Fa	cility Name	Augusta University Medical Center
2 ba	se period report period beginning date	7/1/2016
3 ba	se period report period ending date	6/30/2017
4		
5 ad	ljustment factor (if period not equal to 1 year)	1
6		
7 CA	AH status (1 = yes)	0
8		
9 <u>M</u>	edicaid inpatient claims paid at amount > 0:	
10 co	vered charges	135,197,349
11 pa	syments for services	34,825,479
12 an	nual covered charges	135,197,349
13 an	inual payments for services	34,825,479
14		
15 to	tal hospital CCR	24.65%
16	·	
17 an	inual cost of services	33,323,081
18		
19 ad	ljustment factor	
	flation	1.062413
21		
	ljusted annual charges	143,635,421
	ljusted Medicaid payments for services	36,999,042
-	pplemental rate adjustment payments	8,184,657
	tal adjusted Medicaid payments	45,183,699
	ljusted cost of services	35,402,874
27	,	
28 ot	her UPL calculation data	
	ovider category for UPL calculation	State Govt.
	isis for UPL calculation	DRG differential
	RG differential adjustment rate	1.67185
	aximum annual payments (at DRG differential)	61,856,848
33		
	aximum annual payments	61,856,848
	cility specific UPL amount	16,673,149
36	, ,	
	gregate limit adjustments	
	location of UPL amounts < 0	(549,297)
	location of supplemental payments	0
	tal aggregate limit adjustments	(549,297)
41		
	PL amount after aggregate limit adjustments	16,123,852
	evious UPL payments	12,662,962
Pr		,302,302
	emaining UPL amount	3,460,89

		Roosevelt Warm Sprngs Rehab & Specialty
		noosevent traini spings hends a specialty
า	Facility Name	Hospitals, Inc.
∠	base period report period beginning date	7/1/2016
3	base period report period ending date	6/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	4,636,082
11	payments for services	2,397,718
12	annual covered charges	4,636,082
13	annual payments for services	2,397,718
14		
15	total hospital CCR	40.57%
16		
17	annual cost of services	1,880,690
18		
19	adjustment factor	
20	inflation	1.062413
21		
22	adjusted annual charges	4,925,434
	adjusted Medicaid payments for services	2,547,367
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	2,547,367
	adjusted cost of services	1,998,070
27		
28	other UPL calculation data	
	provider category for UPL calculation	State Govt.
	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	1,998,070
	facility specific UPL amount	(549,297)
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	549,297
	allocation of supplemental payments	0
	total aggregate limit adjustments	549,297
41		
	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	0
	Remaining UPL amount	0

39 40 41 42	total aggregate limit adjustments UPL amount after aggregate limit adjustments Previous UPL payments Remaining UPL amount	356,752 183,923
40 41		356,752
40	total aggregate limit adjustments	
	total aggregate limit adjustments	
39		(115,000)
20	allocation of supplemental payments	(113,355)
38	allocation of UPL amounts < 0	(1,645)
37	aggregate limit adjustments	
36	,	
35	facility specific UPL amount	471,752
34	maximum annual payments	1,634,590
33		1,00 4,000
32	maximum annual payments (at DRG differential)	1,634,590
31	DRG differential adjustment rate	1.40569
	basis for UPL calculation	DRG differential
	provider category for UPL calculation	Non-State Govt.
28	other UPL calculation data	
20		1,550,500
	adjusted cost of services	1,102,838
	total adjusted Medicaid payments	1,162,838
	supplemental rate adjustment payments	1,102,030
22	adjusted Medicaid payments for services	2,324,050
	adjusted annual charges	2,324,656
20		1.054554
20	inflation	1.054554
18 19	adjustment factor	
17	annual cost of services	1,281,072
16	appual cost of convices	4 204 072
15	total hospital CCR	58.11%
14	total hospital CCP	E0.440/
13	annual payments for services	1,102,682
12	annual covered charges	2,204,397
11	payments for services	1,102,682
10	covered charges	2,204,397
9	Medicaid inpatient claims paid at amount > 0:	
8		
7	CAH status (1 = yes)	0
6		
5	adjustment factor (if period not equal to 1 year)	1
4		
3	base period report period ending date	8/31/2017
2	base period report period beginning date	9/1/2016
	Facility Name	Appling Hospital

	Facility Name	Burke Medical Center
	base period report period beginning date	6/1/2016
3	base period report period ending date	5/31/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6		
	CAH status (1 = yes)	0
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	229,271
	payments for services	87,365
	annual covered charges	229,271
	annual payments for services	87,365
14		
	total hospital CCR	44.80%
16		
	annual cost of services	102,706
18		
	adjustment factor	
	inflation	1.066054
21	- Post and a second share as	244.445
	adjusted annual charges	244,415
	adjusted Medicaid payments for services	93,136
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	93,136
	adjusted cost of services	109,490
27	other LIDL coloridation data	
	other UPL calculation data	New State Cout
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential 1.40569
	DRG differential adjustment rate maximum annual payments (at DRG differential)	130,920
33	maximum annual payments (at DKG umerential)	130,920
	maximum annual payments	130,920
	facility specific UPL amount	37,784
35		57,764
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(132)
	allocation of supplemental payments	(132)
	total aggregate limit adjustments	(9,211)
40		(3,211)
	UPL amount after aggregate limit adjustments	28,573
	Previous UPL payments	14,731
	Remaining UPL amount	13,842
		13,042

2	Facility Name	Children's Healthcare of Atlanta at
2 3		Lughan Cralding
2 3		Hughes Spalding
	base period report period beginning date	1/1/2017
	base period report period ending date	12/31/2017
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	7,814,543
	payments for services	1,979,008
	annual covered charges	7,814,543
	annual payments for services	1,979,008
14		
	total hospital CCR	18.55%
16		
	annual cost of services	1,449,822
18		
	adjustment factor	
	inflation	1.049218
21		
	adjusted annual charges	8,199,159
	adjusted Medicaid payments for services	2,076,411
	supplemental rate adjustment payments	247,136
-	total adjusted Medicaid payments	2,323,547
	adjusted cost of services	1,521,179
27		
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
	DRG differential adjustment rate	0
	maximum annual payments (at DRG differential)	0
33		
	maximum annual payments	1,521,179
	facility specific UPL amount	(802,368)
36	,	
	aggregate limit adjustments	
	allocation of UPL amounts < 0	555,232
	allocation of supplemental payments	247,136
	total aggregate limit adjustments	802,368
41		
	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	0
	Remaining UPL amount	0

		Coffee Decisional Medical Conten
2	Facility Name base period report period beginning date	Coffee Regional Medical Center 1/1/2017
3	base period report period beginning date	1/1/2017
4	base period report period ending date	12/31/2017
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	10,455,516
11	payments for services	3,050,879
12	annual covered charges	10,455,516
13	annual payments for services	3,050,879
14		
15	total hospital CCR	22.06%
16		
17	annual cost of services	2,306,843
18		
19	adjustment factor	
20	inflation	1.049218
21		
	adjusted annual charges	10,970,116
23	adjusted Medicaid payments for services	3,201,037
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	3,201,037
	adjusted cost of services	2,420,381
27		
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31 32	DRG differential adjustment rate maximum annual payments (at DRG differential)	1.40569
33	maximum annual payments (at DKG umerential)	4,499,666
33	maximum annual payments	4,499,666
35	facility specific UPL amount	1,298,629
36		1,230,025
37	aggregate limit adjustments	
	allocation of UPL amounts < 0	(4,527)
39	allocation of supplemental payments	(312,040)
40	total aggregate limit adjustments	(316,567)
41		
42	UPL amount after aggregate limit adjustments	982,062
	Previous UPL payments	506,297
	Remaining UPL amount	475,765

2	Facility Name base period report period beginning date	Colquitt Regional Medical Center 10/1/2016
3	base period report period beginning date	9/30/2017
4	base period report period ending date	9/30/2017
5	adjustment factor (if period not equal to 1 year)	1
6		1
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	13,780,576
	payments for services	4,862,366
	annual covered charges	13,780,576
13	annual payments for services	4,862,366
14		.,,
15	total hospital CCR	26.72%
16		
17	annual cost of services	3,681,634
18		
19	adjustment factor	
	inflation	1.050668
21		
22	adjusted annual charges	14,478,810
23	adjusted Medicaid payments for services	5,108,732
24	supplemental rate adjustment payments	253,661
	total adjusted Medicaid payments	5,362,393
26	adjusted cost of services	3,868,175
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	7,181,293
33		
34	maximum annual payments	7,181,293
35	facility specific UPL amount	1,818,900
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(7,226)
39	allocation of supplemental payments	(244,343)
40	total aggregate limit adjustments	(251,569)
41		
42	UPL amount after aggregate limit adjustments	1,567,331
	Previous UPL payments	808,032
	Remaining UPL amount	759,299

		Cook Medical Center - A Campus of Tift
	Facility Name	Reg Med Ctr
2	base period report period beginning date	7/1/2016
3	base period report period ending date	6/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	335,866
11	payments for services	108,203
12	annual covered charges	335,866
13	annual payments for services	108,203
14		
15	total hospital CCR	56.59%
16		
17	annual cost of services	190,076
18		
19	adjustment factor	
20	inflation	1.062413
21		
22	adjusted annual charges	356,828
23	adjusted Medicaid payments for services	114,956
24	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	114,956
26	adjusted cost of services	201,939
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	161,592
33		
34	maximum annual payments	161,592
35	facility specific UPL amount	46,636
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(163)
39	allocation of supplemental payments	(11,206)
40	total aggregate limit adjustments	(11,369)
41		
42	UPL amount after aggregate limit adjustments	35,267
	Previous UPL payments	18,182
	Remaining UPL amount	17,085

	Facility Name	Crisp Regional Hospital, Inc.
	base period report period beginning date	7/1/2016
	base period report period ending date	6/30/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
	Medicaid inpatient claims paid at amount > 0:	5 650 500
	covered charges	5,658,599
	payments for services	2,236,118
	annual covered charges	5,658,599
	annual payments for services	2,236,118
14	total beenitel CCD	22.040/
15 16	total hospital CCR	33.04%
10	annual cost of services	1 960 964
17		1,869,864
	adjustment factor	
	inflation	1.062413
20	Innation	1.002413
	adjusted annual charges	6,011,769
	adjusted Medicaid payments for services	2,375,681
	supplemental rate adjustment payments	2,373,001
	total adjusted Medicaid payments	2,375,681
	adjusted cost of services	1,986,568
27		
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.40569
	maximum annual payments (at DRG differential)	3,339,471
33		
34	maximum annual payments	3,339,471
35	facility specific UPL amount	963,790
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(3,360)
39	allocation of supplemental payments	(231,584)
40	total aggregate limit adjustments	(234,944)
41		
42	UPL amount after aggregate limit adjustments	728,846
	Previous UPL payments	375,754
	Remaining UPL amount	353,092

2	Facility Name	DeKalb Medical at North Decatur
	base period report period beginning date	7/1/2016
3	base period report period ending date	6/30/2017
	adjustment factor (if period not equal to 1 year)	1
5 6	adjustment factor (il period not equal to 1 year)	1
7	CAH status (1 = yes)	0
/ 8	CAR status (1 – yes)	0
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	45,656,299
	payments for services	16,332,734
	annual covered charges	45,656,299
	annual payments for services	16,332,734
14		10,552,754
	total hospital CCR	28.35%
16		20.00/0
	annual cost of services	12,943,663
18		
	adjustment factor	
	inflation	1.062413
21		
	adjusted annual charges	48,505,846
	adjusted Medicaid payments for services	17,352,109
	supplemental rate adjustment payments	100,112
	total adjusted Medicaid payments	17,452,221
	adjusted cost of services	13,751,516
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	24,391,686
33		
34	maximum annual payments	24,391,686
35	facility specific UPL amount	6,939,465
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(24,543)
39	allocation of supplemental payments	(1,591,388)
	total aggregate limit adjustments	(1,615,931)
41		
42	UPL amount after aggregate limit adjustments	5,323,534
	Previous UPL payments	2,744,527
	Remaining UPL amount	2,579,007

	Facility Name	DeKalb Medical Center at Hillandale
-	base period report period beginning date	7/1/2016
	base period report period ending date	6/30/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	12 070 100
	covered charges	12,879,198
	payments for services	4,988,645
	annual covered charges	12,879,198
	annual payments for services	4,988,645
14 15	total hospital CCR	22.21%
15		22.21%
10	annual cost of services	2,860,577
17		2,800,377
	adjustment factor	
	inflation	1.062413
20		1.002413
	adjusted annual charges	13,683,027
23	adjusted Medicaid payments for services	5,300,001
	supplemental rate adjustment payments	5,500,001
	total adjusted Medicaid payments	5,300,001
-	adjusted cost of services	3,039,114
27		
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	7,450,158
33		
34	maximum annual payments	7,450,158
35	facility specific UPL amount	2,150,157
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(7,496)
39	allocation of supplemental payments	(516,649)
40	total aggregate limit adjustments	(524,145)
41		
42	UPL amount after aggregate limit adjustments	1,626,012
	Previous UPL payments	838,284
	Remaining UPL amount	787,728

	Facility Name	Dodge County Hospital
2	base period report period beginning date	10/1/2016
3	base period report period ending date	9/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	3,347,703
	payments for services	1,432,120
	annual covered charges	3,347,703
	annual payments for services	1,432,120
14		
	total hospital CCR	27.62%
16		
17	annual cost of services	924,632
18		
	adjustment factor	
	inflation	1.050668
21		2 517 224
	adjusted annual charges	3,517,324
	adjusted Medicaid payments for services	1,504,683
	supplemental rate adjustment payments	1 504 682
	total adjusted Medicaid payments adjusted cost of services	1,504,683 971,481
20		971,481
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.40569
	maximum annual payments (at DRG differential)	2,115,118
33		
	maximum annual payments	2,115,118
	facility specific UPL amount	610,435
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(2,128)
	allocation of supplemental payments	(146,678)
	total aggregate limit adjustments	(148,806)
41		
	UPL amount after aggregate limit adjustments	461,629
	Previous UPL payments	237,991
	Remaining UPL amount	223,638

