

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL

Provider Name: Amara Healthcare & Rehab

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	339.93	365.76

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	164.66	158.35
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	181.76	175.45

Medicare UPL rate minus Medicaid UPL rate

Line 5		158.17	190.31
---------------	--	--------	--------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	19,355	19,355
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		17,231

Facility-Specific UPL calculation

Line 10			3,279,232
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		3,279,232
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		3,279,232

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Appling Nursing & Rehabilitation Pavilion

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	248.33	267.20

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	219.9825	211.56
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	237.08	228.66

Medicare UPL rate minus Medicaid UPL rate

Line 5		11.25	38.54
---------------	--	-------	-------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	26,332	26,332
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		23,442

Facility-Specific UPL calculation

Line 10			903,455
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		903,455
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		903,455

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Azalea Trace Nursing Center

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	355.39	382.40

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	233.89	224.93
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	250.99	242.03

Medicare UPL rate minus Medicaid UPL rate

Line 5		104.40	140.37
---------------	--	--------	--------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	2,308	2,308
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		2,055

Facility-Specific UPL calculation

Line 10		288,460
Facility-Specific UPL calculation for 07-01-22 to 06-30-23		288,460
Allocation of UPL aggregate limit		0
UPL calculation subject to aggregate limit		288,460

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Calhoun Nursing Home

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	340.66	366.55

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	213.435	205.26
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	230.54	222.36

Medicare UPL rate minus Medicaid UPL rate

Line 5		110.13	144.19
---------------	--	--------	--------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	17,893	17,893
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		15,929

Facility-Specific UPL calculation

Line 10			2,296,803
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		2,296,803
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		2,296,803

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Chatuge Regional Nursing Home

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	289.03	311.00

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	222.2525	213.74
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	239.35	230.84

Medicare UPL rate minus Medicaid UPL rate

Line 5		49.68	80.16
---------------	--	-------	-------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	22,505	22,505
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		20,035

Facility-Specific UPL calculation

Line 10			1,606,006
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		1,606,006
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		1,606,006

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Coastal Manor

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	342.3	368.31

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	235.5675	226.55
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	252.67	243.65

Medicare UPL rate minus Medicaid UPL rate

Line 5		89.63	124.66
---------------	--	-------	--------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	25,337	25,337
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		22,556

Facility-Specific UPL calculation

Line 10			2,811,831
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		2,811,831
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		2,811,831

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Cordele Health & Rehab Center

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	321.43	345.86

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	226.9375	218.25
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	244.04	235.35

Medicare UPL rate minus Medicaid UPL rate

Line 5		77.39	110.51
---------------	--	-------	--------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	14,305	14,305
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		12,735

Facility-Specific UPL calculation

Line 10			1,407,345
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		1,407,345
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		1,407,345

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Crestview Nursing Facility

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	323.78	348.39

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	202.745	194.98
Line 3	Provider Fee adjustment	0.00	0.00
Line 4	Adjusted Medicaid rate for UPL	202.75	194.98

Medicare UPL rate minus Medicaid UPL rate

Line 5		121.04	153.41
---------------	--	--------	--------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	78,235	78,235
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		69,649

Facility-Specific UPL calculation

Line 10			10,684,853
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		10,684,853
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		10,684,853

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Crisp Regional Nursing & Rehab.

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	337.72	363.39

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	232.6925	223.78
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	249.79	240.88

Medicare UPL rate minus Medicaid UPL rate

Line 5		87.93	122.51
---------------	--	-------	--------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	12,336	12,336
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		10,982

Facility-Specific UPL calculation

Line 10			1,345,405
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		1,345,405
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		1,345,405

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Early Memorial Nursing Facility

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	267.09	287.39

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	189.5025	182.24
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	206.60	199.34

Medicare UPL rate minus Medicaid UPL rate

Line 5		60.49	88.05
---------------	--	-------	-------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	25,798	25,798
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		22,967

Facility-Specific UPL calculation

Line 10			2,022,244
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		2,022,244
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		2,022,244

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Effingham County Extended Care

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	281.25	302.63

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	217.1825	208.86
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	234.28	225.96

