

Georgia Department of Community Health

	Facility Name	Roosevelt Warm Springs R	MCG Health Inc	Appling General
1	base period report period beginning date	7/1/2008	7/1/2008	9/1/2008
2	base period report period ending date	6/30/2009	6/30/2009	8/31/2009
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount > 0:</u>			
9	covered charges	2,596,697	73,743,673	3,811,733
10	payments for services	2,316,114	29,330,507	1,302,852
11	annual covered charges	2,596,697	73,743,673	3,811,733
12	annual payments for services	2,316,114	29,330,507	1,302,852
13				
14	inpatient CCR	1.1006119	0.4975832	0.3345163
15				
16	annual cost of services	2,857,956	36,693,613	1,275,087
17				
18	<u>adjustment factor</u>			
19	inflation	1.075321	1.075321	1.069607
20				
21	adjusted annual charges	2,792,283	79,298,120	4,077,056
22	adjusted Medicaid payments for services	2,490,566	31,539,710	1,393,540
23	supplemental rate adjustment payments	0	6,781,610	0
24	total adjusted Medicaid payments	2,490,566	38,321,320	1,393,540
25	adjusted cost of services	3,073,220	39,457,413	1,363,842
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	State Govt.	State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.467460	1.467460	1.210326
31	maximum annual payments (at DRG differential)	3,654,807	46,283,271	1,686,637
32				
33	maximum annual payments	3,654,807	46,283,271	1,686,637
34	facility specific UPL amount	1,164,241	7,961,951	293,097
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	0	0	(1,063)
38	allocation of supplemental payments	(496,324)	496,324	(223,231)
39	total aggregate limit adjustments	(496,324)	496,324	(224,294)
40				
41	UPL amount after aggregate limit adjustments	667,917	8,458,275	68,803
42	SFY2012 1st - 3rd quarters UPL adjustment	500,938	6,343,706	51,602
43	Intergovernmental transfer amount	169,517	2,146,710	17,462
44	Net funds amount	331,421	4,196,996	34,140

Georgia Department of Community Health

	Facility Name	Athens Regional	Burke Medical Center	Coffee Regional
1	base period report period beginning date	10/1/2008	6/1/2008	1/1/2009
2	base period report period ending date	9/30/2009	5/31/2009	12/31/2009
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount > 0:</u>			
9	covered charges	44,235,911	198,600	6,770,838
10	payments for services	13,178,419	799,963	2,879,187
11	annual covered charges	44,235,911	198,600	6,770,838
12	annual payments for services	13,178,419	799,963	2,879,187
13				
14	inpatient CCR	0.3678374	0.7075768	0.4182815
15				
16	annual cost of services	16,271,622	140,525	2,832,116
17				
18	<u>adjustment factor</u>			
19	inflation	1.066773	1.077815	1.055031
20				
21	adjusted annual charges	47,189,675	214,054	7,143,444
22	adjusted Medicaid payments for services	14,058,382	862,212	3,037,632
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	14,058,382	862,212	3,037,632
25	adjusted cost of services	17,358,127	151,460	2,987,970
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.210326	1.210326	1.210326
31	maximum annual payments (at DRG differential)	17,015,222	1,043,557	3,676,524
32				
33	maximum annual payments	17,015,222	1,043,557	3,676,524
34	facility specific UPL amount	2,956,840	181,345	638,892
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(10,726)	(658)	(2,318)
38	allocation of supplemental payments	(2,252,005)	(138,118)	(486,596)
39	total aggregate limit adjustments	(2,262,731)	(138,776)	(488,914)
40				
41	UPL amount after aggregate limit adjustments	694,109	42,569	149,978
42	SFY2012 1st - 3rd quarters UPL adjustment	520,582	31,927	112,484
43	Intergovernmental transfer amount	176,165	10,804	38,065
44	Net funds amount	344,417	21,123	74,419

Georgia Department of Community Health

	Facility Name	Colquitt Regional	Crisp Regional	Dekalb Medical
1	base period report period beginning date	10/1/2008	7/1/2008	7/1/2008
2	base period report period ending date	9/30/2009	6/30/2009	6/30/2009
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount > 0:</u>			
9	covered charges	5,786,442	5,039,999	49,456,341
10	payments for services	2,718,052	2,659,693	18,594,279
11	annual covered charges	5,786,442	5,039,999	49,456,341
12	annual payments for services	2,718,052	2,659,693	18,594,279
13				
14	inpatient CCR	0.5300733	0.4646073	0.4609292
15				
16	annual cost of services	3,067,238	2,341,620	22,795,872
17				
18	<u>adjustment factor</u>			
19	inflation	1.066773	1.075321	1.075321
20				
21	adjusted annual charges	6,172,820	5,419,617	53,181,442
22	adjusted Medicaid payments for services	2,899,544	2,860,024	19,994,819
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	2,899,544	2,860,024	19,994,819
25	adjusted cost of services	3,272,047	2,517,993	24,512,880
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.210326	1.210326	1.210326
31	maximum annual payments (at DRG differential)	3,509,393	3,461,561	24,200,245
32				
33	maximum annual payments	3,509,393	3,461,561	24,200,245
34	facility specific UPL amount	609,849	601,537	4,205,426
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(2,212)	(2,182)	(15,255)
38	allocation of supplemental payments	(464,476)	(458,145)	(3,202,959)
39	total aggregate limit adjustments	(466,688)	(460,327)	(3,218,214)
40				
41	UPL amount after aggregate limit adjustments	143,161	141,210	987,212
42	SFY2012 1st - 3rd quarters UPL adjustment	107,371	105,908	740,409
43	Intergovernmental transfer amount	36,334	35,839	250,554
44	Net funds amount	71,037	70,069	489,855

Georgia Department of Community Health

	Facility Name	Doctors Hospital Inc.	Dodge County	Dorminy Medical
1	base period report period beginning date	12/3/2008	10/1/2008	8/1/2008
2	base period report period ending date	6/30/2009	9/30/2009	7/31/2009
3				
4	adjustment factor (if period not equal to 1 year)	1.7381	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount > 0:</u>			
9	covered charges	6,480,576	2,759,221	2,194,611
10	payments for services	1,605,031	1,512,682	1,013,141
11	annual covered charges	11,263,858	2,759,221	2,194,611
12	annual payments for services	2,789,696	1,512,682	1,013,141
13				
14	inpatient CCR	0.3632177	0.483639	0.4592199
15				
16	annual cost of services	4,091,233	1,334,467	1,007,809
17				
18	<u>adjustment factor</u>			
19	inflation	1.058916	1.066773	1.072456
20				
21	adjusted annual charges	11,927,479	2,943,462	2,353,624
22	adjusted Medicaid payments for services	2,954,054	1,613,688	1,086,549
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	2,954,054	1,613,688	1,086,549
25	adjusted cost of services	4,332,272	1,423,573	1,080,831
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.210326	1.210326	1.210326
31	maximum annual payments (at DRG differential)	3,575,368	1,953,088	1,315,078
32				
33	maximum annual payments	3,575,368	1,953,088	1,315,078
34	facility specific UPL amount	621,314	339,400	228,529
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(2,254)	(1,231)	(829)
38	allocation of supplemental payments	(473,208)	(258,496)	(174,053)
39	total aggregate limit adjustments	(475,462)	(259,727)	(174,882)
40				
41	UPL amount after aggregate limit adjustments	145,852	79,673	53,647
42	SFY2012 1st - 3rd quarters UPL adjustment	109,389	59,755	40,235
43	Intergovernmental transfer amount	37,017	20,221	13,616
44	Net funds amount	72,372	39,534	26,619

Georgia Department of Community Health

	Facility Name	Elbert Memorial	Emanuel Medical Ctr.	Evans Memorial
1	base period report period beginning date	7/1/2008	7/1/2008	10/1/2008
2	base period report period ending date	6/30/2009	6/30/2009	9/30/2009
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount > 0:</u>			
9	covered charges	1,120,607	2,829,516	763,242
10	payments for services	554,038	1,149,063	389,544
11	annual covered charges	1,120,607	2,829,516	763,242
12	annual payments for services	554,038	1,149,063	389,544
13				
14	inpatient CCR	0.5026209	0.4066621	0.4958059
15				
16	annual cost of services	563,240	1,150,657	378,420
17				
18	<u>adjustment factor</u>			
19	inflation	1.075321	1.075321	1.066773
20				
21	adjusted annual charges	1,205,012	3,042,638	814,206
22	adjusted Medicaid payments for services	595,769	1,235,612	415,555
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	595,769	1,235,612	415,555
25	adjusted cost of services	605,664	1,237,326	403,688
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.210326	1.210326	1.210326
31	maximum annual payments (at DRG differential)	721,075	1,495,493	502,957
32				
33	maximum annual payments	721,075	1,495,493	502,957
34	facility specific UPL amount	125,306	259,881	87,402
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(455)	(943)	(317)
38	allocation of supplemental payments	(95,435)	(197,932)	(66,568)
39	total aggregate limit adjustments	(95,890)	(198,875)	(66,885)
40				
41	UPL amount after aggregate limit adjustments	29,416	61,006	20,517
42	SFY2012 1st - 3rd quarters UPL adjustment	22,062	45,755	15,388
43	Intergovernmental transfer amount	7,466	15,483	5,207
44	Net funds amount	14,596	30,272	10,181