I		
	Facility Name	Dorminy Medical Center
2	base period report period beginning date	8/1/2016
3	base period report period ending date	7/31/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	1,997,695
	payments for services	786,446
	annual covered charges	1,997,695
	annual payments for services	786,446
14		
	total hospital CCR	26.87%
16		
17	annual cost of services	536,798
18		
	adjustment factor	
	inflation	1.058469
21		2.114.400
	adjusted annual charges	2,114,498
	adjusted Medicaid payments for services	832,429
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	832,429
	adjusted cost of services	568,184
27		
	other UPL calculation data	Nen State Cout
	provider category for UPL calculation	Non-State Govt. DRG differential
	basis for UPL calculation DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	
33	maximum annual payments (at DRG unrefential)	1,170,137
	maximum annual payments	1,170,137
	facility specific UPL amount	337,708
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(1,177)
	allocation of supplemental payments	(81,146)
	total aggregate limit adjustments	(82,323)
40		(02,323)
	UPL amount after aggregate limit adjustments	255,385
-72	Previous UPL payments	131,663
	Remaining UPL amount	123,722

	Facility Name	Elbert Memorial Hospital
2	base period report period beginning date	7/1/2016
3	base period report period ending date	6/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	409,387
	payments for services	217,344
	annual covered charges	409,387
13	annual payments for services	217,344
14		
	total hospital CCR	33.24%
16		
17	annual cost of services	136,098
18		
	adjustment factor	
	inflation	1.062413
21		124.020
	adjusted annual charges	434,938
23	adjusted Medicaid payments for services	230,909
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	230,909
	adjusted cost of services	144,592
27		
	other UPL calculation data	New State Cout
	provider category for UPL calculation	Non-State Govt. DRG differential
30	basis for UPL calculation DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	324,586
33	maximum annual payments (at DRG unrefential)	524,580
	maximum annual payments	324,586
	facility specific UPL amount	93,677
36		53,077
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(327)
	allocation of supplemental payments	(22,509)
	total aggregate limit adjustments	(22,836)
41		(22,050)
42	UPL amount after aggregate limit adjustments	70,841
	Previous UPL payments	36,522
	Remaining UPL amount	34,319

	Facility Name	Emanuel Medical Center
	base period report period beginning date	7/1/2016
3 k	base period report period ending date	6/30/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6		
	CAH status (1 = yes)	0
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	3,458,017
	payments for services	932,883
	annual covered charges	3,458,017
	annual payments for services	932,883
14		
	total hospital CCR	26.65%
16		
	annual cost of services	921,720
18		
	adjustment factor	
	inflation	1.062413
21		
	adjusted annual charges	3,673,842
	adjusted Medicaid payments for services	991,107
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	991,107
	adjusted cost of services	979,247
27		
	other UPL calculation data	
-	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.40569
	maximum annual payments (at DRG differential)	1,393,189
33	novinum oppuol novmente	1 202 190
	maximum annual payments facility specific UPL amount	1,393,189
35 1	acinty specific OPL aniount	402,082
	aggregate limit adjustments	
-	allocation of UPL amounts < 0	(1.402)
	allocation of opt amounts < 0 allocation of supplemental payments	(1,402)
		(96,614)
40 1	total aggregate limit adjustments	(98,016)
	UPL amount after aggregate limit adjustments	204.066
	Previous UPL payments	304,066 156,760
	Remaining UPL amount	136,760
		147,300

	Facility Name	Evans Memorial Hospital
	base period report period beginning date	10/1/2016
	base period report period ending date	9/30/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6		
	CAH status (1 = yes)	0
8 9	Madicaid innations claims haid at amount > 0:	
	Medicaid inpatient claims paid at amount > 0: covered charges	E17 771
	payments for services	517,771 208,576
	annual covered charges	517,771
	annual payments for services	208,576
14		208,570
	total hospital CCR	22.03%
16		22.03/0
	annual cost of services	114,075
18		
	adjustment factor	
	inflation	1.050668
21		
22	adjusted annual charges	544,005
	adjusted Medicaid payments for services	219,144
	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	219,144
26	adjusted cost of services	119,855
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	308,049
33		
	maximum annual payments	308,049
	facility specific UPL amount	88,905
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(310)
	allocation of supplemental payments	(21,362)
	total aggregate limit adjustments	(21,672)
41		
	UPL amount after aggregate limit adjustments	67,233
	Previous UPL payments	34,661
	Remaining UPL amount	32,572

	Facility Name	Floyd Medical Center
	base period report period beginning date	7/1/2016
3	base period report period ending date	6/30/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6		
	CAH status (1 = yes)	0
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	64,738,326
	payments for services	15,488,917
	annual covered charges	64,738,326
	annual payments for services	15,488,917
14		
	total hospital CCR	21.01%
16		
	annual cost of services	13,600,450
18		
	adjustment factor	
	inflation	1.062413
21		
	adjusted annual charges	68,778,839
	adjusted Medicaid payments for services	16,455,627
	supplemental rate adjustment payments	1,714,683
	total adjusted Medicaid payments	18,170,310
	adjusted cost of services	14,449,295
27		
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.40569
	maximum annual payments (at DRG differential)	23,131,510
33	mavimum annual naumanta	22 121 510
	maximum annual payments facility specific UPL amount	23,131,510 4,961,200
		4,981,200
36 37	aggregate limit adjustments	
	aggregate limit adjustments allocation of UPL amounts < 0	
	allocation of supplemental payments	(23,275)
40	total aggregate limit adjustments	87,298
	UPL amount after aggregate limit adjustments	5,048,498
	Previous UPL payments	2,602,733
	Remaining UPL amount	2,002,733
		2,443,703

	Facility Name	Grady General Hospital
2	base period report period beginning date	10/1/2016
3	base period report period ending date	9/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	2,048,793
	payments for services	959,214
	annual covered charges	2,048,793
	annual payments for services	959,214
14		
	total hospital CCR	29.74%
16		
17	annual cost of services	609,281
18	a di setara a Casta a	
	adjustment factor	4.050660
	inflation	1.050668
21		2 152 601
	adjusted annual charges	2,152,601
	adjusted Medicaid payments for services	1,007,815
	supplemental rate adjustment payments total adjusted Medicaid payments	1 007 815
	adjusted cost of services	1,007,815 640,152
20		040,132
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.40569
	maximum annual payments (at DRG differential)	1,416,675
33		
	maximum annual payments	1,416,675
	facility specific UPL amount	408,860
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(1,425)
	allocation of supplemental payments	(98,243)
	total aggregate limit adjustments	(99,668)
41		
42	UPL amount after aggregate limit adjustments	309,192
	Previous UPL payments	159,403
	Remaining UPL amount	149,789

	Facility Name	Crady Health System (Crady Memorial Heapital
2	Facility Name base period report period beginning date	Grady Health System/Grady Memorial Hospital 1/1/2017
	base period report period ending date	1/1/2017
4		12/31/2017
	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	525,007,480
	payments for services	111,059,225
12	annual covered charges	525,007,480
13	annual payments for services	111,059,225
14		
15	total hospital CCR	18.55%
16		
17	annual cost of services	97,403,966
18		
19	adjustment factor	
20	inflation	1.049218
21		
22	adjusted annual charges	550,847,298
	adjusted Medicaid payments for services	116,525,338
24	supplemental rate adjustment payments	34,035,784
25	total adjusted Medicaid payments	150,561,122
26	adjusted cost of services	102,197,994
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	163,798,502
33		
	maximum annual payments	163,798,502
	facility specific UPL amount	13,237,380
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(164,811)
	allocation of supplemental payments	22,676,782
	total aggregate limit adjustments	22,511,971
41		
42	UPL amount after aggregate limit adjustments	35,749,351
	Previous UPL payments	18,430,434
	Remaining UPL amount	17,318,917

	Facility Name	Gwinnett Medical Center
2	base period report period beginning date	7/1/2016
3	base period report period ending date	6/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	82,474,923
	payments for services	23,890,062
	annual covered charges	82,474,923
	annual payments for services	23,890,062
14		
	total hospital CCR	23.28%
16		
17	annual cost of services	19,197,807
18		
	adjustment factor	
	inflation	1.062413
21	adjusted ensuel showed	
	adjusted annual charges	87,622,430
	adjusted Medicaid payments for services	25,381,112
	supplemental rate adjustment payments	1,280,499
	total adjusted Medicaid payments adjusted cost of services	20,396,000
20		20,390,000
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	35,677,975
33		
	maximum annual payments	35,677,975
	facility specific UPL amount	9,016,364
36	,	
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(35,899)
	allocation of supplemental payments	(1,193,676)
	total aggregate limit adjustments	(1,229,575)
41		
42	UPL amount after aggregate limit adjustments	7,786,789
	Previous UPL payments	4,014,448
	Remaining UPL amount	3,772,341

	Facility Name	Gwinnett Medical Center - Duluth
	base period report period beginning date	7/1/2016
	base period report period ending date	6/30/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6	CALL status (1 - yes)	
8	CAH status (1 = yes)	0
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	14,589,791
	payments for services	4,158,330
	annual covered charges	14,589,791
	annual payments for services	4,158,330
14		4,150,550
	total hospital CCR	23.28%
16		
	annual cost of services	3,396,087
18		
19 a	adjustment factor	
	inflation	1.062413
21		
22 a	adjusted annual charges	15,500,384
23	adjusted Medicaid payments for services	4,417,864
24	supplemental rate adjustment payments	0
25 1	total adjusted Medicaid payments	4,417,864
26	adjusted cost of services	3,608,047
27		
	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.40569
	maximum annual payments (at DRG differential)	6,210,147
33		
	maximum annual payments	6,210,147
	facility specific UPL amount	1,792,283
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(6,249)
	allocation of supplemental payments	(430,657)
40 1	total aggregate limit adjustments	(436,906)
	UPL amount after aggregate limit adjustments	1 255 277
	Previous UPL payments	
	Remaining UPL amount	656,618
1		010,010

	Facility Name	Habersham County Medical Center
	base period report period beginning date	7/1/2016
3	base period report period ending date	6/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	2,442,303
11	payments for services	1,191,801
12	annual covered charges	2,442,303
13	annual payments for services	1,191,801
14		
15	total hospital CCR	42.79%
16		
17	annual cost of services	1,045,039
18		
19	adjustment factor	
	inflation	1.062413
21		
	adjusted annual charges	2,594,734
	adjusted Medicaid payments for services	1,266,185
	supplemental rate adjustment payments	
	total adjusted Medicaid payments	1,266,185
	adjusted cost of services	1,110,263
27		
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.40569
	maximum annual payments (at DRG differential)	1,779,864
33		
	maximum annual payments	1,779,864
	facility specific UPL amount	513,679
36		515,075
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(1,791)
	allocation of supplemental payments	(1,7,51)
	total aggregate limit adjustments	(125,220)
40	נסנמו מקקו כקמנכ וווווג מטןטגנוווכוונג	(123,220)
	UPL amount after aggregate limit adjustments	388,459
	Previous UPL payments	200,268
	Remaining UPL amount	188,191
	Nemaining OFL amount	100,191

F	Facility Name	Houston Medical Center
2 k	base period report period beginning date	1/1/2017
3 k	base period report period ending date	12/31/2017
4		
5 a	adjustment factor (if period not equal to 1 year)	1
6		
	CAH status (1 = yes)	0
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	19,672,194
	payments for services	7,869,389
	annual covered charges	19,672,194
	annual payments for services	7,869,389
14		
	total hospital CCR	31.46%
16		
	annual cost of services	6,188,470
18		
	adjustment factor	
	nflation	1.049218
21		
	adjusted annual charges	20,640,420
	adjusted Medicaid payments for services	8,256,705
	supplemental rate adjustment payments	666,472
	total adjusted Medicaid payments	8,923,177
	adjusted cost of services	6,493,054
27		
-	other UPL calculation data	
-	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.40569
	maximum annual payments (at DRG differential)	11,606,368
33	novinum annual novinanta	11 606 369
	maximum annual payments facility specific UPL amount	11,606,368 2,683,191
35 1	acinty specific OPL aniount	2,083,191
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(11,678)
	allocation of supplemental payments	(11,678) (138,400)
	total aggregate limit adjustments	(138,400) (150,078)
40 l	נטומו מצבו בצמוב וווווג מטוטגנווופוונג	(150,078)
	UPL amount after aggregate limit adjustments	2,533,113
	Previous UPL payments	1,305,936
	Remaining UPL amount	1,303,330
		1.22/.1//

	Facility Name	Irwin County Hospital
2	base period report period beginning date	12/1/2016
3	base period report period ending date	11/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	1,006,589
11	payments for services	474,514
12	annual covered charges	1,006,589
13	annual payments for services	474,514
14		
15	total hospital CCR	31.14%
16		
17	annual cost of services	313,417
18		
	adjustment factor	
20	inflation	1.049701
21		1.050.017
	adjusted annual charges	1,056,617
23	adjusted Medicaid payments for services	498,098
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	498,098
	adjusted cost of services	328,994
27		
	other UPL calculation data	Neg State Cout
	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation DRG differential adjustment rate	DRG differential 1.40569
32	maximum annual payments (at DRG differential)	700,171
33	maximum annual payments (at DKG unrerential)	/00,1/1
33	maximum annual payments	700,171
35	facility specific UPL amount	202,073
35		202,075
37	aggregate limit adjustments	
	allocation of UPL amounts < 0	(704)
39	allocation of supplemental payments	(48,555)
	total aggregate limit adjustments	(49,259)
40		(+5,255)
42	UPL amount after aggregate limit adjustments	152,814
12	Previous UPL payments	78,783

