

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Augusta University 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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	135,197,349
11	payments for services	34,825,479
12	annual covered charges	135,197,349
13	annual payments for services	34,825,479
14		
15	total hospital CCR	24.65%
16		
17	annual cost of services	33,323,081
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	143,635,421
23	adjusted Medicaid payments for services	36,999,042
24	supplemental rate adjustment payments	8,184,657
25	total adjusted Medicaid payments	45,183,699
26	adjusted cost of services	35,402,874
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.67185
32	maximum annual payments (at DRG differential)	61,856,848
33		
34	maximum annual payments	61,856,848
35	facility specific UPL amount	16,673,149
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(549,297)
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	(549,297)
41		
42	UPL amount after aggregate limit adjustments	16,123,852
	Previous UPL payments	12,662,962
	Remaining UPL amount	3,460,890

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	Facility Name	Roosevelt Warm Sprngs Rehab & Specialty Hospitals, Inc.
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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
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	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	4,925,434
23	adjusted Medicaid payments for services	2,547,367
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,547,367
26	adjusted cost of services	1,998,070
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	1,998,070
35	facility specific UPL amount	(549,297)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	549,297
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	549,297
41		
42	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	0
	Remaining UPL amount	0

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Applying Hospital
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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,204,397
11	payments for services	1,102,682
12	annual covered charges	2,204,397
13	annual payments for services	1,102,682
14		
15	total hospital CCR	58.11%
16		
17	annual cost of services	1,281,072
18		
19	<u>adjustment factor</u>	
20	inflation	1.054554
21		
22	adjusted annual charges	2,324,656
23	adjusted Medicaid payments for services	1,162,838
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,162,838
26	adjusted cost of services	1,350,960
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	1,634,590
33		
34	maximum annual payments	1,634,590
35	facility specific UPL amount	471,752
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,645)
39	allocation of supplemental payments	(113,355)
40	total aggregate limit adjustments	(115,000)
41		
42	UPL amount after aggregate limit adjustments	356,752
	Previous UPL payments	183,923
	Remaining UPL amount	172,829

Georgia Department of Community Health
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	Facility Name	Burke Medical Center
2	base period report period beginning date	6/1/2016
3	base period report period ending date	5/31/2017
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	229,271
11	payments for services	87,365
12	annual covered charges	229,271
13	annual payments for services	87,365
14		
15	total hospital CCR	44.80%
16		
17	annual cost of services	102,706
18		
19	<u>adjustment factor</u>	
20	inflation	1.066054
21		
22	adjusted annual charges	244,415
23	adjusted Medicaid payments for services	93,136
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	93,136
26	adjusted cost of services	109,490
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	130,920
33		
34	maximum annual payments	130,920
35	facility specific UPL amount	37,784
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(132)
39	allocation of supplemental payments	(9,079)
40	total aggregate limit adjustments	(9,211)
41		
42	UPL amount after aggregate limit adjustments	28,573
	Previous UPL payments	14,731
	Remaining UPL amount	13,842

Georgia Department of Community Health
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	Facility Name	Children's Healthcare of Atlanta at Hughes Spalding
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)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	7,814,543
11	payments for services	1,979,008
12	annual covered charges	7,814,543
13	annual payments for services	1,979,008
14		
15	total hospital CCR	18.55%
16		
17	annual cost of services	1,449,822
18		
19	<u>adjustment factor</u>	
20	inflation	1.049218
21		
22	adjusted annual charges	8,199,159
23	adjusted Medicaid payments for services	2,076,411
24	supplemental rate adjustment payments	247,136
25	total adjusted Medicaid payments	2,323,547
26	adjusted cost of services	1,521,179
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	1,521,179
35	facility specific UPL amount	(802,368)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	555,232
39	allocation of supplemental payments	247,136
40	total aggregate limit adjustments	802,368
41		
42	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	0
	Remaining UPL amount	0

Georgia Department of Community Health
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	Facility Name	Coffee Regional Medical Center
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)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
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	<u>adjustment factor</u>	
20	inflation	1.049218
21		
22	adjusted annual charges	10,970,116
23	adjusted Medicaid payments for services	3,201,037
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,201,037
26	adjusted cost of services	2,420,381
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	4,499,666
33		
34	maximum annual payments	4,499,666
35	facility specific UPL amount	1,298,629
36		
37	<u>aggregate limit adjustments</u>	
38	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

Georgia Department of Community Health
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	Facility Name	Colquitt Regional 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		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	13,780,576
11	payments for services	4,862,366
12	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	<u>adjustment factor</u>	
20	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
25	total adjusted Medicaid payments	5,362,393
26	adjusted cost of services	3,868,175
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
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	<u>aggregate limit adjustments</u>	
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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Cook Medical Center - A Campus of Tift 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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
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	<u>adjustment factor</u>	
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
25	total adjusted Medicaid payments	114,956
26	adjusted cost of services	201,939
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
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	<u>aggregate limit adjustments</u>	
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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Crisp Regional Hospital, Inc.
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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	5,658,599
11	payments for services	2,236,118
12	annual covered charges	5,658,599
13	annual payments for services	2,236,118
14		
15	total hospital CCR	33.04%
16		
17	annual cost of services	1,869,864
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	6,011,769
23	adjusted Medicaid payments for services	2,375,681
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,375,681
26	adjusted cost of services	1,986,568
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	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	<u>aggregate limit adjustments</u>	
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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	DeKalb Medical at North Decatur
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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	45,656,299
11	payments for services	16,332,734
12	annual covered charges	45,656,299
13	annual payments for services	16,332,734
14		
15	total hospital CCR	28.35%
16		
17	annual cost of services	12,943,663
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	48,505,846
23	adjusted Medicaid payments for services	17,352,109
24	supplemental rate adjustment payments	100,112
25	total adjusted Medicaid payments	17,452,221
26	adjusted cost of services	13,751,516
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
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		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(24,543)
39	allocation of supplemental payments	(1,591,388)
40	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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	DeKalb Medical Center at Hillandale
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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	12,879,198
11	payments for services	4,988,645
12	annual covered charges	12,879,198
13	annual payments for services	4,988,645
14		
15	total hospital CCR	22.21%
16		
17	annual cost of services	2,860,577
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	13,683,027
23	adjusted Medicaid payments for services	5,300,001
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,300,001
26	adjusted cost of services	3,039,114
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
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	<u>aggregate limit adjustments</u>	
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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	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		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	3,347,703
11	payments for services	1,432,120
12	annual covered charges	3,347,703
13	annual payments for services	1,432,120
14		
15	total hospital CCR	27.62%
16		
17	annual cost of services	924,632
18		
19	<u>adjustment factor</u>	
20	inflation	1.050668
21		
22	adjusted annual charges	3,517,324
23	adjusted Medicaid payments for services	1,504,683
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,504,683
26	adjusted cost of services	971,481
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	2,115,118
33		
34	maximum annual payments	2,115,118
35	facility specific UPL amount	610,435
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,128)
39	allocation of supplemental payments	(146,678)
40	total aggregate limit adjustments	(148,806)
41		
42	UPL amount after aggregate limit adjustments	461,629
	Previous UPL payments	237,991
	Remaining UPL amount	223,638

