical Center
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	6,663,296
11	cost of Medicaid covered services	1,534,896
	Medicaid CCR	0.2304
12	total hospital CCR	0.2537
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,469,970
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	203,931
18	payments	12,140
19	annual covered charges	203,931
20	annual interim payments	12,140
21	annual cost of services	51,737
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,530,810
25	payments	259,555
26	annual covered charges	1,530,810
27	annual interim payments	259,555
28	annual cost of services	388,366
29		
30	Medicaid annual payments	1,741,665
31	Cost of services - max annual payments for UPL	1,974,999
32		
33	<u>adjustment factor</u>	
34	inflation	1.1133
35		
36	adjusted Medicaid annual payments	1,938,996
37	adjusted maximum annual payments for UPL	2,198,766
38	annual facility specific UPL amount	259,770
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	259,770
42		
43	UPL adjustment available for SFY2023	259,770

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Crisp Regional Hospital, Inc.
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	3,511,272
11	cost of Medicaid covered services	860,043
	Medicaid CCR	0.2449
12	total hospital CCR	0.2986
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	823,663
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	277,422
18	payments	11,983
19	annual covered charges	277,422
20	annual interim payments	11,983
21	annual cost of services	82,838
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,775,575
25	payments	213,199
26	annual covered charges	1,775,575
27	annual interim payments	213,199
28	annual cost of services	530,187
29		
30	Medicaid annual payments	1,048,845
31	Cost of services - max annual payments for UPL	1,473,068
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	1,190,649
37	adjusted maximum annual payments for UPL	1,672,227
38	annual facility specific UPL amount	481,578
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	481,578
42		
43	UPL adjustment available for SFY2023	481,578

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Dodge County Hospital
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,423,154
11	cost of Medicaid covered services	519,992
	Medicaid CCR	0.2146
12	total hospital CCR	0.2754
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	497,996
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	166,185
18	payments	8,430
19	annual covered charges	166,185
20	annual interim payments	8,430
21	annual cost of services	45,767
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	31,214
25	payments	5,493
26	annual covered charges	31,214
27	annual interim payments	5,493
28	annual cost of services	8,596
29		
30	Medicaid annual payments	511,919
31	Cost of services - max annual payments for UPL	574,355
32		
33	<u>adjustment factor</u>	
34	inflation	1.1133
35		
36	adjusted Medicaid annual payments	569,919
37	adjusted maximum annual payments for UPL	639,429
38	annual facility specific UPL amount	69,510
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	69,510
42		
43	UPL adjustment available for SFY2023	69,510

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Dorminy Medical Center
2	base period report period beginning date	8/1/2020
3	base period report period ending date	7/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,684,394
11	cost of Medicaid covered services	437,928
	Medicaid CCR	0.2600
12	total hospital CCR	0.3215
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	419,404
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	124,803
18	payments	9,398
19	annual covered charges	124,803
20	annual interim payments	9,398
21	annual cost of services	40,124
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	16,980
25	payments	5,391
26	annual covered charges	16,980
27	annual interim payments	5,391
28	annual cost of services	5,459
29		
30	Medicaid annual payments	434,193
31	Cost of services - max annual payments for UPL	483,511
32		
33	<u>adjustment factor</u>	
34	inflation	1.1278
35		
36	adjusted Medicaid annual payments	489,683
37	adjusted maximum annual payments for UPL	545,304
38	annual facility specific UPL amount	55,621
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	55,621
42		
43	UPL adjustment available for SFY2023	55,621

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Emanuel Medical Center
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,877,921
11	cost of Medicaid covered services	464,075
	Medicaid CCR	0.1613
12	total hospital CCR	0.2996
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	444,445
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	404,497
18	payments	13,079
19	annual covered charges	404,497
20	annual interim payments	13,079
21	annual cost of services	121,187
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	36,229
25	payments	5,627
26	annual covered charges	36,229
27	annual interim payments	5,627
28	annual cost of services	10,854
29		
30	Medicaid annual payments	463,151
31	Cost of services - max annual payments for UPL	596,116
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	525,769
37	adjusted maximum annual payments for UPL	676,711
38	annual facility specific UPL amount	150,942
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	150,942
42		
43	UPL adjustment available for SFY2023	150,942

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Emory Decatur Hospital
2	base period report period beginning date	9/1/2020
3	base period report period ending date	8/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	13,695,182
11	cost of Medicaid covered services	2,474,538
	Medicaid CCR	0.1807
12	total hospital CCR	0.2741
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,369,865
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	185,684
18	payments	8,056
19	annual covered charges	185,684
20	annual interim payments	8,056
21	annual cost of services	50,896
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,470,421
25	payments	218,280
26	annual covered charges	1,470,421
27	annual interim payments	218,280
28	annual cost of services	403,042
29		
30	Medicaid annual payments	2,596,201
31	Cost of services - max annual payments for UPL	2,928,476
32		
33	<u>adjustment factor</u>	
34	inflation	1.1205
35		
36	adjusted Medicaid annual payments	2,909,043
37	adjusted maximum annual payments for UPL	3,281,357
38	annual facility specific UPL amount	372,314
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	372,314
42		
43	UPL adjustment available for SFY2023	372,314

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Emory Hillandale Hospital
2	base period report period beginning date	9/1/2020
3	base period report period ending date	8/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	9,282,894
11	cost of Medicaid covered services	1,947,687
	Medicaid CCR	0.2098
12	total hospital CCR	0.2437
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,865,300
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	233,667
18	payments	11,681
19	annual covered charges	233,667
20	annual interim payments	11,681
21	annual cost of services	56,945
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	42,277
25	payments	6,044
26	annual covered charges	42,277
27	annual interim payments	6,044
28	annual cost of services	10,303
29		
30	Medicaid annual payments	1,883,025
31	Cost of services - max annual payments for UPL	2,014,935
32		
33	<u>adjustment factor</u>	
34	inflation	1.1205
35		
36	adjusted Medicaid annual payments	2,109,930
37	adjusted maximum annual payments for UPL	2,257,735
38	annual facility specific UPL amount	147,805
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	147,805
42		
43	UPL adjustment available for SFY2023	147,805

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Evans Memorial Hospital
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,475,510
11	cost of Medicaid covered services	278,852
	Medicaid CCR	0.1890
12	total hospital CCR	0.1781
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	267,057
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	62,815
18	payments	3,994
19	annual covered charges	62,815
20	annual interim payments	3,994
21	annual cost of services	11,187
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	34,550
25	payments	5,801
26	annual covered charges	34,550
27	annual interim payments	5,801
28	annual cost of services	6,153
29		
30	Medicaid annual payments	276,852
31	Cost of services - max annual payments for UPL	296,192
32		
33	<u>adjustment factor</u>	
34	inflation	1.1133
35		
36	adjusted Medicaid annual payments	308,219
37	adjusted maximum annual payments for UPL	329,751
38	annual facility specific UPL amount	21,532
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	21,532
42		
43	UPL adjustment available for SFY2023	21,532

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Atrium Health Floyd Medical Center
2	base period report period beginning date	7/1/2020
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	0.66
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	45,130,764
11	cost of Medicaid covered services	6,701,550
	Medicaid CCR	0.1485
12	total hospital CCR	0.1868
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	6,418,074
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	384,562
18	payments	10,070
19	annual covered charges	253,811
20	annual interim payments	6,646
21	annual cost of services	47,412
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	16,847,661
25	payments	1,206,339
26	annual covered charges	11,119,456
27	annual interim payments	796,184
28	annual cost of services	2,077,114
29		
30	Medicaid annual payments	7,220,904
31	Cost of services - max annual payments for UPL	8,826,076
32		
33	<u>adjustment factor</u>	
34	inflation	1.0921
35		
36	adjusted Medicaid annual payments	7,885,949
37	adjusted maximum annual payments for UPL	9,638,958
38	annual facility specific UPL amount	1,753,009
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	1,753,009
42		
43	UPL adjustment available for SFY2023	1,753,009

