

Georgia Department of Community Health

	Facility Name	Roosevelt Warm Springs Rehabilitation Hospital
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	10,404
11	covered charges	9,753
12	Medicaid outpatient CCR	1
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	10,404
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	0
19	payments	0
20	annual covered charges	0
21	annual interim payments	0
22	annual cost of services	-
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	10,404
32	Cost of services - max annual payments for UPL	10,404
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	10,870
38	adjusted maximum annual payments for UPL	10,870
39	annual facility specific UPL amount	0
40		
41	annual allocation of charge limit (if applicable)	(651)
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	(651)
44	UPL adjustment available for SFY2015	0
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	0

Georgia Department of Community Health

	Facility Name	Georgia Regents Medical Center
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	10,155,285
11	covered charges	33,473,472
12	Medicaid outpatient CCR	0.303383079
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	10,155,285
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	1,572,387
19	payments	114,400
20	annual covered charges	1,572,387
21	annual interim payments	114,400
22	annual cost of services	477,036
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	11,761,735
26	payments	1,874,541
27	annual covered charges	11,761,735
28	annual interim payments	1,874,541
29	annual cost of services	3,568,311
30		
31	Medicaid annual payments	12,144,226
32	Cost of services - max annual payments for UPL	14,200,632
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	12,687,996
38	adjusted maximum annual payments for UPL	14,836,479
39	annual facility specific UPL amount	2,148,483
40		
41	annual allocation of charge limit (if applicable)	651
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	2,149,134
44	UPL adjustment available for SFY2015	2,149,134
45	SFY2015 UPL 1st quarter - Projected IGT	183,052
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	532,878
47	Total Intergovernmental transfer amount	715,930
48	Net funds amount	1,433,204

Georgia Department of Community Health

	Facility Name	Applying Hospital
2	base period report period beginning date	09/01/12
3	base period report period ending date	08/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	432,582
11	covered charges	1,539,980
12	Medicaid outpatient CCR	0.280901051
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	414,284
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	95,645
19	payments	10,349
20	annual covered charges	95,645
21	annual interim payments	10,349
22	annual cost of services	26,867
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	424,633
32	Cost of services - max annual payments for UPL	459,449
33		
34	<u>adjustment factor</u>	
35	inflation	1.038918
36		
37	adjusted Medicaid annual payments	441,159
38	adjusted maximum annual payments for UPL	477,330
39	annual facility specific UPL amount	36,171
40		
41	annual allocation of charge limit (if applicable)	71
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	36,242
44	UPL adjustment available for SFY2015	36,242
45	SFY2015 UPL 1st quarter - Projected IGT	3,087
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	8,986
47	Total Intergovernmental transfer amount	12,073
48	Net funds amount	24,169

Georgia Department of Community Health

	Facility Name	Athens Regional Medical Center
2	base period report period beginning date	10/01/12
3	base period report period ending date	09/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	4,703,298
11	covered charges	23,522,926
12	Medicaid outpatient CCR	0.199945279
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	4,504,348
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	1,090,563
19	payments	48,108
20	annual covered charges	1,090,563
21	annual interim payments	48,108
22	annual cost of services	218,053
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	4,652,477
26	payments	730,822
27	annual covered charges	4,652,477
28	annual interim payments	730,822
29	annual cost of services	930,241
30		
31	Medicaid annual payments	5,283,278
32	Cost of services - max annual payments for UPL	5,851,592
33		
34	<u>adjustment factor</u>	
35	inflation	1.036014
36		
37	adjusted Medicaid annual payments	5,473,550
38	adjusted maximum annual payments for UPL	6,062,331
39	annual facility specific UPL amount	588,781
40		
41	annual allocation of charge limit (if applicable)	1,406
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	590,187
44	UPL adjustment available for SFY2015	590,187
45	SFY2015 UPL 1st quarter - Projected IGT	50,269
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	146,337
47	Total Intergovernmental transfer amount	196,606
48	Net funds amount	393,581

Georgia Department of Community Health

	Facility Name	Burke Medical Center
2	base period report period beginning date	06/01/12
3	base period report period ending date	05/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	314,400
11	covered charges	699,411
12	Medicaid outpatient CCR	0.449521097
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	301,101
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	48,888
19	payments	7,384
20	annual covered charges	48,888
21	annual interim payments	7,384
22	annual cost of services	21,976
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	308,485
32	Cost of services - max annual payments for UPL	336,376
33		
34	<u>adjustment factor</u>	
35	inflation	1.046338
36		
37	adjusted Medicaid annual payments	322,780
38	adjusted maximum annual payments for UPL	351,963
39	annual facility specific UPL amount	29,183
40		
41	annual allocation of charge limit (if applicable)	25
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	29,208
44	UPL adjustment available for SFY2015	29,208
45	SFY2015 UPL 1st quarter - Projected IGT	2,488
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	7,242
47	Total Intergovernmental transfer amount	9,730
48	Net funds amount	19,478

Georgia Department of Community Health

	Facility Name	CHOA - Hughes Spalding
2	base period report period beginning date	01/01/13
3	base period report period ending date	12/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	3,936,330
11	covered charges	13,309,240
12	Medicaid outpatient CCR	0.295759187
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	3,769,823
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	1,753,985
19	payments	101,588
20	annual covered charges	1,753,985
21	annual interim payments	101,588
22	annual cost of services	518,757
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	48,531
26	payments	12,922
27	annual covered charges	48,531
28	annual interim payments	12,922
29	annual cost of services	14,353
30		
31	Medicaid annual payments	3,884,333
32	Cost of services - max annual payments for UPL	4,469,440
33		
34	<u>adjustment factor</u>	
35	inflation	1.034993
36		
37	adjusted Medicaid annual payments	4,020,257
38	adjusted maximum annual payments for UPL	4,625,839
39	annual facility specific UPL amount	605,582
40		
41	annual allocation of charge limit (if applicable)	639
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	606,221
44	UPL adjustment available for SFY2015	606,221
45	SFY2015 UPL 1st quarter - Projected IGT	51,635
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	150,312
47	Total Intergovernmental transfer amount	201,947
48	Net funds amount	404,274

Georgia Department of Community Health

	Facility Name	Coffee Regional Medical Center
2	base period report period beginning date	01/01/13
3	base period report period ending date	12/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,723,481
11	covered charges	7,148,283
12	Medicaid outpatient CCR	0.241104206
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	1,650,578
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	535,677
19	payments	38,453
20	annual covered charges	535,677
21	annual interim payments	38,453
22	annual cost of services	129,154
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	1,803,358
26	payments	329,773
27	annual covered charges	1,803,358
28	annual interim payments	329,773
29	annual cost of services	434,797
30		
31	Medicaid annual payments	2,018,804
32	Cost of services - max annual payments for UPL	2,287,432
33		
34	<u>adjustment factor</u>	
35	inflation	1.034993
36		
37	adjusted Medicaid annual payments	2,089,448
38	adjusted maximum annual payments for UPL	2,367,476
39	annual facility specific UPL amount	278,028
40		
41	annual allocation of charge limit (if applicable)	432
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	278,460
44	UPL adjustment available for SFY2015	278,460
45	SFY2015 UPL 1st quarter - Projected IGT	23,718
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	69,044
47	Total Intergovernmental transfer amount	92,762
48	Net funds amount	185,698