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	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		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,997,695
11	payments for services	786,446
12	annual covered charges	1,997,695
13	annual payments for services	786,446
14		
15	total hospital CCR	26.87%
16		
17	annual cost of services	536,798
18		
19	<u>adjustment factor</u>	
20	inflation	1.058469
21		
22	adjusted annual charges	2,114,498
23	adjusted Medicaid payments for services	832,429
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	832,429
26	adjusted cost of services	568,184
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	1,170,137
33		
34	maximum annual payments	1,170,137
35	facility specific UPL amount	337,708
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,177)
39	allocation of supplemental payments	(81,146)
40	total aggregate limit adjustments	(82,323)
41		
42	UPL amount after aggregate limit adjustments	255,385
	Previous UPL payments	131,663
	Remaining UPL amount	123,722

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	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		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	409,387
11	payments for services	217,344
12	annual covered charges	409,387
13	annual payments for services	217,344
14		
15	total hospital CCR	33.24%
16		
17	annual cost of services	136,098
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	434,938
23	adjusted Medicaid payments for services	230,909
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	230,909
26	adjusted cost of services	144,592
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	324,586
33		
34	maximum annual payments	324,586
35	facility specific UPL amount	93,677
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(327)
39	allocation of supplemental payments	(22,509)
40	total aggregate limit adjustments	(22,836)
41		
42	UPL amount after aggregate limit adjustments	70,841
	Previous UPL payments	36,522
	Remaining UPL amount	34,319

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Emanuel 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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	3,458,017
11	payments for services	932,883
12	annual covered charges	3,458,017
13	annual payments for services	932,883
14		
15	total hospital CCR	26.65%
16		
17	annual cost of services	921,720
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	3,673,842
23	adjusted Medicaid payments for services	991,107
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	991,107
26	adjusted cost of services	979,247
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	1,393,189
33		
34	maximum annual payments	1,393,189
35	facility specific UPL amount	402,082
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,402)
39	allocation of supplemental payments	(96,614)
40	total aggregate limit adjustments	(98,016)
41		
42	UPL amount after aggregate limit adjustments	304,066
	Previous UPL payments	156,760
	Remaining UPL amount	147,306

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Evans Memorial 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		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	517,771
11	payments for services	208,576
12	annual covered charges	517,771
13	annual payments for services	208,576
14		
15	total hospital CCR	22.03%
16		
17	annual cost of services	114,075
18		
19	<u>adjustment factor</u>	
20	inflation	1.050668
21		
22	adjusted annual charges	544,005
23	adjusted Medicaid payments for services	219,144
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	219,144
26	adjusted cost of services	119,855
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	308,049
33		
34	maximum annual payments	308,049
35	facility specific UPL amount	88,905
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(310)
39	allocation of supplemental payments	(21,362)
40	total aggregate limit adjustments	(21,672)
41		
42	UPL amount after aggregate limit adjustments	67,233
	Previous UPL payments	34,661
	Remaining UPL amount	32,572

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Floyd 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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	64,738,326
11	payments for services	15,488,917
12	annual covered charges	64,738,326
13	annual payments for services	15,488,917
14		
15	total hospital CCR	21.01%
16		
17	annual cost of services	13,600,450
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	68,778,839
23	adjusted Medicaid payments for services	16,455,627
24	supplemental rate adjustment payments	1,714,683
25	total adjusted Medicaid payments	18,170,310
26	adjusted cost of services	14,449,295
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	23,131,510
33		
34	maximum annual payments	23,131,510
35	facility specific UPL amount	4,961,200
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(23,275)
39	allocation of supplemental payments	110,573
40	total aggregate limit adjustments	87,298
41		
42	UPL amount after aggregate limit adjustments	5,048,498
	Previous UPL payments	2,602,733
	Remaining UPL amount	2,445,765

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	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		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,048,793
11	payments for services	959,214
12	annual covered charges	2,048,793
13	annual payments for services	959,214
14		
15	total hospital CCR	29.74%
16		
17	annual cost of services	609,281
18		
19	<u>adjustment factor</u>	
20	inflation	1.050668
21		
22	adjusted annual charges	2,152,601
23	adjusted Medicaid payments for services	1,007,815
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,007,815
26	adjusted cost of services	640,152
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	1,416,675
33		
34	maximum annual payments	1,416,675
35	facility specific UPL amount	408,860
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,425)
39	allocation of supplemental payments	(98,243)
40	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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Grady Health System/Grady Memorial 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)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	525,007,480
11	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	<u>adjustment factor</u>	
20	inflation	1.049218
21		
22	adjusted annual charges	550,847,298
23	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	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	163,798,502
33		
34	maximum annual payments	163,798,502
35	facility specific UPL amount	13,237,380
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(164,811)
39	allocation of supplemental payments	22,676,782
40	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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	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		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	82,474,923
11	payments for services	23,890,062
12	annual covered charges	82,474,923
13	annual payments for services	23,890,062
14		
15	total hospital CCR	23.28%
16		
17	annual cost of services	19,197,807
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	87,622,430
23	adjusted Medicaid payments for services	25,381,112
24	supplemental rate adjustment payments	1,280,499
25	total adjusted Medicaid payments	26,661,611
26	adjusted cost of services	20,396,000
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	35,677,975
33		
34	maximum annual payments	35,677,975
35	facility specific UPL amount	9,016,364
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(35,899)
39	allocation of supplemental payments	(1,193,676)
40	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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Gwinnett Medical Center - Duluth
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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	14,589,791
11	payments for services	4,158,330
12	annual covered charges	14,589,791
13	annual payments for services	4,158,330
14		
15	total hospital CCR	23.28%
16		
17	annual cost of services	3,396,087
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	15,500,384
23	adjusted Medicaid payments for services	4,417,864
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,417,864
26	adjusted cost of services	3,608,047
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	6,210,147
33		
34	maximum annual payments	6,210,147
35	facility specific UPL amount	1,792,283
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(6,249)
39	allocation of supplemental payments	(430,657)
40	total aggregate limit adjustments	(436,906)
41		
42	UPL amount after aggregate limit adjustments	1,355,377
	Previous UPL payments	698,759
	Remaining UPL amount	656,618

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Habersham County 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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
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	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	2,594,734
23	adjusted Medicaid payments for services	1,266,185
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,266,185
26	adjusted cost of services	1,110,263
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	1,779,864
33		
34	maximum annual payments	1,779,864
35	facility specific UPL amount	513,679
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,791)
39	allocation of supplemental payments	(123,429)
40	total aggregate limit adjustments	(125,220)
41		
42	UPL amount after aggregate limit adjustments	388,459
	Previous UPL payments	200,268
	Remaining UPL amount	188,191