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Grady General Hospital
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,747,752
11	cost of Medicaid covered services	468,752
	Medicaid CCR	0.2682
12	total hospital CCR	0.3234
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	448,924
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	38,448
18	payments	3,603
19	annual covered charges	38,448
20	annual interim payments	3,603
21	annual cost of services	12,434
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	41,823
25	payments	5,251
26	annual covered charges	41,823
27	annual interim payments	5,251
28	annual cost of services	13,526
29		
30	Medicaid annual payments	457,778
31	Cost of services - max annual payments for UPL	494,712
32		
33	<u>adjustment factor</u>	
34	inflation	1.1133
35		
36	adjusted Medicaid annual payments	509,644
37	adjusted maximum annual payments for UPL	550,763
38	annual facility specific UPL amount	41,119
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	41,119
42		
43	UPL adjustment available for SFY2023	41,119

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Grady Memorial Hospital
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	118,145,124
11	cost of Medicaid covered services	20,027,494
	Medicaid CCR	0.1695
12	total hospital CCR	0.1724
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	19,180,331
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	461,212
18	payments	13,090
19	annual covered charges	461,212
20	annual interim payments	13,090
21	annual cost of services	79,513
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	29,175,994
25	payments	4,318,021
26	annual covered charges	29,175,994
27	annual interim payments	4,318,021
28	annual cost of services	5,029,941
29		
30	Medicaid annual payments	23,511,442
31	Cost of services - max annual payments for UPL	25,136,948
32		
33	<u>adjustment factor</u>	
34	inflation	1.0921
35		
36	adjusted Medicaid annual payments	25,676,846
37	adjusted maximum annual payments for UPL	27,452,061
38	annual facility specific UPL amount	1,775,215
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	1,775,215
42		
43	UPL adjustment available for SFY2023	1,775,215

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Habersham Medical Center
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,515,108
11	cost of Medicaid covered services	621,239
	Medicaid CCR	0.2470
12	total hospital CCR	0.3959
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	594,961
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	74,131
18	payments	5,247
19	annual covered charges	74,131
20	annual interim payments	5,247
21	annual cost of services	29,348
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	96,783
25	payments	15,099
26	annual covered charges	96,783
27	annual interim payments	15,099
28	annual cost of services	38,316
29		
30	Medicaid annual payments	615,307
31	Cost of services - max annual payments for UPL	688,903
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	698,497
37	adjusted maximum annual payments for UPL	782,043
38	annual facility specific UPL amount	83,546
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	83,546
42		
43	UPL adjustment available for SFY2023	83,546

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Houston Medical Center
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	11,652,729
11	cost of Medicaid covered services	2,598,224
	Medicaid CCR	0.2230
12	total hospital CCR	0.2977
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,488,319
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	197,365
18	payments	7,519
19	annual covered charges	197,365
20	annual interim payments	7,519
21	annual cost of services	58,756
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	762,357
25	payments	133,516
26	annual covered charges	762,357
27	annual interim payments	133,516
28	annual cost of services	226,954
29		
30	Medicaid annual payments	2,629,354
31	Cost of services - max annual payments for UPL	2,883,934
32		
33	<u>adjustment factor</u>	
34	inflation	1.0921
35		
36	adjusted Medicaid annual payments	2,871,518
37	adjusted maximum annual payments for UPL	3,149,544
38	annual facility specific UPL amount	278,026
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	278,026
42		
43	UPL adjustment available for SFY2023	278,026

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Irwin County Hospital
2	base period report period beginning date	12/1/2020
3	base period report period ending date	11/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	923,308
11	cost of Medicaid covered services	247,309
	Medicaid CCR	0.2679
12	total hospital CCR	0.3755
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	236,848
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	89,821
18	payments	4,464
19	annual covered charges	89,821
20	annual interim payments	4,464
21	annual cost of services	33,728
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	93,691
25	payments	5,053
26	annual covered charges	93,691
27	annual interim payments	5,053
28	annual cost of services	35,181
29		
30	Medicaid annual payments	246,365
31	Cost of services - max annual payments for UPL	316,218
32		
33	<u>adjustment factor</u>	
34	inflation	1.0991
35		
36	adjusted Medicaid annual payments	270,780
37	adjusted maximum annual payments for UPL	347,555
38	annual facility specific UPL amount	76,775
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	76,775
42		
43	UPL adjustment available for SFY2023	76,775

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Jefferson Hospital
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	452,393
11	cost of Medicaid covered services	191,785
	Medicaid CCR	0.4239
12	total hospital CCR	0.7294
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	183,672
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	61,264
18	payments	6,031
19	annual covered charges	61,264
20	annual interim payments	6,031
21	annual cost of services	44,686
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	189,703
31	Cost of services - max annual payments for UPL	236,471
32		
33	<u>adjustment factor</u>	
34	inflation	1.0921
35		
36	adjusted Medicaid annual payments	207,175
37	adjusted maximum annual payments for UPL	258,250
38	annual facility specific UPL amount	51,075
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	51,075
42		
43	UPL adjustment available for SFY2023	51,075

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Memorial Hospital And Manor
2	base period report period beginning date	4/1/2020
3	base period report period ending date	3/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,595,161
11	cost of Medicaid covered services	721,596
	Medicaid CCR	0.2781
12	total hospital CCR	0.3785
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	691,072
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	413,112
18	payments	17,700
19	annual covered charges	413,112
20	annual interim payments	17,700
21	annual cost of services	156,363
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	59,879
25	payments	10,783
26	annual covered charges	59,879
27	annual interim payments	10,783
28	annual cost of services	22,664
29		
30	Medicaid annual payments	719,555
31	Cost of services - max annual payments for UPL	900,623
32		
33	<u>adjustment factor</u>	
34	inflation	1.1571
35		
36	adjusted Medicaid annual payments	832,597
37	adjusted maximum annual payments for UPL	1,042,111
38	annual facility specific UPL amount	209,514
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	209,514
42		
43	UPL adjustment available for SFY2023	209,514

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Northeast Georgia Medical Center Gainesville
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	43,848,328
11	cost of Medicaid covered services	5,911,738
	Medicaid CCR	0.1348
12	total hospital CCR	0.1917
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	5,661,671
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	242,010
18	payments	10,405
19	annual covered charges	242,010
20	annual interim payments	10,405
21	annual cost of services	46,393
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	12,857,665
25	payments	1,649,587
26	annual covered charges	12,857,665
27	annual interim payments	1,649,587
28	annual cost of services	2,464,814
29		
30	Medicaid annual payments	7,321,663
31	Cost of services - max annual payments for UPL	8,422,945
32		
33	<u>adjustment factor</u>	
34	inflation	1.1133
35		
36	adjusted Medicaid annual payments	8,151,207
37	adjusted maximum annual payments for UPL	9,377,265
38	annual facility specific UPL amount	1,226,058
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	1,226,058
42		
43	UPL adjustment available for SFY2023	1,226,058

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Northside Hospital
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	21,120,144
11	cost of Medicaid covered services	4,676,268
	Medicaid CCR	0.2214
12	total hospital CCR	0.2183
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	4,478,462
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	532,474
18	payments	8,727
19	annual covered charges	532,474
20	annual interim payments	8,727
21	annual cost of services	116,239
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	13,808,305
25	payments	3,008,560
26	annual covered charges	13,808,305
27	annual interim payments	3,008,560
28	annual cost of services	3,014,353
29		
30	Medicaid annual payments	7,495,749
31	Cost of services - max annual payments for UPL	7,806,860
32		
33	<u>adjustment factor</u>	
34	inflation	1.1133
35		
36	adjusted Medicaid annual payments	8,345,017
37	adjusted maximum annual payments for UPL	8,691,377
38	annual facility specific UPL amount	346,360
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	346,360
42		
43	UPL adjustment available for SFY2023	346,360

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Northside Hospital Cherokee
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	12,587,427
11	cost of Medicaid covered services	1,730,295
	Medicaid CCR	0.1375
12	total hospital CCR	0.1833
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,657,104
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	475,812
18	payments	8,660
19	annual covered charges	475,812
20	annual interim payments	8,660
21	annual cost of services	87,216
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,969,851
25	payments	333,393
26	annual covered charges	3,969,851
27	annual interim payments	333,393
28	annual cost of services	727,674
29		
30	Medicaid annual payments	1,999,157
31	Cost of services - max annual payments for UPL	2,545,185
32		
33	<u>adjustment factor</u>	
34	inflation	1.1133
35		
36	adjusted Medicaid annual payments	2,225,661
37	adjusted maximum annual payments for UPL	2,833,554
38	annual facility specific UPL amount	607,893
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	607,893
42		
43	UPL adjustment available for SFY2023	607,893