	Facility Name	Jefferson Hospital
	base period report period beginning date	1/1/2017
	base period report period ending date	12/31/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
	Medicaid inpatient claims paid at amount > 0:	125.254
	covered charges	125,854
	payments for services	116,491
	annual covered charges	125,854
	annual payments for services	116,491
14	total baseital CCD	70.100/
	total hospital CCR	70.19%
16	annual cost of services	
17 18		88,339
	adjustment factor	
	inflation	1.049218
20		1.045218
	adjusted annual charges	132,048
	adjusted Medicaid payments for services	132,040
	supplemental rate adjustment payments	
-	total adjusted Medicaid payments	122,224
-	adjusted cost of services	92,687
27		
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	171,809
33		
34	maximum annual payments	171,809
35	facility specific UPL amount	49,585
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(173)
39	allocation of supplemental payments	(11,914)
40	total aggregate limit adjustments	(12,087)
41		
42	UPL amount after aggregate limit adjustments	37,498
	Previous UPL payments	19,332
	Remaining UPL amount	18,166

	Facility Name	Meadows Regional Medical Center
	base period report period beginning date	7/1/2016
3	base period report period ending date	6/30/2017
	adjustment factor (if period not equal to 1 year)	1
5 6	adjustment factor (il period not equal to 1 year)	1
	CAH status (1 = yes)	0
8	CAR status (1 – yes)	0
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	11,927,148
	payments for services	3,384,130
	annual covered charges	11,927,148
	annual payments for services	3,384,130
14		5,501,150
	total hospital CCR	20.82%
16		
	annual cost of services	2,483,499
18		
	adjustment factor	
	inflation	1.062413
21		
	adjusted annual charges	12,671,557
	adjusted Medicaid payments for services	3,595,344
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	3,595,344
26	adjusted cost of services	2,638,502
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	5,053,939
33		
34	maximum annual payments	5,053,939
35	facility specific UPL amount	1,458,595
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(5,085)
	allocation of supplemental payments	(350,478)
	total aggregate limit adjustments	(355,563)
41		
	UPL amount after aggregate limit adjustments	1,103,032
	Previous UPL payments	568,664
	Remaining UPL amount	534,368

	E 111 A	
2	Facility Name	Medical Center, Navicent Health
	base period report period beginning date	10/1/2016 9/30/2017
3	base period report period ending date	9/30/2017
	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
, 8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	149,937,217
	payments for services	37,870,625
	annual covered charges	149,937,217
	annual payments for services	37,870,625
14		
	total hospital CCR	23.14%
16		
	annual cost of services	34,698,554
18		
19	adjustment factor	
	inflation	1.050668
21		
22	adjusted annual charges	157,534,236
23	adjusted Medicaid payments for services	39,789,454
24	supplemental rate adjustment payments	6,399,932
25	total adjusted Medicaid payments	46,189,386
26	adjusted cost of services	36,456,660
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	55,931,638
33		
34	maximum annual payments	55,931,638
35	facility specific UPL amount	9,742,252
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(56,277)
	allocation of supplemental payments	2,521,218
	total aggregate limit adjustments	2,464,941
41		
42	UPL amount after aggregate limit adjustments	12,207,193
	Previous UPL payments	6,293,369
	Remaining UPL amount	5,913,824

	Facility Name	Memorial Hospital and Manor
	base period report period beginning date	4/1/2016
	base period report period ending date	3/31/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6	(1 - y)	
7 (CAH status (1 = yes)	0
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	2,830,366
	payments for services	1,219,574
	annual covered charges	2,830,366
	annual payments for services	1,219,574
14		1,213,374
	total hospital CCR	34.19%
16		0.11570
	annual cost of services	967,662
18		
	adjustment factor	
-	inflation	1.073412
21		
22 a	adjusted annual charges	3,038,149
23 a	adjusted Medicaid payments for services	1,309,105
24 9	supplemental rate adjustment payments	0
25 t	total adjusted Medicaid payments	1,309,105
26 a	adjusted cost of services	1,038,700
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.40569
	maximum annual payments (at DRG differential)	1,840,196
33		
	maximum annual payments	1,840,196
	facility specific UPL amount	531,091
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(1,852)
	allocation of supplemental payments	(127,613)
	total aggregate limit adjustments	(129,465)
41		404.000
	UPL amount after aggregate limit adjustments	401,626
	Previous UPL payments	207,057
1	Remaining UPL amount	194,569

	Facility Name	Midtown Medical Center
2	base period report period beginning date	7/1/2016
3	base period report period ending date	6/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	50,236,468
	payments for services	16,285,907
	annual covered charges	50,236,468
	annual payments for services	16,285,907
14		
	total hospital CCR	25.05%
16		12 505 617
17	annual cost of services	12,585,647
18	a di satur ant fa stan	
-	adjustment factor	1.002442
	inflation	1.062413
21 22	adjusted appual charges	E2 271 977
	adjusted annual charges adjusted Medicaid payments for services	53,371,877 17,302,359
		4,109,065
	total adjusted Medicaid payments	21,411,424
	adjusted cost of services	13,371,155
27		15,571,155
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	24,321,753
33	······································	
	maximum annual payments	24,321,753
	facility specific UPL amount	2,910,329
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(24,472)
39	allocation of supplemental payments	2,422,414
40	total aggregate limit adjustments	2,397,942
41		
42	UPL amount after aggregate limit adjustments	5,308,271
	Previous UPL payments	2,736,658
	Remaining UPL amount	2,571,613

-	Facility Name	Murray Medical Center
	base period report period beginning date	1/1/2017
3	base period report period ending date	12/31/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8	Madiasid innations along paid at amount > 0	
	Medicaid inpatient claims paid at amount > 0:	662.224
	covered charges payments for services	663,334 190,400
	annual covered charges	663,334
12	annual payments for services	190,400
13		190,400
	total hospital CCR	14.82%
16		14.02/0
10	annual cost of services	98,308
18		50,500
	adjustment factor	
	inflation	1.049218
21		1.0 15210
	adjusted annual charges	695,982
23	adjusted Medicaid payments for services	199,771
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	199,771
	adjusted cost of services	103,147
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	280,816
33		
34	maximum annual payments	280,816
35	facility specific UPL amount	81,045
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(283)
39	allocation of supplemental payments	(19,474)
40	total aggregate limit adjustments	(19,757)
41		
42	UPL amount after aggregate limit adjustments	61,288
	Previous UPL payments	31,597
	Remaining UPL amount	29,691

		Northeast Georgia Medical Center
	Facility Name	Gainesville
2	base period report period beginning date	10/1/2016
3	base period report period ending date	9/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	144,666,490
11	payments for services	32,590,184
12	annual covered charges	144,666,490
13	annual payments for services	32,590,184
14		
15	total hospital CCR	21.94%
16		
17	annual cost of services	31,741,948
18		
19	adjustment factor	
20	inflation	1.050668
21		
22	adjusted annual charges	151,996,452
23	adjusted Medicaid payments for services	34,241,463
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	34,241,463
26	adjusted cost of services	33,350,249
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	48,132,882
33		
34	maximum annual payments	48,132,882
35	facility specific UPL amount	13,891,419
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(48,430)
39	allocation of supplemental payments	(3,337,891)
40	total aggregate limit adjustments	(3,386,321)
41		
42	UPL amount after aggregate limit adjustments	10,505,098
	Previous UPL payments	5,415,861
	Remaining UPL amount	5,089,237

	Facility Name	Northside Hospital
2	base period report period beginning date	10/1/2016
3	base period report period ending date	9/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
	CAH status (1 = yes)	0
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	159,672,886
	payments for services	34,963,860
	annual covered charges	159,672,886
	annual payments for services	34,963,860
14		
	total hospital CCR	19.52%
16		21.100.212
	annual cost of services	31,166,242
18	a di satura a sta fa ata s	
	adjustment factor	1 050660
	inflation	1.050668
21 22	adjusted annual charges	167 762 102
	adjusted annual charges adjusted Medicaid payments for services	167,763,192 36,735,409
	supplemental rate adjustment payments	30,733,409
	total adjusted Medicaid payments	36,735,409
	adjusted cost of services	32,745,373
20		32,743,373
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.40569
	maximum annual payments (at DRG differential)	51,638,597
33		
34	maximum annual payments	51,638,597
35	facility specific UPL amount	14,903,188
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(51,958)
39	allocation of supplemental payments	(3,581,003)
40	total aggregate limit adjustments	(3,632,961)
41		
42	UPL amount after aggregate limit adjustments	11,270,227
	Previous UPL payments	5,810,320
	Remaining UPL amount	5,459,907

	Facility Name	Northside Hospital - Cherokee
2	base period report period beginning date	10/1/2016
3	base period report period ending date	9/30/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6		
	CAH status (1 = yes)	0
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	26,605,284
	payments for services	5,089,986
	annual covered charges	26,605,284
	annual payments for services	5,089,986
14		
	total hospital CCR	20.39%
16		
	annual cost of services	5,425,850
18		
	adjustment factor	
	inflation	1.050668
21		
	adjusted annual charges	27,953,321
	adjusted Medicaid payments for services	5,347,885
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	5,347,885
	adjusted cost of services	5,700,767
27		
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.40569
	maximum annual payments (at DRG differential)	7,517,468
33		7 517 400
	maximum annual payments facility specific UPL amount	7,517,468
	racinty specific OPL amount	2,169,583
36 37 a	aggregate limit adjustments	
-	aggregate limit adjustments allocation of UPL amounts < 0	
		(7,564)
	allocation of supplemental payments	(521,317)
40 1	total aggregate limit adjustments	(528,881)
	UPL amount after aggregate limit adjustments	1,640,702
	Previous UPL payments	845,858
	Remaining UPL amount	794,844
		/94,844

	E 10. A	
2	Facility Name	Northside Hospital - Forsyth
	base period report period beginning date	10/1/2016 9/30/2017
3	base period report period ending date	9/30/2017
	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	46,552,699
	payments for services	9,306,154
	annual covered charges	46,552,699
	annual payments for services	9,306,154
14		
15	total hospital CCR	20.32%
16		
17	annual cost of services	9,458,200
18		
19	adjustment factor	
20	inflation	1.050668
21		
22	adjusted annual charges	48,911,431
23	adjusted Medicaid payments for services	9,777,678
24	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	9,777,678
26	adjusted cost of services	9,937,428
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	13,744,384
33		
34	maximum annual payments	13,744,384
35	facility specific UPL amount	3,966,706
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(13,829)
	allocation of supplemental payments	(953,137)
	total aggregate limit adjustments	(966,966)
41		
42	UPL amount after aggregate limit adjustments	2,999,740
	Previous UPL payments	1,546,504
	Remaining UPL amount	1,453,236