Medicare UPL rate minus Medicaid UPL rate

Line 5		46.97	76.67
---------------	--	-------	-------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	25,433	25,433
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		22,642

Facility-Specific UPL calculation

Line 10			1,735,962
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		1,735,962
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		1,735,962

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Emanuel County Nursing Home

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	266.13	286.36

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	209.7275	201.69
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	226.83	218.79

Medicare UPL rate minus Medicaid UPL rate

Line 5		39.30	67.57
---------------	--	-------	-------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	11,537	11,537
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		10,271

Facility-Specific UPL calculation

Line 10			694,011
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		694,011
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		694,011

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Florence Hand Home SNF

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	252.8	272.01

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	210.3525	202.3
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	227.45	219.40

Medicare UPL rate minus Medicaid UPL rate

Line 5		25.35	52.61
---------------	--	-------	-------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	25,771	25,771
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		22,943

Facility-Specific UPL calculation

Line 10			1,207,031
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		1,207,031
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		1,207,031

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Habersham Home

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	273.67	294.47

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	193.61	186.19
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	210.71	203.29

Medicare UPL rate minus Medicaid UPL rate

Line 5		62.96	91.18
---------------	--	-------	-------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	17,386	17,386
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		15,478

Facility-Specific UPL calculation

Line 10			1,411,284
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		1,411,284
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		1,411,284

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Joe Anne Burgin Nursing Home

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	284.73	306.37

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	176.18	169.43
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	193.28	186.53

Medicare UPL rate minus Medicaid UPL rate

Line 5		91.45	119.84
---------------	--	-------	--------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	14,922	14,922
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		13,284

Facility-Specific UPL calculation

Line 10		1,591,955
Facility-Specific UPL calculation for 07-01-22 to 06-30-23		1,591,955
Allocation of UPL aggregate limit		0
UPL calculation subject to aggregate limit		1,591,955

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Kentwood Nursing Facility

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	336.08	361.62

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	225.625	216.98
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	242.73	234.08

Medicare UPL rate minus Medicaid UPL rate

Line 5		93.36	127.54
---------------	--	-------	--------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	12,466	12,466
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		11,098

Facility-Specific UPL calculation

Line 10			1,415,439
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		1,415,439
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		1,415,439

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Lakeland Villa Convalescent Center

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	---------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	264.41	284.51

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	216.6225	208.33
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	233.72	225.43

Medicare UPL rate minus Medicaid UPL rate

Line 5		30.69	59.08
---------------	--	-------	-------

Medicaid Patient Days

	Medicaid days reported from quarterly provider fee report (base year)	18,550	18,550
Line 6			
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		16,514

Facility-Specific UPL calculation

Line 10			975,647
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		975,647
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		975,647

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Laurel Park at Piedmont Henry Hospit

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	349.56	376.13

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	244.2225	234.87
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	261.32	251.97

Medicare UPL rate minus Medicaid UPL rate

Line 5		88.24	124.16
---------------	--	-------	--------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	13,555	13,555
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		12,067

Facility-Specific UPL calculation

Line 10		1,498,239
Facility-Specific UPL calculation for 07-01-22 to 06-30-23		1,498,239
Allocation of UPL aggregate limit		0
UPL calculation subject to aggregate limit		1,498,239

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Magnolia Manor Columbus East

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	283.62	305.18

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	195.43	187.95
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	212.53	205.05

Medicare UPL rate minus Medicaid UPL rate

Line 5		71.09	100.13
---------------	--	-------	--------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	28,427	28,427
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		25,307

Facility-Specific UPL calculation

Line 10			2,533,990
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		2,533,990
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		2,533,990

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Magnolia Manor Columbus West

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	332.14	357.38

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	186.5075	179.36
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	203.61	196.46

Medicare UPL rate minus Medicaid UPL rate

Line 5		128.53	160.92
---------------	--	--------	--------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	27,251	27,251
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		24,260

Facility-Specific UPL calculation

Line 10		3,903,919
Facility-Specific UPL calculation for 07-01-22 to 06-30-23		3,903,919
Allocation of UPL aggregate limit		0
UPL calculation subject to aggregate limit		3,903,919

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Magnolia Manor Marion County

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	308.34	331.77

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	199.225	191.59
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	216.33	208.69

Medicare UPL rate minus Medicaid UPL rate

Line 5		92.02	123.08
---------------	--	-------	--------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	16,682	16,682
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		14,851

Facility-Specific UPL calculation

Line 10			1,827,861
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		1,827,861
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		1,827,861

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL

Provider Name: Magnolia Manor Methodist Nursing Ctr.