Georgia Department of Community Health

	Facility Name	Floyd Medical Center	Grady General	Grady Memorial
1	base period report period beginning date	7/1/2008	10/1/2008	1/1/2009
2	base period report period ending date	6/30/2009	9/30/2009	12/31/2009
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount > 0:</u>			
9	covered charges	36,120,032	1,963,677	214,632,181
10	payments for services	10,105,246	879,622	72,701,055
11	annual covered charges	36,120,032	1,963,677	214,632,181
12	annual payments for services	10,105,246	879,622	72,701,055
13				
14	inpatient CCR	0.3822383	0.5210567	0.3727507
15				
16	annual cost of services	13,806,460	1,023,187	80,004,296
17				
18	<u>adjustment factor</u>			
19	inflation	1.075321	1.066773	1.055031
20				
21	adjusted annual charges	38,840,629	2,094,798	226,443,605
22	adjusted Medicaid payments for services	10,866,383	938,357	76,701,867
23	supplemental rate adjustment payments	1,533,226	0	52,659,918
24	total adjusted Medicaid payments	12,399,609	938,357	129,361,785
25	adjusted cost of services	14,846,376	1,091,508	84,407,012
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.210326	1.210326	1.210326
31	maximum annual payments (at DRG differential)	13,151,863	1,135,718	92,834,247
32				
33	maximum annual payments	13,151,863	1,135,718	92,834,247
34	facility specific UPL amount	752,254	197,361	(36,527,538)
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(8,291)	(716)	(58,521)
38	allocation of supplemental payments	(207,454)	(150,315)	40,373,088
39	total aggregate limit adjustments	(215,745)	(151,031)	40,314,567
40				
41	UPL amount after aggregate limit adjustments	536,509	46,330	3,787,029
42	SFY2012 1st - 3rd quarters UPL adjustment	402,381	34,748	2,840,272
43	Intergovernmental transfer amount	136,166	11,759	961,148
44	Net funds amount	266,215	22,989	1,879,124

Georgia Department of Community Health

	Facility Name	Gwinnett Med Ctr - Duluth	Gwinnett Med Ctr - Lawrenceville
1	base period report period beginning date	7/1/2008	7/1/2008
2	base period report period ending date	6/30/2009	6/30/2009
3			
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
5			
6	CAH status (1 = yes)	0	0
7			
8	<u>Medicaid inpatient claims paid at amount > 0:</u>		
9	covered charges	5,505,662	34,679,002
10	payments for services	2,127,761	16,351,899
11	annual covered charges	5,505,662	34,679,002
12	annual payments for services	2,127,761	16,351,899
13			
14	inpatient CCR	0.522865	0.5959786
15			
16	annual cost of services	2,878,718	20,667,943
17			
18	<u>adjustment factor</u>		
19	inflation	1.075321	1.075321
20			
21	adjusted annual charges	5,920,354	37,291,059
22	adjusted Medicaid payments for services	2,288,026	17,583,540
23	supplemental rate adjustment payments	0	0
24	total adjusted Medicaid payments	2,288,026	17,583,540
25	adjusted cost of services	3,095,546	22,224,673
26			
27	<u>other UPL calculation data</u>		
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential
30	DRG differential adjustment rate	1.210326	1.210326
31	maximum annual payments (at DRG differential)	2,769,257	21,281,812
32			
33	maximum annual payments	2,769,257	21,281,812
34	facility specific UPL amount	481,231	3,698,272
35			
36	<u>aggregate limit adjustments</u>		
37	allocation of UPL amounts < 0	(1,746)	(13,416)
38	allocation of supplemental payments	(366,517)	(2,816,697)
39	total aggregate limit adjustments	(368,263)	(2,830,113)
40			
41	UPL amount after aggregate limit adjustments	112,968	868,159
42	SFY2012 1st - 3rd quarters UPL adjustment	84,726	651,119
43	Intergovernmental transfer amount	28,671	220,339
44	Net funds amount	56,055	430,780

Georgia Department of Community Health

	Facility Name	Habersham Medical C	Hart County	Henry Medical Center
1	base period report period beginning date	7/1/2008	1/1/2009	7/1/2008
2	base period report period ending date	6/30/2009	12/31/2009	6/30/2009
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount > 0:</u>			
9	covered charges	2,615,230	461,461	13,416,941
10	payments for services	1,335,757	283,889	4,638,948
11	annual covered charges	2,615,230	461,461	13,416,941
12	annual payments for services	1,335,757	283,889	4,638,948
13				
14	inpatient CCR	0.5348787	0.5739813	0.6561474
15				
16	annual cost of services	1,398,831	264,870	8,803,491
17				
18	<u>adjustment factor</u>			
19	inflation	1.075321	1.055031	1.075321
20				
21	adjusted annual charges	2,812,212	486,856	14,427,518
22	adjusted Medicaid payments for services	1,436,368	299,512	4,988,358
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	1,436,368	299,512	4,988,358
25	adjusted cost of services	1,504,192	279,446	9,466,579
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.210326	1.210326	1.210326
31	maximum annual payments (at DRG differential)	1,738,473	362,507	6,037,538
32				
33	maximum annual payments	1,738,473	362,507	6,037,538
34	facility specific UPL amount	302,105	62,995	1,049,180
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(1,096)	(229)	(3,806)
38	allocation of supplemental payments	(230,091)	(47,978)	(799,083)
39	total aggregate limit adjustments	(231,187)	(48,207)	(802,889)
40				
41	UPL amount after aggregate limit adjustments	70,918	14,788	246,291
42	SFY2012 1st - 3rd quarters UPL adjustment	53,189	11,091	184,718
43	Intergovernmental transfer amount	17,999	3,753	62,509
44	Net funds amount	35,190	7,338	122,209

Georgia Department of Community Health

	Facility Name	Houston Medical Ctr.	Hughes Spalding C	Hughston Hospital Inc.
1	base period report period beginning date	1/1/2009	1/1/2009	7/1/2008
2	base period report period ending date	12/31/2009	12/31/2009	6/30/2009
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount > 0:</u>			
9	covered charges	15,183,603	3,312,882	1,136,788
10	payments for services	5,843,475	1,373,828	253,166
11	annual covered charges	15,183,603	3,312,882	1,136,788
12	annual payments for services	5,843,475	1,373,828	253,166
13				
14	inpatient CCR	0.4826102	0.3542725	0.3469565
15				
16	annual cost of services	7,327,762	1,173,663	394,416
17				
18	<u>adjustment factor</u>			
19	inflation	1.055031	1.055031	1.075321
20				
21	adjusted annual charges	16,019,172	3,495,193	1,222,412
22	adjusted Medicaid payments for services	6,165,047	1,449,431	272,235
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	6,165,047	1,449,431	272,235
25	adjusted cost of services	7,731,016	1,238,251	424,124
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.210326	1.210326	1.210326
31	maximum annual payments (at DRG differential)	7,461,715	1,754,284	329,493
32				
33	maximum annual payments	7,461,715	1,754,284	329,493
34	facility specific UPL amount	1,296,668	304,853	57,258
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(4,704)	(1,106)	(208)
38	allocation of supplemental payments	(987,576)	(232,184)	(43,609)
39	total aggregate limit adjustments	(992,280)	(233,290)	(43,817)
40				
41	UPL amount after aggregate limit adjustments	304,388	71,563	13,441
42	SFY2012 1st - 3rd quarters UPL adjustment	228,291	53,672	10,081
43	Intergovernmental transfer amount	77,254	18,163	3,411
44	Net funds amount	151,037	35,509	6,670