Georgia Department of Community Health

	Facility Name	Colquitt Regional Medical Center
2	base period report period beginning date	10/01/12
3	base period report period ending date	09/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,245,284
11	covered charges	5,192,434
12	Medicaid outpatient CCR	0.239826618
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	1,192,608
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	273,980
19	payments	22,585
20	annual covered charges	273,980
21	annual interim payments	22,585
22	annual cost of services	65,708
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	1,448,308
26	payments	222,410
27	annual covered charges	1,448,308
28	annual interim payments	222,410
29	annual cost of services	347,343
30		
31	Medicaid annual payments	1,437,603
32	Cost of services - max annual payments for UPL	1,658,335
33		
34	<u>adjustment factor</u>	
35	inflation	1.036014
36		
37	adjusted Medicaid annual payments	1,489,377
38	adjusted maximum annual payments for UPL	1,718,058
39	annual facility specific UPL amount	228,681
40		
41	annual allocation of charge limit (if applicable)	316
42	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	228,997
43		
44	UPL adjustment available for SFY2015	228,997
45	SFY2015 UPL 1st quarter - Projected IGT	19,505
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	56,780
47	Total Intergovernmental transfer amount	76,285
48	Net funds amount	152,712

Georgia Department of Community Health

	Facility Name	Cook Medical Center
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	301,192
11	covered charges	1,212,620
12	Medicaid outpatient CCR	0.248381199
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	288,452
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	179,414
19	payments	18,410
20	annual covered charges	179,414
21	annual interim payments	18,410
22	annual cost of services	44,563
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	22,279
26	payments	4,991
27	annual covered charges	22,279
28	annual interim payments	4,991
29	annual cost of services	5,534
30		
31	Medicaid annual payments	311,853
32	Cost of services - max annual payments for UPL	351,289
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	325,817
38	adjusted maximum annual payments for UPL	367,018
39	annual facility specific UPL amount	41,201
40		
41	annual allocation of charge limit (if applicable)	64
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	41,265
44	UPL adjustment available for SFY2015	41,265
45	SFY2015 UPL 1st quarter - Projected IGT	3,515
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	10,232
47	Total Intergovernmental transfer amount	13,747
48	Net funds amount	27,518

Georgia Department of Community Health

	Facility Name	Crisp Regional Medical Center
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	765,586
11	covered charges	2,971,354
12	Medicaid outpatient CCR	0.257655588
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	733,202
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	209,532
19	payments	16,187
20	annual covered charges	209,532
21	annual interim payments	16,187
22	annual cost of services	53,987
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	85,733
26	payments	23,954
27	annual covered charges	85,733
28	annual interim payments	23,954
29	annual cost of services	22,090
30		
31	Medicaid annual payments	773,343
32	Cost of services - max annual payments for UPL	841,663
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	807,970
38	adjusted maximum annual payments for UPL	879,349
39	annual facility specific UPL amount	71,379
40		
41	annual allocation of charge limit (if applicable)	146
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	71,525
44	UPL adjustment available for SFY2015	71,525
45	SFY2015 UPL 1st quarter - Projected IGT	6,092
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	17,735
47	Total Intergovernmental transfer amount	23,827
48	Net funds amount	47,698

Georgia Department of Community Health

	Facility Name	Dekalb Medical Center
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	3,813,598
11	covered charges	14,772,518
12	Medicaid outpatient CCR	0.258154903
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	3,652,283
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	1,180,855
19	payments	53,031
20	annual covered charges	1,180,855
21	annual interim payments	53,031
22	annual cost of services	304,844
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	1,625,867
26	payments	285,408
27	annual covered charges	1,625,867
28	annual interim payments	285,408
29	annual cost of services	419,726
30		
31	Medicaid annual payments	3,990,722
32	Cost of services - max annual payments for UPL	4,538,168
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	4,169,411
38	adjusted maximum annual payments for UPL	4,741,369
39	annual facility specific UPL amount	571,958
40		
41	annual allocation of charge limit (if applicable)	783
42	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	
43		572,741
44	UPL adjustment available for SFY2015	572,741
45	SFY2015 UPL 1st quarter - Projected IGT	48,783
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	142,011
47	Total Intergovernmental transfer amount	190,794
48	Net funds amount	381,947

Georgia Department of Community Health

	Facility Name	Dekalb Medical Center - Hillandale
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,778,015
11	covered charges	7,650,646
12	Medicaid outpatient CCR	0.232400636
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	1,702,805
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	1,000,667
19	payments	52,024
20	annual covered charges	1,000,667
21	annual interim payments	52,024
22	annual cost of services	232,556
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	124,765
26	payments	15,490
27	annual covered charges	124,765
28	annual interim payments	15,490
29	annual cost of services	28,995
30		
31	Medicaid annual payments	1,770,319
32	Cost of services - max annual payments for UPL	2,039,566
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	1,849,587
38	adjusted maximum annual payments for UPL	2,130,890
39	annual facility specific UPL amount	281,303
40		
41	annual allocation of charge limit (if applicable)	404
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	281,707
44	UPL adjustment available for SFY2015	281,707
45	SFY2015 UPL 1st quarter - Projected IGT	23,994
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	69,849
47	Total Intergovernmental transfer amount	93,843
48	Net funds amount	187,864

Georgia Department of Community Health

	Facility Name	Columbus Specialty Hospital
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	295,693
11	covered charges	1,502,216
12	Medicaid outpatient CCR	0.196837872
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	283,185
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	0
19	payments	0
20	annual covered charges	0
21	annual interim payments	0
22	annual cost of services	-
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	807,615
26	payments	125,393
27	annual covered charges	807,615
28	annual interim payments	125,393
29	annual cost of services	158,969
30		
31	Medicaid annual payments	408,578
32	Cost of services - max annual payments for UPL	454,662
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	426,872
38	adjusted maximum annual payments for UPL	475,020
39	annual facility specific UPL amount	48,148
40		
41	annual allocation of charge limit (if applicable)	111
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	48,259
44	UPL adjustment available for SFY2015	48,259
45	SFY2015 UPL 1st quarter - Projected IGT	4,110
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	11,966
47	Total Intergovernmental transfer amount	16,076
48	Net funds amount	32,183