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	---------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	302.25	325.22

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	199.5325	191.89
Line 3	Provider Fee adjustment	0.00	0.00
Line 4	Adjusted Medicaid rate for UPL	199.53	191.89

Medicare UPL rate minus Medicaid UPL rate

Line 5		102.72	133.33
---------------	--	--------	--------

Medicaid Patient Days

	Medicaid days reported from quarterly provider fee report (base year)	39,850	39,850
Line 6			
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		35,476

Facility-Specific UPL calculation

Line 10		4,730,015
Facility-Specific UPL calculation for 07-01-22 to 06-30-23		4,730,015
Allocation of UPL aggregate limit		0
UPL calculation subject to aggregate limit		4,730,015

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Memorial Manor Nursing Home

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	257.11	276.65

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	184.845	177.77
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	201.95	194.87

Medicare UPL rate minus Medicaid UPL rate

Line 5		55.17	81.78
---------------	--	-------	-------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	26,483	26,483
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		23,576

Facility-Specific UPL calculation

Line 10			1,928,045
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		1,928,045
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		1,928,045

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Miller Nursing Home

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	497.12	534.90

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	300.165	288.67
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	317.27	305.77

Medicare UPL rate minus Medicaid UPL rate

Line 5		179.86	229.13
---------------	--	--------	--------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	49,584	49,584
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		44,142

Facility-Specific UPL calculation

Line 10		10,114,256
Facility-Specific UPL calculation for 07-01-22 to 06-30-23		10,114,256
Allocation of UPL aggregate limit		0
UPL calculation subject to aggregate limit		10,114,256

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Mitchell Convalescent Center

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	279.55	300.80

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	198.7025	191.09
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	215.80	208.19

Medicare UPL rate minus Medicaid UPL rate

Line 5		63.75	92.61
---------------	--	-------	-------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	12,012	12,012
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		10,694

Facility-Specific UPL calculation

Line 10			990,371
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		990,371
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		990,371

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Muscogee Manor and Rehab Center

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	328.38	353.34

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	247.5	238.02
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	264.60	255.12

Medicare UPL rate minus Medicaid UPL rate

Line 5		63.78	98.22
---------------	--	-------	-------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	34,931	34,931
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		31,097

Facility-Specific UPL calculation

Line 10			3,054,347
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		3,054,347
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		3,054,347

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL

Provider Name: New Horizons Limestone

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	321.64	346.08

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	191.775	184.43
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	208.88	201.53

Medicare UPL rate minus Medicaid UPL rate

Line 5		112.77	144.55
---------------	--	--------	--------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	18,414	18,414
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		16,393

Facility-Specific UPL calculation

Line 10		2,369,608
Facility-Specific UPL calculation for 07-01-22 to 06-30-23		2,369,608
Allocation of UPL aggregate limit		0
UPL calculation subject to aggregate limit		2,369,608

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: New Horizons Lanier Park

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	384.52	413.74

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	211.5775	203.47
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	228.68	220.57

Medicare UPL rate minus Medicaid UPL rate

Line 5		155.84	193.17
---------------	--	--------	--------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	23,864	23,864
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		21,245

Facility-Specific UPL calculation

Line 10			4,103,897
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		4,103,897
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		4,103,897

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Northside Gwinnett Extended Care Ctr.

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	347.25	373.64

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	240.2775	231.07
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	257.38	248.17

Medicare UPL rate minus Medicaid UPL rate

Line 5		89.87	125.47
---------------	--	-------	--------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	8,917	8,917
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		7,938

Facility-Specific UPL calculation

Line 10			995,981
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		995,981
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		995,981

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Orchard View Rehab abd Skilled Nursing Ctr.