2 base 3 base 4 5 5 adjust 6 7 7 CAH state 8 9 9 Media 10 cover 11 paym 12 annua 13 annua 14 15 15 total 16 17 17 annua 18 9 20 inflati 21 22 22 adjust 23 adjust 24 suppli 25 total 26 adjust 27 28 28 other 29 provia 30 basis 31 DRG of 32 maxir 33 34	ity Name period report period beginning date period report period ending date stment factor (if period not equal to 1 year) status (1 = yes)	Northside Medical Center 7/1/2016 6/30/2017 1
2 base 3 base 4 5 5 adjust 6 7 7 CAH s 8 9 9 Media 10 cover 11 paym 12 annua 13 annua 14 15 15 total 16 17 17 annua 18 19 20 inflati 21 22 22 adjust 23 adjust 24 suppli 25 total 26 adjust 27 28 28 other 29 provid 30 basis 31 DRG of 32 maxin 33 34	period report period beginning date period report period ending date stment factor (if period not equal to 1 year) status (1 = yes)	7/1/2016 6/30/2017 1
3 base 4	period report period ending date stment factor (if period not equal to 1 year) status (1 = yes)	6/30/2017
4 5 adjust 6	stment factor (if period not equal to 1 year) status (1 = yes)	1
5 adjust 6	status (1 = yes)	
6 7 CAH s 8 9 9 Media 10 cover 11 paym 12 annua 13 annua 14 15 15 total 16 17 17 annua 18 19 20 inflati 21 22 22 adjuss 23 adjuss 24 suppli 25 total 26 adjuss 27 28 29 provia 30 basis 31 DRG a 32 maxir 33 34	status (1 = yes)	
7 CAH s 8 9 Media 10 cover 11 paym 12 annua 13 annua 14 15 total 16 17 annua 18 20 inflati 21 22 adjust 23 adjust 24 suppli 25 total 26 adjust 27 28 other 29 provid 30 basis 31 DRG of 32 maxin 33		
8 9 Media 10 cover 11 paym 12 annua 13 annua 14 15 15 total 16 17 17 annua 18 19 20 inflati 21 22 22 adjust 23 adjust 24 suppl 25 total 26 adjust 27 28 29 provid 30 basis 31 DRG of 32 maxin 33 34 34 maxin		
9 Media 10 cover 11 paym 12 annua 13 annua 14 15 total 16 17 annua 18 20 inflati 21 adjuss 22 adjuss 23 adjuss 24 suppli 25 total 26 adjuss 27 28 other 29 provid 30 basis 31 DRG of 32 maxin 33		
10 cover 11 paym 12 annua 13 annua 14 15 total 16 17 annua 18 20 inflati 21 22 adjust 23 adjust 24 suppli 25 total 26 adjust 27 28 other 29 provid 30 basis 31 DRG of 32 adaint 33		
11 paym 12 annua 13 annua 14 15 15 total 16 17 17 annua 18 19 20 inflati 21 22 22 adjus: 23 adjus: 24 suppli 25 total 26 adjus: 27 28 29 provid 30 basis 31 DRG d 32 maxin 33 34	icaid inpatient claims paid at amount > 0:	
12 annua 13 annua 14 15 15 total 16 17 17 annua 18 19 20 inflati 21 22 22 adjust 23 adjust 24 suppli 25 total 26 adjust 27 28 29 provid 30 basis 31 DRG d 32 maxin 33 34	red charges	897,903
13 annua 14 15 15 total 16 17 17 annua 18 19 20 inflati 21 22 22 adjust 23 adjust 24 suppl 25 total 26 adjust 27 28 29 provid 30 basis 31 DRG of 32 maxin 33 34	nents for services	224,507
14 15 total 16 17 17 annua 18 19 20 inflati 21 22 22 adjust 23 adjust 24 suppli 25 total 26 adjust 27 28 29 provid 30 basis 31 DRG d 32 maxin 33 34	ual covered charges	897,903
15 total 16	al payments for services	224,507
16 17 annua 18 adjust 20 inflati 21 adjust 22 adjust 23 adjust 24 suppl 25 total a 26 adjust 27 adjust 28 other 29 provid 30 basis 31 DRG of 32 maxin 33 adjust		
17 annua 18 adjust 20 inflati 21 adjust 22 adjust 23 adjust 24 suppl 25 total at 26 adjust 27 adjust 28 other 29 provid 30 basis 31 DRG d 32 maxin 33 34 34 maxin	hospital CCR	27.33%
18 19 adjust 20 inflati 21 22 22 adjust 23 adjust 24 suppl 25 total a 26 adjust 27 28 29 provid 30 basis 31 DRG of 32 maxin 33 34 35 facilit		
19 adjus 20 inflati 21 22 22 adjus 23 adjus 24 suppl 25 total a 26 adjus 27 28 29 provid 30 basis 31 DRG of 32 maxin 33 34 34 maxin	ial cost of services	245,411
20 inflati 21 22 22 adjust 23 adjust 24 suppl 25 total a 26 adjust 27 28 29 provid 30 basis 31 DRG d 32 maxin 33 34 35 facilit		
21 22 adjust 23 adjust 24 suppli 25 total a 26 adjust 27 28 29 provid 30 basis 31 DRG of 32 maxin 33 34 34 maxin 35 facilitit	stment factor	
22 adjust 23 adjust 24 supplied 25 total adjust 26 adjust 27 28 29 provid 30 basis 31 DRG of adjust 33 34 34 maxin 35 facilit	tion	1.062413
23 adjust 24 supplied 25 total adjust 26 adjust 27 28 29 provid 30 basis 31 DRG of 32 maxin 33 34 35 facilit		
24 suppl 25 total a 26 adjust 27 28 29 provid 30 basis 31 DRG of 32 maxin 33 34 35 facilit	sted annual charges	953,944
25 total a 26 adjust 27 28 28 other 29 provid 30 basis 31 DRG d 32 maxir 33 34 35 facilit	sted Medicaid payments for services	238,519
26 adjust 27 28 other 29 provid 30 basis 31 DRG of 32 maxir 33 34 maxir 35 facilit	lemental rate adjustment payments	0
27 28 <u>other</u> 29 provid 30 basis 31 DRG d 32 maxir 33 34 maxir 35 facilit	adjusted Medicaid payments	238,519
28other29provid30basis31DRG d32maxir333435facilit	sted cost of services	260,728
29 provid 30 basis 31 DRG of 32 maxir 33 34 35 facilit	* UDL coloulation data	
30 basis 31 DRG of 32 maxir 33 34 34 maxir 35 facilit	r UPL calculation data	New State Cast
31 DRG of 32 maxir 33	ider category for UPL calculation	Non-State Govt.
32 maxir 33 34 maxir 35 facilit	s for UPL calculation differential adjustment rate	cost
333435facilit	imum annual payments (at DRG differential)	0
34 maxir 35 facilit	indin annual payments (at DKG differential)	0
35 facilit	imum annual payments	260,728
	ty specific UPL amount	22,209
30	ty specific of Lamount	22,209
	egate limit adjustments	
	ration of UPL amounts < 0	(77)
	ation of supplemental payments	(77)
	aggregate limit adjustments	(5,337)
40 10181		(5,414)
	amount after aggregate limit adjustments	16,795
		13,689
Rema	ious UPL payments	3,106

	Remaining UPL amount	63,808
	Previous UPL payments	67,903
42	UPL amount after aggregate limit adjustments	131,711
41		
	total aggregate limit adjustments	(42,457)
39	allocation of supplemental payments	(41,850)
	allocation of UPL amounts < 0	(607)
37	aggregate limit adjustments	
36		1/4,100
	facility specific UPL amount	174,168
34	maximum annual payments	603,481
32	maximum annual payments (at DKG umerential)	003,481
31	maximum annual payments (at DRG differential)	603,481
30	DRG differential adjustment rate	1.40569
	basis for UPL calculation	DRG differential
	provider category for UPL calculation	Non-State Govt.
27 28	other UPL calculation data	
	adjusted cost of services	329,572
	total adjusted Medicaid payments	429,313
	supplemental rate adjustment payments	0
	adjusted Medicaid payments for services	429,313
	adjusted annual charges	1,207,282
21		
	inflation	1.049218
	adjustment factor	
18		
17	annual cost of services	314,112
16		
	total hospital CCR	27.30%
14		
13	annual payments for services	409,174
12	annual covered charges	1,150,649
11	payments for services	409,174
10	covered charges	1,150,649
9	Medicaid inpatient claims paid at amount > 0:	
8		
7	CAH status (1 = yes)	0
6		
5	adjustment factor (if period not equal to 1 year)	1
4		12/51/2017
3	base period report period beginning date	1/1/2017
2	Facility Name base period report period beginning date	Perry Hospital 1/1/2017
	Facility Nama	Dormellocoital

	Facility Name	Phoebe Putney Memorial Hospital
-	base period report period beginning date	8/1/2016
	base period report period ending date	7/31/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	00.172.200
-	covered charges	80,173,289
	payments for services	24,014,477
	annual covered charges	80,173,289
	annual payments for services	24,014,477
14 15	total hospital CCR	25.80%
15		25.89%
10	annual cost of services	20,756,857
17		20,730,837
	adjustment factor	
	inflation	1.058469
20	Innation	1.038409
	adjusted annual charges	84,860,941
23	adjusted Medicaid payments for services	25,418,579
	supplemental rate adjustment payments	2,737,734
	total adjusted Medicaid payments	28,156,313
	adjusted cost of services	21,970,490
27		
28	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	35,730,642
33		
34	maximum annual payments	35,730,642
35	facility specific UPL amount	7,574,329
36		
37	aggregate limit adjustments	
	allocation of UPL amounts < 0	(35,952)
39	allocation of supplemental payments	259,907
40	total aggregate limit adjustments	223,955
41		
42	UPL amount after aggregate limit adjustments	7,798,284
	Previous UPL payments	4,020,375
	Remaining UPL amount	3,777,909

	Facility Name	Phoebe Sumter Medical Center
	base period report period beginning date	8/1/2016
3	base period report period ending date	7/31/2017
	adjustment factor (if period not equal to 1 year)	1
5 6	adjustment factor (il period not equal to 1 year)	1
	CAH status (1 = yes)	0
8	CAR status (1 – yes)	0
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	10,175,809
	payments for services	3,354,386
	annual covered charges	10,175,809
	annual payments for services	3,354,386
14		5,551,555
	total hospital CCR	25.41%
16		
	annual cost of services	2,585,384
18		
	adjustment factor	
	inflation	1.058469
21		
	adjusted annual charges	10,770,778
	adjusted Medicaid payments for services	3,550,514
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	3,550,514
26	adjusted cost of services	2,736,549
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	4,990,922
33		
34	maximum annual payments	4,990,922
35	facility specific UPL amount	1,440,408
36		
37	aggregate limit adjustments	
	allocation of UPL amounts < 0	(5,022)
39	allocation of supplemental payments	(346,107)
	total aggregate limit adjustments	(351,129)
41		
	UPL amount after aggregate limit adjustments	1,089,279
	Previous UPL payments	561,573
	Remaining UPL amount	527,706

2	Facility Name base period report period beginning date	Piedmont Athens Regional Medical Ctr
		10/1/2016 6/30/2017
3	base period report period ending date	6/30/2017
	adjustment factor (if period not equal to 1 year)	1.34
6		1.34
	CAH status (1 = yes)	0
8	CAN Status (1 – yes)	0
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	54,689,552
	payments for services	14,222,833
	annual covered charges	73,284,000
	annual payments for services	19,058,596
14		
	total hospital CCR	21.16%
16		
	annual cost of services	15,507,943
18		
19	adjustment factor	
20	inflation	1.062413
21		
22	adjusted annual charges	77,857,874
23	adjusted Medicaid payments for services	20,248,100
24	supplemental rate adjustment payments	1,278,180
25	total adjusted Medicaid payments	21,526,280
26	adjusted cost of services	16,475,840
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	28,462,552
33		
34	maximum annual payments	28,462,552
35	facility specific UPL amount	6,936,272
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(28,639)
	allocation of supplemental payments	(695,624)
	total aggregate limit adjustments	(724,263)
41		
	UPL amount after aggregate limit adjustments	6,212,009
	Previous UPL payments	3,202,576
	Remaining UPL amount	3,009,433

	Facility Name	Piedmont Henry Hospital
2 k	base period report period beginning date	7/1/2016
3 b	base period report period ending date	6/30/2017
4		
5 a	adjustment factor (if period not equal to 1 year)	1
6		
	CAH status (1 = yes)	0
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	40,554,244
	payments for services	9,062,896
	annual covered charges	40,554,244
	annual payments for services	9,062,896
14		
	cotal hospital CCR	18.25%
16		
	annual cost of services	7,399,166
18		
	adjustment factor	
	nflation	1.062413
21		
	adjusted annual charges	43,085,356
	adjusted Medicaid payments for services	9,628,539
	supplemental rate adjustment payments	0
	cotal adjusted Medicaid payments	9,628,539
	adjusted cost of services	7,860,970
27		
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	pasis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.40569
	maximum annual payments (at DRG differential)	13,534,741
33	movimum annual novements	12 524 741
	maximum annual payments Facility specific UPL amount	13,534,741 3,906,202
35 1	acinty specific OPE anount	5,906,202
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(13,618)
	allocation of supplemental payments	(13,618) (938,599)
	cotal aggregate limit adjustments	(938,599) (952,217)
40 t 41	טומו מצבו בצמוב וווווג מטוטגנווופווגג.	(952,217)
	JPL amount after aggregate limit adjustments	2,953,985
	Previous UPL payments	1,522,915
16	revious of L payments	1,322,913
	Remaining UPL amount	1,431,070

	Facility Name	Piedmont Newton Medical Center
2	base period report period beginning date	7/1/2016
3	base period report period ending date	6/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	9,688,340
11	payments for services	3,161,048
12	annual covered charges	9,688,340
13	annual payments for services	3,161,048
14		
15	total hospital CCR	22.12%
16		
17	annual cost of services	2,143,540
18		
19	adjustment factor	
20	inflation	1.062413
21		
22	adjusted annual charges	10,293,018
23	adjusted Medicaid payments for services	3,358,338
24	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	3,358,338
26	adjusted cost of services	2,277,325
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	4,720,782
33		
34	maximum annual payments	4,720,782
35	facility specific UPL amount	1,362,444
36		
37	aggregate limit adjustments	
	allocation of UPL amounts < 0	(4,750)
39	allocation of supplemental payments	(327,374)
40	total aggregate limit adjustments	(332,124)
41		
42	UPL amount after aggregate limit adjustments	1,030,320
	Previous UPL payments	531,178
L	Remaining UPL amount	499,142

	Facility Name	South Ga Medical Center
2	base period report period beginning date	10/1/2016
3	base period report period ending date	9/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	26,443,056
	payments for services	8,892,832
	annual covered charges	26,443,056
	annual payments for services	8,892,832
14		
	total hospital CCR	29.93%
16		
17	annual cost of services	7,913,615
18		
	adjustment factor	
	inflation	1.050668
21		27 202 072
	adjusted annual charges	27,782,873
	adjusted Medicaid payments for services	9,343,414
	supplemental rate adjustment payments total adjusted Medicaid payments	0 242 414
	adjusted cost of services	9,343,414 8,314,582
20		6,514,362
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	13,133,944
33		
	maximum annual payments	13,133,944
	facility specific UPL amount	3,790,530
36		-,,,
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(13,215)
39	allocation of supplemental payments	(910,805)
	total aggregate limit adjustments	(924,020)
41		
42	UPL amount after aggregate limit adjustments	2,866,510
	Previous UPL payments	1,477,817
	Remaining UPL amount	1,388,693

		South Ga Medical Center - Berrien
	Facility Name	Campus
2	base period report period beginning date	10/1/2016
3	base period report period ending date	9/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	158,214
	payments for services	60,898
	annual covered charges	158,214
	annual payments for services	60,898
14		
	total hospital CCR	43.46%
16		
17	annual cost of services	68,758
18		
	adjustment factor	
	inflation	1.050668
21		
	adjusted annual charges	166,230
	adjusted Medicaid payments for services	63,984
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	63,984
	adjusted cost of services	72,242
27		,
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.40569
	maximum annual payments (at DRG differential)	89,942
33		03,342
	maximum annual payments	89,942
	facility specific UPL amount	25,958
35		23,300
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(90)
	allocation of supplemental payments	(50)
	total aggregate limit adjustments	(6,237)
40	נטנמו מצבו כצמוכ וווווג מטוטגנוווכוונג	(0,327)
	UPL amount after aggregate limit adjustments	10.631
		19,631
	Previous UPL payments	10,120
	Remaining UPL amount	9,511

2	Facility Name	Southeast Ga Health System - Brunswick
	base period report period beginning date	5/1/2016
3	base period report period ending date	4/30/2017
	adjustment factor (if period not equal to 1 year)	1
6		1
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
_	covered charges	25,066,295
	payments for services	8,241,973
	annual covered charges	25,066,295
	annual payments for services	8,241,973
14		-, , ,
15	total hospital CCR	31.23%
16		
17	annual cost of services	7,829,403
18		
19	adjustment factor	
20	inflation	1.06972
21		
22	adjusted annual charges	26,813,917
23	adjusted Medicaid payments for services	8,816,603
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	8,816,603
	adjusted cost of services	8,375,269
27		
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	12,393,411
33		12 202 414
34	maximum annual payments	12,393,411
35	facility specific UPL amount	3,576,808
36 37	aggregate limit adjustments	
	allocation of UPL amounts < 0	(12,470)
39	allocation of supplemental payments	(12,470) (859,451)
40	total aggregate limit adjustments	(871,921)
40		(0/1,521)
42	UPL amount after aggregate limit adjustments	2,704,887
12	Previous UPL payments	1,394,493
	Remaining UPL amount	1,310,394