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Houston Medical Center
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)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	19,672,194
11	payments for services	7,869,389
12	annual covered charges	19,672,194
13	annual payments for services	7,869,389
14		
15	total hospital CCR	31.46%
16		
17	annual cost of services	6,188,470
18		
19	<u>adjustment factor</u>	
20	inflation	1.049218
21		
22	adjusted annual charges	20,640,420
23	adjusted Medicaid payments for services	8,256,705
24	supplemental rate adjustment payments	666,472
25	total adjusted Medicaid payments	8,923,177
26	adjusted cost of services	6,493,054
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	11,606,368
33		
34	maximum annual payments	11,606,368
35	facility specific UPL amount	2,683,191
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(11,678)
39	allocation of supplemental payments	(138,400)
40	total aggregate limit adjustments	(150,078)
41		
42	UPL amount after aggregate limit adjustments	2,533,113
	Previous UPL payments	1,305,936
	Remaining UPL amount	1,227,177

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
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		
19	<u>adjustment factor</u>	
20	inflation	1.049701
21		
22	adjusted annual charges	1,056,617
23	adjusted Medicaid payments for services	498,098
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	498,098
26	adjusted cost of services	328,994
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	700,171
33		
34	maximum annual payments	700,171
35	facility specific UPL amount	202,073
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(704)
39	allocation of supplemental payments	(48,555)
40	total aggregate limit adjustments	(49,259)
41		
42	UPL amount after aggregate limit adjustments	152,814
	Previous UPL payments	78,783
	Remaining UPL amount	74,031

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Jefferson 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)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	125,854
11	payments for services	116,491
12	annual covered charges	125,854
13	annual payments for services	116,491
14		
15	total hospital CCR	70.19%
16		
17	annual cost of services	88,339
18		
19	<u>adjustment factor</u>	
20	inflation	1.049218
21		
22	adjusted annual charges	132,048
23	adjusted Medicaid payments for services	122,224
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	122,224
26	adjusted cost of services	92,687
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
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	<u>aggregate limit adjustments</u>	
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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Meadows Regional 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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	11,927,148
11	payments for services	3,384,130
12	annual covered charges	11,927,148
13	annual payments for services	3,384,130
14		
15	total hospital CCR	20.82%
16		
17	annual cost of services	2,483,499
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	12,671,557
23	adjusted Medicaid payments for services	3,595,344
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,595,344
26	adjusted cost of services	2,638,502
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
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		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(5,085)
39	allocation of supplemental payments	(350,478)
40	total aggregate limit adjustments	(355,563)
41		
42	UPL amount after aggregate limit adjustments	1,103,032
	Previous UPL payments	568,664
	Remaining UPL amount	534,368

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Medical Center, 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)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	149,937,217
11	payments for services	37,870,625
12	annual covered charges	149,937,217
13	annual payments for services	37,870,625
14		
15	total hospital CCR	23.14%
16		
17	annual cost of services	34,698,554
18		
19	<u>adjustment factor</u>	
20	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	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
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		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(56,277)
39	allocation of supplemental payments	2,521,218
40	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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Memorial Hospital and Manor
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)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,830,366
11	payments for services	1,219,574
12	annual covered charges	2,830,366
13	annual payments for services	1,219,574
14		
15	total hospital CCR	34.19%
16		
17	annual cost of services	967,662
18		
19	<u>adjustment factor</u>	
20	inflation	1.073412
21		
22	adjusted annual charges	3,038,149
23	adjusted Medicaid payments for services	1,309,105
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,309,105
26	adjusted cost of services	1,038,700
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	1,840,196
33		
34	maximum annual payments	1,840,196
35	facility specific UPL amount	531,091
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,852)
39	allocation of supplemental payments	(127,613)
40	total aggregate limit adjustments	(129,465)
41		
42	UPL amount after aggregate limit adjustments	401,626
	Previous UPL payments	207,057
	Remaining UPL amount	194,569

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	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		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	50,236,468
11	payments for services	16,285,907
12	annual covered charges	50,236,468
13	annual payments for services	16,285,907
14		
15	total hospital CCR	25.05%
16		
17	annual cost of services	12,585,647
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	53,371,877
23	adjusted Medicaid payments for services	17,302,359
24	supplemental rate adjustment payments	4,109,065
25	total adjusted Medicaid payments	21,411,424
26	adjusted cost of services	13,371,155
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	24,321,753
33		
34	maximum annual payments	24,321,753
35	facility specific UPL amount	2,910,329
36		
37	<u>aggregate limit adjustments</u>	
38	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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Murray Medical Center
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)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	663,334
11	payments for services	190,400
12	annual covered charges	663,334
13	annual payments for services	190,400
14		
15	total hospital CCR	14.82%
16		
17	annual cost of services	98,308
18		
19	<u>adjustment factor</u>	
20	inflation	1.049218
21		
22	adjusted annual charges	695,982
23	adjusted Medicaid payments for services	199,771
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	199,771
26	adjusted cost of services	103,147
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
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	<u>aggregate limit adjustments</u>	
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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Northeast Georgia Medical Center 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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
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	<u>adjustment factor</u>	
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	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
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	<u>aggregate limit adjustments</u>	
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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	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		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	159,672,886
11	payments for services	34,963,860
12	annual covered charges	159,672,886
13	annual payments for services	34,963,860
14		
15	total hospital CCR	19.52%
16		
17	annual cost of services	31,166,242
18		
19	<u>adjustment factor</u>	
20	inflation	1.050668
21		
22	adjusted annual charges	167,763,192
23	adjusted Medicaid payments for services	36,735,409
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	36,735,409
26	adjusted cost of services	32,745,373
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	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	<u>aggregate limit adjustments</u>	
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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	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		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	26,605,284
11	payments for services	5,089,986
12	annual covered charges	26,605,284
13	annual payments for services	5,089,986
14		
15	total hospital CCR	20.39%
16		
17	annual cost of services	5,425,850
18		
19	<u>adjustment factor</u>	
20	inflation	1.050668
21		
22	adjusted annual charges	27,953,321
23	adjusted Medicaid payments for services	5,347,885
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,347,885
26	adjusted cost of services	5,700,767
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	7,517,468
33		
34	maximum annual payments	7,517,468
35	facility specific UPL amount	2,169,583
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(7,564)
39	allocation of supplemental payments	(521,317)
40	total aggregate limit adjustments	(528,881)
41		
42	UPL amount after aggregate limit adjustments	1,640,702
	Previous UPL payments	845,858
	Remaining UPL amount	794,844