Georgia Department of Community Health

	Facility Name	Hutcheson Medical Ctr.	Irwin County Hospital	Jefferson
1	base period report period beginning date	10/1/2008	12/1/2008	1/1/2009
2	base period report period ending date	9/30/2009	11/30/2009	12/31/2009
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount > 0:</u>			
9	covered charges	9,947,596	2,033,375	638,931
10	payments for services	3,107,095	915,560	467,928
11	annual covered charges	9,947,596	2,033,375	638,931
12	annual payments for services	3,107,095	915,560	467,928
13				
14	inpatient CCR	0.4241736	0.4444451	0.4238238
15				
16	annual cost of services	4,219,508	903,724	270,794
17				
18	<u>adjustment factor</u>			
19	inflation	1.066773	1.058916	1.055031
20				
21	adjusted annual charges	10,611,827	2,153,173	674,092
22	adjusted Medicaid payments for services	3,314,565	969,501	493,679
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	3,314,565	969,501	493,679
25	adjusted cost of services	4,501,257	956,968	285,696
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.210326	1.210326	1.210326
31	maximum annual payments (at DRG differential)	4,011,703	1,173,412	597,512
32				
33	maximum annual payments	4,011,703	1,173,412	597,512
34	facility specific UPL amount	697,138	203,911	103,833
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(2,529)	(740)	(377)
38	allocation of supplemental payments	(530,959)	(155,303)	(79,082)
39	total aggregate limit adjustments	(533,488)	(156,043)	(79,459)
40				
41	UPL amount after aggregate limit adjustments	163,650	47,868	24,374
42	SFY2012 1st - 3rd quarters UPL adjustment	122,738	35,901	18,281
43	Intergovernmental transfer amount	41,535	12,149	6,186
44	Net funds amount	81,203	23,752	12,095

Georgia Department of Community Health

	Facility Name	McDuffie Regional Medical Center	Meadows Regional
1	base period report period beginning date	10/1/2008	7/1/2008
2	base period report period ending date	9/30/2009	6/30/2009
3			
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
5			
6	CAH status (1 = yes)	0	0
7			
8	<u>Medicaid inpatient claims paid at amount > 0:</u>		
9	covered charges	1,283,193	7,210,589
10	payments for services	659,220	2,496,287
11	annual covered charges	1,283,193	7,210,589
12	annual payments for services	659,220	2,496,287
13			
14	inpatient CCR	0.5085941	0.4036886
15			
16	annual cost of services	652,624	2,910,833
17			
18	<u>adjustment factor</u>		
19	inflation	1.066773	1.075321
20			
21	adjusted annual charges	1,368,876	7,753,698
22	adjusted Medicaid payments for services	703,238	2,684,310
23	supplemental rate adjustment payments	0	0
24	total adjusted Medicaid payments	703,238	2,684,310
25	adjusted cost of services	696,202	3,130,080
26			
27	<u>other UPL calculation data</u>		
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential
30	DRG differential adjustment rate	1.210326	1.210326
31	maximum annual payments (at DRG differential)	851,147	3,248,890
32			
33	maximum annual payments	851,147	3,248,890
34	facility specific UPL amount	147,909	564,580
35			
36	<u>aggregate limit adjustments</u>		
37	allocation of UPL amounts < 0	(537)	(2,048)
38	allocation of supplemental payments	(112,651)	(429,998)
39	total aggregate limit adjustments	(113,188)	(432,046)
40			
41	UPL amount after aggregate limit adjustments	34,721	132,534
42	SFY2012 1st - 3rd quarters UPL adjustment	26,041	99,401
43	Intergovernmental transfer amount	8,812	33,637
44	Net funds amount	17,229	65,764

Georgia Department of Community Health

	Facility Name	Medical Center of Central GA	Memorial Health Univ. Med Ctr
1	base period report period beginning date	10/1/2008	1/1/2009
2	base period report period ending date	9/30/2009	12/31/2009
3			
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
5			
6	CAH status (1 = yes)	0	0
7			
8	<u>Medicaid inpatient claims paid at amount > 0:</u>		
9	covered charges	120,721,582	93,030,665
10	payments for services	35,736,476	28,160,307
11	annual covered charges	120,721,582	93,030,665
12	annual payments for services	35,736,476	28,160,307
13			
14	inpatient CCR	0.3340059	0.3455739
15			
16	annual cost of services	40,321,721	32,148,970
17			
18	<u>adjustment factor</u>		
19	inflation	1.066773	1.055031
20			
21	adjusted annual charges	128,782,524	98,150,236
22	adjusted Medicaid payments for services	38,122,708	29,709,997
23	supplemental rate adjustment payments	6,465,184	5,791,375
24	total adjusted Medicaid payments	44,587,892	35,501,372
25	adjusted cost of services	43,014,123	33,918,160
26			
27	<u>other UPL calculation data</u>		
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential
30	DRG differential adjustment rate	1.210326	1.210326
31	maximum annual payments (at DRG differential)	46,140,896	35,958,775
32			
33	maximum annual payments	46,140,896	35,958,775
34	facility specific UPL amount	1,553,004	457,403
35			
36	<u>aggregate limit adjustments</u>		
37	allocation of UPL amounts < 0	(29,086)	(22,668)
38	allocation of supplemental payments	358,328	1,032,147
39	total aggregate limit adjustments	329,242	1,009,479
40			
41	UPL amount after aggregate limit adjustments	1,882,246	1,466,882
42	SFY2012 1st - 3rd quarters UPL adjustment	1,411,684	1,100,161
43	Intergovernmental transfer amount	477,714	372,294
44	Net funds amount	933,970	727,867

Georgia Department of Community Health

	Facility Name	Memorial Hospital - Bainbridge	Murray Medical Ctr.
1	base period report period beginning date	4/1/2008	10/1/2008
2	base period report period ending date	3/31/2009	9/30/2009
3			
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
5			
6	CAH status (1 = yes)	0	0
7			
8	<u>Medicaid inpatient claims paid at amount > 0:</u>		
9	covered charges	2,443,906	1,560,384
10	payments for services	1,284,571	433,861
11	annual covered charges	2,443,906	1,560,384
12	annual payments for services	1,284,571	433,861
13			
14	inpatient CCR	0.4562185	0.3067359
15			
16	annual cost of services	1,114,955	478,626
17			
18	<u>adjustment factor</u>		
19	inflation	1.08284	1.066773
20			
21	adjusted annual charges	2,646,359	1,664,576
22	adjusted Medicaid payments for services	1,390,985	462,831
23	supplemental rate adjustment payments	0	0
24	total adjusted Medicaid payments	1,390,985	462,831
25	adjusted cost of services	1,207,318	510,585
26			
27	<u>other UPL calculation data</u>		
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential
30	DRG differential adjustment rate	1.210326	1.210326
31	maximum annual payments (at DRG differential)	1,683,545	560,176
32			
33	maximum annual payments	1,683,545	560,176
34	facility specific UPL amount	292,560	97,345
35			
36	<u>aggregate limit adjustments</u>		
37	allocation of UPL amounts < 0	(1,061)	(353)
38	allocation of supplemental payments	(222,821)	(74,141)
39	total aggregate limit adjustments	(223,882)	(74,494)
40			
41	UPL amount after aggregate limit adjustments	68,678	22,851
42	SFY2012 1st - 3rd quarters UPL adjustment	51,509	17,138
43	Intergovernmental transfer amount	17,431	5,799
44	Net funds amount	34,078	11,339

Georgia Department of Community Health

	Facility Name	Newton Medical	Northeast GA Medical Ctr.	Northside
1	base period report period beginning date	1/1/2009	10/1/2008	10/1/2008
2	base period report period ending date	12/31/2009	9/30/2009	9/30/2009
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount > 0:</u>			
9	covered charges	6,132,760	60,396,857	55,128,765
10	payments for services	2,493,247	20,032,950	15,110,887
11	annual covered charges	6,132,760	60,396,857	55,128,765
12	annual payments for services	2,493,247	20,032,950	15,110,887
13				
14	inpatient CCR	0.3905742	0.4002502	0.42555
15				
16	annual cost of services	2,395,298	24,173,854	23,460,046
17				
18	<u>adjustment factor</u>			
19	inflation	1.055031	1.066773	1.066773
20				
21	adjusted annual charges	6,470,252	64,429,736	58,809,878
22	adjusted Medicaid payments for services	2,630,453	21,370,610	16,119,886
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	2,630,453	21,370,610	16,119,886
25	adjusted cost of services	2,527,114	25,788,015	25,026,544
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.210326	1.210326	1.210326
31	maximum annual payments (at DRG differential)	3,183,705	25,865,400	19,510,314
32				
33	maximum annual payments	3,183,705	25,865,400	19,510,314
34	facility specific UPL amount	553,252	4,494,790	3,390,428
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(2,007)	(16,305)	(12,299)
38	allocation of supplemental payments	(421,371)	(3,423,346)	(2,582,236)
39	total aggregate limit adjustments	(423,378)	(3,439,651)	(2,594,535)
40				
41	UPL amount after aggregate limit adjustments	129,874	1,055,139	795,893
42	SFY2012 1st - 3rd quarters UPL adjustment	97,406	791,354	596,920
43	Intergovernmental transfer amount	32,962	267,794	201,998
44	Net funds amount	64,444	523,560	394,922