Georgia Department of Community Health

	Facility Name	Dodge County Hospital
2	base period report period beginning date	10/01/12
3	base period report period ending date	09/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	712,983
11	covered charges	3,071,362
12	Medicaid outpatient CCR	0.232139031
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	682,824
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	262,217
19	payments	17,789
20	annual covered charges	262,217
21	annual interim payments	17,789
22	annual cost of services	60,871
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	22,585
26	payments	4,848
27	annual covered charges	22,585
28	annual interim payments	4,848
29	annual cost of services	5,243
30		
31	Medicaid annual payments	705,461
32	Cost of services - max annual payments for UPL	779,097
33		
34	<u>adjustment factor</u>	
35	inflation	1.036014
36		
37	adjusted Medicaid annual payments	730,867
38	adjusted maximum annual payments for UPL	807,155
39	annual facility specific UPL amount	76,288
40		
41	annual allocation of charge limit (if applicable)	155
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	76,443
44	UPL adjustment available for SFY2015	76,443
45	SFY2015 UPL 1st quarter - Projected IGT	6,511
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	18,954
47	Total Intergovernmental transfer amount	25,465
48	Net funds amount	50,978

Georgia Department of Community Health

	Facility Name	Elbert Memorial Hospital
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	316,709
11	covered charges	1,101,656
12	Medicaid outpatient CCR	0.287484478
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	303,312
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	67,435
19	payments	5,818
20	annual covered charges	67,435
21	annual interim payments	5,818
22	annual cost of services	19,387
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	92,682
26	payments	9,946
27	annual covered charges	92,682
28	annual interim payments	9,946
29	annual cost of services	26,645
30		
31	Medicaid annual payments	319,076
32	Cost of services - max annual payments for UPL	362,741
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	333,363
38	adjusted maximum annual payments for UPL	378,983
39	annual facility specific UPL amount	45,620
40		
41	annual allocation of charge limit (if applicable)	54
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	45,674
44	UPL adjustment available for SFY2015	45,674
45	SFY2015 UPL 1st quarter - Projected IGT	3,890
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	11,325
47	Total Intergovernmental transfer amount	15,215
48	Net funds amount	30,459

Georgia Department of Community Health

	Facility Name	Emanuel Medical Center
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	505,773
11	covered charges	2,664,784
12	Medicaid outpatient CCR	0.189798873
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	484,379
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	306,220
19	payments	17,677
20	annual covered charges	306,220
21	annual interim payments	17,677
22	annual cost of services	58,120
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	42,013
26	payments	9,647
27	annual covered charges	42,013
28	annual interim payments	9,647
29	annual cost of services	7,974
30		
31	Medicaid annual payments	511,703
32	Cost of services - max annual payments for UPL	571,867
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	534,615
38	adjusted maximum annual payments for UPL	597,473
39	annual facility specific UPL amount	62,858
40		
41	annual allocation of charge limit (if applicable)	147
42	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit	
43	adjustments	63,005
44	UPL adjustment available for SFY2015	63,005
45	SFY2015 UPL 1st quarter - Projected IGT	5,366
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	15,622
47	Total Intergovernmental transfer amount	20,988
48	Net funds amount	42,017

Georgia Department of Community Health

	Facility Name	Hutcheson Medical Center
2	base period report period beginning date	10/01/12
3	base period report period ending date	09/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,751,889
11	covered charges	6,459,955
12	Medicaid outpatient CCR	0.271192148
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	1,677,784
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	483,887
19	payments	32,389
20	annual covered charges	483,887
21	annual interim payments	32,389
22	annual cost of services	131,226
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	1,757,006
26	payments	273,715
27	annual covered charges	1,757,006
28	annual interim payments	273,715
29	annual cost of services	476,486
30		
31	Medicaid annual payments	1,983,888
32	Cost of services - max annual payments for UPL	2,359,601
33		
34	<u>adjustment factor</u>	
35	inflation	1.036014
36		
37	adjusted Medicaid annual payments	2,055,336
38	adjusted maximum annual payments for UPL	2,444,580
39	annual facility specific UPL amount	389,244
40		
41	annual allocation of charge limit (if applicable)	380
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	389,624
44	UPL adjustment available for SFY2015	389,624
45	SFY2015 UPL 1st quarter - Projected IGT	33,186
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	96,607
47	Total Intergovernmental transfer amount	129,793
48	Net funds amount	259,831

Georgia Department of Community Health

	Facility Name	Evans Memorial Hospital
2	base period report period beginning date	10/01/12
3	base period report period ending date	09/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	271,671
11	covered charges	1,092,588
12	Medicaid outpatient CCR	0.248649079
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	260,179
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	97,270
19	payments	7,440
20	annual covered charges	97,270
21	annual interim payments	7,440
22	annual cost of services	24,186
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	267,619
32	Cost of services - max annual payments for UPL	295,857
33		
34	<u>adjustment factor</u>	
35	inflation	1.036014
36		
37	adjusted Medicaid annual payments	277,257
38	adjusted maximum annual payments for UPL	306,512
39	annual facility specific UPL amount	29,255
40		
41	annual allocation of charge limit (if applicable)	54
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	29,309
44	UPL adjustment available for SFY2015	29,309
45	SFY2015 UPL 1st quarter - Projected IGT	2,496
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	7,267
47	Total Intergovernmental transfer amount	9,763
48	Net funds amount	19,546

Georgia Department of Community Health

	Facility Name	Floyd Medical Center
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	4,875,552
11	covered charges	22,414,342
12	Medicaid outpatient CCR	0.217519301
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	4,669,316
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	2,107,641
19	payments	92,717
20	annual covered charges	2,107,641
21	annual interim payments	92,717
22	annual cost of services	458,453
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	4,260,231
26	payments	539,799
27	annual covered charges	4,260,231
28	annual interim payments	539,799
29	annual cost of services	926,682
30		
31	Medicaid annual payments	5,301,832
32	Cost of services - max annual payments for UPL	6,260,687
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	5,539,227
38	adjusted maximum annual payments for UPL	6,541,016
39	annual facility specific UPL amount	1,001,789
40		
41	annual allocation of charge limit (if applicable)	1,351
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	1,003,140
44	UPL adjustment available for SFY2015	1,003,140
45	SFY2015 UPL 1st quarter - Projected IGT	85,442
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	248,729
47	Total Intergovernmental transfer amount	334,171
48	Net funds amount	668,969