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Northside Hospital - Forsyth
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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	46,552,699
11	payments for services	9,306,154
12	annual covered charges	46,552,699
13	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	<u>adjustment factor</u>	
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
25	total adjusted Medicaid payments	9,777,678
26	adjusted cost of services	9,937,428
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
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		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(13,829)
39	allocation of supplemental payments	(953,137)
40	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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Northside 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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	897,903
11	payments for services	224,507
12	annual covered charges	897,903
13	annual payments for services	224,507
14		
15	total hospital CCR	27.33%
16		
17	annual cost of services	245,411
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	953,944
23	adjusted Medicaid payments for services	238,519
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	238,519
26	adjusted cost of services	260,728
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	260,728
35	facility specific UPL amount	22,209
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(77)
39	allocation of supplemental payments	(5,337)
40	total aggregate limit adjustments	(5,414)
41		
42	UPL amount after aggregate limit adjustments	16,795
	Previous UPL payments	13,689
	Remaining UPL amount	3,106

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Perry 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)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,150,649
11	payments for services	409,174
12	annual covered charges	1,150,649
13	annual payments for services	409,174
14		
15	total hospital CCR	27.30%
16		
17	annual cost of services	314,112
18		
19	<u>adjustment factor</u>	
20	inflation	1.049218
21		
22	adjusted annual charges	1,207,282
23	adjusted Medicaid payments for services	429,313
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	429,313
26	adjusted cost of services	329,572
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	603,481
33		
34	maximum annual payments	603,481
35	facility specific UPL amount	174,168
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(607)
39	allocation of supplemental payments	(41,850)
40	total aggregate limit adjustments	(42,457)
41		
42	UPL amount after aggregate limit adjustments	131,711
	Previous UPL payments	67,903
	Remaining UPL amount	63,808

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Phoebe Putney Memorial Hospital
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)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	80,173,289
11	payments for services	24,014,477
12	annual covered charges	80,173,289
13	annual payments for services	24,014,477
14		
15	total hospital CCR	25.89%
16		
17	annual cost of services	20,756,857
18		
19	<u>adjustment factor</u>	
20	inflation	1.058469
21		
22	adjusted annual charges	84,860,941
23	adjusted Medicaid payments for services	25,418,579
24	supplemental rate adjustment payments	2,737,734
25	total adjusted Medicaid payments	28,156,313
26	adjusted cost of services	21,970,490
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
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	<u>aggregate limit adjustments</u>	
38	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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Phoebe Sumter 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)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	10,175,809
11	payments for services	3,354,386
12	annual covered charges	10,175,809
13	annual payments for services	3,354,386
14		
15	total hospital CCR	25.41%
16		
17	annual cost of services	2,585,384
18		
19	<u>adjustment factor</u>	
20	inflation	1.058469
21		
22	adjusted annual charges	10,770,778
23	adjusted Medicaid payments for services	3,550,514
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,550,514
26	adjusted cost of services	2,736,549
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
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	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(5,022)
39	allocation of supplemental payments	(346,107)
40	total aggregate limit adjustments	(351,129)
41		
42	UPL amount after aggregate limit adjustments	1,089,279
	Previous UPL payments	561,573
	Remaining UPL amount	527,706

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Piedmont Athens Regional Medical Ctr
2	base period report period beginning date	10/1/2016
3	base period report period ending date	6/30/2017
4		
5	adjustment factor (if period not equal to 1 year)	1.34
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	54,689,552
11	payments for services	14,222,833
12	annual covered charges	73,284,000
13	annual payments for services	19,058,596
14		
15	total hospital CCR	21.16%
16		
17	annual cost of services	15,507,943
18		
19	<u>adjustment factor</u>	
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	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
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		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(28,639)
39	allocation of supplemental payments	(695,624)
40	total aggregate limit adjustments	(724,263)
41		
42	UPL amount after aggregate limit adjustments	6,212,009
	Previous UPL payments	3,202,576
	Remaining UPL amount	3,009,433

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Piedmont Henry 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		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	40,554,244
11	payments for services	9,062,896
12	annual covered charges	40,554,244
13	annual payments for services	9,062,896
14		
15	total hospital CCR	18.25%
16		
17	annual cost of services	7,399,166
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	43,085,356
23	adjusted Medicaid payments for services	9,628,539
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	9,628,539
26	adjusted cost of services	7,860,970
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	13,534,741
33		
34	maximum annual payments	13,534,741
35	facility specific UPL amount	3,906,202
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(13,618)
39	allocation of supplemental payments	(938,599)
40	total aggregate limit adjustments	(952,217)
41		
42	UPL amount after aggregate limit adjustments	2,953,985
	Previous UPL payments	1,522,915
	Remaining UPL amount	1,431,070

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
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	<u>adjustment factor</u>	
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
25	total adjusted Medicaid payments	3,358,338
26	adjusted cost of services	2,277,325
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
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	<u>aggregate limit adjustments</u>	
38	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
	Remaining UPL amount	499,142

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	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		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	26,443,056
11	payments for services	8,892,832
12	annual covered charges	26,443,056
13	annual payments for services	8,892,832
14		
15	total hospital CCR	29.93%
16		
17	annual cost of services	7,913,615
18		
19	<u>adjustment factor</u>	
20	inflation	1.050668
21		
22	adjusted annual charges	27,782,873
23	adjusted Medicaid payments for services	9,343,414
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	9,343,414
26	adjusted cost of services	8,314,582
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	13,133,944
33		
34	maximum annual payments	13,133,944
35	facility specific UPL amount	3,790,530
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(13,215)
39	allocation of supplemental payments	(910,805)
40	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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	South Ga Medical Center - Berrien 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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	158,214
11	payments for services	60,898
12	annual covered charges	158,214
13	annual payments for services	60,898
14		
15	total hospital CCR	43.46%
16		
17	annual cost of services	68,758
18		
19	<u>adjustment factor</u>	
20	inflation	1.050668
21		
22	adjusted annual charges	166,230
23	adjusted Medicaid payments for services	63,984
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	63,984
26	adjusted cost of services	72,242
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	89,942
33		
34	maximum annual payments	89,942
35	facility specific UPL amount	25,958
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(90)
39	allocation of supplemental payments	(6,237)
40	total aggregate limit adjustments	(6,327)
41		
42	UPL amount after aggregate limit adjustments	19,631
	Previous UPL payments	10,120
	Remaining UPL amount	9,511

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Southeast Ga Health System - Brunswick
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)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	25,066,295
11	payments for services	8,241,973
12	annual covered charges	25,066,295
13	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	<u>adjustment factor</u>	
20	inflation	1.06972
21		
22	adjusted annual charges	26,813,917
23	adjusted Medicaid payments for services	8,816,603
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	8,816,603
26	adjusted cost of services	8,375,269
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	12,393,411
33		
34	maximum annual payments	12,393,411
35	facility specific UPL amount	3,576,808
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(12,470)
39	allocation of supplemental payments	(859,451)
40	total aggregate limit adjustments	(871,921)
41		
42	UPL amount after aggregate limit adjustments	2,704,887
	Previous UPL payments	1,394,493
	Remaining UPL amount	1,310,394