Georgia Department of Community Health

	Facility Name	Northside - Cherokee	Northside - Forsyth	Oconee Regional
1	base period report period beginning date	10/1/2008	10/1/2008	10/1/2008
2	base period report period ending date	9/30/2009	9/30/2009	9/30/2009
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount > 0:</u>			
9	covered charges	9,118,833	15,628,251	7,078,988
10	payments for services	2,873,784	4,503,577	2,618,289
11	annual covered charges	9,118,833	15,628,251	7,078,988
12	annual payments for services	2,873,784	4,503,577	2,618,289
13				
14	inpatient CCR	0.3407156	0.3236351	0.4661855
15				
16	annual cost of services	3,106,929	5,057,851	3,300,122
17				
18	<u>adjustment factor</u>			
19	inflation	1.066773	1.066773	1.066773
20				
21	adjusted annual charges	9,727,725	16,671,796	7,551,673
22	adjusted Medicaid payments for services	3,065,675	4,804,294	2,793,120
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	3,065,675	4,804,294	2,793,120
25	adjusted cost of services	3,314,388	5,395,579	3,520,481
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.210326	1.210326	1.210326
31	maximum annual payments (at DRG differential)	3,710,465	5,814,761	3,380,585
32				
33	maximum annual payments	3,710,465	5,814,761	3,380,585
34	facility specific UPL amount	644,790	1,010,467	587,465
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(2,339)	(3,666)	(2,131)
38	allocation of supplemental payments	(491,089)	(769,597)	(447,428)
39	total aggregate limit adjustments	(493,428)	(773,263)	(449,559)
40				
41	UPL amount after aggregate limit adjustments	151,362	237,204	137,906
42	SFY2012 1st - 3rd quarters UPL adjustment	113,522	177,903	103,430
43	Intergovernmental transfer amount	38,416	60,202	35,001
44	Net funds amount	75,106	117,701	68,429

Georgia Department of Community Health

	Facility Name	Perry	Phoebe Putney	Phoebe Sumter Medical C
1	base period report period beginning date	1/1/2009	8/1/2008	10/1/2008
2	base period report period ending date	12/31/2009	7/31/2009	9/30/2009
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount > 0:</u>			
9	covered charges	1,653,333	67,510,807	4,352,320
10	payments for services	679,076	19,940,224	1,597,008
11	annual covered charges	1,653,333	67,510,807	4,352,320
12	annual payments for services	679,076	19,940,224	1,597,008
13				
14	inpatient CCR	0.4192765	0.3710493	0.5888653
15				
16	annual cost of services	693,204	25,049,838	2,562,930
17				
18	<u>adjustment factor</u>			
19	inflation	1.055031	1.072456	1.066773
20				
21	adjusted annual charges	1,744,318	72,402,370	4,642,937
22	adjusted Medicaid payments for services	716,446	21,385,013	1,703,645
23	supplemental rate adjustment payments	0	3,699,855	0
24	total adjusted Medicaid payments	716,446	25,084,868	1,703,645
25	adjusted cost of services	731,352	26,864,849	2,734,065
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.210326	1.210326	1.210326
31	maximum annual payments (at DRG differential)	867,133	25,882,833	2,061,965
32				
33	maximum annual payments	867,133	25,882,833	2,061,965
34	facility specific UPL amount	150,687	797,965	358,320
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(547)	(16,316)	(1,300)
38	allocation of supplemental payments	(114,767)	274,202	(272,905)
39	total aggregate limit adjustments	(115,314)	257,886	(274,205)
40				
41	UPL amount after aggregate limit adjustments	35,373	1,055,851	84,115
42	SFY2012 1st - 3rd quarters UPL adjustment	26,530	791,889	63,086
43	Intergovernmental transfer amount	8,978	267,975	21,348
44	Net funds amount	17,552	523,914	41,738

Georgia Department of Community Health

	Facility Name	Satilla Regional	South Georgia Medical Center
1	base period report period beginning date	1/1/2009	10/1/2008
2	base period report period ending date	12/31/2009	9/30/2009
3			
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
5			
6	CAH status (1 = yes)	0	0
7			
8	<u>Medicaid inpatient claims paid at amount > 0:</u>		
9	covered charges	12,481,380	24,127,774
10	payments for services	4,708,703	10,479,303
11	annual covered charges	12,481,380	24,127,774
12	annual payments for services	4,708,703	10,479,303
13			
14	inpatient CCR	0.4543473	0.4909935
15			
16	annual cost of services	5,670,881	11,846,580
17			
18	<u>adjustment factor</u>		
19	inflation	1.055031	1.066773
20			
21	adjusted annual charges	13,168,243	25,738,858
22	adjusted Medicaid payments for services	4,967,828	11,179,037
23	supplemental rate adjustment payments	502,465	0
24	total adjusted Medicaid payments	5,470,293	11,179,037
25	adjusted cost of services	5,982,955	12,637,612
26			
27	<u>other UPL calculation data</u>		
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential
30	DRG differential adjustment rate	1.210326	1.210326
31	maximum annual payments (at DRG differential)	6,012,690	13,530,277
32			
33	maximum annual payments	6,012,690	13,530,277
34	facility specific UPL amount	542,397	2,351,240
35			
36	<u>aggregate limit adjustments</u>		
37	allocation of UPL amounts < 0	(3,790)	(8,529)
38	allocation of supplemental payments	(293,329)	(1,790,764)
39	total aggregate limit adjustments	(297,119)	(1,799,293)
40			
41	UPL amount after aggregate limit adjustments	245,278	551,947
42	SFY2012 1st - 3rd quarters UPL adjustment	183,958	413,960
43	Intergovernmental transfer amount	62,251	140,084
44	Net funds amount	121,707	273,876

Georgia Department of Community Health

	Facility Name	Southeast GA - Brunswick	Southeast GA - Camden
1	base period report period beginning date	10/1/2008	10/1/2008
2	base period report period ending date	4/30/2009	4/30/2009
3			
4	adjustment factor (if period not equal to 1 year)	1.7217	1.7217
5			
6	CAH status (1 = yes)	0	0
7			
8	<u>Medicaid inpatient claims paid at amount > 0:</u>		
9	covered charges	13,650,686	914,826
10	payments for services	4,338,717	432,656
11	annual covered charges	23,502,361	1,575,054
12	annual payments for services	7,469,960	744,903
13			
14	inpatient CCR	0.4504919	0.5209022
15			
16	annual cost of services	10,587,623	820,449
17			
18	<u>adjustment factor</u>		
19	inflation	1.066773	1.066773
20			
21	adjusted annual charges	25,071,684	1,680,225
22	adjusted Medicaid payments for services	7,968,752	794,642
23	supplemental rate adjustment payments	0	0
24	total adjusted Medicaid payments	7,968,752	794,642
25	adjusted cost of services	11,294,590	875,233
26			
27	<u>other UPL calculation data</u>		
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential
30	DRG differential adjustment rate	1.210326	1.210326
31	maximum annual payments (at DRG differential)	9,644,786	961,776
32			
33	maximum annual payments	9,644,786	961,776
34	facility specific UPL amount	1,676,034	167,134
35			
36	<u>aggregate limit adjustments</u>		
37	allocation of UPL amounts < 0	(6,080)	(606)
38	allocation of supplemental payments	(1,276,510)	(127,293)
39	total aggregate limit adjustments	(1,282,590)	(127,899)
40			
41	UPL amount after aggregate limit adjustments	393,444	39,235
42	SFY2012 1st - 3rd quarters UPL adjustment	295,083	29,426
43	Intergovernmental transfer amount	99,856	9,958
44	Net funds amount	195,227	19,468