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Northside Hospital Duluth
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,586,333
11	cost of Medicaid covered services	245,182
	Medicaid CCR	0.1546
12	total hospital CCR	0.1931
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	234,811
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	286,668
18	payments	4,968
19	annual covered charges	286,668
20	annual interim payments	4,968
21	annual cost of services	55,356
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,283,830
25	payments	169,291
26	annual covered charges	1,283,830
27	annual interim payments	169,291
28	annual cost of services	247,908
29		
30	Medicaid annual payments	409,070
31	Cost of services - max annual payments for UPL	548,446
32		
33	<u>adjustment factor</u>	
34	inflation	1.1133
35		
36	adjusted Medicaid annual payments	455,418
37	adjusted maximum annual payments for UPL	610,585
38	annual facility specific UPL amount	155,167
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	155,167
42		
43	UPL adjustment available for SFY2023	155,167

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Northside Hospital Forsyth
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	11,853,330
11	cost of Medicaid covered services	1,972,802
	Medicaid CCR	0.1664
12	total hospital CCR	0.1913
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,889,352
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	301,608
18	payments	5,370
19	annual covered charges	301,608
20	annual interim payments	5,370
21	annual cost of services	57,698
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,732,329
25	payments	192,127
26	annual covered charges	2,732,329
27	annual interim payments	192,127
28	annual cost of services	522,695
29		
30	Medicaid annual payments	2,086,849
31	Cost of services - max annual payments for UPL	2,553,195
32		
33	<u>adjustment factor</u>	
34	inflation	1.1133
35		
36	adjusted Medicaid annual payments	2,323,289
37	adjusted maximum annual payments for UPL	2,842,472
38	annual facility specific UPL amount	519,183
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	519,183
42		
43	UPL adjustment available for SFY2023	519,183

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Northside Hospital Gwinnett
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	22,362,926
11	cost of Medicaid covered services	3,811,636
	Medicaid CCR	0.1704
12	total hospital CCR	0.1874
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,650,404
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	646,432
18	payments	12,151
19	annual covered charges	646,432
20	annual interim payments	12,151
21	annual cost of services	121,141
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	9,541,102
25	payments	1,502,054
26	annual covered charges	9,541,102
27	annual interim payments	1,502,054
28	annual cost of services	1,788,003
29		
30	Medicaid annual payments	5,164,609
31	Cost of services - max annual payments for UPL	5,720,780
32		
33	<u>adjustment factor</u>	
34	inflation	1.1133
35		
36	adjusted Medicaid annual payments	5,749,759
37	adjusted maximum annual payments for UPL	6,368,944
38	annual facility specific UPL amount	619,185
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	619,185
42		
43	UPL adjustment available for SFY2023	619,185

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Perry Hospital
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,143,588
11	cost of Medicaid covered services	485,680
	Medicaid CCR	0.2266
12	total hospital CCR	0.2529
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	465,136
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	58,398
18	payments	1,880
19	annual covered charges	58,398
20	annual interim payments	1,880
21	annual cost of services	14,769
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	181,082
25	payments	20,912
26	annual covered charges	181,082
27	annual interim payments	20,912
28	annual cost of services	45,796
29		
30	Medicaid annual payments	487,928
31	Cost of services - max annual payments for UPL	546,245
32		
33	<u>adjustment factor</u>	
34	inflation	1.0921
35		
36	adjusted Medicaid annual payments	532,866
37	adjusted maximum annual payments for UPL	596,554
38	annual facility specific UPL amount	63,688
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	63,688
42		
43	UPL adjustment available for SFY2023	63,688

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Phoebe Putney Memorial Hospital
2	base period report period beginning date	8/1/2020
3	base period report period ending date	7/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	24,037,549
11	cost of Medicaid covered services	4,781,366
	Medicaid CCR	0.1989
12	total hospital CCR	0.2609
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	4,579,114
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	299,478
18	payments	11,345
19	annual covered charges	299,478
20	annual interim payments	11,345
21	annual cost of services	78,134
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	20,116,386
25	payments	2,916,373
26	annual covered charges	20,116,386
27	annual interim payments	2,916,373
28	annual cost of services	5,248,365
29		
30	Medicaid annual payments	7,506,832
31	Cost of services - max annual payments for UPL	10,107,865
32		
33	<u>adjustment factor</u>	
34	inflation	1.1278
35		
36	adjusted Medicaid annual payments	8,466,205
37	adjusted maximum annual payments for UPL	11,399,650
38	annual facility specific UPL amount	2,933,445
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	2,933,445
42		
43	UPL adjustment available for SFY2023	2,933,445

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Phoebe Sumter Medical Center
2	base period report period beginning date	8/1/2020
3	base period report period ending date	7/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	6,790,001
11	cost of Medicaid covered services	1,331,166
	Medicaid CCR	0.1960
12	total hospital CCR	0.2557
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,274,858
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	115,249
18	payments	7,754
19	annual covered charges	115,249
20	annual interim payments	7,754
21	annual cost of services	29,469
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,503,853
25	payments	598,759
26	annual covered charges	3,503,853
27	annual interim payments	598,759
28	annual cost of services	895,935
29		
30	Medicaid annual payments	1,881,371
31	Cost of services - max annual payments for UPL	2,256,570
32		
33	<u>adjustment factor</u>	
34	inflation	1.1278
35		
36	adjusted Medicaid annual payments	2,121,810
37	adjusted maximum annual payments for UPL	2,544,960
38	annual facility specific UPL amount	423,150
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	423,150
42		
43	UPL adjustment available for SFY2023	423,150

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Piedmont Athens Regional Medical Center
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	23,140,214
11	cost of Medicaid covered services	3,074,026
	Medicaid CCR	0.1328
12	total hospital CCR	0.1753
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,943,995
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	455,121
18	payments	12,352
19	annual covered charges	455,121
20	annual interim payments	12,352
21	annual cost of services	79,783
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,665,521
25	payments	360,322
26	annual covered charges	3,665,521
27	annual interim payments	360,322
28	annual cost of services	642,566
29		
30	Medicaid annual payments	3,316,669
31	Cost of services - max annual payments for UPL	3,796,375
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	3,765,083
37	adjusted maximum annual payments for UPL	4,309,645
38	annual facility specific UPL amount	544,562
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	544,562
42		
43	UPL adjustment available for SFY2023	544,562

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Piedmont Augusta Hospital
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	9,796,815
11	cost of Medicaid covered services	2,546,256
	Medicaid CCR	0.2599
12	total hospital CCR	0.2864
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,438,549
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	85,318
18	payments	7,183
19	annual covered charges	85,318
20	annual interim payments	7,183
21	annual cost of services	24,435
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,034,000
25	payments	272,635
26	annual covered charges	2,034,000
27	annual interim payments	272,635
28	annual cost of services	582,538
29		
30	Medicaid annual payments	2,718,367
31	Cost of services - max annual payments for UPL	3,153,229
32		
33	<u>adjustment factor</u>	
34	inflation	1.0921
35		
36	adjusted Medicaid annual payments	2,968,729
37	adjusted maximum annual payments for UPL	3,443,641
38	annual facility specific UPL amount	474,912
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	474,912
42		
43	UPL adjustment available for SFY2023	474,912

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Piedmont Columbus Regional - Midtown
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	17,587,346
11	cost of Medicaid covered services	2,954,990
	Medicaid CCR	0.1680
12	total hospital CCR	0.1812
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,829,994
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	704,844
18	payments	24,234
19	annual covered charges	704,844
20	annual interim payments	24,234
21	annual cost of services	127,718
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	6,512,083
25	payments	978,961
26	annual covered charges	6,512,083
27	annual interim payments	978,961
28	annual cost of services	1,179,989
29		
30	Medicaid annual payments	3,833,189
31	Cost of services - max annual payments for UPL	4,262,697
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	4,351,436
37	adjusted maximum annual payments for UPL	4,839,014
38	annual facility specific UPL amount	487,578
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	487,578
42		
43	UPL adjustment available for SFY2023	487,578