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Southeast Ga Health System - Camden
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)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,079,491
11	payments for services	779,010
12	annual covered charges	2,079,491
13	annual payments for services	779,010
14		
15	total hospital CCR	35.07%
16		
17	annual cost of services	729,339
18		
19	<u>adjustment factor</u>	
20	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	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	1,171,394
33		
34	maximum annual payments	1,171,394
35	facility specific UPL amount	338,071
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,179)
39	allocation of supplemental payments	(81,233)
40	total aggregate limit adjustments	(82,412)
41		
42	UPL amount after aggregate limit adjustments	255,659
	Previous UPL payments	131,804
	Remaining UPL amount	123,855

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Stephens 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		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,528,617
11	payments for services	874,015
12	annual covered charges	2,528,617
13	annual payments for services	874,015
14		
15	total hospital CCR	38.88%
16		
17	annual cost of services	983,194
18		
19	<u>adjustment factor</u>	
20	inflation	1.050668
21		
22	adjusted annual charges	2,656,737
23	adjusted Medicaid payments for services	918,300
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	918,300
26	adjusted cost of services	1,033,010
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	1,290,845
33		
34	maximum annual payments	1,290,845
35	facility specific UPL amount	372,545
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,299)
39	allocation of supplemental payments	(89,517)
40	total aggregate limit adjustments	(90,816)
41		
42	UPL amount after aggregate limit adjustments	281,729
	Previous UPL payments	145,244
	Remaining UPL amount	136,485

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Tanner Medical Center/Carrollton
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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	19,023,910
11	payments for services	5,693,287
12	annual covered charges	19,023,910
13	annual payments for services	5,693,287
14		
15	total hospital CCR	25.76%
16		
17	annual cost of services	4,899,738
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	20,211,249
23	adjusted Medicaid payments for services	6,048,622
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	6,048,622
26	adjusted cost of services	5,205,545
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
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	<u>aggregate limit adjustments</u>	
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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Tanner Medical Center/Villa Rica
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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	17,005,854
11	payments for services	6,368,874
12	annual covered charges	17,005,854
13	annual payments for services	6,368,874
14		
15	total hospital CCR	26.19%
16		
17	annual cost of services	4,453,172
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	18,067,240
23	adjusted Medicaid payments for services	6,766,375
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	6,766,375
26	adjusted cost of services	4,731,108
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	9,511,426
33		
34	maximum annual payments	9,511,426
35	facility specific UPL amount	2,745,051
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(9,570)
39	allocation of supplemental payments	(659,593)
40	total aggregate limit adjustments	(669,163)
41		
42	UPL amount after aggregate limit adjustments	2,075,888
	Previous UPL payments	1,070,216
	Remaining UPL amount	1,005,672

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Tift Regional Medical Center - A Campus 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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
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	<u>adjustment factor</u>	
20	inflation	1.050668
21		
22	adjusted annual charges	31,188,227
23	adjusted Medicaid payments for services	7,363,783
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	7,363,783
26	adjusted cost of services	5,666,579
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	10,351,196
33		
34	maximum annual payments	10,351,196
35	facility specific UPL amount	2,987,413
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(10,415)
39	allocation of supplemental payments	(717,829)
40	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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Union General 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)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	883,756
11	payments for services	376,051
12	annual covered charges	883,756
13	annual payments for services	376,051
14		
15	total hospital CCR	38.83%
16		
17	annual cost of services	343,172
18		
19	<u>adjustment factor</u>	
20	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	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	565,466
33		
34	maximum annual payments	565,466
35	facility specific UPL amount	163,197
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(569)
39	allocation of supplemental payments	(39,214)
40	total aggregate limit adjustments	(39,783)
41		
42	UPL amount after aggregate limit adjustments	123,414
	Previous UPL payments	63,626
	Remaining UPL amount	59,788

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	University 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)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	48,385,253
11	payments for services	14,894,690
12	annual covered charges	48,385,253
13	annual payments for services	14,894,690
14		
15	total hospital CCR	27.74%
16		
17	annual cost of services	13,421,744
18		
19	<u>adjustment factor</u>	
20	inflation	1.049218
21		
22	adjusted annual charges	50,766,678
23	adjusted Medicaid payments for services	15,627,777
24	supplemental rate adjustment payments	8,244
25	total adjusted Medicaid payments	15,636,021
26	adjusted cost of services	14,082,335
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	21,967,810
33		
34	maximum annual payments	21,967,810
35	facility specific UPL amount	6,331,789
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(22,104)
39	allocation of supplemental payments	(1,515,167)
40	total aggregate limit adjustments	(1,537,271)
41		
42	UPL amount after aggregate limit adjustments	4,794,518
	Previous UPL payments	2,471,795
	Remaining UPL amount	2,322,723

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	University Hospital McDuffie
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)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	851,602
11	payments for services	336,552
12	annual covered charges	851,602
13	annual payments for services	336,552
14		
15	total hospital CCR	22.09%
16		
17	annual cost of services	188,084
18		
19	<u>adjustment factor</u>	
20	inflation	1.049218
21		
22	adjusted annual charges	893,516
23	adjusted Medicaid payments for services	353,116
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	353,116
26	adjusted cost of services	197,341
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	496,372
33		
34	maximum annual payments	496,372
35	facility specific UPL amount	143,256
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(499)
39	allocation of supplemental payments	(34,422)
40	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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Upson Regional Medical Center
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)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	10,299,890
11	payments for services	3,084,364
12	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	<u>adjustment factor</u>	
20	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
25	total adjusted Medicaid payments	3,236,170
26	adjusted cost of services	2,300,343
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
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		
37	<u>aggregate limit adjustments</u>	
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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Washington County Regional Medical 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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
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	<u>adjustment factor</u>	
20	inflation	1.054554
21		
22	adjusted annual charges	240,650
23	adjusted Medicaid payments for services	136,282
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	136,282
26	adjusted cost of services	134,998
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	191,570
33		
34	maximum annual payments	191,570
35	facility specific UPL amount	55,288
36		
37	<u>aggregate limit adjustments</u>	
38	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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Wayne 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		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	5,752,675
11	payments for services	1,772,460
12	annual covered charges	5,752,675
13	annual payments for services	1,772,460
14		
15	total hospital CCR	27.71%
16		
17	annual cost of services	1,593,789
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	6,111,717
23	adjusted Medicaid payments for services	1,883,085
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,883,085
26	adjusted cost of services	1,693,262
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	2,647,034
33		
34	maximum annual payments	2,647,034
35	facility specific UPL amount	763,949
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,663)
39	allocation of supplemental payments	(183,565)
40	total aggregate limit adjustments	(186,228)
41		
42	UPL amount after aggregate limit adjustments	577,721
	Previous UPL payments	297,841
	Remaining UPL amount	279,880