Georgia Department of Community Health

	Facility Name	Southern Regional	Stephens County	Tanner - Carrollton
1	base period report period beginning date	7/1/2008	10/1/2008	7/1/2008
2	base period report period ending date	6/30/2009	9/30/2009	6/30/2009
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount > 0:</u>			
9	covered charges	46,231,430	3,177,627	12,848,375
10	payments for services	14,170,574	1,284,878	4,238,531
11	annual covered charges	46,231,430	3,177,627	12,848,375
12	annual payments for services	14,170,574	1,284,878	4,238,531
13				
14	inpatient CCR	0.3486842	0.5022632	0.4777319
15				
16	annual cost of services	16,120,169	1,596,005	6,138,079
17				
18	<u>adjustment factor</u>			
19	inflation	1.075321	1.066773	1.075321
20				
21	adjusted annual charges	49,713,628	3,389,807	13,816,127
22	adjusted Medicaid payments for services	15,237,916	1,370,673	4,557,781
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	15,237,916	1,370,673	4,557,781
25	adjusted cost of services	17,334,356	1,702,575	6,600,405
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.210326	1.210326	1.210326
31	maximum annual payments (at DRG differential)	18,442,843	1,658,961	5,516,400
32				
33	maximum annual payments	18,442,843	1,658,961	5,516,400
34	facility specific UPL amount	3,204,927	288,288	958,619
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(11,626)	(1,046)	(3,477)
38	allocation of supplemental payments	(2,440,953)	(219,567)	(730,109)
39	total aggregate limit adjustments	(2,452,579)	(220,613)	(733,586)
40				
41	UPL amount after aggregate limit adjustments	752,348	67,675	225,033
42	SFY2012 1st - 3rd quarters UPL adjustment	564,261	50,756	168,775
43	Intergovernmental transfer amount	190,946	17,176	57,113
44	Net funds amount	373,315	33,580	111,662

Georgia Department of Community Health

	Facility Name	Tanner - Villa Rica	The Medical Center	Tift Regional
1	base period report period beginning date	7/1/2008	7/1/2008	10/1/2008
2	base period report period ending date	6/30/2009	6/30/2009	9/30/2009
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount > 0:</u>			
9	covered charges	3,727,515	40,648,543	19,743,162
10	payments for services	1,657,518	13,898,222	6,036,538
11	annual covered charges	3,727,515	40,648,543	19,743,162
12	annual payments for services	1,657,518	13,898,222	6,036,538
13				
14	inpatient CCR	0.5698934	0.4302585	0.3863326
15				
16	annual cost of services	2,124,286	17,489,381	7,627,427
17				
18	<u>adjustment factor</u>			
19	inflation	1.075321	1.075321	1.066773
20				
21	adjusted annual charges	4,008,275	43,710,232	21,061,472
22	adjusted Medicaid payments for services	1,782,364	14,945,050	6,439,616
23	supplemental rate adjustment payments	0	5,300,232	0
24	total adjusted Medicaid payments	1,782,364	20,245,282	6,439,616
25	adjusted cost of services	2,284,289	18,806,699	8,136,733
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.210326	1.210326	1.210326
31	maximum annual payments (at DRG differential)	2,157,241	18,088,379	7,794,033
32				
33	maximum annual payments	2,157,241	18,088,379	7,794,033
34	facility specific UPL amount	374,877	(2,156,903)	1,354,417
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(1,360)	(11,403)	(4,913)
38	allocation of supplemental payments	(285,516)	2,906,193	(1,031,559)
39	total aggregate limit adjustments	(286,876)	2,894,790	(1,036,472)
40				
41	UPL amount after aggregate limit adjustments	88,001	737,887	317,945
42	SFY2012 1st - 3rd quarters UPL adjustment	66,001	553,415	238,459
43	Intergovernmental transfer amount	22,335	187,276	80,695
44	Net funds amount	43,666	366,139	157,764

Georgia Department of Community Health

	Facility Name	Union General	University	Upson Regional
1	base period report period beginning date	5/1/2008	1/1/2009	1/1/2009
2	base period report period ending date	4/30/2009	12/31/2009	12/31/2009
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount > 0:</u>			
9	covered charges	750,586	40,899,343	8,262,557
10	payments for services	526,963	11,671,309	3,301,724
11	annual covered charges	750,586	40,899,343	8,262,557
12	annual payments for services	526,963	11,671,309	3,301,724
13				
14	inpatient CCR	0.6349168	0.3858243	0.4587721
15				
16	annual cost of services	476,560	15,779,960	3,790,631
17				
18	<u>adjustment factor</u>			
19	inflation	1.080322	1.055031	1.055031
20				
21	adjusted annual charges	810,875	43,150,075	8,717,254
22	adjusted Medicaid payments for services	569,290	12,313,593	3,483,421
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	569,290	12,313,593	3,483,421
25	adjusted cost of services	514,838	16,648,347	3,999,233
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.210326	1.210326	1.210326
31	maximum annual payments (at DRG differential)	689,026	14,903,459	4,216,074
32				
33	maximum annual payments	689,026	14,903,459	4,216,074
34	facility specific UPL amount	119,736	2,589,866	732,653
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(434)	(9,395)	(2,658)
38	allocation of supplemental payments	(91,194)	(1,972,508)	(558,007)
39	total aggregate limit adjustments	(91,628)	(1,981,903)	(560,665)
40				
41	UPL amount after aggregate limit adjustments	28,108	607,963	171,988
42	SFY2012 1st - 3rd quarters UPL adjustment	21,081	455,972	128,991
43	Intergovernmental transfer amount	7,134	154,301	43,651
44	Net funds amount	13,947	301,671	85,340

Georgia Department of Community Health

	Facility Name	Washington County	Wayne Memorial	WellStar Cobb
1	base period report period beginning date	9/1/2008	7/1/2008	7/1/2008
2	base period report period ending date	8/31/2009	6/30/2009	6/30/2009
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount > 0:</u>			
9	covered charges	2,482,905	3,849,951	49,324,618
10	payments for services	1,465,751	1,446,939	15,395,839
11	annual covered charges	2,482,905	3,849,951	49,324,618
12	annual payments for services	1,465,751	1,446,939	15,395,839
13				
14	inpatient CCR	0.5144875	0.4395895	0.4218279
15				
16	annual cost of services	1,277,424	1,692,398	20,806,500
17				
18	<u>adjustment factor</u>			
19	inflation	1.069607	1.075321	1.075321
20				
21	adjusted annual charges	2,655,733	4,139,933	53,039,798
22	adjusted Medicaid payments for services	1,567,778	1,555,924	16,555,469
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	1,567,778	1,555,924	16,555,469
25	adjusted cost of services	1,366,342	1,819,871	22,373,666
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.210326	1.210326	1.210326
31	maximum annual payments (at DRG differential)	1,897,522	1,883,175	20,037,511
32				
33	maximum annual payments	1,897,522	1,883,175	20,037,511
34	facility specific UPL amount	329,744	327,251	3,482,042
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(1,196)	(1,187)	(12,631)
38	allocation of supplemental payments	(251,142)	(249,243)	(2,652,012)
39	total aggregate limit adjustments	(252,338)	(250,430)	(2,664,643)
40				
41	UPL amount after aggregate limit adjustments	77,406	76,821	817,399
42	SFY2012 1st - 3rd quarters UPL adjustment	58,055	57,616	613,049
43	Intergovernmental transfer amount	19,646	19,497	207,456
44	Net funds amount	38,409	38,119	405,593

Georgia Department of Community Health

	Facility Name	Wellstar Douglas	WellStar Kennestone	WellStar Paulding
1	base period report period beginning date	7/1/2008	7/1/2008	7/1/2008
2	base period report period ending date	6/30/2009	6/30/2009	6/30/2009
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>Medicaid inpatient claims paid at amount > 0:</u>			
9	covered charges	11,912,187	65,582,117	1,883,665
10	payments for services	3,572,398	19,405,573	657,372
11	annual covered charges	11,912,187	65,582,117	1,883,665
12	annual payments for services	3,572,398	19,405,573	657,372
13				
14	inpatient CCR	0.3965095	0.4240519	0.472168
15				
16	annual cost of services	4,723,295	27,810,221	889,406
17				
18	<u>adjustment factor</u>			
19	inflation	1.075321	1.075321	1.075321
20				
21	adjusted annual charges	12,809,425	70,521,828	2,025,545
22	adjusted Medicaid payments for services	3,841,475	20,867,220	706,886
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	3,841,475	20,867,220	706,886
25	adjusted cost of services	5,079,058	29,904,915	956,397
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential	DRG differential
30	DRG differential adjustment rate	1.210326	1.210326	1.210326
31	maximum annual payments (at DRG differential)	4,649,436	25,256,134	855,562
32				
33	maximum annual payments	4,649,436	25,256,134	855,562
34	facility specific UPL amount	807,961	4,388,914	148,676
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(2,931)	(15,921)	(539)
38	allocation of supplemental payments	(615,364)	(3,342,708)	(113,236)
39	total aggregate limit adjustments	(618,295)	(3,358,629)	(113,775)
40				
41	UPL amount after aggregate limit adjustments	189,666	1,030,285	34,901
42	SFY2012 1st - 3rd quarters UPL adjustment	142,250	772,714	26,176
43	Intergovernmental transfer amount	48,137	261,486	8,858
44	Net funds amount	94,113	511,228	17,318