Georgia Department of Community Health

	Facility Name	Grady General Hospital
2	base period report period beginning date	10/01/12
3	base period report period ending date	09/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	447,102
11	covered charges	1,501,916
12	Medicaid outpatient CCR	0.297687754
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	428,190
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	92,008
19	payments	9,510
20	annual covered charges	92,008
21	annual interim payments	9,510
22	annual cost of services	27,390
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	437,700
32	Cost of services - max annual payments for UPL	474,492
33		
34	<u>adjustment factor</u>	
35	inflation	1.036014
36		
37	adjusted Medicaid annual payments	453,463
38	adjusted maximum annual payments for UPL	491,580
39	annual facility specific UPL amount	38,117
40		
41	annual allocation of charge limit (if applicable)	67
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	38,184
44	UPL adjustment available for SFY2015	38,184
45	SFY2015 UPL 1st quarter - Projected IGT	3,252
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	9,468
47	Total Intergovernmental transfer amount	12,720
48	Net funds amount	25,464

Georgia Department of Community Health

	Facility Name	Grady Memorial Hospital
2	base period report period beginning date	01/01/13
3	base period report period ending date	12/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	16,430,555
11	covered charges	52,825,690
12	Medicaid outpatient CCR	0.31103342
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	15,735,543
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	1,915,200
19	payments	66,009
20	annual covered charges	1,915,200
21	annual interim payments	66,009
22	annual cost of services	595,691
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	16,274,551
26	payments	3,328,141
27	annual covered charges	16,274,551
28	annual interim payments	3,328,141
29	annual cost of services	5,061,929
30		
31	Medicaid annual payments	19,129,693
32	Cost of services - max annual payments for UPL	22,088,175
33		
34	<u>adjustment factor</u>	
35	inflation	1.034993
36		
37	adjusted Medicaid annual payments	19,799,098
38	adjusted maximum annual payments for UPL	22,861,107
39	annual facility specific UPL amount	3,062,009
40		
41	annual allocation of charge limit (if applicable)	2,935
42	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	3,064,944
43		
44	UPL adjustment available for SFY2015	3,064,944
45	SFY2015 UPL 1st quarter - Projected IGT	261,057
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	759,953
47	Total Intergovernmental transfer amount	1,021,010
48	Net funds amount	2,043,934

Georgia Department of Community Health

	Facility Name	Gwinnett Medical Center - Duluth
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	837,458
11	covered charges	4,472,637
12	Medicaid outpatient CCR	0.187240324
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	802,034
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	306,375
19	payments	17,230
20	annual covered charges	306,375
21	annual interim payments	17,230
22	annual cost of services	57,366
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	141,138
26	payments	22,989
27	annual covered charges	141,138
28	annual interim payments	22,989
29	annual cost of services	26,427
30		
31	Medicaid annual payments	842,253
32	Cost of services - max annual payments for UPL	921,251
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	879,966
38	adjusted maximum annual payments for UPL	962,501
39	annual facility specific UPL amount	82,535
40		
41	annual allocation of charge limit (if applicable)	240
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	82,775
44	UPL adjustment available for SFY2015	82,775
45	SFY2015 UPL 1st quarter - Projected IGT	7,050
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	20,524
47	Total Intergovernmental transfer amount	27,574
48	Net funds amount	55,201

Georgia Department of Community Health

	Facility Name	Gwinnett Medical Center - Lawrenceville
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	3,344,971
11	covered charges	15,927,802
12	Medicaid outpatient CCR	0.210008324
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	3,203,479
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	801,615
19	payments	41,452
20	annual covered charges	801,615
21	annual interim payments	41,452
22	annual cost of services	168,346
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	3,946,988
26	payments	715,910
27	annual covered charges	3,946,988
28	annual interim payments	715,910
29	annual cost of services	828,900
30		
31	Medicaid annual payments	3,960,841
32	Cost of services - max annual payments for UPL	4,342,217
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	4,138,192
38	adjusted maximum annual payments for UPL	4,536,644
39	annual facility specific UPL amount	398,452
40		
41	annual allocation of charge limit (if applicable)	981
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	399,433
44	UPL adjustment available for SFY2015	399,433
45	SFY2015 UPL 1st quarter - Projected IGT	34,022
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	99,039
47	Total Intergovernmental transfer amount	133,061
48	Net funds amount	266,372

Georgia Department of Community Health

	Facility Name	Habersham Medical Center
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	602,132
11	covered charges	2,155,395
12	Medicaid outpatient CCR	0.279360396
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	576,662
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	137,636
19	payments	13,034
20	annual covered charges	137,636
21	annual interim payments	13,034
22	annual cost of services	38,450
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	589,696
32	Cost of services - max annual payments for UPL	640,582
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	616,100
38	adjusted maximum annual payments for UPL	669,265
39	annual facility specific UPL amount	53,165
40		
41	annual allocation of charge limit (if applicable)	99
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	53,264
44	UPL adjustment available for SFY2015	53,264
45	SFY2015 UPL 1st quarter - Projected IGT	4,537
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	13,207
47	Total Intergovernmental transfer amount	17,744
48	Net funds amount	35,520

Georgia Department of Community Health

	Facility Name	Houston Medical Center
2	base period report period beginning date	01/01/13
3	base period report period ending date	12/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	2,630,751
11	covered charges	10,897,289
12	Medicaid outpatient CCR	0.241413346
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	2,519,470
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	423,224
19	payments	29,816
20	annual covered charges	423,224
21	annual interim payments	29,816
22	annual cost of services	102,172
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	331,107
26	payments	110,137
27	annual covered charges	331,107
28	annual interim payments	110,137
29	annual cost of services	79,934
30		
31	Medicaid annual payments	2,659,423
32	Cost of services - max annual payments for UPL	2,812,857
33		
34	<u>adjustment factor</u>	
35	inflation	1.034993
36		
37	adjusted Medicaid annual payments	2,752,484
38	adjusted maximum annual payments for UPL	2,911,287
39	annual facility specific UPL amount	158,803
40		
41	annual allocation of charge limit (if applicable)	531
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	159,334
44	UPL adjustment available for SFY2015	159,334
45	SFY2015 UPL 1st quarter - Projected IGT	13,571
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	39,507
47	Total Intergovernmental transfer amount	53,078
48	Net funds amount	106,256

Georgia Department of Community Health

	Facility Name	Irwin County Hospital
2	base period report period beginning date	12/01/12
3	base period report period ending date	11/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	444,314
11	covered charges	1,874,017
12	Medicaid outpatient CCR	0.237091645
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	425,519
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	74,109
19	payments	6,769
20	annual covered charges	74,109
21	annual interim payments	6,769
22	annual cost of services	17,571
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	49,750
26	payments	9,972
27	annual covered charges	49,750
28	annual interim payments	9,972
29	annual cost of services	11,795
30		
31	Medicaid annual payments	442,260
32	Cost of services - max annual payments for UPL	473,680
33		
34	<u>adjustment factor</u>	
35	inflation	1.035333
36		
37	adjusted Medicaid annual payments	457,886
38	adjusted maximum annual payments for UPL	490,416
39	annual facility specific UPL amount	32,530
40		
41	annual allocation of charge limit (if applicable)	92
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	32,622
44	UPL adjustment available for SFY2015	32,622
45	SFY2015 UPL 1st quarter - Projected IGT	2,779
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	8,089
47	Total Intergovernmental transfer amount	10,868
48	Net funds amount	21,754