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Wellstar Cobb 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		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	89,301,768
11	payments for services	17,688,944
12	annual covered charges	89,301,768
13	annual payments for services	17,688,944
14		
15	total hospital CCR	19.14%
16		
17	annual cost of services	17,093,959
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	94,875,359
23	adjusted Medicaid payments for services	18,792,964
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	18,792,964
26	adjusted cost of services	18,160,844
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	26,417,082
33		
34	maximum annual payments	26,417,082
35	facility specific UPL amount	7,624,118
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(26,580)
39	allocation of supplemental payments	(1,831,956)
40	total aggregate limit adjustments	(1,858,536)
41		
42	UPL amount after aggregate limit adjustments	5,765,582
	Previous UPL payments	2,972,422
	Remaining UPL amount	2,793,160

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	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		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	25,400,568
11	payments for services	5,505,455
12	annual covered charges	25,400,568
13	annual payments for services	5,505,455
14		
15	total hospital CCR	16.75%
16		
17	annual cost of services	4,255,468
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	26,985,894
23	adjusted Medicaid payments for services	5,849,067
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,849,067
26	adjusted cost of services	4,521,065
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	8,221,975
33		
34	maximum annual payments	8,221,975
35	facility specific UPL amount	2,372,908
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(8,273)
39	allocation of supplemental payments	(570,173)
40	total aggregate limit adjustments	(578,446)
41		
42	UPL amount after aggregate limit adjustments	1,794,462
	Previous UPL payments	925,128
	Remaining UPL amount	869,334

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Wellstar Kennestone 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		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	146,284,019
11	payments for services	27,572,513
12	annual covered charges	146,284,019
13	annual payments for services	27,572,513
14		
15	total hospital CCR	17.92%
16		
17	annual cost of services	26,218,282
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	155,414,043
23	adjusted Medicaid payments for services	29,293,396
24	supplemental rate adjustment payments	953,135
25	total adjusted Medicaid payments	30,246,531
26	adjusted cost of services	27,854,644
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
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		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(41,432)
39	allocation of supplemental payments	(1,902,413)
40	total aggregate limit adjustments	(1,943,845)
41		
42	UPL amount after aggregate limit adjustments	8,987,058
	Previous UPL payments	4,633,241
	Remaining UPL amount	4,353,817

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Wellstar Paulding 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		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	11,673,906
11	payments for services	2,631,540
12	annual covered charges	11,673,906
13	annual payments for services	2,631,540
14		
15	total hospital CCR	18.07%
16		
17	annual cost of services	2,109,725
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	12,402,509
23	adjusted Medicaid payments for services	2,795,782
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,795,782
26	adjusted cost of services	2,241,399
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
32	maximum annual payments (at DRG differential)	3,930,003
33		
34	maximum annual payments	3,930,003
35	facility specific UPL amount	1,134,221
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,954)
39	allocation of supplemental payments	(272,536)
40	total aggregate limit adjustments	(276,490)
41		
42	UPL amount after aggregate limit adjustments	857,731
	Previous UPL payments	442,200
	Remaining UPL amount	415,531

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Wellstar West Georgia 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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	13,784,204
11	payments for services	5,185,962
12	annual covered charges	13,784,204
13	annual payments for services	5,185,962
14		
15	total hospital CCR	29.62%
16		
17	annual cost of services	4,083,421
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	14,644,518
23	adjusted Medicaid payments for services	5,509,633
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,509,633
26	adjusted cost of services	4,338,280
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.40569
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	<u>aggregate limit adjustments</u>	
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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Wellstar Windy Hill 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		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	3,243,694
11	payments for services	627,059
12	annual covered charges	3,243,694
13	annual payments for services	627,059
14		
15	total hospital CCR	22.16%
16		
17	annual cost of services	718,953
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	3,446,143
23	adjusted Medicaid payments for services	666,196
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	666,196
26	adjusted cost of services	763,825
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	763,825
35	facility specific UPL amount	97,629
36		
37	<u>aggregate limit adjustments</u>	
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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Bacon County Hospital and 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		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
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	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	2,753,288
23	adjusted Medicaid payments for services	908,809
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	908,809
26	adjusted cost of services	1,283,412
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	1,283,412
35	facility specific UPL amount	374,603
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,306)
39	allocation of supplemental payments	(90,011)
40	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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	78,726
11	payments for services	57,427
12	annual covered charges	78,726
13	annual payments for services	57,427
14		
15	total hospital CCR	61.94%
16		
17	annual cost of services	48,762
18		
19	<u>adjustment factor</u>	
20	inflation	1.073412
21		
22	adjusted annual charges	84,505
23	adjusted Medicaid payments for services	61,643
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	61,643
26	adjusted cost of services	52,342
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	52,342
35	facility specific UPL amount	(9,301)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	9,301
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	9,301
41		
42	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	0
	Remaining UPL amount	0

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	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		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	199,295
11	payments for services	89,531
12	annual covered charges	199,295
13	annual payments for services	89,531
14		
15	total hospital CCR	39.73%
16		
17	annual cost of services	79,179
18		
19	<u>adjustment factor</u>	
20	inflation	1.050668
21		
22	adjusted annual charges	209,393
23	adjusted Medicaid payments for services	94,067
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	94,067
26	adjusted cost of services	83,191
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	83,191
35	facility specific UPL amount	(10,876)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	10,876
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	10,876
41		
42	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	0
	Remaining UPL amount	0

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	925,366
11	payments for services	248,500
12	annual covered charges	925,366
13	annual payments for services	248,500
14		
15	total hospital CCR	26.71%
16		
17	annual cost of services	247,201
18		
19	<u>adjustment factor</u>	
20	inflation	1.049218
21		
22	adjusted annual charges	970,911
23	adjusted Medicaid payments for services	260,731
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	260,731
26	adjusted cost of services	259,368
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	259,368
35	facility specific UPL amount	(1,363)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	1,363
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	1,363
41		
42	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	0
	Remaining UPL amount	0

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
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	<u>adjustment factor</u>	
20	inflation	1.06972
21		
22	adjusted annual charges	210,481
23	adjusted Medicaid payments for services	106,988
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	106,988
26	adjusted cost of services	156,968
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	156,968
35	facility specific UPL amount	49,980
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(174)
39	allocation of supplemental payments	(12,009)
40	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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	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		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	251,769
11	payments for services	165,762
12	annual covered charges	251,769
13	annual payments for services	165,762
14		
15	total hospital CCR	86.96%
16		
17	annual cost of services	218,945
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	267,483
23	adjusted Medicaid payments for services	176,108
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	176,108
26	adjusted cost of services	232,610
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	232,610
35	facility specific UPL amount	56,502
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(197)
39	allocation of supplemental payments	(13,577)
40	total aggregate limit adjustments	(13,774)
41		
42	UPL amount after aggregate limit adjustments	42,728
	Previous UPL payments	34,826
	Remaining UPL amount	7,902