	Facility Name	Southeast Ga Health System - Camden
	base period report period beginning date	5/1/2016
	base period report period ending date	4/30/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6	CALL status (1 - yes)	
7	CAH status (1 = yes)	0
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	2,079,491
	payments for services	779,010
	annual covered charges	2,079,491
	annual payments for services	779,010
14		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	total hospital CCR	35.07%
16		
	annual cost of services	729,339
18		
	adjustment factor	
-	inflation	1.06972
21		
22	adjusted annual charges	2,224,473
23	adjusted Medicaid payments for services	833,323
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	833,323
26	adjusted cost of services	780,189
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.40569
	maximum annual payments (at DRG differential)	1,171,394
33		
	maximum annual payments	1,171,394
	facility specific UPL amount	338,071
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(1,179)
	allocation of supplemental payments	(81,233)
	total aggregate limit adjustments	(82,412)
41		
	UPL amount after aggregate limit adjustments	255,659
	Previous UPL payments	131,804
	Remaining UPL amount	123,855

F	Facility Name	Stephens County Hospital
2 k	base period report period beginning date	10/1/2016
3 k	base period report period ending date	9/30/2017
4		
5 a	adjustment factor (if period not equal to 1 year)	1
6		
	CAH status (1 = yes)	0
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	2,528,617
-	payments for services	874,015
	annual covered charges	2,528,617
	annual payments for services	874,015
14		
	cotal hospital CCR	38.88%
16		
	annual cost of services	983,194
18		
	adjustment factor	
	nflation	1.050668
21		
	adjusted annual charges	2,656,737
	adjusted Medicaid payments for services	918,300
	supplemental rate adjustment payments	0
	cotal adjusted Medicaid payments	918,300
	adjusted cost of services	1,033,010
27		
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	pasis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.40569
	maximum annual payments (at DRG differential)	1,290,845
33	movimum annual novments	1 200 845
	maximum annual payments Facility specific UPL amount	1,290,845
35 1	acinty specific OPE anount	372,545
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(1 200)
	allocation of supplemental payments	(1,299) (89,517)
	cotal aggregate limit adjustments	(90,816)
40 l	טומי מבבו כצמוב וווווג מטוטגנווופוונג	(90,810)
	JPL amount after aggregate limit adjustments	281,729
	Previous UPL payments	145,244
	Remaining UPL amount	136,485
		130,403

	E 111 A	T
2	Facility Name	Tanner Medical Center/Carrollton
	base period report period beginning date	7/1/2016
3	base period report period ending date	6/30/2017
	adjustment factor (if period not equal to 1 year)	1
5	adjustment factor (il period not equal to 1 year)	1
7	CAH status (1 = yes)	0
8	CAH Status (1 – yes)	0
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	19,023,910
	payments for services	5,693,287
	annual covered charges	19,023,910
	annual payments for services	5,693,287
14		5,055,207
	total hospital CCR	25.76%
16		
	annual cost of services	4,899,738
18		
	adjustment factor	
	inflation	1.062413
21		
	adjusted annual charges	20,211,249
	adjusted Medicaid payments for services	6,048,622
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	6,048,622
26	adjusted cost of services	5,205,545
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	8,502,487
33		
34	maximum annual payments	8,502,487
35	facility specific UPL amount	2,453,865
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(8,555)
39	allocation of supplemental payments	(589,625)
40	total aggregate limit adjustments	(598,180)
41		
42	UPL amount after aggregate limit adjustments	1,855,685
	Previous UPL payments	956,691
	Remaining UPL amount	898,994

	Eacility Namo	Tanner Medical Center/Villa Rica
	Facility Name base period report period beginning date	7/1/2016
	base period report period ending date	6/30/2017
4		0,50,2017
	adjustment factor (if period not equal to 1 year)	1
6		
	CAH status (1 = yes)	0
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	17,005,854
	payments for services	6,368,874
12 a	annual covered charges	17,005,854
	annual payments for services	6,368,874
14		
15 t	total hospital CCR	26.19%
16		
17 a	annual cost of services	4,453,172
18		
19 <u>a</u>	adjustment factor	
20 i	inflation	1.062413
21		
22 a	adjusted annual charges	18,067,240
23 a	adjusted Medicaid payments for services	6,766,375
24 s	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	6,766,375
26 a	adjusted cost of services	4,731,108
27		
-	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.40569
	maximum annual payments (at DRG differential)	9,511,426
33		
	maximum annual payments	9,511,426
	facility specific UPL amount	2,745,051
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(9,570)
	allocation of supplemental payments	(659,593)
	total aggregate limit adjustments	(669,163)
41		
	UPL amount after aggregate limit adjustments	2,075,888
	Previous UPL payments	1,070,216
	Remaining UPL amount	1,005,672

		Tift Regional Medical Center - A Campus
	Facility Name	of Tift Reg Health System
2	base period report period beginning date	10/1/2016
3	base period report period ending date	9/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	29,684,189
11	payments for services	7,008,668
12	annual covered charges	29,684,189
13	annual payments for services	7,008,668
14		
15	total hospital CCR	18.17%
16		
17	annual cost of services	5,393,311
18		
19	adjustment factor	
20	inflation	1.050668
21		
	adjusted annual charges	31,188,227
	adjusted Medicaid payments for services	7,363,783
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	7,363,783
	adjusted cost of services	5,666,579
27		
28	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.40569
	maximum annual payments (at DRG differential)	10,351,196
33		
	maximum annual payments	10,351,196
	facility specific UPL amount	2,987,413
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(10,415)
	allocation of supplemental payments	(717,829)
	total aggregate limit adjustments	(728,244)
41		
42	UPL amount after aggregate limit adjustments	2,259,169
	Previous UPL payments	1,164,705
	Remaining UPL amount	1,094,464

	Facility Name	Union General Hospital, Inc.
	base period report period beginning date	5/1/2016
	base period report period ending date	4/30/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6		
	CAH status (1 = yes)	0
8	Madicaid innations claims naid at amount > 0;	
	Medicaid inpatient claims paid at amount > 0: covered charges	883,756
	payments for services	376,051
	annual covered charges	883,756
	annual payments for services	376,051
14		570,051
	total hospital CCR	38.83%
16		
	annual cost of services	343,172
18		
	adjustment factor	
	inflation	1.06972
21		
22	adjusted annual charges	945,371
23	adjusted Medicaid payments for services	402,269
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	402,269
26	adjusted cost of services	367,098
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.40569
	maximum annual payments (at DRG differential)	565,466
33		
	maximum annual payments	565,466
	facility specific UPL amount	163,197
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(569)
	allocation of supplemental payments	(39,214)
40	total aggregate limit adjustments	(39,783)
	LIDL amount after aggregate limit adjustments	100 414
	UPL amount after aggregate limit adjustments Previous UPL payments	<u> </u>
	Remaining UPL amount	59,788
I		55,700

	Remaining UPL amount	2,322,723
	Previous UPL payments	2,471,795
42	UPL amount after aggregate limit adjustments	4,794,518
41		
40	total aggregate limit adjustments	(1,537,271)
39	allocation of supplemental payments	(1,515,167)
38	allocation of UPL amounts < 0	(22,104)
37	aggregate limit adjustments	
36		
35	facility specific UPL amount	6,331,789
34	maximum annual payments	21,967,810
33		
32	maximum annual payments (at DRG differential)	21,967,810
31	DRG differential adjustment rate	1.40569
	basis for UPL calculation	DRG differential
	provider category for UPL calculation	Non-State Govt.
	other UPL calculation data	
26		14,082,335
	total adjusted Medicaid payments adjusted cost of services	15,636,021 14,082,335
	supplemental rate adjustment payments	8,244
23	adjusted Medicaid payments for services	15,627,777
	adjusted annual charges	50,766,678
21	adjusted applied sharges	E0.766.679
20	inflation	1.049218
	adjustment factor	1.040240
18	a diverse and factors	
17	annual cost of services	13,421,744
16		
	total hospital CCR	27.74%
14		
13	annual payments for services	14,894,690
	annual covered charges	48,385,253
	payments for services	14,894,690
	covered charges	48,385,253
9	Medicaid inpatient claims paid at amount > 0:	
8		
7	CAH status (1 = yes)	0
6		
5	adjustment factor (if period not equal to 1 year)	1
4		,,
3	base period report period ending date	12/31/2017
2	base period report period beginning date	1/1/2017
	Facility Name	University Hospital

	Facility Name	University Hospital McDuffie
	base period report period beginning date	1/1/2017
	base period report period ending date	12/31/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8	Madicaid innations claims haid at amount > 0:	
	Medicaid inpatient claims paid at amount > 0: covered charges	951.602
	payments for services	851,602 336,552
	annual covered charges	851,602
	annual payments for services	336,552
13	annual payments for services	330,332
	total hospital CCR	22.09%
15		22.05/0
	annual cost of services	188,084
18		100,004
	adjustment factor	
	inflation	1.049218
21		
	adjusted annual charges	893,516
	adjusted Medicaid payments for services	353,116
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	353,116
	adjusted cost of services	197,341
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	496,372
33		
34	maximum annual payments	496,372
35	facility specific UPL amount	143,256
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(499)
	allocation of supplemental payments	(34,422)
	total aggregate limit adjustments	(34,921)
41		
42	UPL amount after aggregate limit adjustments	108,335
	Previous UPL payments	55,851
	Remaining UPL amount	52,484

	Fo sility Norma	Uncer Designed Medical Conter
2	Facility Name base period report period beginning date	Upson Regional Medical Center 1/1/2017
3	base period report period ending date	1/1/2017
4	base period report period ending date	12/31/2017
5	adjustment factor (if period not equal to 1 year)	1
6		1
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	10,299,890
	payments for services	3,084,364
	annual covered charges	10,299,890
13	annual payments for services	3,084,364
14		
15	total hospital CCR	21.29%
16		
17	annual cost of services	2,192,436
18		
19	adjustment factor	
	inflation	1.049218
21		
22	adjusted annual charges	10,806,830
23	adjusted Medicaid payments for services	3,236,170
24	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	3,236,170
26	adjusted cost of services	2,300,343
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	4,549,052
33		
34	maximum annual payments	4,549,052
35	facility specific UPL amount	1,312,882
36		
	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(4,577)
39	allocation of supplemental payments	(315,465)
40	total aggregate limit adjustments	(320,042)
41		
42	UPL amount after aggregate limit adjustments	992,840
	Previous UPL payments	511,855
	Remaining UPL amount	480,985

		Washington County Regional Medical
	Facility Name	Center
2	base period report period beginning date	9/1/2016
3	base period report period ending date	8/31/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	228,201
11	payments for services	129,232
12	annual covered charges	228,201
13	annual payments for services	129,232
14		
15	total hospital CCR	56.10%
16		
17	annual cost of services	128,014
18		
19	adjustment factor	
20	inflation	1.054554
21		
	adjusted annual charges	240,650
	adjusted Medicaid payments for services	136,282
24	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	136,282
26	adjusted cost of services	134,998
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	191,570
33		
	maximum annual payments	191,570
	facility specific UPL amount	55,288
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(193)
39	allocation of supplemental payments	(13,285)
40	total aggregate limit adjustments	(13,478)
41		
42	UPL amount after aggregate limit adjustments	41,810
	Previous UPL payments	21,555
	Remaining UPL amount	20,255

	Facility Name	Wayne Memorial Hospital
	base period report period beginning date	7/1/2016
	base period report period ending date	6/30/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	5,752,675
	payments for services	1,772,460
	annual covered charges	5,752,675
	annual payments for services	1,772,460
14		
	total hospital CCR	27.71%
16		
17	annual cost of services	1,593,789
18		
	adjustment factor	
	inflation	1.062413
21		C 111 717
	adjusted annual charges	6,111,717
	adjusted Medicaid payments for services	1,883,085
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	1,883,085
	adjusted cost of services	1,693,262
27		
	other UPL calculation data	New State Cast
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate maximum annual payments (at DRG differential)	1.40569
32 33	maximum annual payments (at DRG differential)	2,647,034
	maximum annual naumonts	2 647 024
	maximum annual payments facility specific UPL amount	2,647,034
36		/05,949
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(2,663)
	allocation of supplemental payments	(183,565)
	total aggregate limit adjustments	(186,228)
40		(100,228)
42	UPL amount after aggregate limit adjustments	577,721
-72	Previous UPL payments	297,841
	Remaining UPL amount	279,880

	Facility Name	Wellstar Cobb Hospital
2 k	base period report period beginning date	7/1/2016
3 k	base period report period ending date	6/30/2017
4		
5 a	adjustment factor (if period not equal to 1 year)	1
6		
	CAH status (1 = yes)	0
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	89,301,768
-	payments for services	17,688,944
	annual covered charges	89,301,768
	annual payments for services	17,688,944
14		
	total hospital CCR	19.14%
16		
	annual cost of services	17,093,959
18		
	adjustment factor	
	nflation	1.062413
21		
	adjusted annual charges	94,875,359
	adjusted Medicaid payments for services	18,792,964
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	18,792,964
	adjusted cost of services	18,160,844
27		
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate maximum annual payments (at DRG differential)	1.40569
	naximum annual payments (at DRG differential)	26,417,082
33	mavimum appual naumonte	26 417 092
	maximum annual payments facility specific UPL amount	26,417,082
35 1	acinty specific OPL aniount	7,624,118
	aggregate limit adjustments	
-	allocation of UPL amounts < 0	(26,580)
	allocation of supplemental payments	
	total aggregate limit adjustments	(1,831,956) (1,858,536)
40 l	נטומו מצבו בצמוב וווווג מטוטגנווופוונג	(1,038,530)
	UPL amount after aggregate limit adjustments	5,765,582
	Previous UPL payments	2,972,422
r	Remaining UPL amount	2,572,422
		/ / / / / / / / / / / / / / / / / / / /