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	311.35	335.01

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	230.4675	221.64
Line 3	Provider Fee adjustment	0.00	0.00
Line 4	Adjusted Medicaid rate for UPL	230.47	221.64

Medicare UPL rate minus Medicaid UPL rate

Line 5		80.88	113.37
---------------	--	-------	--------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	33,554	33,554
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		29,871

Facility-Specific UPL calculation

Line 10			3,386,475
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		3,386,475
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		3,386,475

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Palemon Gaskins Memorial Nursing Home

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	245.27	263.91

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	187.955	180.76
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	205.06	197.86

Medicare UPL rate minus Medicaid UPL rate

Line 5		40.22	66.05
---------------	--	-------	-------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	5,921	5,921
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		5,271

Facility-Specific UPL calculation

Line 10			348,150
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		348,150
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		348,150

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Pelham Parkway Nursing Home

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	238.63	256.77

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	162.7575	156.52
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	179.86	173.62

Medicare UPL rate minus Medicaid UPL rate

Line 5		58.77	83.15
---------------	--	-------	-------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	27,874	27,874
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		24,815

Facility-Specific UPL calculation

Line 10			2,063,367
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		2,063,367
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		2,063,367

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Pinewood Manor Nursing Home and Rehab

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	297.03	319.60

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	129.9	124.92
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	147.00	142.02

Medicare UPL rate minus Medicaid UPL rate

Line 5		150.03	177.58
---------------	--	--------	--------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	19,187	19,187
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		17,081

Facility-Specific UPL calculation

Line 10			3,033,244
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		3,033,244
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		3,033,244

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Senior Care Center - St. Marys

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	273.34	294.11

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	202.97	195.2
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	220.07	212.30

Medicare UPL rate minus Medicaid UPL rate

Line 5		53.27	81.81
---------------	--	-------	-------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	13,029	13,029
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		11,599

Facility-Specific UPL calculation

Line 10			948,914
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		948,914
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		948,914

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: SE Georgia Health System - Senior Care Ctr.

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	284.87	306.52

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	216.5175	208.22
Line 3	Provider Fee adjustment	0.00	0.00
Line 4	Adjusted Medicaid rate for UPL	216.52	208.22

Medicare UPL rate minus Medicaid UPL rate

Line 5		68.35	98.30
---------------	--	-------	-------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	41,857	41,857
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		37,263

Facility-Specific UPL calculation

Line 10			3,662,953
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		3,662,953
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		3,662,953

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL

Provider Name: Southwell Health And Rehabilitation

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	271.74	292.39

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	227.6975	218.98
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	244.80	236.08

Medicare UPL rate minus Medicaid UPL rate

Line 5		26.94	56.31
---------------	--	-------	-------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	28,106	28,106
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		25,021

Facility-Specific UPL calculation

Line 10		1,408,933
Facility-Specific UPL calculation for 07-01-22 to 06-30-23		1,408,933
Allocation of UPL aggregate limit		0
UPL calculation subject to aggregate limit		1,408,933

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: The Retreat Nursing Home

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	323.29	347.86

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	191.2	183.88
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	208.30	200.98

Medicare UPL rate minus Medicaid UPL rate

Line 5		114.99	146.88
---------------	--	--------	--------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	9,701	9,701
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		8,636

Facility-Specific UPL calculation

Line 10			1,268,456
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		1,268,456
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		1,268,456

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Townsend Park Health & Rehab

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	322.69	347.21

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	184.2425	177.19
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	201.34	194.29

Medicare UPL rate minus Medicaid UPL rate

Line 5		121.35	152.92
---------------	--	--------	--------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	23,477	23,477
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		20,900

Facility-Specific UPL calculation

Line 10			3,196,028
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		3,196,028
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		3,196,028

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Treutlen County Nursing Home

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	---------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	300.76	323.62

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	184.4475	177.38
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	201.55	194.48

Medicare UPL rate minus Medicaid UPL rate

Line 5		99.21	129.14
---------------	--	-------	--------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	12,917	12,917
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		11,499