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Piedmont Columbus Regional - Northside
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,506,204
11	cost of Medicaid covered services	370,154
	Medicaid CCR	0.1477
12	total hospital CCR	0.1872
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	354,496
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	59,027
18	payments	2,350
19	annual covered charges	59,027
20	annual interim payments	2,350
21	annual cost of services	11,050
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	195,747
25	payments	20,345
26	annual covered charges	195,747
27	annual interim payments	20,345
28	annual cost of services	36,644
29		
30	Medicaid annual payments	377,191
31	Cost of services - max annual payments for UPL	417,848
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	428,187
37	adjusted maximum annual payments for UPL	474,341
38	annual facility specific UPL amount	46,154
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	46,154
42		
43	UPL adjustment available for SFY2023	46,154

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Piedmont Henry Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	17,285,601
11	cost of Medicaid covered services	1,872,854
	Medicaid CCR	0.1083
12	total hospital CCR	0.1611
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,793,632
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	727,117
18	payments	13,877
19	annual covered charges	727,117
20	annual interim payments	13,877
21	annual cost of services	117,139
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,857,649
25	payments	165,227
26	annual covered charges	1,857,649
27	annual interim payments	165,227
28	annual cost of services	299,267
29		
30	Medicaid annual payments	1,972,736
31	Cost of services - max annual payments for UPL	2,289,260
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	2,239,450
37	adjusted maximum annual payments for UPL	2,598,768
38	annual facility specific UPL amount	359,318
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	359,318
42		
43	UPL adjustment available for SFY2023	359,318

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Piedmont McDuffie Hospital
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,487,333
11	cost of Medicaid covered services	550,006
	Medicaid CCR	0.2211
12	total hospital CCR	0.2573
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	526,741
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	33,367
18	payments	2,820
19	annual covered charges	33,367
20	annual interim payments	2,820
21	annual cost of services	8,585
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	67,346
25	payments	10,805
26	annual covered charges	67,346
27	annual interim payments	10,805
28	annual cost of services	17,328
29		
30	Medicaid annual payments	540,366
31	Cost of services - max annual payments for UPL	575,919
32		
33	<u>adjustment factor</u>	
34	inflation	1.0921
35		
36	adjusted Medicaid annual payments	590,134
37	adjusted maximum annual payments for UPL	628,961
38	annual facility specific UPL amount	38,827
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	38,827
42		
43	UPL adjustment available for SFY2023	38,827

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Piedmont Newton Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	12,224,610
11	cost of Medicaid covered services	1,464,195
	Medicaid CCR	0.1198
12	total hospital CCR	0.148
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,402,260
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	333,308
18	payments	8,123
19	annual covered charges	333,308
20	annual interim payments	8,123
21	annual cost of services	49,330
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	234,943
25	payments	20,699
26	annual covered charges	234,943
27	annual interim payments	20,699
28	annual cost of services	34,772
29		
30	Medicaid annual payments	1,431,082
31	Cost of services - max annual payments for UPL	1,548,297
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	1,624,564
37	adjusted maximum annual payments for UPL	1,757,627
38	annual facility specific UPL amount	133,063
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	133,063
42		
43	UPL adjustment available for SFY2023	133,063

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	South Georgia Medical Center
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	13,710,683
11	cost of Medicaid covered services	3,227,210
	Medicaid CCR	0.2354
12	total hospital CCR	0.2631
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,090,699
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	254,106
18	payments	16,581
19	annual covered charges	254,106
20	annual interim payments	16,581
21	annual cost of services	66,855
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	6,551,429
25	payments	1,144,342
26	annual covered charges	6,551,429
27	annual interim payments	1,144,342
28	annual cost of services	1,723,681
29		
30	Medicaid annual payments	4,251,622
31	Cost of services - max annual payments for UPL	5,017,746
32		
33	<u>adjustment factor</u>	
34	inflation	1.1133
35		
36	adjusted Medicaid annual payments	4,733,331
37	adjusted maximum annual payments for UPL	5,586,257
38	annual facility specific UPL amount	852,926
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	852,926
42		
43	UPL adjustment available for SFY2023	852,926

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	South Georgia Medical Center Berrien Campus
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	557,090
11	cost of Medicaid covered services	145,438
	Medicaid CCR	0.2611
12	total hospital CCR	0.343
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	139,286
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	40,724
18	payments	4,934
19	annual covered charges	40,724
20	annual interim payments	4,934
21	annual cost of services	13,968
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	144,220
31	Cost of services - max annual payments for UPL	159,406
32		
33	<u>adjustment factor</u>	
34	inflation	1.1133
35		
36	adjusted Medicaid annual payments	160,560
37	adjusted maximum annual payments for UPL	177,467
38	annual facility specific UPL amount	16,907
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	16,907
42		
43	UPL adjustment available for SFY2023	16,907

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Southeast Georgia Health System - Brunswick
2	base period report period beginning date	5/1/2020
3	base period report period ending date	4/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	6,712,360
11	cost of Medicaid covered services	1,713,489
	Medicaid CCR	0.2553
12	total hospital CCR	0.3002
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,641,008
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	131,276
18	payments	6,109
19	annual covered charges	131,276
20	annual interim payments	6,109
21	annual cost of services	39,409
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,946,177
25	payments	465,498
26	annual covered charges	1,946,177
27	annual interim payments	465,498
28	annual cost of services	584,242
29		
30	Medicaid annual payments	2,112,615
31	Cost of services - max annual payments for UPL	2,337,140
32		
33	<u>adjustment factor</u>	
34	inflation	1.1497
35		
36	adjusted Medicaid annual payments	2,428,873
37	adjusted maximum annual payments for UPL	2,687,010
38	annual facility specific UPL amount	258,137
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	258,137
42		
43	UPL adjustment available for SFY2023	258,137

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Southeast Georgia Health System - Camden
2	base period report period beginning date	5/1/2020
3	base period report period ending date	4/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,100,898
11	cost of Medicaid covered services	562,048
	Medicaid CCR	0.2675
12	total hospital CCR	0.304
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	538,273
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	42,281
18	payments	2,428
19	annual covered charges	42,281
20	annual interim payments	2,428
21	annual cost of services	12,853
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	190,931
25	payments	47,608
26	annual covered charges	190,931
27	annual interim payments	47,608
28	annual cost of services	58,043
29		
30	Medicaid annual payments	588,309
31	Cost of services - max annual payments for UPL	632,944
32		
33	<u>adjustment factor</u>	
34	inflation	1.1497
35		
36	adjusted Medicaid annual payments	676,379
37	adjusted maximum annual payments for UPL	727,696
38	annual facility specific UPL amount	51,317
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	51,317
42		
43	UPL adjustment available for SFY2023	51,317

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Southwell Medical Center
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	703,447
11	cost of Medicaid covered services	124,584
	Medicaid CCR	0.1771
12	total hospital CCR	0.4999
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	119,314
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	119,314
31	Cost of services - max annual payments for UPL	124,584
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	135,445
37	adjusted maximum annual payments for UPL	141,428
38	annual facility specific UPL amount	5,983
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	5,983
42		
43	UPL adjustment available for SFY2023	5,983

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Stephens County Hospital
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,715,979
11	cost of Medicaid covered services	556,681
	Medicaid CCR	0.3244
12	total hospital CCR	0.3958
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	533,133
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	122,857
18	payments	6,736
19	annual covered charges	122,857
20	annual interim payments	6,736
21	annual cost of services	48,627
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	179,625
25	payments	31,835
26	annual covered charges	179,625
27	annual interim payments	31,835
28	annual cost of services	71,096
29		
30	Medicaid annual payments	571,704
31	Cost of services - max annual payments for UPL	676,404
32		
33	<u>adjustment factor</u>	
34	inflation	1.1133
35		
36	adjusted Medicaid annual payments	636,478
37	adjusted maximum annual payments for UPL	753,041
38	annual facility specific UPL amount	116,563
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	116,563
42		
43	UPL adjustment available for SFY2023	116,563

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Tanner Medical Center - Carrollton
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	12,550,196
11	cost of Medicaid covered services	2,684,850
	Medicaid CCR	0.2139
12	total hospital CCR	0.2683
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,571,281
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	915,956
18	payments	30,410
19	annual covered charges	915,956
20	annual interim payments	30,410
21	annual cost of services	245,751
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,326,470
25	payments	338,308
26	annual covered charges	2,326,470
27	annual interim payments	338,308
28	annual cost of services	624,192
29		
30	Medicaid annual payments	2,939,999
31	Cost of services - max annual payments for UPL	3,554,793
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	3,337,487
37	adjusted maximum annual payments for UPL	4,035,401
38	annual facility specific UPL amount	697,914
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	697,914
42		
43	UPL adjustment available for SFY2023	697,914