Georgia Department of Community Health

	Facility Name	Jefferson Hospital
2	base period report period beginning date	01/01/13
3	base period report period ending date	12/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	243,694
11	covered charges	458,794
12	Medicaid outpatient CCR	0.531161913
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	233,386
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	69,647
19	payments	8,950
20	annual covered charges	69,647
21	annual interim payments	8,950
22	annual cost of services	36,994
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	11,675
26	payments	4,835
27	annual covered charges	11,675
28	annual interim payments	4,835
29	annual cost of services	6,201
30		
31	Medicaid annual payments	247,171
32	Cost of services - max annual payments for UPL	286,889
33		
34	<u>adjustment factor</u>	
35	inflation	1.034993
36		
37	adjusted Medicaid annual payments	255,820
38	adjusted maximum annual payments for UPL	296,928
39	annual facility specific UPL amount	41,108
40		
41	annual allocation of charge limit (if applicable)	15
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	41,123
44	UPL adjustment available for SFY2015	41,123
45	SFY2015 UPL 1st quarter - Projected IGT	3,503
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	10,196
47	Total Intergovernmental transfer amount	13,699
48	Net funds amount	27,424

Georgia Department of Community Health

	Facility Name	Mayo Clinic Health System- Waycross
2	base period report period beginning date	01/01/13
3	base period report period ending date	12/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	4,177,162
11	covered charges	12,939,588
12	Medicaid outpatient CCR	0.322820325
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	4,000,468
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	716,790
19	payments	59,072
20	annual covered charges	716,790
21	annual interim payments	59,072
22	annual cost of services	231,394
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	1,114,565
26	payments	214,589
27	annual covered charges	1,114,565
28	annual interim payments	214,589
29	annual cost of services	359,804
30		
31	Medicaid annual payments	4,274,129
32	Cost of services - max annual payments for UPL	4,768,360
33		
34	<u>adjustment factor</u>	
35	inflation	1.034993
36		
37	adjusted Medicaid annual payments	4,423,694
38	adjusted maximum annual payments for UPL	4,935,219
39	annual facility specific UPL amount	511,525
40		
41	annual allocation of charge limit (if applicable)	600
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	512,125
44	UPL adjustment available for SFY2015	512,125
45	SFY2015 UPL 1st quarter - Projected IGT	43,620
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	126,981
47	Total Intergovernmental transfer amount	170,601
48	Net funds amount	341,524

Georgia Department of Community Health

	Facility Name	Meadows Regional Medical Center
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,743,172
11	covered charges	10,101,658
12	Medicaid outpatient CCR	0.172562959
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	1,669,436
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	744,085
19	payments	33,116
20	annual covered charges	744,085
21	annual interim payments	33,116
22	annual cost of services	128,402
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	1,423,354
26	payments	286,199
27	annual covered charges	1,423,354
28	annual interim payments	286,199
29	annual cost of services	245,618
30		
31	Medicaid annual payments	1,988,751
32	Cost of services - max annual payments for UPL	2,117,192
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	2,077,799
38	adjusted maximum annual payments for UPL	2,211,991
39	annual facility specific UPL amount	134,192
40		
41	annual allocation of charge limit (if applicable)	610
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	134,802
44	UPL adjustment available for SFY2015	134,802
45	SFY2015 UPL 1st quarter - Projected IGT	11,482
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	33,424
47	Total Intergovernmental transfer amount	44,906
48	Net funds amount	89,896

Georgia Department of Community Health

	Facility Name	Medical Center, Navicent Health
2	base period report period beginning date	10/01/12
3	base period report period ending date	09/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	9,736,002
11	covered charges	35,559,738
12	Medicaid outpatient CCR	0.27379285
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	9,324,169
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	1,025,883
19	payments	52,932
20	annual covered charges	1,025,883
21	annual interim payments	52,932
22	annual cost of services	280,879
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	8,782,341
26	payments	1,312,804
27	annual covered charges	8,782,341
28	annual interim payments	1,312,804
29	annual cost of services	2,404,542
30		
31	Medicaid annual payments	10,689,905
32	Cost of services - max annual payments for UPL	12,421,423
33		
34	<u>adjustment factor</u>	
35	inflation	1.036014
36		
37	adjusted Medicaid annual payments	11,074,891
38	adjusted maximum annual payments for UPL	12,868,768
39	annual facility specific UPL amount	1,793,877
40		
41	annual allocation of charge limit (if applicable)	1,977
42	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	1,795,854
43		
44	UPL adjustment available for SFY2015	1,795,854
45	SFY2015 UPL 1st quarter - Projected IGT	152,962
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	445,282
47	Total Intergovernmental transfer amount	598,244
48	Net funds amount	1,197,610

Georgia Department of Community Health

	Facility Name	Memorial University Medical Center
2	base period report period beginning date	01/01/13
3	base period report period ending date	12/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	4,684,331
11	covered charges	30,042,043
12	Medicaid outpatient CCR	0.155925847
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	4,486,184
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	761,750
19	payments	41,172
20	annual covered charges	761,750
21	annual interim payments	41,172
22	annual cost of services	118,777
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	8,683,075
26	payments	1,229,150
27	annual covered charges	8,683,075
28	annual interim payments	1,229,150
29	annual cost of services	1,353,916
30		
31	Medicaid annual payments	5,756,506
32	Cost of services - max annual payments for UPL	6,157,024
33		
34	<u>adjustment factor</u>	
35	inflation	1.034993
36		
37	adjusted Medicaid annual payments	5,957,943
38	adjusted maximum annual payments for UPL	6,372,477
39	annual facility specific UPL amount	414,534
40		
41	annual allocation of charge limit (if applicable)	2,003
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	416,537
44	UPL adjustment available for SFY2015	416,537
45	SFY2015 UPL 1st quarter - Projected IGT	35,479
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	103,280
47	Total Intergovernmental transfer amount	138,759
48	Net funds amount	277,778