Georgia Department of Community Health

	Facility Name	WellStar Windy Hill	West Georgia Medical Center
1	base period report period beginning date	7/1/2008	10/1/2008
2	base period report period ending date	6/30/2009	9/30/2009
3			
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
5			
6	CAH status (1 = yes)	0	0
7			
8	<u>Medicaid inpatient claims paid at amount > 0:</u>		
9	covered charges	2,028,295	10,640,451
10	payments for services	511,856	4,298,199
11	annual covered charges	2,028,295	10,640,451
12	annual payments for services	511,856	4,298,199
13			
14	inpatient CCR	0.2815809	0.3817185
15			
16	annual cost of services	571,129	4,061,657
17			
18	<u>adjustment factor</u>		
19	inflation	1.075321	1.066773
20			
21	adjusted annual charges	2,181,068	11,350,946
22	adjusted Medicaid payments for services	550,410	4,585,203
23	supplemental rate adjustment payments	0	0
24	total adjusted Medicaid payments	550,410	4,585,203
25	adjusted cost of services	614,147	4,332,866
26			
27	<u>other UPL calculation data</u>		
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	DRG differential	DRG differential
30	DRG differential adjustment rate	1.210326	1.210326
31	maximum annual payments (at DRG differential)	666,175	5,549,589
32			
33	maximum annual payments	666,175	5,549,589
34	facility specific UPL amount	115,765	964,386
35			
36	<u>aggregate limit adjustments</u>		
37	allocation of UPL amounts < 0	(420)	(3,498)
38	allocation of supplemental payments	(88,170)	(734,501)
39	total aggregate limit adjustments	(88,590)	(737,999)
40			
41	UPL amount after aggregate limit adjustments	27,175	226,387
42	SFY2012 1st - 3rd quarters UPL adjustment	20,381	169,790
43	Intergovernmental transfer amount	6,897	57,457
44	Net funds amount	13,484	112,333

Georgia Department of Community Health

	Facility Name	Bleckley Memorial	Brooks County	Calhoun Memorial
1	base period report period beginning date	4/1/2008	10/1/2008	4/1/2008
2	base period report period ending date	3/31/2009	9/30/2009	3/31/2009
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	1	1	1
7				
8	<u>Medicaid inpatient claims paid at amount > 0:</u>			
9	covered charges	527,252	392,278	80,155
10	payments for services	401,207	128,510	67,384
11	annual covered charges	527,252	392,278	80,155
12	annual payments for services	401,207	128,510	67,384
13				
14	inpatient CCR	1.0349829	0.3209054	0.5289165
15				
16	annual cost of services	545,697	125,884	42,395
17				
18	<u>adjustment factor</u>			
19	inflation	1.08284	1.066773	1.08284
20				
21	adjusted annual charges	570,930	418,472	86,795
22	adjusted Medicaid payments for services	434,443	137,091	72,966
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	434,443	137,091	72,966
25	adjusted cost of services	590,903	134,290	45,907
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	cost	cost	cost
30	DRG differential adjustment rate	0.000000	0.000000	0.000000
31	maximum annual payments (at DRG differential)	0	0	0
32				
33	maximum annual payments	590,903	134,290	45,907
34	facility specific UPL amount	156,460	(2,801)	(27,059)
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(568)	2,801	27,059
38	allocation of supplemental payments	(119,163)	0	0
39	total aggregate limit adjustments	(119,731)	2,801	27,059
40				
41	UPL amount after aggregate limit adjustments	36,729	(0)	0
42	SFY2012 1st - 3rd quarters UPL adjustment	27,547	0	0
43	Intergovernmental transfer amount	0	0	0
44	Net funds amount	27,547	0	0

Georgia Department of Community Health

	Facility Name	Candler County	Charlton Memorial	Chatuge Regional
1	base period report period beginning date	1/1/2009	7/1/2008	5/1/2008
2	base period report period ending date	12/31/2009	6/30/2009	4/30/2009
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	1	1	1
7				
8	<u>Medicaid inpatient claims paid at amount > 0:</u>			
9	covered charges	681,993	130,364	69,042
10	payments for services	563,814	79,172	47,020
11	annual covered charges	681,993	130,364	69,042
12	annual payments for services	563,814	79,172	47,020
13				
14	inpatient CCR	0.712927	0.6693731	0.4634023
15				
16	annual cost of services	486,211	87,262	31,994
17				
18	<u>adjustment factor</u>			
19	inflation	1.055031	1.075321	1.080322
20				
21	adjusted annual charges	719,524	140,183	74,588
22	adjusted Medicaid payments for services	594,841	85,135	50,797
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	594,841	85,135	50,797
25	adjusted cost of services	512,968	93,835	34,564
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	cost	cost	cost
30	DRG differential adjustment rate	0.000000	0.000000	0.000000
31	maximum annual payments (at DRG differential)	0	0	0
32				
33	maximum annual payments	512,968	93,835	34,564
34	facility specific UPL amount	(81,873)	8,700	(16,233)
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	81,873	(32)	16,233
38	allocation of supplemental payments	0	(6,626)	0
39	total aggregate limit adjustments	81,873	(6,658)	16,233
40				
41	UPL amount after aggregate limit adjustments	0	2,042	(0)
42	SFY2012 1st - 3rd quarters UPL adjustment	0	1,532	0
43	Intergovernmental transfer amount	0	0	0
44	Net funds amount	0	1,532	0

Georgia Department of Community Health

	Facility Name	Clinch Memorial	Early Memorial	Effingham
1	base period report period beginning date	7/1/2008	10/1/2008	7/1/2008
2	base period report period ending date	6/30/2009	9/30/2009	6/30/2009
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	1	1	1
7				
8	<u>Medicaid inpatient claims paid at amount > 0:</u>			
9	covered charges	270,393	251,343	62,882
10	payments for services	136,585	109,072	47,433
11	annual covered charges	270,393	251,343	62,882
12	annual payments for services	136,585	109,072	47,433
13				
14	inpatient CCR	0.8329519	0.4597964	0.7929042
15				
16	annual cost of services	225,224	115,567	49,859
17				
18	<u>adjustment factor</u>			
19	inflation	1.075321	1.066773	1.075321
20				
21	adjusted annual charges	290,759	268,126	67,618
22	adjusted Medicaid payments for services	146,873	116,355	51,006
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	146,873	116,355	51,006
25	adjusted cost of services	242,188	123,284	53,614
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	cost	cost	cost
30	DRG differential adjustment rate	0.000000	0.000000	0.000000
31	maximum annual payments (at DRG differential)	0	0	0
32				
33	maximum annual payments	242,188	123,284	53,614
34	facility specific UPL amount	95,315	6,929	2,608
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(346)	(25)	(9)
38	allocation of supplemental payments	(72,594)	(5,277)	(1,988)
39	total aggregate limit adjustments	(72,940)	(5,302)	(1,997)
40				
41	UPL amount after aggregate limit adjustments	22,375	1,627	611
42	SFY2012 1st - 3rd quarters UPL adjustment	16,781	1,220	458
43	Intergovernmental transfer amount	0	0	0
44	Net funds amount	16,781	1,220	458

Georgia Department of Community Health

	Facility Name	Higgins General Hospital	Jasper Memorial	Jeff Davis
1	base period report period beginning date	7/1/2008	10/1/2008	10/1/2008
2	base period report period ending date	6/30/2009	9/30/2009	9/30/2009
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	1	1	1
7				
8	<u>Medicaid inpatient claims paid at amount > 0:</u>			
9	covered charges	1,420,350	31,298	1,548,272
10	payments for services	506,406	20,185	555,281
11	annual covered charges	1,420,350	31,298	1,548,272
12	annual payments for services	506,406	20,185	555,281
13				
14	inpatient CCR	0.5918853	1.0583354	0.3266423
15				
16	annual cost of services	840,684	33,124	505,731
17				
18	<u>adjustment factor</u>			
19	inflation	1.075321	1.066773	1.066773
20				
21	adjusted annual charges	1,527,332	33,388	1,651,655
22	adjusted Medicaid payments for services	544,549	21,533	592,359
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	544,549	21,533	592,359
25	adjusted cost of services	904,005	35,336	539,500
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	cost	cost	cost
30	DRG differential adjustment rate	0.000000	0.000000	0.000000
31	maximum annual payments (at DRG differential)	0	0	0
32				
33	maximum annual payments	904,005	35,336	539,500
34	facility specific UPL amount	359,456	13,803	(52,859)
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(1,304)	(50)	52,859
38	allocation of supplemental payments	(273,771)	(10,513)	0
39	total aggregate limit adjustments	(275,075)	(10,563)	52,859
40				
41	UPL amount after aggregate limit adjustments	84,381	3,240	(0)
42	SFY2012 1st - 3rd quarters UPL adjustment	63,286	2,430	0
43	Intergovernmental transfer amount	0	0	0
44	Net funds amount	63,286	2,430	0