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Tanner Medical Center - Villa Rica
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	7,427,293
11	cost of Medicaid covered services	1,820,355
	Medicaid CCR	0.2451
12	total hospital CCR	0.2681
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,743,354
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	560,252
18	payments	19,401
19	annual covered charges	560,252
20	annual interim payments	19,401
21	annual cost of services	150,204
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	10,528,629
25	payments	1,633,068
26	annual covered charges	10,528,629
27	annual interim payments	1,633,068
28	annual cost of services	2,822,725
29		
30	Medicaid annual payments	3,395,823
31	Cost of services - max annual payments for UPL	4,793,284
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	3,854,938
37	adjusted maximum annual payments for UPL	5,441,336
38	annual facility specific UPL amount	1,586,398
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	1,586,398
42		
43	UPL adjustment available for SFY2023	1,586,398

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Tift Regional Medical Center
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	14,715,375
11	cost of Medicaid covered services	3,676,997
	Medicaid CCR	0.2499
12	total hospital CCR	0.2302
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,521,460
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	711,408
18	payments	19,448
19	annual covered charges	711,408
20	annual interim payments	19,448
21	annual cost of services	163,766
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	13,521,865
25	payments	1,036,218
26	annual covered charges	13,521,865
27	annual interim payments	1,036,218
28	annual cost of services	3,112,733
29		
30	Medicaid annual payments	4,577,126
31	Cost of services - max annual payments for UPL	6,953,496
32		
33	<u>adjustment factor</u>	
34	inflation	1.1133
35		
36	adjusted Medicaid annual payments	5,095,714
37	adjusted maximum annual payments for UPL	7,741,327
38	annual facility specific UPL amount	2,645,613
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	2,645,613
42		
43	UPL adjustment available for SFY2023	2,645,613

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Union General Hospital, Inc.
2	base period report period beginning date	5/1/2020
3	base period report period ending date	4/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,425,361
11	cost of Medicaid covered services	386,121
	Medicaid CCR	0.2709
12	total hospital CCR	0.3309
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	369,788
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	91,669
18	payments	3,054
19	annual covered charges	91,669
20	annual interim payments	3,054
21	annual cost of services	30,333
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	182,575
25	payments	15,284
26	annual covered charges	182,575
27	annual interim payments	15,284
28	annual cost of services	60,414
29		
30	Medicaid annual payments	388,126
31	Cost of services - max annual payments for UPL	476,868
32		
33	<u>adjustment factor</u>	
34	inflation	1.1497
35		
36	adjusted Medicaid annual payments	446,228
37	adjusted maximum annual payments for UPL	548,255
38	annual facility specific UPL amount	102,027
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	102,027
42		
43	UPL adjustment available for SFY2023	102,027

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Upson Regional Medical Center
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	11,168,130
11	cost of Medicaid covered services	1,635,711
	Medicaid CCR	0.1465
12	total hospital CCR	0.209
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,566,520
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	208,661
18	payments	7,362
19	annual covered charges	208,661
20	annual interim payments	7,362
21	annual cost of services	43,610
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,083,263
25	payments	109,820
26	annual covered charges	1,083,263
27	annual interim payments	109,820
28	annual cost of services	226,402
29		
30	Medicaid annual payments	1,683,702
31	Cost of services - max annual payments for UPL	1,905,723
32		
33	<u>adjustment factor</u>	
34	inflation	1.0921
35		
36	adjusted Medicaid annual payments	1,838,771
37	adjusted maximum annual payments for UPL	2,081,240
38	annual facility specific UPL amount	242,469
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	242,469
42		
43	UPL adjustment available for SFY2023	242,469

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Washington County Regional Medical
2	base period report period beginning date	9/1/2020
3	base period report period ending date	8/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,089,183
11	cost of Medicaid covered services	589,028
	Medicaid CCR	0.5408
12	total hospital CCR	0.4076
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	564,112
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	290,004
18	payments	14,811
19	annual covered charges	290,004
20	annual interim payments	14,811
21	annual cost of services	118,206
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	578,923
31	Cost of services - max annual payments for UPL	707,234
32		
33	<u>adjustment factor</u>	
34	inflation	1.1205
35		
36	adjusted Medicaid annual payments	648,683
37	adjusted maximum annual payments for UPL	792,456
38	annual facility specific UPL amount	143,773
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	143,773
42		
43	UPL adjustment available for SFY2023	143,773

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Wayne Memorial Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	5,600,022
11	cost of Medicaid covered services	883,353
	Medicaid CCR	0.1577
12	total hospital CCR	0.2294
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	845,987
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	954,451
18	payments	29,527
19	annual covered charges	954,451
20	annual interim payments	29,527
21	annual cost of services	218,951
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	5,106,597
25	payments	781,763
26	annual covered charges	5,106,597
27	annual interim payments	781,763
28	annual cost of services	1,171,453
29		
30	Medicaid annual payments	1,657,277
31	Cost of services - max annual payments for UPL	2,273,757
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	1,881,341
37	adjusted maximum annual payments for UPL	2,581,169
38	annual facility specific UPL amount	699,828
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	699,828
42		
43	UPL adjustment available for SFY2023	699,828

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Wellstar Cobb Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	25,829,116
11	cost of Medicaid covered services	3,644,038
	Medicaid CCR	0.1411
12	total hospital CCR	0.1683
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,489,895
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	615,672
18	payments	13,426
19	annual covered charges	615,672
20	annual interim payments	13,426
21	annual cost of services	103,618
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	24,085,395
25	payments	1,649,789
26	annual covered charges	24,085,395
27	annual interim payments	1,649,789
28	annual cost of services	4,053,572
29		
30	Medicaid annual payments	5,153,110
31	Cost of services - max annual payments for UPL	7,801,228
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	5,849,810
37	adjusted maximum annual payments for UPL	8,855,954
38	annual facility specific UPL amount	3,006,144
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	3,006,144
42		
43	UPL adjustment available for SFY2023	3,006,144

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Wellstar Douglas Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	13,819,449
11	cost of Medicaid covered services	1,989,778
	Medicaid CCR	0.1440
12	total hospital CCR	0.1665
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,905,610
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	346,637
18	payments	7,451
19	annual covered charges	346,637
20	annual interim payments	7,451
21	annual cost of services	57,715
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	850,825
25	payments	74,553
26	annual covered charges	850,825
27	annual interim payments	74,553
28	annual cost of services	141,662
29		
30	Medicaid annual payments	1,987,614
31	Cost of services - max annual payments for UPL	2,189,155
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	2,256,339
37	adjusted maximum annual payments for UPL	2,485,129
38	annual facility specific UPL amount	228,790
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	228,790
42		
43	UPL adjustment available for SFY2023	228,790

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Wellstar Kennestone Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	30,655,554
11	cost of Medicaid covered services	4,075,138
	Medicaid CCR	0.1329
12	total hospital CCR	0.1626
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,902,760
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	503,028
18	payments	11,009
19	annual covered charges	503,028
20	annual interim payments	11,009
21	annual cost of services	81,792
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	4,954,543
25	payments	288,953
26	annual covered charges	4,954,543
27	annual interim payments	288,953
28	annual cost of services	805,609
29		
30	Medicaid annual payments	4,202,722
31	Cost of services - max annual payments for UPL	4,962,539
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	4,770,930
37	adjusted maximum annual payments for UPL	5,633,474
38	annual facility specific UPL amount	862,544
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	862,544
42		
43	UPL adjustment available for SFY2023	862,544

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Wellstar Paulding Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	13,378,014
11	cost of Medicaid covered services	1,518,881
	Medicaid CCR	0.1135
12	total hospital CCR	0.1642
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,454,632
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	457,507
18	payments	8,257
19	annual covered charges	457,507
20	annual interim payments	8,257
21	annual cost of services	75,123
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,245,517
25	payments	90,554
26	annual covered charges	1,245,517
27	annual interim payments	90,554
28	annual cost of services	204,514
29		
30	Medicaid annual payments	1,553,443
31	Cost of services - max annual payments for UPL	1,798,518
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	1,763,468
37	adjusted maximum annual payments for UPL	2,041,678
38	annual facility specific UPL amount	278,210
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	278,210
42		
43	UPL adjustment available for SFY2023	278,210