	Facility Name	Wellstar Douglas Hospital
2	base period report period beginning date	7/1/2016
3	base period report period ending date	6/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	25,400,568
	payments for services	5,505,455
	annual covered charges	25,400,568
	annual payments for services	5,505,455
14		
	total hospital CCR	16.75%
16		
17	annual cost of services	4,255,468
18		
	adjustment factor	
	inflation	1.062413
21		26.005.004
	adjusted annual charges	26,985,894
	adjusted Medicaid payments for services	5,849,067
	supplemental rate adjustment payments	U
	total adjusted Medicaid payments adjusted cost of services	5,849,067
20		4,321,003
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	8,221,975
33		6,221,575
	maximum annual payments	8,221,975
	facility specific UPL amount	2,372,908
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(8,273)
	allocation of supplemental payments	(570,173)
	total aggregate limit adjustments	(578,446)
41		
42	UPL amount after aggregate limit adjustments	1,794,462
<u></u>	Previous UPL payments	925,128
<u> </u>	Remaining UPL amount	869,334

	Facility Name	Wellstar Kennestone Hospital
	base period report period beginning date	7/1/2016
	base period report period ending date	6/30/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6		
	CAH status (1 = yes)	0
8	Madicaid innations aloing paid at amount > 0	
	Medicaid inpatient claims paid at amount > 0:	146 284 010
	covered charges payments for services	146,284,019
	annual covered charges	27,572,513 146,284,019
	annual payments for services	27,572,513
13	annual payments for services	27,572,513
	total hospital CCR	17.92%
15		17.5270
	annual cost of services	26,218,282
18		20,210,202
	adjustment factor	
	inflation	1.062413
21		
	adjusted annual charges	155,414,043
	adjusted Medicaid payments for services	29,293,396
	supplemental rate adjustment payments	953,135
	total adjusted Medicaid payments	30,246,531
	adjusted cost of services	27,854,644
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	41,177,434
33		
34	maximum annual payments	41,177,434
35	facility specific UPL amount	10,930,903
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(41,432)
	allocation of supplemental payments	(1,902,413)
	total aggregate limit adjustments	(1,943,845)
41		
	UPL amount after aggregate limit adjustments	8,987,058
	Previous UPL payments	4,633,241
	Remaining UPL amount	4,353,817

	Facility Name	Wellstar Paulding Hospital
2 1	base period report period beginning date	7/1/2016
3 k	base period report period ending date	6/30/2017
4		
5 á	adjustment factor (if period not equal to 1 year)	1
6		
	CAH status (1 = yes)	0
8		
<u>1</u>	Medicaid inpatient claims paid at amount > 0:	
	covered charges	11,673,906
	payments for services	2,631,540
	annual covered charges	11,673,906
	annual payments for services	2,631,540
14		
	total hospital CCR	18.07%
16		
	annual cost of services	2,109,725
18		
	adjustment factor	
	inflation	1.062413
21		
	adjusted annual charges	12,402,509
	adjusted Medicaid payments for services	2,795,782
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	2,795,782
	adjusted cost of services	2,241,399
27		
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
	DRG differential adjustment rate	1.40569
	maximum annual payments (at DRG differential)	3,930,003
33	novinum oppuol novmente	2 020 002
	maximum annual payments facility specific UPL amount	3,930,003
35 1	acinty specific OPL aniount	1,134,221
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(2.054)
	allocation of supplemental payments	(3,954)
	total aggregate limit adjustments	
40 l	נטנמו מצבו בצמוב וווווג מטוטגנווופוונג	(276,490)
	UPL amount after aggregate limit adjustments	857,731
	Previous UPL payments	442,200
	Remaining UPL amount	442,200
		413,331

	Facility Name	Wellstar West Georgia Medical Center
-	base period report period beginning date	7/1/2016
	base period report period ending date	6/30/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	Medicaid inpatient claims paid at amount > 0:	12 704 204
	covered charges	13,784,204
	payments for services	5,185,962
	annual covered charges	13,784,204
	annual payments for services	5,185,962
14 15	total hospital CCR	29.62%
15		29.02%
10	annual cost of services	4 092 421
17		4,083,421
	adjustment factor	
	inflation	1.062413
20		1.002413
	adjusted annual charges	14,644,518
23	adjusted Medicaid payments for services	5,509,633
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	5,509,633
-	adjusted cost of services	4,338,280
27		.,
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	7,744,836
33		
34	maximum annual payments	7,744,836
35	facility specific UPL amount	2,235,203
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(7,793)
39	allocation of supplemental payments	(537,084)
40	total aggregate limit adjustments	(544,877)
41		
42	UPL amount after aggregate limit adjustments	1,690,326
	Previous UPL payments	871,441
	Remaining UPL amount	818,885

	Facility Name	Wellstar Windy Hill Hospital
	base period report period beginning date	7/1/2016
	base period report period ending date	6/30/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
	Medicaid inpatient claims paid at amount > 0:	2.242.504
	covered charges	3,243,694
	payments for services	627,059
	annual covered charges	3,243,694
	annual payments for services	627,059
14	total baseital CCD	22.100/
15 16	total hospital CCR	22.16%
10	annual cost of services	718.052
17		718,953
	adjustment factor	
	inflation	1.062413
20		1.002413
	adjusted annual charges	3,446,143
22	adjusted Medicaid payments for services	666,196
	supplemental rate adjustment payments	000,190
	total adjusted Medicaid payments	666,196
	adjusted cost of services	763,825
27		
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	763,825
35	facility specific UPL amount	97,629
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(340)
39	allocation of supplemental payments	(23,459)
40	total aggregate limit adjustments	(23,799)
41		
42	UPL amount after aggregate limit adjustments	73,830
	Previous UPL payments	60,175
	Remaining UPL amount	13,655

		Bacon County Hospital and Health
	Facility Name	System
2	base period report period beginning date	7/1/2016
3	base period report period ending date	6/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	2,591,542
11	payments for services	855,420
12	annual covered charges	2,591,542
13	annual payments for services	855,420
14		
15	total hospital CCR	46.61%
16		
17	annual cost of services	1,208,016
18		
19	adjustment factor	
20	inflation	1.062413
21		
	adjusted annual charges	2,753,288
23	adjusted Medicaid payments for services	908,809
24	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	908,809
26	adjusted cost of services	1,283,412
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
	DRG differential adjustment rate	0
	maximum annual payments (at DRG differential)	0
33		
	maximum annual payments	1,283,412
	facility specific UPL amount	374,603
36		
	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(1,306)
	allocation of supplemental payments	(90,011)
	total aggregate limit adjustments	(91,317)
41		
42	UPL amount after aggregate limit adjustments	283,286
	Previous UPL payments	230,894
	Remaining UPL amount	52,392

	Facility Name	Bleckley Memorial Hospital
2	base period report period beginning date	4/1/2016
3	base period report period ending date	3/31/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	78,726
	payments for services	57,427
	annual covered charges	78,726
	annual payments for services	57,427
14		
	total hospital CCR	61.94%
16		
	annual cost of services	48,762
18		
	adjustment factor	
	inflation	1.073412
21		
	adjusted annual charges	84,505
	adjusted Medicaid payments for services	61,643
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	61,643
	adjusted cost of services	52,342
27	and a state of the	
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
	DRG differential adjustment rate	0
32 33	maximum annual payments (at DRG differential)	0
	maximum annual payments	52,342
	facility specific UPL amount	(9,301)
36		(9,301)
	aggregate limit adjustments	
	allocation of UPL amounts < 0	9,301
	allocation of supplemental payments	9,301
	total aggregate limit adjustments	9,301
40		5,501
	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	0
	Remaining UPL amount	0
		0

	Facility Name	Brooks County Hospital
2	base period report period beginning date	10/1/2016
3	base period report period ending date	9/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	199,295
	payments for services	89,531
	annual covered charges	199,295
	annual payments for services	89,531
14		
	total hospital CCR	39.73%
16		
	annual cost of services	79,179
18		
	adjustment factor	
	inflation	1.050668
21		200.200
	adjusted annual charges	209,393
	adjusted Medicaid payments for services	94,067
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	94,067
	adjusted cost of services	83,191
27	ath an LIDL as low lations data	
	other UPL calculation data	Nen State Cout
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
	DRG differential adjustment rate maximum annual payments (at DRG differential)	0
33	maximum annual payments (at DKG umerential)	0
	maximum annual payments	83,191
	facility specific UPL amount	(10,876)
36		(10,876)
	aggregate limit adjustments	
	allocation of UPL amounts < 0	10,876
	allocation of supplemental payments	0
	total aggregate limit adjustments	10,876
40	נסנטי טקאי כקטנב אוואר מטןטטנוווכוונט	10,870
	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	0
	Remaining UPL amount	0
		0

	Facility Name	Candler County Hospital
2	base period report period beginning date	1/1/2017
3	base period report period ending date	12/31/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	925,366
11	payments for services	248,500
12	annual covered charges	925,366
	annual payments for services	248,500
14		
15	total hospital CCR	26.71%
16		
	annual cost of services	247,201
18		
	adjustment factor	
	inflation	1.049218
21		
	adjusted annual charges	970,911
	adjusted Medicaid payments for services	260,731
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	260,731
	adjusted cost of services	259,368
27		
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
	DRG differential adjustment rate	0
	maximum annual payments (at DRG differential)	0
33		250.260
	maximum annual payments	259,368
	facility specific UPL amount	(1,363)
36	aggregate limit ediustre este	
	aggregate limit adjustments	1.222
	allocation of UPL amounts < 0	1,363
	allocation of supplemental payments	0
	total aggregate limit adjustments	1,363
41 42	UPL amount after aggregate limit adjustments	
		0
	Previous UPL payments	0
	Remaining UPL amount	0

	Facility Name	Chatuge Regional Hospital, Inc.
2	base period report period beginning date	5/1/2016
3	base period report period ending date	4/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	196,763
11	payments for services	100,015
12	annual covered charges	196,763
13	annual payments for services	100,015
14		
15	total hospital CCR	74.58%
16		
17	annual cost of services	146,737
18		
19	adjustment factor	
	inflation	1.06972
21		
	adjusted annual charges	210,481
	adjusted Medicaid payments for services	106,988
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	106,988
	adjusted cost of services	156,968
27		
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
	DRG differential adjustment rate	0
	maximum annual payments (at DRG differential)	0
33		
	maximum annual payments	156,968
	facility specific UPL amount	49,980
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(174)
	allocation of supplemental payments	(12,009)
	total aggregate limit adjustments	(12,183)
41		
42	UPL amount after aggregate limit adjustments	37,797
	Previous UPL payments	30,806
	Remaining UPL amount	6,991

	Facility Name	Clinch Memorial Hospital
2	base period report period beginning date	7/1/2016
3	base period report period ending date	6/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	251,769
	payments for services	165,762
	annual covered charges	251,769
	annual payments for services	165,762
14		
	total hospital CCR	86.96%
16		
17	annual cost of services	218,945
18		
	adjustment factor	
	inflation	1.062413
21		267.402
	adjusted annual charges	267,483
	adjusted Medicaid payments for services	176,108
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	176,108
	adjusted cost of services	232,610
27		
	other UPL calculation data	New State Court
	provider category for UPL calculation basis for UPL calculation	Non-State Govt.
	DRG differential adjustment rate	cost 0
32	maximum annual payments (at DRG differential)	0
33	maximum annual payments (at Dio differential)	0
	maximum annual payments	232,610
	facility specific UPL amount	56,502
35		50,502
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(197)
	allocation of supplemental payments	(13,577)
	total aggregate limit adjustments	(13,774)
41		(15,774)
	UPL amount after aggregate limit adjustments	42,728
	Previous UPL payments	34,826
	Remaining UPL amount	7,902

	Facility Name	Effingham Health System
2	base period report period beginning date	7/1/2016
3	base period report period ending date	6/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	421,358
	payments for services	133,635
	annual covered charges	421,358
	annual payments for services	133,635
14		
	total hospital CCR	36.77%
16		
17	annual cost of services	154,921
18		
	adjustment factor	
	inflation	1.062413
21		447.555
	adjusted annual charges	447,656
-	adjusted Medicaid payments for services	141,976
	supplemental rate adjustment payments	111.075
-	total adjusted Medicaid payments adjusted cost of services	141,976 164,590
20		104,590
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
	maximum annual payments	164,590
	facility specific UPL amount	22,614
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(79)
	allocation of supplemental payments	(5,434)
	total aggregate limit adjustments	(5,513)
41		
	UPL amount after aggregate limit adjustments	17,101
	Previous UPL payments	13,939
<u> </u>	Remaining UPL amount	3,162

	Facility Name	Floyd Polk Medical Center
2	base period report period beginning date	7/1/2016
3	base period report period ending date	6/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	74,285
	payments for services	22,733
	annual covered charges	74,285
	annual payments for services	22,733
14		
	total hospital CCR	25.91%
16		
	annual cost of services	19,249
18		
	adjustment factor	
	inflation	1.062413
21		
	adjusted annual charges	78,921
	adjusted Medicaid payments for services	24,152
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	24,152
	adjusted cost of services	20,450
27		
	other UPL calculation data	New State Court
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
	DRG differential adjustment rate	0
32 33	maximum annual payments (at DRG differential)	0
	maximum annual payments	20,450
	facility specific UPL amount	(3,702)
36		(5,702)
	aggregate limit adjustments	
	allocation of UPL amounts < 0	3,702
	allocation of supplemental payments	0
	total aggregate limit adjustments	3,702
40		3,702
	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	
	Remaining UPL amount	0
		0