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	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		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	421,358
11	payments for services	133,635
12	annual covered charges	421,358
13	annual payments for services	133,635
14		
15	total hospital CCR	36.77%
16		
17	annual cost of services	154,921
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	447,656
23	adjusted Medicaid payments for services	141,976
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	141,976
26	adjusted cost of services	164,590
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	164,590
35	facility specific UPL amount	22,614
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(79)
39	allocation of supplemental payments	(5,434)
40	total aggregate limit adjustments	(5,513)
41		
42	UPL amount after aggregate limit adjustments	17,101
	Previous UPL payments	13,939
	Remaining UPL amount	3,162

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	74,285
11	payments for services	22,733
12	annual covered charges	74,285
13	annual payments for services	22,733
14		
15	total hospital CCR	25.91%
16		
17	annual cost of services	19,249
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	78,921
23	adjusted Medicaid payments for services	24,152
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	24,152
26	adjusted cost of services	20,450
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	20,450
35	facility specific UPL amount	(3,702)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	3,702
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	3,702
41		
42	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	0
	Remaining UPL amount	0

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	322,766
11	payments for services	135,223
12	annual covered charges	322,766
13	annual payments for services	135,223
14		
15	total hospital CCR	31.06%
16		
17	annual cost of services	100,245
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	342,911
23	adjusted Medicaid payments for services	143,663
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	143,663
26	adjusted cost of services	106,502
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	106,502
35	facility specific UPL amount	(37,161)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	37,161
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	37,161
41		
42	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	0
	Remaining UPL amount	0

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Jasper Memorial 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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	4,049
11	payments for services	3,377
12	annual covered charges	4,049
13	annual payments for services	3,377
14		
15	total hospital CCR	124.10%
16		
17	annual cost of services	5,025
18		
19	<u>adjustment factor</u>	
20	inflation	1.050668
21		
22	adjusted annual charges	4,254
23	adjusted Medicaid payments for services	3,548
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,548
26	adjusted cost of services	5,280
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	5,280
35	facility specific UPL amount	1,732
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(6)
39	allocation of supplemental payments	(416)
40	total aggregate limit adjustments	(422)
41		
42	UPL amount after aggregate limit adjustments	1,310
	Previous UPL payments	1,067
	Remaining UPL amount	243

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	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		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	731,143
11	payments for services	244,028
12	annual covered charges	731,143
13	annual payments for services	244,028
14		
15	total hospital CCR	29.59%
16		
17	annual cost of services	216,313
18		
19	<u>adjustment factor</u>	
20	inflation	1.050668
21		
22	adjusted annual charges	768,189
23	adjusted Medicaid payments for services	256,392
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	256,392
26	adjusted cost of services	227,273
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	227,273
35	facility specific UPL amount	(29,119)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	29,119
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	29,119
41		
42	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	0
	Remaining UPL amount	0

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Liberty Regional Medical Center
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)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
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	<u>adjustment factor</u>	
20	inflation	1.049701
21		
22	adjusted annual charges	1,150,607
23	adjusted Medicaid payments for services	394,092
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	394,092
26	adjusted cost of services	386,355
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	386,355
35	facility specific UPL amount	(7,737)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	7,737
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	7,737
41		
42	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	0
	Remaining UPL amount	0

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Medical Center of Peach County, 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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
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	<u>adjustment factor</u>	
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
25	total adjusted Medicaid payments	323,215
26	adjusted cost of services	220,916
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	220,916
35	facility specific UPL amount	(102,299)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	102,299
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	102,299
41		
42	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	0
	Remaining UPL amount	0

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Miller County 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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,551,637
11	payments for services	699,047
12	annual covered charges	1,551,637
13	annual payments for services	699,047
14		
15	total hospital CCR	91.47%
16		
17	annual cost of services	1,419,306
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	1,648,479
23	adjusted Medicaid payments for services	742,677
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	742,677
26	adjusted cost of services	1,507,889
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	1,507,889
35	facility specific UPL amount	765,212
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,668)
39	allocation of supplemental payments	(183,868)
40	total aggregate limit adjustments	(186,536)
41		
42	UPL amount after aggregate limit adjustments	578,676
	Previous UPL payments	471,654
	Remaining UPL amount	107,022

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	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
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	26,408
11	payments for services	16,817
12	annual covered charges	26,408
13	annual payments for services	16,817
14		
15	total hospital CCR	72.89%
16		
17	annual cost of services	19,250
18		
19	<u>adjustment factor</u>	
20	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	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	20,225
35	facility specific UPL amount	2,556
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(9)
39	allocation of supplemental payments	(614)
40	total aggregate limit adjustments	(623)
41		
42	UPL amount after aggregate limit adjustments	1,933
	Previous UPL payments	1,575
	Remaining UPL amount	358

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	101,823
11	payments for services	57,302
12	annual covered charges	101,823
13	annual payments for services	57,302
14		
15	total hospital CCR	47.84%
16		
17	annual cost of services	48,710
18		
19	<u>adjustment factor</u>	
20	inflation	1.050668
21		
22	adjusted annual charges	106,982
23	adjusted Medicaid payments for services	60,205
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	60,205
26	adjusted cost of services	51,178
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	51,178
35	facility specific UPL amount	(9,027)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	9,027
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	9,027
41		
42	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	0
	Remaining UPL amount	0

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	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
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	52,946
11	payments for services	33,803
12	annual covered charges	52,946
13	annual payments for services	33,803
14		
15	total hospital CCR	56.01%
16		
17	annual cost of services	29,654
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	56,251
23	adjusted Medicaid payments for services	35,913
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	35,913
26	adjusted cost of services	31,505
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	31,505
35	facility specific UPL amount	(4,408)
36		
37	<u>aggregate limit adjustments</u>	
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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Pioneer Community Hospital of Early
2	base period report period beginning date	10/1/2016
3	base period report period ending date	10/31/2017
4		
5	adjustment factor (if period not equal to 1 year)	0.92
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
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		
19	<u>adjustment factor</u>	
20	inflation	1.050184
21		
22	adjusted annual charges	398,904
23	adjusted Medicaid payments for services	200,373
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	200,373
26	adjusted cost of services	426,865
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	426,865
35	facility specific UPL amount	226,492
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(790)
39	allocation of supplemental payments	(54,422)
40	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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Putnam 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)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	205,057
11	payments for services	121,283
12	annual covered charges	205,057
13	annual payments for services	121,283
14		
15	total hospital CCR	54.43%
16		
17	annual cost of services	111,619
18		
19	<u>adjustment factor</u>	
20	inflation	1.050668
21		
22	adjusted annual charges	215,447
23	adjusted Medicaid payments for services	127,428
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	127,428
26	adjusted cost of services	117,275
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	117,275
35	facility specific UPL amount	(10,153)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	10,153
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	10,153
41		
42	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	0
	Remaining UPL amount	0