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Wellstar West Georgia Medical Center
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	16,469,041
11	cost of Medicaid covered services	2,073,978
	Medicaid CCR	0.1259
12	total hospital CCR	0.1822
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,986,249
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	481,155
18	payments	11,144
19	annual covered charges	481,155
20	annual interim payments	11,144
21	annual cost of services	87,666
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,102,924
25	payments	221,050
26	annual covered charges	3,102,924
27	annual interim payments	221,050
28	annual cost of services	565,353
29		
30	Medicaid annual payments	2,218,443
31	Cost of services - max annual payments for UPL	2,726,997
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	2,518,376
37	adjusted maximum annual payments for UPL	3,095,687
38	annual facility specific UPL amount	577,311
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	577,311
42		
43	UPL adjustment available for SFY2023	577,311

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Wellstar Windy Hill Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	covered charges	8,725,402
11	cost of Medicaid covered services	1,585,929
	Medicaid CCR	0.1818
12	total hospital CCR	0.1877
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,518,844
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	671,394
25	payments	71,565
26	annual covered charges	671,394
27	annual interim payments	71,565
28	annual cost of services	126,021
29		
30	Medicaid annual payments	1,590,409
31	Cost of services - max annual payments for UPL	1,711,950
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	1,805,432
37	adjusted maximum annual payments for UPL	1,943,406
38	annual facility specific UPL amount	137,974
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	137,974
42		
43	UPL adjustment available for SFY2023	137,974

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Atrium Health Navicent Peach
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,018,603
11	cost of Medicaid covered services	360,372
	Medicaid CCR	0.3538
12	total hospital CCR	0.3114
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	360,372
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	116,722
18	payments	9,100
19	annual covered charges	116,722
20	annual interim payments	9,100
21	annual cost of services	36,347
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	369,472
31	Cost of services - max annual payments for UPL	396,719
32		
33	<u>adjustment factor</u>	
34	inflation	1.0921
35		
36	adjusted Medicaid annual payments	403,500
37	adjusted maximum annual payments for UPL	433,257
38	annual facility specific UPL amount	29,757
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	29,757
42		
43	UPL adjustment available for SFY2023	29,757

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Bacon County Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,362,111
11	cost of Medicaid covered services	386,644
	Medicaid CCR	0.2839
12	total hospital CCR	0.3893
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	386,644
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	65,916
18	payments	5,704
19	annual covered charges	65,916
20	annual interim payments	5,704
21	annual cost of services	25,661
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	710,263
25	payments	70,430
26	annual covered charges	710,263
27	annual interim payments	70,430
28	annual cost of services	276,505
29		
30	Medicaid annual payments	462,778
31	Cost of services - max annual payments for UPL	688,810
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	525,346
37	adjusted maximum annual payments for UPL	781,937
38	annual facility specific UPL amount	256,591
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	256,591
42		
43	UPL adjustment available for SFY2023	256,591

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Bleckley Memorial Hospital
2	base period report period beginning date	4/1/2020
3	base period report period ending date	3/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	235,562
11	cost of Medicaid covered services	185,475
	Medicaid CCR	0.7874
12	total hospital CCR	0.693
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	185,475
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	12,809
18	payments	1,890
19	annual covered charges	12,809
20	annual interim payments	1,890
21	annual cost of services	8,877
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	187,365
31	Cost of services - max annual payments for UPL	194,352
32		
33	<u>adjustment factor</u>	
34	inflation	1.1571
35		
36	adjusted Medicaid annual payments	216,800
37	adjusted maximum annual payments for UPL	224,885
38	annual facility specific UPL amount	8,085
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	8,085
42		
43	UPL adjustment available for SFY2023	8,085

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Brooks County Hospital
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	740,143
11	cost of Medicaid covered services	301,480
	Medicaid CCR	0.4073
12	total hospital CCR	0.4532
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	301,480
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	32,104
18	payments	2,100
19	annual covered charges	32,104
20	annual interim payments	2,100
21	annual cost of services	14,550
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	115,596
25	payments	20,367
26	annual covered charges	115,596
27	annual interim payments	20,367
28	annual cost of services	52,388
29		
30	Medicaid annual payments	323,947
31	Cost of services - max annual payments for UPL	368,418
32		
33	<u>adjustment factor</u>	
34	inflation	1.1133
35		
36	adjusted Medicaid annual payments	360,650
37	adjusted maximum annual payments for UPL	410,160
38	annual facility specific UPL amount	49,510
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	49,510
42		
43	UPL adjustment available for SFY2023	49,510

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Candler County Hospital
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,138,972
11	cost of Medicaid covered services	434,785
	Medicaid CCR	0.2033
12	total hospital CCR	0.2788
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	434,785
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	43,256
18	payments	2,310
19	annual covered charges	43,256
20	annual interim payments	2,310
21	annual cost of services	12,060
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	77,137
25	payments	16,569
26	annual covered charges	77,137
27	annual interim payments	16,569
28	annual cost of services	21,506
29		
30	Medicaid annual payments	453,664
31	Cost of services - max annual payments for UPL	468,351
32		
33	<u>adjustment factor</u>	
34	inflation	1.0921
35		
36	adjusted Medicaid annual payments	495,446
37	adjusted maximum annual payments for UPL	511,486
38	annual facility specific UPL amount	16,040
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	16,040
42		
43	UPL adjustment available for SFY2023	16,040

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Chatuge Regional Hospital, Inc.
2	base period report period beginning date	5/1/2020
3	base period report period ending date	4/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	241,831
11	cost of Medicaid covered services	126,757
	Medicaid CCR	0.5242
12	total hospital CCR	0.6426
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	126,757
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	9,837
18	payments	280
19	annual covered charges	9,837
20	annual interim payments	280
21	annual cost of services	6,321
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	127,037
31	Cost of services - max annual payments for UPL	133,078
32		
33	<u>adjustment factor</u>	
34	inflation	1.1497
35		
36	adjusted Medicaid annual payments	146,054
37	adjusted maximum annual payments for UPL	153,000
38	annual facility specific UPL amount	6,946
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	6,946
42		
43	UPL adjustment available for SFY2023	6,946

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Clinch Memorial Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	302,287
11	cost of Medicaid covered services	267,294
	Medicaid CCR	0.8842
12	total hospital CCR	0.8245
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	267,294
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	18,348
18	payments	1,960
19	annual covered charges	18,348
20	annual interim payments	1,960
21	annual cost of services	15,128
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	16,844
25	payments	12,118
26	annual covered charges	16,844
27	annual interim payments	12,118
28	annual cost of services	13,888
29		
30	Medicaid annual payments	281,372
31	Cost of services - max annual payments for UPL	296,310
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	319,413
37	adjusted maximum annual payments for UPL	336,371
38	annual facility specific UPL amount	16,958
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	16,958
42		
43	UPL adjustment available for SFY2023	16,958

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Effingham Health System
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,626,455
11	cost of Medicaid covered services	622,274
	Medicaid CCR	0.2369
12	total hospital CCR	0.3325
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	622,274
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	183,615
18	payments	6,360
19	annual covered charges	183,615
20	annual interim payments	6,360
21	annual cost of services	61,052
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	35,451
25	payments	9,476
26	annual covered charges	35,451
27	annual interim payments	9,476
28	annual cost of services	11,787
29		
30	Medicaid annual payments	638,110
31	Cost of services - max annual payments for UPL	695,113
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	724,382
37	adjusted maximum annual payments for UPL	789,092
38	annual facility specific UPL amount	64,710
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	64,710
42		
43	UPL adjustment available for SFY2023	64,710

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Elbert Memorial Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,040,340
11	cost of Medicaid covered services	400,345
	Medicaid CCR	0.3848
12	total hospital CCR	0.4534
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	400,345
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	44,016
18	payments	3,524
19	annual covered charges	44,016
20	annual interim payments	3,524
21	annual cost of services	19,957
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	81,553
25	payments	22,507
26	annual covered charges	81,553
27	annual interim payments	22,507
28	annual cost of services	36,976
29		
30	Medicaid annual payments	426,376
31	Cost of services - max annual payments for UPL	457,278
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	484,022
37	adjusted maximum annual payments for UPL	519,102
38	annual facility specific UPL amount	35,080
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	35,080
42		
43	UPL adjustment available for SFY2023	35,080