	Facility Name	Higgins General Hospital
2	base period report period beginning date	7/1/2016
3	base period report period ending date	6/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	322,766
11	payments for services	135,223
12	annual covered charges	322,766
	annual payments for services	135,223
14		
	total hospital CCR	31.06%
16		
	annual cost of services	100,245
18		
	adjustment factor	
	inflation	1.062413
21		
	adjusted annual charges	342,911
	adjusted Medicaid payments for services	143,663
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	143,663
	adjusted cost of services	106,502
27		
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
	DRG differential adjustment rate	0
	maximum annual payments (at DRG differential)	0
33		405 502
	maximum annual payments	106,502
	facility specific UPL amount	(37,161)
36	aggregate limit adjustments	
	aggregate limit adjustments	
	allocation of UPL amounts < 0	37,161
	allocation of supplemental payments	0
	total aggregate limit adjustments	37,161
41	LIDL amount after aggregate limit adjustments	
	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	0
	Remaining UPL amount	0

	Facility Name	Jasper Memorial Hospital
	base period report period beginning date	10/1/2016
	base period report period ending date	9/30/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6		
	CAH status (1 = yes)	1
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	4,049
-	payments for services	3,377
	annual covered charges	4,049
	annual payments for services	3,377
14		
	total hospital CCR	124.10%
16		
	annual cost of services	5,025
18		
	adjustment factor	
	inflation	1.050668
21		
	adjusted annual charges	4,254
	adjusted Medicaid payments for services	3,548
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	3,548
	adjusted cost of services	5,280
27		
	other UPL calculation data	New State Cout
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation DRG differential adjustment rate	cost
	maximum annual payments (at DRG differential)	0
33	maximum annual payments (at DKG umerential)	0
	maximum annual payments	5,280
	facility specific UPL amount	1,732
36		1,732
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(6)
	allocation of supplemental payments	(6)
	total aggregate limit adjustments	(410)
40 l	נטנמו מצצו כצמוב וווווג מטוטגנווופוונג	(422)
	UPL amount after aggregate limit adjustments	1,310
	Previous UPL payments	1,067
	Remaining UPL amount	243

	Facility Name	Jeff Davis Hospital
2	base period report period beginning date	10/1/2016
3	base period report period ending date	9/30/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	731,143
	payments for services	244,028
	annual covered charges	731,143
13	annual payments for services	244,028
14		00.50%
	total hospital CCR	29.59%
16		
17	annual cost of services	216,313
18	a di sebara di Casta a	
	adjustment factor	4.050550
	inflation	1.050668
21		769.190
	adjusted annual charges adjusted Medicaid payments for services	768,189
23		256,392
	supplemental rate adjustment payments total adjusted Medicaid payments	256 202
-	adjusted cost of services	256,392 227,273
20		227,273
	other UPL calculation data	
-	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
	maximum annual payments	227,273
	facility specific UPL amount	(29,119)
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	29,119
	allocation of supplemental payments	0
	total aggregate limit adjustments	29,119
41		,
42	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	0
	Remaining UPL amount	0

	Facility Name	Liberty Regional Medical Center
2	base period report period beginning date	12/1/2016
	base period report period ending date	11/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	1,096,128
11	payments for services	375,433
12	annual covered charges	1,096,128
13	annual payments for services	375,433
14		
15	total hospital CCR	33.58%
16		
17	annual cost of services	368,062
18		
19	adjustment factor	
20	inflation	1.049701
21		
22	adjusted annual charges	1,150,607
	adjusted Medicaid payments for services	394,092
24	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	394,092
26	adjusted cost of services	386,355
27		
	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
	DRG differential adjustment rate	0
	maximum annual payments (at DRG differential)	0
33		
	maximum annual payments	386,355
	facility specific UPL amount	(7,737)
36		
	aggregate limit adjustments	
	allocation of UPL amounts < 0	7,737
	allocation of supplemental payments	0
	total aggregate limit adjustments	7,737
41		
	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	0
	Remaining UPL amount	0

		Medical Center of Peach County,
	Facility Name	Navicent Health
2	base period report period beginning date	10/1/2016
3	base period report period ending date	9/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	669,663
11	payments for services	307,628
12	annual covered charges	669,663
13	annual payments for services	307,628
14		
15	total hospital CCR	31.40%
16		
17	annual cost of services	210,262
18		
19	adjustment factor	
20	inflation	1.050668
21		
22	adjusted annual charges	703,593
23	adjusted Medicaid payments for services	323,215
24	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	323,215
	adjusted cost of services	220,916
27		
28	other UPL calculation data	
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		
	maximum annual payments	220,916
35	facility specific UPL amount	(102,299)
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	102,299
	allocation of supplemental payments	0
	total aggregate limit adjustments	102,299
41		
42	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	0
-	Remaining UPL amount	0

	Facility Name	Miller County Hospital
	base period report period beginning date	7/1/2016
3 k	base period report period ending date	6/30/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6		
	CAH status (1 = yes)	1
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	1,551,637
-	payments for services	699,047
	annual covered charges	1,551,637
	annual payments for services	699,047
14		
	total hospital CCR	91.47%
16		
	annual cost of services	1,419,306
18		
	adjustment factor	
	inflation	1.062413
21		
	adjusted annual charges	1,648,479
	adjusted Medicaid payments for services	742,677
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	742,677
	adjusted cost of services	1,507,889
27		
	other UPL calculation data	
-	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
	DRG differential adjustment rate	0
	maximum annual payments (at DRG differential)	0
33		1 507 890
	maximum annual payments	1,507,889
	facility specific UPL amount	765,212
36	aggrogato limit adjustments	
	aggregate limit adjustments allocation of UPL amounts < 0	
		(2,668)
	allocation of supplemental payments	(183,868)
40 t 41	total aggregate limit adjustments	(186,536)
	UPL amount after aggregate limit adjustments	E70 676
	Previous UPL payments	578,676 471,654
	Remaining UPL amount	107,022
1		107,022

2	Facility Name	Mitchell County Hospital
2	base period report period beginning date	10/1/2016
3	base period report period ending date	9/30/2017
	adjustment factor (if period not equal to 1 year)	1
6		1
7	CAH status (1 = yes)	1
8		1
9	Medicaid inpatient claims paid at amount > 0:	
	covered charges	26,408
	payments for services	16,817
	annual covered charges	26,408
13	annual payments for services	16,817
14		
	total hospital CCR	72.89%
16		
17	annual cost of services	19,250
18		
19	adjustment factor	
	inflation	1.050668
21		
22	adjusted annual charges	27,746
23	adjusted Medicaid payments for services	17,669
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	17,669
26	adjusted cost of services	20,225
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	20,225
35	facility specific UPL amount	2,556
36		
37	aggregate limit adjustments	
	allocation of UPL amounts < 0	(9)
39	allocation of supplemental payments	(614)
	total aggregate limit adjustments	(623)
41		
42	UPL amount after aggregate limit adjustments	1,933
	Previous UPL payments	1,575
	Remaining UPL amount	358

	Facility Name	Monroe County Hospital
2	base period report period beginning date	10/1/2016
3	base period report period ending date	9/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	101,823
	payments for services	57,302
12	annual covered charges	101,823
	annual payments for services	57,302
14		
	total hospital CCR	47.84%
16		
	annual cost of services	48,710
18		
	adjustment factor	
	inflation	1.050668
21		
	adjusted annual charges	106,982
	adjusted Medicaid payments for services	60,205
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	60,205
	adjusted cost of services	51,178
27		
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
	DRG differential adjustment rate	0
	maximum annual payments (at DRG differential)	0
33	···· ·································	51.170
	maximum annual payments	51,178
	facility specific UPL amount	(9,027)
36	aggregate limit adjustments	
	aggregate limit adjustments	0.007
	allocation of UPL amounts < 0	9,027
	allocation of supplemental payments	0 0027
	total aggregate limit adjustments	9,027
41 42	LIDL amount after aggregate limit adjustments	
	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	0
	Remaining UPL amount	0

	Facility Name	Morgan Memorial Hospital
2	base period report period beginning date	7/1/2016
3	base period report period ending date	6/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
-	covered charges	52,946
	payments for services	33,803
	annual covered charges	52,946
	annual payments for services	33,803
14		
	total hospital CCR	56.01%
16		
17	annual cost of services	29,654
18		
	adjustment factor	
	inflation	1.062413
21		
	adjusted annual charges	56,251
23	adjusted Medicaid payments for services	35,913
24	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	35,913
	adjusted cost of services	31,505
27		
28	other UPL calculation data	
29	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	31,505
35	facility specific UPL amount	(4,408)
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	4,408
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	4,408
41		
42	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	0
	Remaining UPL amount	0

2	Facility Name base period report period beginning date	Pioneer Community Hospital of Early 10/1/2016
	base period report period beginning date	10/1/2010
4		10/51/2017
	adjustment factor (if period not equal to 1 year)	0.92
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	412,872
11	payments for services	207,389
12	annual covered charges	379,842
13	annual payments for services	190,798
14		
15	total hospital CCR	107.01%
16		
17	annual cost of services	406,467
18		
	adjustment factor	
	inflation	1.050184
21		
	adjusted annual charges	398,904
	adjusted Medicaid payments for services	200,373
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments adjusted cost of services	200,373
26 27		426,865
	other LIDL calculation data	
	other UPL calculation data provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
	DRG differential adjustment rate	0
	maximum annual payments (at DRG differential)	0
33		
	maximum annual payments	426,865
	facility specific UPL amount	226,492
36	,	
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(790)
39	allocation of supplemental payments	(54,422)
	total aggregate limit adjustments	(55,212)
41		
42	UPL amount after aggregate limit adjustments	171,280
	Previous UPL payments	139,603
	Remaining UPL amount	31,677

2 ba: 3 ba: 4 5 5 ad 6 7 7 CA 8 9 10 cov 11 pa 12 an 13 an 14 15 15 tot 16 17 17 an 18 19 20 inf 21 22 22 ad 23 ad	acility Name ase period report period beginning date ase period report period ending date djustment factor (if period not equal to 1 year) AH status (1 = yes) <u>ledicaid inpatient claims paid at amount > 0:</u> overed charges ayments for services nnual covered charges nnual payments for services otal hospital CCR	Putnam General Hospital 10/1/2016 9/30/2017 1 1 1 1 1 1 205,057 121,283 205,057 121,283 54.43%
2 ba: 3 ba: 4 5 5 ad 6 7 7 CA 8 9 10 cov 11 pa 12 an 13 an 14 15 15 tot 16 17 17 an 18 19 20 inf 21 22 22 ad 23 ad	ase period report period beginning date ase period report period ending date djustment factor (if period not equal to 1 year) AH status (1 = yes) <u>ledicaid inpatient claims paid at amount > 0:</u> overed charges ayments for services nnual covered charges nnual payments for services	10/1/2016 9/30/2017 1 1 1 205,057 121,283 205,057 121,283
3 bas 4 5 5 ad 6 7 7 CA 8 9 9 Me 10 cov 11 pa 12 an 13 an 14 15 15 tot 16 17 17 an 18 19 20 inf 21 22 23 ad	ase period report period ending date djustment factor (if period not equal to 1 year) AH status (1 = yes) <u>ledicaid inpatient claims paid at amount > 0:</u> overed charges ayments for services nnual covered charges nnual payments for services btal hospital CCR	9/30/2017 1 1 1 205,057 121,283 205,057 121,283 121,283
4 5 ad. 6 7 7 CA 8 9 9 Me 10 cov 11 pa 12 an 13 an 14 15 15 tot 16 17 17 an 18 19 20 inf 21 22 22 ad. 23 ad.	djustment factor (if period not equal to 1 year) AH status (1 = yes) <u>ledicaid inpatient claims paid at amount > 0:</u> overed charges ayments for services nnual covered charges nnual payments for services	1 1 205,057 121,283 205,057 121,283
5 ad. 6 7 7 CA 8 9 9 Mo 10 cov 11 pa 12 an 13 an 14 15 15 tot 16 17 17 an 18 19 20 inf 21 22 22 ad 23 ad	AH status (1 = yes)	1 205,057 205,057 121,283 205,057 121,283
6 7 CA 8 9 9 Me 10 cov 11 pa 12 an 13 an 14 15 15 tot 16 17 17 an 18 9 20 inf 21 22 22 ad 23 ad	AH status (1 = yes)	1 205,057 205,057 121,283 205,057 121,283
7 CA 8 9 9 Me 10 cov 11 pa 12 an 13 an 14 15 15 tot 16 17 17 an 18 19 20 inf 21 22 23 ad	Iedicaid inpatient claims paid at amount > 0: overed charges ayments for services nnual covered charges nnual payments for services otal hospital CCR	205,057 121,283 205,057 121,283
8 9 Ma 10 cov 11 pa 12 an 13 an 14 - 15 tot 16 - 17 an 18 - 20 inf 21 - 22 ad 23 ad	Iedicaid inpatient claims paid at amount > 0: overed charges ayments for services nnual covered charges nnual payments for services otal hospital CCR	205,057 121,283 205,057 121,283
9 Ma 10 cov 11 pa 12 an 13 an 14 15 tot 16 17 an 18 19 ad 20 inf 21 22 ad 23 ad	overed charges ayments for services nnual covered charges nnual payments for services otal hospital CCR	121,283 205,057 121,283
10 cov 11 pa 12 an 13 an 14 - 15 tot 16 - 17 an 18 - 20 inf 21 - 22 ad 23 ad	overed charges ayments for services nnual covered charges nnual payments for services otal hospital CCR	121,283 205,057 121,283
11 pa 12 an 13 an 14 15 15 tot 16 17 17 an 18 19 20 inf 21 22 22 ad 23 ad	ayments for services nnual covered charges nnual payments for services otal hospital CCR	121,283 205,057 121,283
12 an 13 an 14 15 15 tot 16 17 17 an 18 19 20 inf 21 22 22 ad 23 ad	nnual covered charges nnual payments for services otal hospital CCR	205,057 121,283
13 an 14	nnual payments for services otal hospital CCR	121,283
14 15 tot 16	otal hospital CCR	
15 tot 16	· · · · ·	54.43%
16 17 an 18	· · · · ·	54.43%
17 an 18	nnual cost of services	
18 19 ad 20 inf 21 22 22 ad 23 ad	nnual cost of services	
19 ad 20 inf 21		111,619
20 inf 21 22 ad 23 ad		
21 22 ad 23 ad	djustment factor	
22 ad 23 ad	flation	1.050668
23 ad		245.447
	djusted annual charges	215,447
24 su	djusted Medicaid payments for services	127,428
25 1	upplemental rate adjustment payments	0
	otal adjusted Medicaid payments	127,428
	djusted cost of services	117,275
27		
	ther UPL calculation data	Non State Cout
	rovider category for UPL calculation	Non-State Govt.
	asis for UPL calculation	cost
	RG differential adjustment rate naximum annual payments (at DRG differential)	0
32 1112	laximum annual payments (at DRG differential)	0
	aximum annual payments	117,275
	icility specific UPL amount	(10,153)
36		(10,133)
	ggregate limit adjustments	
	location of UPL amounts < 0	10,153
	location of supplemental payments	0
	otal aggregate limit adjustments	10,153
40 101		10,155
	PL amount after aggregate limit adjustments	0
	revious UPL payments	0
	emaining UPL amount	0