Georgia Department of Community Health

	Facility Name	Jenkins County	Liberty Regional	Louis Smith Memorial
1	base period report period beginning date	7/1/2008	12/1/2008	10/1/2008
2	base period report period ending date	6/30/2009	11/30/2009	9/30/2009
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	1	1	1
7				
8	<u>Medicaid inpatient claims paid at amount > 0:</u>			
9	covered charges	242,236	1,636,791	291,956
10	payments for services	211,875	759,161	146,330
11	annual covered charges	242,236	1,636,791	291,956
12	annual payments for services	211,875	759,161	146,330
13				
14	inpatient CCR	0.6627456	0.4504427	0.4279303
15				
16	annual cost of services	160,541	737,281	124,937
17				
18	<u>adjustment factor</u>			
19	inflation	1.075321	1.058916	1.066773
20				
21	adjusted annual charges	260,481	1,733,224	311,451
22	adjusted Medicaid payments for services	227,834	803,888	156,101
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	227,834	803,888	156,101
25	adjusted cost of services	172,633	780,719	133,279
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	cost	cost	cost
30	DRG differential adjustment rate	0.000000	0.000000	0.000000
31	maximum annual payments (at DRG differential)	0	0	0
32				
33	maximum annual payments	172,633	780,719	133,279
34	facility specific UPL amount	(55,201)	(23,169)	(22,822)
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	55,201	23,170	22,822
38	allocation of supplemental payments	0	0	0
39	total aggregate limit adjustments	55,201	23,170	22,822
40				
41	UPL amount after aggregate limit adjustments	(0)	1	(0)
42	SFY2012 1st - 3rd quarters UPL adjustment	0	1	0
43	Intergovernmental transfer amount	0	0	0
44	Net funds amount	0	1	0

Georgia Department of Community Health

	Facility Name	Miller County	Mitchell County	Monroe County
1	base period report period beginning date	7/1/2008	10/1/2008	10/1/2008
2	base period report period ending date	6/30/2009	9/30/2009	9/30/2009
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	1	1	1
7				
8	<u>Medicaid inpatient claims paid at amount > 0:</u>			
9	covered charges	1,576,364	295,928	298,235
10	payments for services	514,084	140,561	185,947
11	annual covered charges	1,576,364	295,928	298,235
12	annual payments for services	514,084	140,561	185,947
13				
14	inpatient CCR	0.4379538	0.3277219	0.7267926
15				
16	annual cost of services	690,375	96,982	216,755
17				
18	<u>adjustment factor</u>			
19	inflation	1.075321	1.066773	1.066773
20				
21	adjusted annual charges	1,695,097	315,688	318,149
22	adjusted Medicaid payments for services	552,805	149,947	198,363
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	552,805	149,947	198,363
25	adjusted cost of services	742,375	103,458	231,228
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	cost	cost	cost
30	DRG differential adjustment rate	0.000000	0.000000	0.000000
31	maximum annual payments (at DRG differential)	0	0	0
32				
33	maximum annual payments	742,375	103,458	231,228
34	facility specific UPL amount	189,570	(46,489)	32,865
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(688)	46,489	(119)
38	allocation of supplemental payments	(144,380)	0	(25,031)
39	total aggregate limit adjustments	(145,068)	46,489	(25,150)
40				
41	UPL amount after aggregate limit adjustments	44,502	(0)	7,715
42	SFY2012 1st - 3rd quarters UPL adjustment	33,377	0	5,786
43	Intergovernmental transfer amount	0	0	0
44	Net funds amount	33,377	0	5,786

Georgia Department of Community Health

	Facility Name	Morgan Memorial	Peach Regional Medical Center
1	base period report period beginning date	7/1/2008	11/1/2008
2	base period report period ending date	6/30/2009	10/31/2009
3			
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
5			
6	CAH status (1 = yes)	1	1
7			
8	<u>Medicaid inpatient claims paid at amount > 0:</u>		
9	covered charges	54,012	931,005
10	payments for services	38,208	514,549
11	annual covered charges	54,012	931,005
12	annual payments for services	38,208	514,549
13			
14	inpatient CCR	0.9298497	0.5385944
15			
16	annual cost of services	50,223	501,434
17			
18	<u>adjustment factor</u>		
19	inflation	1.075321	1.06283
20			
21	adjusted annual charges	58,080	989,500
22	adjusted Medicaid payments for services	41,086	546,878
23	supplemental rate adjustment payments	0	0
24	total adjusted Medicaid payments	41,086	546,878
25	adjusted cost of services	54,006	532,939
26			
27	<u>other UPL calculation data</u>		
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	cost	cost
30	DRG differential adjustment rate	0.000000	0.000000
31	maximum annual payments (at DRG differential)	0	0
32			
33	maximum annual payments	54,006	532,939
34	facility specific UPL amount	12,920	(13,939)
35			
36	<u>aggregate limit adjustments</u>		
37	allocation of UPL amounts < 0	(47)	13,939
38	allocation of supplemental payments	(9,840)	0
39	total aggregate limit adjustments	(9,887)	13,939
40			
41	UPL amount after aggregate limit adjustments	3,033	0
42	SFY2012 1st - 3rd quarters UPL adjustment	2,275	0
43	Intergovernmental transfer amount	0	0
44	Net funds amount	2,275	0

Georgia Department of Community Health

	Facility Name	Polk Medical	Putnam General	Screven County
1	base period report period beginning date	10/1/2008	10/1/2008	7/1/2008
2	base period report period ending date	9/30/2009	9/30/2009	6/30/2009
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	1	1	1
7				
8	<u>Medicaid inpatient claims paid at amount > 0:</u>			
9	covered charges	457,469	324,800	263,619
10	payments for services	217,508	266,454	221,606
11	annual covered charges	457,469	324,800	263,619
12	annual payments for services	217,508	266,454	221,606
13				
14	inpatient CCR	0.691151	0.9226032	0.8278844
15				
16	annual cost of services	316,180	299,662	218,246
17				
18	<u>adjustment factor</u>			
19	inflation	1.066773	1.066773	1.075321
20				
21	adjusted annual charges	488,016	346,488	283,475
22	adjusted Medicaid payments for services	232,032	284,246	238,298
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	232,032	284,246	238,298
25	adjusted cost of services	337,292	319,671	234,685
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Private
29	basis for UPL calculation	cost	cost	cost
30	DRG differential adjustment rate	0.000000	0.000000	0.000000
31	maximum annual payments (at DRG differential)	0	0	0
32				
33	maximum annual payments	337,292	319,671	234,685
34	facility specific UPL amount	105,260	35,425	(3,613)
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(382)	(129)	3,613
38	allocation of supplemental payments	(80,169)	(26,980)	0
39	total aggregate limit adjustments	(80,551)	(27,109)	3,613
40				
41	UPL amount after aggregate limit adjustments	24,709	8,316	(0)
42	SFY2012 1st - 3rd quarters UPL adjustment	18,532	6,237	0
43	Intergovernmental transfer amount	0	0	0
44	Net funds amount	18,532	6,237	0

Georgia Department of Community Health

	Facility Name	Southwest GA Regional	Warm Springs Med.
1	base period report period beginning date	7/1/2008	1/1/2009
2	base period report period ending date	6/30/2009	12/31/2009
3			
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
5			
6	CAH status (1 = yes)	1	1
7			
8	<u>Medicaid inpatient claims paid at amount > 0:</u>		
9	covered charges	363,150	438,904
10	payments for services	143,126	211,288
11	annual covered charges	363,150	438,904
12	annual payments for services	143,126	211,288
13			
14	inpatient CCR	0.3826347	0.9317061
15			
16	annual cost of services	138,954	408,930
17			
18	<u>adjustment factor</u>		
19	inflation	1.075321	1.055031
20			
21	adjusted annual charges	390,503	463,057
22	adjusted Medicaid payments for services	153,906	222,915
23	supplemental rate adjustment payments	0	0
24	total adjusted Medicaid payments	153,906	222,915
25	adjusted cost of services	149,420	431,434
26			
27	<u>other UPL calculation data</u>		
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.
29	basis for UPL calculation	cost	cost
30	DRG differential adjustment rate	0.000000	0.000000
31	maximum annual payments (at DRG differential)	0	0
32			
33	maximum annual payments	149,420	431,434
34	facility specific UPL amount	(4,486)	208,519
35			
36	<u>aggregate limit adjustments</u>		
37	allocation of UPL amounts < 0	4,486	(756)
38	allocation of supplemental payments	0	(158,813)
39	total aggregate limit adjustments	4,486	(159,569)
40			
41	UPL amount after aggregate limit adjustments	0	48,950
42	SFY2012 1st - 3rd quarters UPL adjustment	0	36,713
43	Intergovernmental transfer amount	0	0
44	Net funds amount	0	36,713