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	South Ga Medical Center - Lanier 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)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	120,008
11	payments for services	63,712
12	annual covered charges	120,008
13	annual payments for services	63,712
14		
15	total hospital CCR	97.62%
16		
17	annual cost of services	117,154
18		
19	<u>adjustment factor</u>	
20	inflation	1.050668
21		
22	adjusted annual charges	126,089
23	adjusted Medicaid payments for services	66,940
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	66,940
26	adjusted cost of services	123,090
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	123,090
35	facility specific UPL amount	56,150
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(196)
39	allocation of supplemental payments	(13,492)
40	total aggregate limit adjustments	(13,688)
41		
42	UPL amount after aggregate limit adjustments	42,462
	Previous UPL payments	34,609
	Remaining UPL amount	7,853

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
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	<u>adjustment factor</u>	
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	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	157,812
35	facility specific UPL amount	43,515
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(152)
39	allocation of supplemental payments	(10,456)
40	total aggregate limit adjustments	(10,608)
41		
42	UPL amount after aggregate limit adjustments	32,907
	Previous UPL payments	26,821
	Remaining UPL amount	6,086

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Warm Springs Medical Center
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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	160,488
11	payments for services	96,482
12	annual covered charges	160,488
13	annual payments for services	96,482
14		
15	total hospital CCR	74.55%
16		
17	annual cost of services	119,647
18		
19	<u>adjustment factor</u>	
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
25	total adjusted Medicaid payments	101,231
26	adjusted cost of services	125,536
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	125,536
35	facility specific UPL amount	24,305
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(85)
39	allocation of supplemental payments	(5,840)
40	total aggregate limit adjustments	(5,925)
41		
42	UPL amount after aggregate limit adjustments	18,380
	Previous UPL payments	14,981
	Remaining UPL amount	3,399

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Wellstar Sylvan Grove 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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	49,325
11	payments for services	9,989
12	annual covered charges	49,325
13	annual payments for services	9,989
14		
15	total hospital CCR	21.62%
16		
17	annual cost of services	10,664
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	52,404
23	adjusted Medicaid payments for services	10,612
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	10,612
26	adjusted cost of services	11,330
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	11,330
35	facility specific UPL amount	718
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3)
39	allocation of supplemental payments	(172)
40	total aggregate limit adjustments	(175)
41		
42	UPL amount after aggregate limit adjustments	543
	Previous UPL payments	443
	Remaining UPL amount	100

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Wills Memorial Hospital
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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	196,514
11	payments for services	112,098
12	annual covered charges	196,514
13	annual payments for services	112,098
14		
15	total hospital CCR	69.03%
16		
17	annual cost of services	135,660
18		
19	<u>adjustment factor</u>	
20	inflation	1.06972
21		
22	adjusted annual charges	210,215
23	adjusted Medicaid payments for services	119,913
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	119,913
26	adjusted cost of services	145,118
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	145,118
35	facility specific UPL amount	25,205
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(88)
39	allocation of supplemental payments	(6,056)
40	total aggregate limit adjustments	(6,144)
41		
42	UPL amount after aggregate limit adjustments	19,061
	Previous UPL payments	15,536
	Remaining UPL amount	3,525

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Jenkins County Medical Center
2	base period report period beginning date	1/1/2017
3	base period report period ending date	6/15/2017
4		
5	adjustment factor (if period not equal to 1 year)	2.2
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	29,692
11	payments for services	18,298
12	annual covered charges	65,322
13	annual payments for services	40,256
14		
15	total hospital CCR	45.05%
16		
17	annual cost of services	29,427
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	69,399
23	adjusted Medicaid payments for services	42,768
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	42,768
26	adjusted cost of services	31,264
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	31,264
35	facility specific UPL amount	(11,504)
36		
37	<u>aggregate limit adjustments</u>	
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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Mountain Lakes Medical Center
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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	379,915
11	payments for services	116,295
12	annual covered charges	379,915
13	annual payments for services	116,295
14		
15	total hospital CCR	33.82%
16		
17	annual cost of services	128,478
18		
19	<u>adjustment factor</u>	
20	inflation	1.049218
21		
22	adjusted annual charges	403,627
23	adjusted Medicaid payments for services	123,553
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	123,553
26	adjusted cost of services	136,497
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	136,497
35	facility specific UPL amount	12,944
36		
37	<u>aggregate limit adjustments</u>	
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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	Optim Medical Center - Screven
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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	87,522
11	payments for services	63,195
12	annual covered charges	87,522
13	annual payments for services	63,195
14		
15	total hospital CCR	47.71%
16		
17	annual cost of services	41,760
18		
19	<u>adjustment factor</u>	
20	inflation	1.049218
21		
22	adjusted annual charges	91,830
23	adjusted Medicaid payments for services	66,305
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	66,305
26	adjusted cost of services	43,815
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	43,815
35	facility specific UPL amount	(22,490)
36		
37	<u>aggregate limit adjustments</u>	
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

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	4,601,328
11	payments for services	369,033
12	annual covered charges	4,601,328
13	annual payments for services	369,033
14		
15	total hospital CCR	11.04%
16		
17	annual cost of services	508,062
18		
19	<u>adjustment factor</u>	
20	inflation	1.049218
21		
22	adjusted annual charges	4,827,796
23	adjusted Medicaid payments for services	387,196
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	387,196
26	adjusted cost of services	533,068
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	533,068
35	facility specific UPL amount	145,872
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(22,876)
39	allocation of supplemental payments	(52,858)
40	total aggregate limit adjustments	(75,734)
41		
42	UPL amount after aggregate limit adjustments	70,138
	Previous UPL payments	44,949
	Remaining UPL amount	25,189

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	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		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	152,385
11	payments for services	97,072
12	annual covered charges	152,385
13	annual payments for services	97,072
14		
15	total hospital CCR	49.43%
16		
17	annual cost of services	75,318
18		
19	<u>adjustment factor</u>	
20	inflation	1.058469
21		
22	adjusted annual charges	161,295
23	adjusted Medicaid payments for services	102,748
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	102,748
26	adjusted cost of services	79,722
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	79,722
35	facility specific UPL amount	(23,026)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	23,026
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	23,026
41		
42	UPL amount after aggregate limit adjustments	0
	Previous UPL payments	0
	Remaining UPL amount	0

Georgia Department of Community Health
SFY 2019 Hospital Inpatient UPL - Revised

	Facility Name	St. Mary's Good Samaritan 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	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	397,958
11	payments for services	197,744
12	annual covered charges	397,958
13	annual payments for services	197,744
14		
15	total hospital CCR	30.28%
16		
17	annual cost of services	120,509
18		
19	<u>adjustment factor</u>	
20	inflation	1.062413
21		
22	adjusted annual charges	422,796
23	adjusted Medicaid payments for services	210,086
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	210,086
26	adjusted cost of services	128,030
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	128,030
35	facility specific UPL amount	(82,056)
36		
37	<u>aggregate limit adjustments</u>	
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