F	Facility Name	South Ga Medical Center - Lanier Campus
2 k	base period report period beginning date	10/1/2016
3 k	base period report period ending date	9/30/2017
4		
5 a	adjustment factor (if period not equal to 1 year)	1
6		
7 (CAH status (1 = yes)	1
8		
9 <u>N</u>	Medicaid inpatient claims paid at amount > 0:	
10 c	covered charges	120,008
	payments for services	63,712
12 a	annual covered charges	120,008
13 a	annual payments for services	63,712
14		
15 t	otal hospital CCR	97.62%
16		
17 a	annual cost of services	117,154
18		
	adjustment factor	
	nflation	1.050668
21		
	adjusted annual charges	126,089
	adjusted Medicaid payments for services	66,940
	supplemental rate adjustment payments	0
	cotal adjusted Medicaid payments	66,940
	adjusted cost of services	123,090
27		
	other UPL calculation data	
-	provider category for UPL calculation	Non-State Govt.
	pasis for UPL calculation	cost
	DRG differential adjustment rate	0
	maximum annual payments (at DRG differential)	0
33		
	maximum annual payments	123,090
	acility specific UPL amount	56,150
36		
	aggregate limit adjustments	(100)
	allocation of UPL amounts < 0	(196)
	allocation of supplemental payments	(13,492)
	otal aggregate limit adjustments	(13,688)
41	IDI amount ofter accrete limit - during out	40.462
	JPL amount after aggregate limit adjustments	42,462
l P	Previous UPL payments Remaining UPL amount	34,609
-		

	Facility Name	Southwest Ga Regional Medical Center
2	base period report period beginning date	8/1/2016
3	base period report period ending date	7/31/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	217,752
11	payments for services	107,983
12	annual covered charges	217,752
13	annual payments for services	107,983
14		
15	total hospital CCR	68.47%
16		
17	annual cost of services	149,095
18		
19	adjustment factor	
20	inflation	1.058469
21		
22	adjusted annual charges	230,484
23	adjusted Medicaid payments for services	114,297
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	114,297
26	adjusted cost of services	157,812
27		
28	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	157,812
35	facility specific UPL amount	43,515
36		
37	aggregate limit adjustments	
	allocation of UPL amounts < 0	(152)
39	allocation of supplemental payments	(10,456)
40	total aggregate limit adjustments	(10,608)
41		
	UPL amount after aggregate limit adjustments	32,907
	Previous UPL payments	26,821
-	Remaining UPL amount	6,086

	Facility Name	Warm Springs Medical Center
	base period report period beginning date	1/1/2017
	base period report period ending date	12/31/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6 7	$C(1)$ status $(1 - y_0)$	1
8	CAH status (1 = yes)	1
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	160,488
	payments for services	96,482
	annual covered charges	160,488
	annual payments for services	96,482
14		
	total hospital CCR	74.55%
16		
17	annual cost of services	119,647
18		
19	adjustment factor	
20	inflation	1.049218
21		
22	adjusted annual charges	168,387
23	adjusted Medicaid payments for services	101,231
24	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	101,231
	adjusted cost of services	125,536
27		
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
	DRG differential adjustment rate	0
	maximum annual payments (at DRG differential)	0
33		125 526
	maximum annual payments	125,536
	facility specific UPL amount	24,305
36 37	aggregate limit adjustments	
•	allocation of UPL amounts < 0	(85)
	allocation of supplemental payments	(5,840)
	total aggregate limit adjustments	(5,940)
40		(5,525)
	UPL amount after aggregate limit adjustments	18,380
	Previous UPL payments	14,981
	Remaining UPL amount	3,399
		3,333

	Facility Name	Wellstar Sylvan Grove Hospital
	base period report period beginning date	7/1/2016
	base period report period ending date	6/30/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6		
	CAH status (1 = yes)	1
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	49,325
	payments for services	9,989
	annual covered charges	49,325
	annual payments for services	9,989
14		
	total hospital CCR	21.62%
16		
	annual cost of services	10,664
18		
	adjustment factor	4.062442
	inflation	1.062413
21		52.404
	adjusted annual charges	52,404
	adjusted Medicaid payments for services	10,612
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments adjusted cost of services	10,612
26 27		11,330
	ether UDL coloulation data	
	other UPL calculation data	Non State Cout
	provider category for UPL calculation basis for UPL calculation	Non-State Govt.
	DRG differential adjustment rate	cost 0
	maximum annual payments (at DRG differential)	0
33	maximum annual payments (at DNG unterential)	0
	maximum annual payments	11,330
	facility specific UPL amount	718
36		/10
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(3)
	allocation of supplemental payments	(172)
	total aggregate limit adjustments	(172)
40		(175)
	UPL amount after aggregate limit adjustments	543
	Previous UPL payments	443
	Remaining UPL amount	100
		100

	Facility Name	Wills Memorial Hospital
	base period report period beginning date	5/1/2016
3	base period report period ending date	4/30/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6		
	CAH status (1 = yes)	1
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	196,514
	payments for services	112,098
	annual covered charges	196,514
	annual payments for services	112,098
14		
	total hospital CCR	69.03%
16		
	annual cost of services	135,660
18		
	adjustment factor	
	inflation	1.06972
21		
	adjusted annual charges	210,215
	adjusted Medicaid payments for services	119,913
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	119,913
	adjusted cost of services	145,118
27		
	other UPL calculation data	
	provider category for UPL calculation	Non-State Govt.
	basis for UPL calculation	cost
	DRG differential adjustment rate	0
	maximum annual payments (at DRG differential)	0
33	maximum annual navmonte	1/15 119
	maximum annual payments facility specific UPL amount	145,118
35	iacinty specific OPL annound	25,205
	aggregate limit adjustments	
	allocation of UPL amounts < 0	(00)
	allocation of supplemental payments	(88)
	total aggregate limit adjustments	(6,056) (6,144)
40	נטנמו מצבו כצמוב וווווג מטוטגנווופוונג	(0,144)
	UPL amount after aggregate limit adjustments	19,061
	Previous UPL payments	15,536
	Remaining UPL amount	3,525
I		5,525

		Incluing Country Madisol Contor
2	Facility Name base period report period beginning date	Jenkins County Medical Center 1/1/2017
	base period report period beginning date	6/15/2017
4		6/15/2017
	adjustment factor (if period not equal to 1 year)	2.2
6		2.2
7	CAH status (1 = yes)	1
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	29,692
	payments for services	18,298
	annual covered charges	65,322
	annual payments for services	40,256
14		
	total hospital CCR	45.05%
16		
	annual cost of services	29,427
18		
	adjustment factor	
	inflation	1.062413
21		
	adjusted annual charges	69,399
	adjusted Medicaid payments for services	42,768
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	42,768
	adjusted cost of services	31,264
27		
28	other UPL calculation data	
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	31,264
35	facility specific UPL amount	(11,504)
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	11,504
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	11,504
41		
42	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	0
	Remaining UPL amount	0

	- 11. A.	
2	Facility Name	Mountain Lakes Medical Center
	base period report period beginning date	1/1/2017
3	base period report period ending date	12/31/2017
	adjustment factor (if period not equal to 1 year)	1
5	adjustment factor (il period not equal to 1 year)	1
7	CAH status (1 = yes)	1
8	CAR status (1 – yes)	
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	379,915
	payments for services	116,295
	annual covered charges	379,915
	annual payments for services	116,295
14		110,233
	total hospital CCR	33.82%
16		55.52/0
	annual cost of services	128,478
18		
	adjustment factor	
	inflation	1.049218
21		
	adjusted annual charges	403,627
	adjusted Medicaid payments for services	123,553
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	123,553
	adjusted cost of services	136,497
27		
28	other UPL calculation data	
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	136,497
35	facility specific UPL amount	12,944
36		
	aggregate limit adjustments	
38	allocation of UPL amounts < 0	(2,030)
39	allocation of supplemental payments	(4,690)
40	total aggregate limit adjustments	(6,720)
41		
42	UPL amount after aggregate limit adjustments	6,224
	Previous UPL payments	3,989
	Remaining UPL amount	2,235

	Facility Name	Optim Medical Center - Screven
	base period report period beginning date	1/1/2017
	base period report period ending date	12/31/2017
4	adjustment factor (if paried not accel to 1 year)	1
5	adjustment factor (if period not equal to 1 year)	1
6 7	CALL status (1 - yos)	1
8	CAH status (1 = yes)	1
9	Medicaid inpatient claims paid at amount > 0:	
_	covered charges	87,522
	payments for services	63,195
	annual covered charges	87,522
	annual payments for services	63,195
14		03,193
	total hospital CCR	47.71%
16		47.71/0
17	annual cost of services	41,760
18		41,700
	adjustment factor	
	inflation	1.049218
21		
	adjusted annual charges	91,830
	adjusted Medicaid payments for services	66,305
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	66,305
	adjusted cost of services	43,815
27		
28	other UPL calculation data	
	provider category for UPL calculation	Private
	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	43,815
35	facility specific UPL amount	(22,490)
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	22,490
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	22,490
41		
42	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	0
	Remaining UPL amount	0

	Facility Name	Optim Medical Center - Tattnall
2	base period report period beginning date	1/1/2017
3	base period report period ending date	12/31/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	Medicaid inpatient claims paid at amount > 0:	
10	covered charges	4,601,328
	payments for services	369,033
12	annual covered charges	4,601,328
13	annual payments for services	369,033
14		
	total hospital CCR	11.04%
16		
17	annual cost of services	508,062
18		
	adjustment factor	
	inflation	1.049218
21		
	adjusted annual charges	4,827,796
	adjusted Medicaid payments for services	387,196
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	387,196
	adjusted cost of services	533,068
27		
	other UPL calculation data	
	provider category for UPL calculation	Private
	basis for UPL calculation	cost
	DRG differential adjustment rate	0
	maximum annual payments (at DRG differential)	0
33		
	maximum annual payments	533,068
	facility specific UPL amount	145,872
36	and the Property of the second	
	aggregate limit adjustments	(00.070)
	allocation of UPL amounts < 0	(22,876)
	allocation of supplemental payments	(52,858)
	total aggregate limit adjustments	(75,734)
41	LIDL amount often aggregate limit a director anti-	70.400
	UPL amount after aggregate limit adjustments	70,138
	Previous UPL payments	44,949
	Remaining UPL amount	25,189

	Facility Name	Phoebe Worth Medical Center
2	base period report period beginning date	8/1/2016
3	base period report period ending date	7/31/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6		
	CAH status (1 = yes)	1
8		
	Medicaid inpatient claims paid at amount > 0:	
	covered charges	152,385
	payments for services	97,072
	annual covered charges	152,385
	annual payments for services	97,072
14		
	total hospital CCR	49.43%
16		
	annual cost of services	75,318
18		
	adjustment factor	
	inflation	1.058469
21	. Particular a station and	4.64.205
	adjusted annual charges	161,295
	adjusted Medicaid payments for services	102,748
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	102,748
	adjusted cost of services	79,722
27		
	other UPL calculation data	Drivete
	provider category for UPL calculation	Private
	basis for UPL calculation	cost
	DRG differential adjustment rate	0
32 33	maximum annual payments (at DRG differential)	0
	maximum annual payments	79,722
	facility specific UPL amount	(23,026)
36		(23,020)
	aggregate limit adjustments	
	allocation of UPL amounts < 0	23,026
	allocation of supplemental payments	0
	total aggregate limit adjustments	23,026
40		23,020
	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	0
	Remaining UPL amount	0
		0

	Facility Name	St. Mary's Good Samaritan Hospital
	base period report period beginning date	7/1/2016
	base period report period ending date	6/30/2017
4		
	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8 9	Modicaid innations claims haid at amount > 0;	
-	Medicaid inpatient claims paid at amount > 0: covered charges	207.059
	payments for services	397,958 197,744
	annual covered charges	397,958
	annual payments for services	197,744
13		197,744
	total hospital CCR	30.28%
15		50.28%
10	annual cost of services	120,509
18		120,505
	adjustment factor	
	inflation	1.062413
21		1.002413
	adjusted annual charges	422,796
	adjusted Medicaid payments for services	210,086
	supplemental rate adjustment payments	0
	total adjusted Medicaid payments	210,086
	adjusted cost of services	128,030
27		,
28	other UPL calculation data	
	provider category for UPL calculation	Private
	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	128,030
35	facility specific UPL amount	(82,056)
36		
37	aggregate limit adjustments	
38	allocation of UPL amounts < 0	82,056
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	82,056
41		
42	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	0
	Remaining UPL amount	0