Georgia Department of Community Health

	Facility Name	Wills Memorial Hospital	Bacon County	Lower Oconee Comm.
1	base period report period beginning date	5/1/2008	7/1/2008	1/1/2009
2	base period report period ending date	4/30/2009	6/30/2009	12/31/2009
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	1	1	1
7				
8	<u>Medicaid inpatient claims paid at amount > 0:</u>			
9	covered charges	432,798	1,639,964	1,880,324
10	payments for services	230,205	702,354	998,844
11	annual covered charges	432,798	1,639,964	1,880,324
12	annual payments for services	230,205	702,354	998,844
13				
14	inpatient CCR	0.6867685	0.4333981	0.5423342
15				
16	annual cost of services	297,232	710,757	1,019,764
17				
18	<u>adjustment factor</u>			
19	inflation	1.080322	1.075321	1.055031
20				
21	adjusted annual charges	467,561	1,763,488	1,983,800
22	adjusted Medicaid payments for services	248,696	755,256	1,053,811
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	248,696	755,256	1,053,811
25	adjusted cost of services	321,106	764,292	1,075,883
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Private
29	basis for UPL calculation	cost	cost	cost
30	DRG differential adjustment rate	0.000000	0.000000	0.000000
31	maximum annual payments (at DRG differential)	0	0	0
32				
33	maximum annual payments	321,106	764,292	1,075,883
34	facility specific UPL amount	72,410	9,036	22,072
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(263)	(33)	(6)
38	allocation of supplemental payments	(55,149)	(6,882)	(9,659)
39	total aggregate limit adjustments	(55,412)	(6,915)	(9,665)
40				
41	UPL amount after aggregate limit adjustments	16,998	2,121	12,407
42	SFY2012 1st - 3rd quarters UPL adjustment	12,749	1,591	9,305
43	Intergovernmental transfer amount	0	0	0
44	Net funds amount	12,749	1,591	9,305

Georgia Department of Community Health

	Facility Name	Phoebe Worth	St. Joseph of East GA (Minnie G)
1	base period report period beginning date	8/1/2008	1/1/2009
2	base period report period ending date	7/31/2009	12/31/2009
3			
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
5			
6	CAH status (1 = yes)	1	1
7			
8	<u>Medicaid inpatient claims paid at amount > 0:</u>		
9	covered charges	262,464	232,649
10	payments for services	140,941	112,505
11	annual covered charges	262,464	232,649
12	annual payments for services	140,941	112,505
13			
14	inpatient CCR	0.6668856	0.9289342
15			
16	annual cost of services	175,033	216,116
17			
18	<u>adjustment factor</u>		
19	inflation	1.072456	1.055031
20			
21	adjusted annual charges	281,481	245,452
22	adjusted Medicaid payments for services	151,153	118,696
23	supplemental rate adjustment payments	0	0
24	total adjusted Medicaid payments	151,153	118,696
25	adjusted cost of services	187,715	228,009
26			
27	<u>other UPL calculation data</u>		
28	provider category for UPL calculation	Private	Private
29	basis for UPL calculation	cost	cost
30	DRG differential adjustment rate	0.000000	0.000000
31	maximum annual payments (at DRG differential)	0	0
32			
33	maximum annual payments	187,715	228,009
34	facility specific UPL amount	36,562	109,313
35			
36	<u>aggregate limit adjustments</u>		
37	allocation of UPL amounts < 0	(9)	(28)
38	allocation of supplemental payments	(16,002)	(47,840)
39	total aggregate limit adjustments	(16,011)	(47,868)
40			
41	UPL amount after aggregate limit adjustments	20,551	61,445
42	SFY2012 1st - 3rd quarters UPL adjustment	15,413	46,084
43	Intergovernmental transfer amount	0	0
44	Net funds amount	15,413	46,084

Georgia Department of Community Health

	Facility Name	Stewart Webster	Sylvan Grove	Doctors Hospital - Tattnal
1	base period report period beginning date	10/1/2008	1/1/2009	1/1/2009
2	base period report period ending date	9/30/2009	12/31/2009	12/31/2009
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	1	1	1
7				
8	<u>Medicaid inpatient claims paid at amount > 0:</u>			
9	covered charges	260,488	69,790	2,061,461
10	payments for services	206,580	29,784	338,138
11	annual covered charges	260,488	69,790	2,061,461
12	annual payments for services	206,580	29,784	338,138
13				
14	inpatient CCR	0.9605358	0.2254624	0.2550663
15				
16	annual cost of services	250,208	15,735	525,809
17				
18	<u>adjustment factor</u>			
19	inflation	1.066773	1.055031	1.055031
20				
21	adjusted annual charges	277,882	73,631	2,174,905
22	adjusted Medicaid payments for services	220,374	31,423	356,746
23	supplemental rate adjustment payments	0	0	0
24	total adjusted Medicaid payments	220,374	31,423	356,746
25	adjusted cost of services	266,915	16,601	554,745
26				
27	<u>other UPL calculation data</u>			
28	provider category for UPL calculation	Private	Non-State Govt.	Private
29	basis for UPL calculation	cost	cost	cost
30	DRG differential adjustment rate	0.000000	0.000000	0.000000
31	maximum annual payments (at DRG differential)	0	0	0
32				
33	maximum annual payments	266,915	16,601	554,745
34	facility specific UPL amount	46,541	(14,822)	197,999
35				
36	<u>aggregate limit adjustments</u>			
37	allocation of UPL amounts < 0	(12)	14,822	(51)
38	allocation of supplemental payments	(20,368)	0	(86,652)
39	total aggregate limit adjustments	(20,380)	14,822	(86,703)
40				
41	UPL amount after aggregate limit adjustments	26,161	0	111,296
42	SFY2012 1st - 3rd quarters UPL adjustment	19,621	0	83,472
43	Intergovernmental transfer amount	0	0	0
44	Net funds amount	19,621	0	83,472

Georgia Department of Community Health

	Facility Name	Mountain Lakes	Dekalb Hillandale
1	base period report period beginning date	1/1/2009	7/1/2008
2	base period report period ending date	12/31/2009	6/30/2009
3			
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
5			
6	CAH status (1 = yes)	1	0
7			
8	<u>Medicaid inpatient claims paid at amount > 0:</u>		
9	covered charges	157,906	9,428,416
10	payments for services	104,578	3,382,637
11	annual covered charges	157,906	9,428,416
12	annual payments for services	104,578	3,382,637
13			
14	inpatient CCR	0.6552088	0.4602717
15			
16	annual cost of services	103,461	4,339,633
17			
18	<u>adjustment factor</u>		
19	inflation	1.055031	1.075321
20			
21	adjusted annual charges	166,596	10,138,574
22	adjusted Medicaid payments for services	110,333	3,637,421
23	supplemental rate adjustment payments	0	0
24	total adjusted Medicaid payments	110,333	3,637,421
25	adjusted cost of services	109,155	4,666,498
26			
27	<u>other UPL calculation data</u>		
28	provider category for UPL calculation	Private	Non-State Govt.
29	basis for UPL calculation	cost	DRG differential
30	DRG differential adjustment rate	0.000000	1.210326
31	maximum annual payments (at DRG differential)	0	4,402,464
32			
33	maximum annual payments	109,155	4,402,464
34	facility specific UPL amount	(1,178)	765,043
35			
36	<u>aggregate limit adjustments</u>		
37	allocation of UPL amounts < 0	1,178	(2,775)
38	allocation of supplemental payments	0	(582,677)
39	total aggregate limit adjustments	1,178	(585,452)
40			
41	UPL amount after aggregate limit adjustments	0	179,591
42	SFY2012 1st - 3rd quarters UPL adjustment	0	134,693
43	Intergovernmental transfer amount	0	45,580
44	Net funds amount	0	89,113