Georgia Department of Community Health

	Facility Name	Memorial Hospital and Manor
2	base period report period beginning date	04/01/12
3	base period report period ending date	03/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	502,215
11	covered charges	1,851,073
12	Medicaid outpatient CCR	0.271310208
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	480,971
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	93,371
19	payments	15,692
20	annual covered charges	93,371
21	annual interim payments	15,692
22	annual cost of services	25,333
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	16,914
26	payments	4,976
27	annual covered charges	16,914
28	annual interim payments	4,976
29	annual cost of services	4,589
30		
31	Medicaid annual payments	501,639
32	Cost of services - max annual payments for UPL	532,137
33		
34	<u>adjustment factor</u>	
35	inflation	1.049475
36		
37	adjusted Medicaid annual payments	526,458
38	adjusted maximum annual payments for UPL	558,464
39	annual facility specific UPL amount	32,006
40		
41	annual allocation of charge limit (if applicable)	86
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	32,092
44	UPL adjustment available for SFY2015	32,092
45	SFY2015 UPL 1st quarter - Projected IGT	2,733
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	7,957
47	Total Intergovernmental transfer amount	10,690
48	Net funds amount	21,402

Georgia Department of Community Health

	Facility Name	Midtown Medical Center
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	5,783,881
11	covered charges	16,931,667
12	Medicaid outpatient CCR	0.341601391
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	5,539,223
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	627,224
19	payments	38,288
20	annual covered charges	627,224
21	annual interim payments	38,288
22	annual cost of services	214,261
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	4,371,255
26	payments	825,546
27	annual covered charges	4,371,255
28	annual interim payments	825,546
29	annual cost of services	1,493,227
30		
31	Medicaid annual payments	6,403,057
32	Cost of services - max annual payments for UPL	7,491,369
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	6,689,760
38	adjusted maximum annual payments for UPL	7,826,803
39	annual facility specific UPL amount	1,137,043
40		
41	annual allocation of charge limit (if applicable)	865
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	1,137,908
44	UPL adjustment available for SFY2015	1,137,908
45	SFY2015 UPL 1st quarter - Projected IGT	96,921
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	282,144
47	Total Intergovernmental transfer amount	379,065
48	Net funds amount	758,843

Georgia Department of Community Health

	Facility Name	Murray Medical Center
2	base period report period beginning date	04/01/12
3	base period report period ending date	03/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	477,702
11	covered charges	1,786,155
12	Medicaid outpatient CCR	0.267447114
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	457,495
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	303,330
19	payments	22,991
20	annual covered charges	303,330
21	annual interim payments	22,991
22	annual cost of services	81,125
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	480,486
32	Cost of services - max annual payments for UPL	558,827
33		
34	<u>adjustment factor</u>	
35	inflation	1.049475
36		
37	adjusted Medicaid annual payments	504,258
38	adjusted maximum annual payments for UPL	586,475
39	annual facility specific UPL amount	82,217
40		
41	annual allocation of charge limit (if applicable)	92
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	82,309
44	UPL adjustment available for SFY2015	82,309
45	SFY2015 UPL 1st quarter - Projected IGT	7,011
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	20,409
47	Total Intergovernmental transfer amount	27,420
48	Net funds amount	54,889

Georgia Department of Community Health

	Facility Name	Newton Medical Center
2	base period report period beginning date	01/01/13
3	base period report period ending date	12/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,639,224
11	covered charges	7,299,134
12	Medicaid outpatient CCR	0.224577875
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	1,569,885
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	956,908
19	payments	51,529
20	annual covered charges	956,908
21	annual interim payments	51,529
22	annual cost of services	214,900
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	189,224
26	payments	44,732
27	annual covered charges	189,224
28	annual interim payments	44,732
29	annual cost of services	42,496
30		
31	Medicaid annual payments	1,666,146
32	Cost of services - max annual payments for UPL	1,896,620
33		
34	<u>adjustment factor</u>	
35	inflation	1.034993
36		
37	adjusted Medicaid annual payments	1,724,449
38	adjusted maximum annual payments for UPL	1,962,988
39	annual facility specific UPL amount	238,539
40		
41	annual allocation of charge limit (if applicable)	393
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	238,932
44	UPL adjustment available for SFY2015	238,932
45	SFY2015 UPL 1st quarter - Projected IGT	20,351
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	59,243
47	Total Intergovernmental transfer amount	79,594
48	Net funds amount	159,338

Georgia Department of Community Health

	Facility Name	Northeast GA Medical Center
2	base period report period beginning date	10/01/12
3	base period report period ending date	09/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	5,069,855
11	covered charges	28,055,535
12	Medicaid outpatient CCR	0.180707835
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	4,855,400
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	2,106,023
19	payments	73,058
20	annual covered charges	2,106,023
21	annual interim payments	73,058
22	annual cost of services	380,575
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	7,448,208
26	payments	1,138,013
27	annual covered charges	7,448,208
28	annual interim payments	1,138,013
29	annual cost of services	1,345,950
30		
31	Medicaid annual payments	6,066,471
32	Cost of services - max annual payments for UPL	6,796,380
33		
34	<u>adjustment factor</u>	
35	inflation	1.036014
36		
37	adjusted Medicaid annual payments	6,284,949
38	adjusted maximum annual payments for UPL	7,041,145
39	annual facility specific UPL amount	756,196
40		
41	annual allocation of charge limit (if applicable)	1,851
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	758,047
44	UPL adjustment available for SFY2015	758,047
45	SFY2015 UPL 1st quarter - Projected IGT	64,567
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	187,958
47	Total Intergovernmental transfer amount	252,525
48	Net funds amount	505,522

Georgia Department of Community Health

	Facility Name	Northside Hospital
2	base period report period beginning date	10/01/12
3	base period report period ending date	09/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	35,320
11	covered charges	172,797
12	Medicaid outpatient CCR	0.204401697
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	33,826
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	481,919
19	payments	16,670
20	annual covered charges	481,919
21	annual interim payments	16,670
22	annual cost of services	98,505
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	11,399,258
26	payments	1,732,031
27	annual covered charges	11,399,258
28	annual interim payments	1,732,031
29	annual cost of services	2,330,028
30		
31	Medicaid annual payments	1,782,527
32	Cost of services - max annual payments for UPL	2,463,853
33		
34	<u>adjustment factor</u>	
35	inflation	1.036014
36		
37	adjusted Medicaid annual payments	1,846,723
38	adjusted maximum annual payments for UPL	2,552,586
39	annual facility specific UPL amount	705,863
40		
41	annual allocation of charge limit (if applicable)	575
42	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	706,438
43		
44	UPL adjustment available for SFY2015	706,438
45	SFY2015 UPL 1st quarter - Projected IGT	60,171
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	175,161
47	Total Intergovernmental transfer amount	235,332
48	Net funds amount	471,106