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Atrium Health Floyd Polk Medical Center
2	base period report period beginning date	7/1/2020
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	0.66
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	9,147,145
11	cost of Medicaid covered services	1,195,996
	Medicaid CCR	0.1308
12	total hospital CCR	0.201
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	1,195,996
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	216,140
18	payments	5,950
19	annual covered charges	142,652
20	annual interim payments	3,927
21	annual cost of services	28,673
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	206,507
25	payments	22,790
26	annual covered charges	136,295
27	annual interim payments	15,041
28	annual cost of services	27,395
29		
30	Medicaid annual payments	1,214,964
31	Cost of services - max annual payments for UPL	1,252,064
32		
33	<u>adjustment factor</u>	
34	inflation	1.0921
35		
36	adjusted Medicaid annual payments	1,326,862
37	adjusted maximum annual payments for UPL	1,367,379
38	annual facility specific UPL amount	40,517
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	40,517
42		
43	UPL adjustment available for SFY2023	40,517

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Higgins General Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,461,344
11	cost of Medicaid covered services	567,222
	Medicaid CCR	0.2305
12	total hospital CCR	0.3308
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	567,222
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	288,157
18	payments	12,040
19	annual covered charges	288,157
20	annual interim payments	12,040
21	annual cost of services	95,322
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	579,262
31	Cost of services - max annual payments for UPL	662,544
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	657,578
37	adjusted maximum annual payments for UPL	752,120
38	annual facility specific UPL amount	94,542
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	94,542
42		
43	UPL adjustment available for SFY2023	94,542

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Jasper Memorial Hospital
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	113,747
11	cost of Medicaid covered services	87,960
	Medicaid CCR	0.7733
12	total hospital CCR	0.8612
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	87,960
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	16,730
18	payments	1,540
19	annual covered charges	16,730
20	annual interim payments	1,540
21	annual cost of services	14,408
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	89,500
31	Cost of services - max annual payments for UPL	102,368
32		
33	<u>adjustment factor</u>	
34	inflation	1.1133
35		
36	adjusted Medicaid annual payments	99,640
37	adjusted maximum annual payments for UPL	113,966
38	annual facility specific UPL amount	14,326
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	14,326
42		
43	UPL adjustment available for SFY2023	14,326

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Jeff Davis Hospital
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,653,716
11	cost of Medicaid covered services	436,571
	Medicaid CCR	0.2640
12	total hospital CCR	0.2651
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	436,571
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	168,960
18	payments	6,090
19	annual covered charges	168,960
20	annual interim payments	6,090
21	annual cost of services	44,791
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	442,661
31	Cost of services - max annual payments for UPL	481,362
32		
33	<u>adjustment factor</u>	
34	inflation	1.1133
35		
36	adjusted Medicaid annual payments	492,814
37	adjusted maximum annual payments for UPL	535,900
38	annual facility specific UPL amount	43,086
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	43,086
42		
43	UPL adjustment available for SFY2023	43,086

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Jenkins County Medical Center
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	294,414
11	cost of Medicaid covered services	66,720
	Medicaid CCR	0.2266
12	total hospital CCR	0.4287
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	66,720
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	109,427
18	payments	6,090
19	annual covered charges	109,427
20	annual interim payments	6,090
21	annual cost of services	46,911
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	154,960
25	payments	77,368
26	annual covered charges	154,960
27	annual interim payments	77,368
28	annual cost of services	66,431
29		
30	Medicaid annual payments	150,178
31	Cost of services - max annual payments for UPL	180,062
32		
33	<u>adjustment factor</u>	
34	inflation	1.0921
35		
36	adjusted Medicaid annual payments	164,009
37	adjusted maximum annual payments for UPL	196,646
38	annual facility specific UPL amount	32,637
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	32,637
42		
43	UPL adjustment available for SFY2023	32,637

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Liberty Regional Medical Center
2	base period report period beginning date	12/1/2020
3	base period report period ending date	11/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	3,424,503
11	cost of Medicaid covered services	572,051
	Medicaid CCR	0.1670
12	total hospital CCR	0.2357
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	572,051
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	131,335
18	payments	7,000
19	annual covered charges	131,335
20	annual interim payments	7,000
21	annual cost of services	30,956
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	656,695
25	payments	91,524
26	annual covered charges	656,695
27	annual interim payments	91,524
28	annual cost of services	154,783
29		
30	Medicaid annual payments	670,575
31	Cost of services - max annual payments for UPL	757,790
32		
33	<u>adjustment factor</u>	
34	inflation	1.0991
35		
36	adjusted Medicaid annual payments	737,029
37	adjusted maximum annual payments for UPL	832,887
38	annual facility specific UPL amount	95,858
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	95,858
42		
43	UPL adjustment available for SFY2023	95,858

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Lifebrite Community Hospital of Early
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,480,749
11	cost of Medicaid covered services	667,081
	Medicaid CCR	0.4505
12	total hospital CCR	1.0612
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	667,081
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	69,708
18	payments	5,320
19	annual covered charges	69,708
20	annual interim payments	5,320
21	annual cost of services	73,974
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	13,630
25	payments	4,795
26	annual covered charges	13,630
27	annual interim payments	4,795
28	annual cost of services	14,464
29		
30	Medicaid annual payments	677,196
31	Cost of services - max annual payments for UPL	755,519
32		
33	<u>adjustment factor</u>	
34	inflation	1.0921
35		
36	adjusted Medicaid annual payments	739,566
37	adjusted maximum annual payments for UPL	825,102
38	annual facility specific UPL amount	85,536
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	85,536
42		
43	UPL adjustment available for SFY2023	85,536

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Miller County Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	4,233,185
11	cost of Medicaid covered services	1,623,485
	Medicaid CCR	0.3835
12	total hospital CCR	1.1395
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	1,623,485
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	51,848
18	payments	4,060
19	annual covered charges	51,848
20	annual interim payments	4,060
21	annual cost of services	59,081
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	800,741
25	payments	175,410
26	annual covered charges	800,741
27	annual interim payments	175,410
28	annual cost of services	912,444
29		
30	Medicaid annual payments	1,802,955
31	Cost of services - max annual payments for UPL	2,595,010
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	2,046,715
37	adjusted maximum annual payments for UPL	2,945,855
38	annual facility specific UPL amount	899,140
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	899,140
42		
43	UPL adjustment available for SFY2023	899,140

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Mitchell County Hospital
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,185,209
11	cost of Medicaid covered services	244,953
	Medicaid CCR	0.2067
12	total hospital CCR	0.7281
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	244,953
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	18,707
18	payments	1,540
19	annual covered charges	18,707
20	annual interim payments	1,540
21	annual cost of services	13,621
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	273,882
25	payments	10,069
26	annual covered charges	273,882
27	annual interim payments	10,069
28	annual cost of services	199,413
29		
30	Medicaid annual payments	256,562
31	Cost of services - max annual payments for UPL	457,987
32		
33	<u>adjustment factor</u>	
34	inflation	1.1133
35		
36	adjusted Medicaid annual payments	285,630
37	adjusted maximum annual payments for UPL	509,877
38	annual facility specific UPL amount	224,247
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	224,247
42		
43	UPL adjustment available for SFY2023	224,247

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Monroe County Hospital
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	442,352
11	cost of Medicaid covered services	143,683
	Medicaid CCR	0.3248
12	total hospital CCR	0.496
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	143,683
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	57,600
18	payments	3,500
19	annual covered charges	57,600
20	annual interim payments	3,500
21	annual cost of services	28,570
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	147,183
31	Cost of services - max annual payments for UPL	172,253
32		
33	<u>adjustment factor</u>	
34	inflation	1.1133
35		
36	adjusted Medicaid annual payments	163,859
37	adjusted maximum annual payments for UPL	191,769
38	annual facility specific UPL amount	27,910
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	27,910
42		
43	UPL adjustment available for SFY2023	27,910