Facility-Specific UPL calculation

Line 10		1,484,981
Facility-Specific UPL calculation for 07-01-22 to 06-30-23		1,484,981
Allocation of UPL aggregate limit		0
UPL calculation subject to aggregate limit		1,484,981

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Twin Fountains Home

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	236.08	254.02

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	173.205	166.57
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	190.31	183.67

Medicare UPL rate minus Medicaid UPL rate

Line 5		45.78	70.35
---------------	--	-------	-------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	24,205	24,205
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		21,548

Facility-Specific UPL calculation

Line 10			1,515,902
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		1,515,902
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		1,515,902

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL

Provider Name: Twin Oaks Convalescent Center

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	288.77	310.72

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	218.2375	209.88
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	235.34	226.98

Medicare UPL rate minus Medicaid UPL rate

Line 5		53.43	83.74
---------------	--	-------	-------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	19,176	19,176
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		17,071

Facility-Specific UPL calculation

Line 10		1,429,526
Facility-Specific UPL calculation for 07-01-22 to 06-30-23		1,429,526
Allocation of UPL aggregate limit		0
UPL calculation subject to aggregate limit		1,429,526

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Union County Nursing Home

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	272.49	293.20

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	201.47	193.75
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	218.57	210.85

Medicare UPL rate minus Medicaid UPL rate

Line 5		53.92	82.35
---------------	--	-------	-------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	30,137	30,137
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		26,829

Facility-Specific UPL calculation

Line 10			2,209,368
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		2,209,368
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		2,209,368

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: University Extended Care Westwood

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	338.6	364.33

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	213.9925	205.8
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	231.09	222.90

Medicare UPL rate minus Medicaid UPL rate

Line 5		107.51	141.43
---------------	--	--------	--------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	21,441	21,441
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		19,088

Facility-Specific UPL calculation

Line 10		2,699,616
Facility-Specific UPL calculation for 07-01-22 to 06-30-23		2,699,616
Allocation of UPL aggregate limit		0
UPL calculation subject to aggregate limit		2,699,616

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL

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

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	316.4	340.45

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	168.215	161.77
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	185.32	178.87

Medicare UPL rate minus Medicaid UPL rate

Line 5		131.09	161.58
---------------	--	--------	--------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	20,222	20,222
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		18,003

Facility-Specific UPL calculation

Line 10		2,908,925
Facility-Specific UPL calculation for 07-01-22 to 06-30-23		2,908,925
Allocation of UPL aggregate limit		0
UPL calculation subject to aggregate limit		2,908,925

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Washington County Extended Care Facility

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	267.64	287.98

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	189.53	182.27
Line 3	Provider Fee adjustment	17.10	17.10
Line 4	Adjusted Medicaid rate for UPL	206.63	199.37

Medicare UPL rate minus Medicaid UPL rate

Line 5		61.01	88.61
---------------	--	-------	-------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	13,675	13,675
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		12,174

Facility-Specific UPL calculation

Line 10			1,078,738
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		1,078,738
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		1,078,738

Georgia Department of Community Health
SFY 2023 Nursing Home UPL

Provider Name: Wellstar Paulding Nursing Center

Average Base Year (10/1/2020 - 9/30/2021)	Rate Year - SFY2023
---	------------------------

Medicare UPL Rate

	PPS rate based on Medicaid patients		
Line 1	for each quarter	331.3	356.48

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	193.7875	186.37
Line 3	Provider Fee adjustment	0.00	0.00
Line 4	Adjusted Medicaid rate for UPL	193.79	186.37

Medicare UPL rate minus Medicaid UPL rate

Line 5		137.51	170.11
---------------	--	--------	--------

Medicaid Patient Days

	Medicaid days reported from quarterly		
Line 6	provider fee report (base year)	33,499	33,499
Line 7	Estimated change in patient days for SFY2023		-10.98%
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		29,822

Facility-Specific UPL calculation

Line 10			5,073,020
	Facility-Specific UPL calculation for 07-01-22 to 06-30-23		5,073,020
	Allocation of UPL aggregate limit		0
	UPL calculation subject to aggregate limit		5,073,020