Georgia Department of Community Health

	Facility Name	Northside Hospital - Cherokee
2	base period report period beginning date	10/01/12
3	base period report period ending date	09/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,530,313
11	covered charges	7,700,772
12	Medicaid outpatient CCR	0.198722024
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	1,465,581
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	528,096
19	payments	22,264
20	annual covered charges	528,096
21	annual interim payments	22,264
22	annual cost of services	104,944
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	2,652,911
26	payments	426,637
27	annual covered charges	2,652,911
28	annual interim payments	426,637
29	annual cost of services	527,192
30		
31	Medicaid annual payments	1,914,482
32	Cost of services - max annual payments for UPL	2,162,449
33		
34	<u>adjustment factor</u>	
35	inflation	1.036014
36		
37	adjusted Medicaid annual payments	1,983,430
38	adjusted maximum annual payments for UPL	2,240,327
39	annual facility specific UPL amount	256,897
40		
41	annual allocation of charge limit (if applicable)	524
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	257,421
44	UPL adjustment available for SFY2015	257,421
45	SFY2015 UPL 1st quarter - Projected IGT	21,926
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	63,828
47	Total Intergovernmental transfer amount	85,754
48	Net funds amount	171,667

Georgia Department of Community Health

	Facility Name	Northside Hospital- Forsyth
2	base period report period beginning date	10/01/12
3	base period report period ending date	09/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,722,222
11	covered charges	9,121,988
12	Medicaid outpatient CCR	0.188798977
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	1,649,372
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	476,779
19	payments	18,236
20	annual covered charges	476,779
21	annual interim payments	18,236
22	annual cost of services	90,015
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	1,958,443
26	payments	311,640
27	annual covered charges	1,958,443
28	annual interim payments	311,640
29	annual cost of services	369,752
30		
31	Medicaid annual payments	1,979,248
32	Cost of services - max annual payments for UPL	2,181,989
33		
34	<u>adjustment factor</u>	
35	inflation	1.036014
36		
37	adjusted Medicaid annual payments	2,050,529
38	adjusted maximum annual payments for UPL	2,260,571
39	annual facility specific UPL amount	210,042
40		
41	annual allocation of charge limit (if applicable)	563
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	210,605
44	UPL adjustment available for SFY2015	210,605
45	SFY2015 UPL 1st quarter - Projected IGT	17,938
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	52,220
47	Total Intergovernmental transfer amount	70,158
48	Net funds amount	140,447

Georgia Department of Community Health

	Facility Name	Northside Medical Center
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	35,320
11	covered charges	172,797
12	Medicaid outpatient CCR	0.204401697
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	33,826
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	0
19	payments	0
20	annual covered charges	0
21	annual interim payments	0
22	annual cost of services	-
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	79,043
26	payments	15,964
27	annual covered charges	79,043
28	annual interim payments	15,964
29	annual cost of services	16,157
30		
31	Medicaid annual payments	49,790
32	Cost of services - max annual payments for UPL	51,477
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	52,019
38	adjusted maximum annual payments for UPL	53,782
39	annual facility specific UPL amount	1,763
40		
41	annual allocation of charge limit (if applicable)	12
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	1,775
44	UPL adjustment available for SFY2015	1,775
45	SFY2015 UPL 1st quarter - Projected IGT	151
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	440
47	Total Intergovernmental transfer amount	591
48	Net funds amount	1,184

Georgia Department of Community Health

	Facility Name	Oconee Regional Medical Center
2	base period report period beginning date	10/01/12
3	base period report period ending date	09/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,105,972
11	covered charges	4,383,947
12	Medicaid outpatient CCR	0.252277685
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	1,059,189
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	286,664
19	payments	29,648
20	annual covered charges	286,664
21	annual interim payments	29,648
22	annual cost of services	72,319
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	328,252
26	payments	59,149
27	annual covered charges	328,252
28	annual interim payments	59,149
29	annual cost of services	82,811
30		
31	Medicaid annual payments	1,147,986
32	Cost of services - max annual payments for UPL	1,261,102
33		
34	<u>adjustment factor</u>	
35	inflation	1.036014
36		
37	adjusted Medicaid annual payments	1,189,330
38	adjusted maximum annual payments for UPL	1,306,519
39	annual facility specific UPL amount	117,189
40		
41	annual allocation of charge limit (if applicable)	224
42	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	117,413
43		
44	UPL adjustment available for SFY2015	117,413
45	SFY2015 UPL 1st quarter - Projected IGT	10,001
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	29,113
47	Total Intergovernmental transfer amount	39,114
48	Net funds amount	78,299

Georgia Department of Community Health

	Facility Name	Perry Hospital
2	base period report period beginning date	01/01/13
3	base period report period ending date	12/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	320,866
11	covered charges	1,578,503
12	Medicaid outpatient CCR	0.203272341
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	307,293
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	95,229
19	payments	7,943
20	annual covered charges	95,229
21	annual interim payments	7,943
22	annual cost of services	19,357
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	315,236
32	Cost of services - max annual payments for UPL	340,223
33		
34	<u>adjustment factor</u>	
35	inflation	1.034993
36		
37	adjusted Medicaid annual payments	326,267
38	adjusted maximum annual payments for UPL	352,128
39	annual facility specific UPL amount	25,861
40		
41	annual allocation of charge limit (if applicable)	80
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	25,941
44	UPL adjustment available for SFY2015	25,941
45	SFY2015 UPL 1st quarter - Projected IGT	2,210
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	6,432
47	Total Intergovernmental transfer amount	8,642
48	Net funds amount	17,299

Georgia Department of Community Health

	Facility Name	Dorminy Medical Center
2	base period report period beginning date	08/01/12
3	base period report period ending date	07/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	635,384
11	covered charges	1,519,400
12	Medicaid outpatient CCR	0.418180861
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	608,507
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	206,908
19	payments	22,032
20	annual covered charges	206,908
21	annual interim payments	22,032
22	annual cost of services	86,525
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	597,246
26	payments	101,026
27	annual covered charges	597,246
28	annual interim payments	101,026
29	annual cost of services	249,757
30		
31	Medicaid annual payments	731,565
32	Cost of services - max annual payments for UPL	971,666
33		
34	<u>adjustment factor</u>	
35	inflation	1.041839
36		
37	adjusted Medicaid annual payments	762,173
38	adjusted maximum annual payments for UPL	1,012,320
39	annual facility specific UPL amount	250,147
40		
41	annual allocation of charge limit (if applicable)	81
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	250,228
44	UPL adjustment available for SFY2015	250,228
45	SFY2015 UPL 1st quarter - Projected IGT	21,313
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	62,044
47	Total Intergovernmental transfer amount	83,357
48	Net funds amount	166,871