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Morgan Memorial Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	576,376
11	cost of Medicaid covered services	257,276
	Medicaid CCR	0.4464
12	total hospital CCR	0.6362
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	257,276
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	31,773
18	payments	1,680
19	annual covered charges	31,773
20	annual interim payments	1,680
21	annual cost of services	20,214
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	258,956
31	Cost of services - max annual payments for UPL	277,490
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	293,967
37	adjusted maximum annual payments for UPL	315,007
38	annual facility specific UPL amount	21,040
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	21,040
42		
43	UPL adjustment available for SFY2023	21,040

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Putnam General Hospital
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	320,460
11	cost of Medicaid covered services	163,459
	Medicaid CCR	0.5101
12	total hospital CCR	0.5263
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	163,459
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	58,679
18	payments	5,600
19	annual covered charges	58,679
20	annual interim payments	5,600
21	annual cost of services	30,883
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	169,059
31	Cost of services - max annual payments for UPL	194,342
32		
33	<u>adjustment factor</u>	
34	inflation	1.1133
35		
36	adjusted Medicaid annual payments	188,213
37	adjusted maximum annual payments for UPL	216,361
38	annual facility specific UPL amount	28,148
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	28,148
42		
43	UPL adjustment available for SFY2023	28,148

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	South Georgia Medical Center Lanier Campus
2	base period report period beginning date	10/1/2020
3	base period report period ending date	9/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	471,819
11	cost of Medicaid covered services	157,168
	Medicaid CCR	0.3331
12	total hospital CCR	0.6968
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	157,168
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	32,969
18	payments	4,130
19	annual covered charges	32,969
20	annual interim payments	4,130
21	annual cost of services	22,973
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	161,298
31	Cost of services - max annual payments for UPL	180,141
32		
33	<u>adjustment factor</u>	
34	inflation	1.1133
35		
36	adjusted Medicaid annual payments	179,573
37	adjusted maximum annual payments for UPL	200,551
38	annual facility specific UPL amount	20,978
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	20,978
42		
43	UPL adjustment available for SFY2023	20,978

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Warm Springs Medical Center
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	251,690
11	cost of Medicaid covered services	124,521
	Medicaid CCR	0.4947
12	total hospital CCR	1.0207
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	124,521
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	13,865
18	payments	1,190
19	annual covered charges	13,865
20	annual interim payments	1,190
21	annual cost of services	14,152
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	125,711
31	Cost of services - max annual payments for UPL	138,673
32		
33	<u>adjustment factor</u>	
34	inflation	1.0921
35		
36	adjusted Medicaid annual payments	137,289
37	adjusted maximum annual payments for UPL	151,445
38	annual facility specific UPL amount	14,156
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	14,156
42		
43	UPL adjustment available for SFY2023	14,156

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Wellstar Sylvan Grove Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,063,634
11	cost of Medicaid covered services	285,151
	Medicaid CCR	0.1382
12	total hospital CCR	0.2342
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	285,151
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	83,406
18	payments	2,730
19	annual covered charges	83,406
20	annual interim payments	2,730
21	annual cost of services	19,534
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	287,881
31	Cost of services - max annual payments for UPL	304,685
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	326,803
37	adjusted maximum annual payments for UPL	345,878
38	annual facility specific UPL amount	19,075
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	19,075
42		
43	UPL adjustment available for SFY2023	19,075

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Wills Memorial Hospital
2	base period report period beginning date	5/1/2020
3	base period report period ending date	4/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	463,145
11	cost of Medicaid covered services	270,146
	Medicaid CCR	0.5833
12	total hospital CCR	0.7728
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	270,146
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	12,920
18	payments	1,330
19	annual covered charges	12,920
20	annual interim payments	1,330
21	annual cost of services	9,985
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	271,476
31	Cost of services - max annual payments for UPL	280,131
32		
33	<u>adjustment factor</u>	
34	inflation	1.1497
35		
36	adjusted Medicaid annual payments	312,116
37	adjusted maximum annual payments for UPL	322,067
38	annual facility specific UPL amount	9,951
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	9,951
42		
43	UPL adjustment available for SFY2023	9,951

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Mountain Lakes Medical Center
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	341,188
11	cost of Medicaid covered services	171,044
	Medicaid CCR	0.5013
12	total hospital CCR	0.4425
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	171,044
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	40,997
18	payments	2,660
19	annual covered charges	40,997
20	annual interim payments	2,660
21	annual cost of services	18,141
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	47,681
25	payments	16,297
26	annual covered charges	47,681
27	annual interim payments	16,297
28	annual cost of services	21,099
29		
30	Medicaid annual payments	190,001
31	Cost of services - max annual payments for UPL	210,284
32		
33	<u>adjustment factor</u>	
34	inflation	1.0921
35		
36	adjusted Medicaid annual payments	207,500
37	adjusted maximum annual payments for UPL	229,651
38	annual facility specific UPL amount	22,151
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	22,151
42		
43	UPL adjustment available for SFY2023	22,151

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Optim Medical Center - Screven
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	550,240
11	cost of Medicaid covered services	203,203
	Medicaid CCR	0.3693
12	total hospital CCR	0.4736
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	203,203
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	35,122
18	payments	3,010
19	annual covered charges	35,122
20	annual interim payments	3,010
21	annual cost of services	16,634
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	206,213
31	Cost of services - max annual payments for UPL	219,837
32		
33	<u>adjustment factor</u>	
34	inflation	1.0921
35		
36	adjusted Medicaid annual payments	225,205
37	adjusted maximum annual payments for UPL	240,084
38	annual facility specific UPL amount	14,879
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	14,879
42		
43	UPL adjustment available for SFY2023	14,879

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Optim Medical Center - Tattnall
2	base period report period beginning date	1/1/2021
3	base period report period ending date	12/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	2,590,308
11	cost of Medicaid covered services	420,222
	Medicaid CCR	0.1622
12	total hospital CCR	0.1065
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	420,222
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	49,031
18	payments	5,320
19	annual covered charges	49,031
20	annual interim payments	5,320
21	annual cost of services	5,222
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,955,595
25	payments	133,912
26	annual covered charges	1,955,595
27	annual interim payments	133,912
28	annual cost of services	208,271
29		
30	Medicaid annual payments	559,454
31	Cost of services - max annual payments for UPL	633,715
32		
33	<u>adjustment factor</u>	
34	inflation	1.0921
35		
36	adjusted Medicaid annual payments	610,980
37	adjusted maximum annual payments for UPL	692,080
38	annual facility specific UPL amount	81,100
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	81,100
42		
43	UPL adjustment available for SFY2023	81,100

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	Phoebe Worth Medical Center
2	base period report period beginning date	8/1/2020
3	base period report period ending date	7/31/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	972,845
11	cost of Medicaid covered services	298,188
	Medicaid CCR	0.3065
12	total hospital CCR	0.4794
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	298,188
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	59,286
18	payments	3,430
19	annual covered charges	59,286
20	annual interim payments	3,430
21	annual cost of services	28,422
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	301,618
31	Cost of services - max annual payments for UPL	326,610
32		
33	<u>adjustment factor</u>	
34	inflation	1.1278
35		
36	adjusted Medicaid annual payments	340,165
37	adjusted maximum annual payments for UPL	368,351
38	annual facility specific UPL amount	28,186
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	28,186
42		
43	UPL adjustment available for SFY2023	28,186

Georgia Department of Community Health
SFY2023 Hospital Outpatient UPL

	Facility Name	St. Mary's Good Samaritan Hospital
2	base period report period beginning date	7/1/2020
3	base period report period ending date	6/30/2021
4		
5	adjustment factor (if period not equal to 1 year)	1.00
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	covered charges	1,394,199
11	cost of Medicaid covered services	328,666
	Medicaid CCR	0.2357
12	total hospital CCR	0.3006
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	328,666
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	88,641
18	payments	5,740
19	annual covered charges	88,641
20	annual interim payments	5,740
21	annual cost of services	26,645
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	334,406
31	Cost of services - max annual payments for UPL	355,311
32		
33	<u>adjustment factor</u>	
34	inflation	1.1352
35		
36	adjusted Medicaid annual payments	379,618
37	adjusted maximum annual payments for UPL	403,349
38	annual facility specific UPL amount	23,731
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	23,731
42		
43	UPL adjustment available for SFY2023	23,731