Georgia Department of Community Health

	Facility Name	Phoebe Putney Memorial Hospital - North Campus
2	base period report period beginning date	08/01/12
3	base period report period ending date	07/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,169,843
11	covered charges	5,694,733
12	Medicaid outpatient CCR	0.205425434
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	1,120,359
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	783,163
19	payments	46,208
20	annual covered charges	783,163
21	annual interim payments	46,208
22	annual cost of services	160,882
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	421,444
26	payments	75,649
27	annual covered charges	421,444
28	annual interim payments	75,649
29	annual cost of services	86,575
30		
31	Medicaid annual payments	1,242,216
32	Cost of services - max annual payments for UPL	1,417,300
33		
34	<u>adjustment factor</u>	
35	inflation	1.041839
36		
37	adjusted Medicaid annual payments	1,294,189
38	adjusted maximum annual payments for UPL	1,476,598
39	annual facility specific UPL amount	182,409
40		
41	annual allocation of charge limit (if applicable)	329
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	182,738
44	UPL adjustment available for SFY2015	182,738
45	SFY2015 UPL 1st quarter - Projected IGT	15,565
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	45,310
47	Total Intergovernmental transfer amount	60,875
48	Net funds amount	121,863

Georgia Department of Community Health

	Facility Name	Phoebe Putney Memorial Hospital
2	base period report period beginning date	08/01/12
3	base period report period ending date	07/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	7,947,571
11	covered charges	26,309,970
12	Medicaid outpatient CCR	0.302074499
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	7,611,389
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	635,864
19	payments	46,430
20	annual covered charges	635,864
21	annual interim payments	46,430
22	annual cost of services	192,078
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	9,153,821
26	payments	1,181,026
27	annual covered charges	9,153,821
28	annual interim payments	1,181,026
29	annual cost of services	2,765,136
30		
31	Medicaid annual payments	8,838,845
32	Cost of services - max annual payments for UPL	10,904,785
33		
34	<u>adjustment factor</u>	
35	inflation	1.041839
36		
37	adjusted Medicaid annual payments	9,208,653
38	adjusted maximum annual payments for UPL	11,361,030
39	annual facility specific UPL amount	2,152,377
40		
41	annual allocation of charge limit (if applicable)	1,509
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	2,153,886
44	UPL adjustment available for SFY2015	2,153,886
45	SFY2015 UPL 1st quarter - Projected IGT	183,457
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	534,056
47	Total Intergovernmental transfer amount	717,513
48	Net funds amount	1,436,373

Georgia Department of Community Health

	Facility Name	Phoebe Sumter Medical Center
2	base period report period beginning date	08/01/12
3	base period report period ending date	07/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,560,699
11	covered charges	4,436,785
12	Medicaid outpatient CCR	0.351763495
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	1,494,681
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	392,887
19	payments	32,177
20	annual covered charges	392,887
21	annual interim payments	32,177
22	annual cost of services	138,203
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	1,053,106
26	payments	228,088
27	annual covered charges	1,053,106
28	annual interim payments	228,088
29	annual cost of services	370,444
30		
31	Medicaid annual payments	1,754,946
32	Cost of services - max annual payments for UPL	2,069,346
33		
34	<u>adjustment factor</u>	
35	inflation	1.041839
36		
37	adjusted Medicaid annual payments	1,828,371
38	adjusted maximum annual payments for UPL	2,155,925
39	annual facility specific UPL amount	327,554
40		
41	annual allocation of charge limit (if applicable)	228
42	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	327,782
43		
44	UPL adjustment available for SFY2015	327,782
45	SFY2015 UPL 1st quarter - Projected IGT	27,919
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	81,274
47	Total Intergovernmental transfer amount	109,193
48	Net funds amount	218,589

Georgia Department of Community Health

	Facility Name	Piedmont Henry Hospital
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,504,127
11	covered charges	9,687,684
12	Medicaid outpatient CCR	0.155261774
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	1,440,502
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	733,194
19	payments	42,906
20	annual covered charges	733,194
21	annual interim payments	42,906
22	annual cost of services	113,837
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	2,287,375
26	payments	213,028
27	annual covered charges	2,287,375
28	annual interim payments	213,028
29	annual cost of services	355,142
30		
31	Medicaid annual payments	1,696,436
32	Cost of services - max annual payments for UPL	1,973,106
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	1,772,396
38	adjusted maximum annual payments for UPL	2,061,454
39	annual facility specific UPL amount	289,058
40		
41	annual allocation of charge limit (if applicable)	645
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	289,703
44	UPL adjustment available for SFY2015	289,703
45	SFY2015 UPL 1st quarter - Projected IGT	24,675
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	71,832
47	Total Intergovernmental transfer amount	96,507
48	Net funds amount	193,196

Georgia Department of Community Health

	Facility Name	South Georgia Medical Center Smith Northview Campus
2	base period report period beginning date	10/01/12
3	base period report period ending date	09/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	504,364
11	covered charges	1,520,529
12	Medicaid outpatient CCR	0.33170298
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	483,029
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	119,066
19	payments	13,146
20	annual covered charges	119,066
21	annual interim payments	13,146
22	annual cost of services	39,495
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	125,835
26	payments	30,531
27	annual covered charges	125,835
28	annual interim payments	30,531
29	annual cost of services	41,740
30		
31	Medicaid annual payments	526,706
32	Cost of services - max annual payments for UPL	585,599
33		
34	<u>adjustment factor</u>	
35	inflation	1.036014
36		
37	adjusted Medicaid annual payments	545,675
38	adjusted maximum annual payments for UPL	606,689
39	annual facility specific UPL amount	61,014
40		
41	annual allocation of charge limit (if applicable)	71
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	61,085
44	UPL adjustment available for SFY2015	61,085
45	SFY2015 UPL 1st quarter - Projected IGT	5,203
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	15,146
47	Total Intergovernmental transfer amount	20,349
48	Net funds amount	40,736

Georgia Department of Community Health

	Facility Name	South Georgia Medical Center
2	base period report period beginning date	10/01/12
3	base period report period ending date	09/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	3,679,640
11	covered charges	11,718,708
12	Medicaid outpatient CCR	0.313997072
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	3,523,991
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	764,315
19	payments	60,919
20	annual covered charges	764,315
21	annual interim payments	60,919
22	annual cost of services	239,993
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	2,758,202
26	payments	533,096
27	annual covered charges	2,758,202
28	annual interim payments	533,096
29	annual cost of services	866,067
30		
31	Medicaid annual payments	4,118,006
32	Cost of services - max annual payments for UPL	4,785,700
33		
34	<u>adjustment factor</u>	
35	inflation	1.036014
36		
37	adjusted Medicaid annual payments	4,266,312
38	adjusted maximum annual payments for UPL	4,958,052
39	annual facility specific UPL amount	691,740
40		
41	annual allocation of charge limit (if applicable)	627
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	692,367
44	UPL adjustment available for SFY2015	692,367
45	SFY2015 UPL 1st quarter - Projected IGT	58,972
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	171,672
47	Total Intergovernmental transfer amount	230,644
48	Net funds amount	461,723

Georgia Department of Community Health

	Facility Name	South Georgia Medical Center Berrien Campus
2	base period report period beginning date	07/01/12
3	base period report period ending date	03/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.3321
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	125,531
11	covered charges	468,553
12	Medicaid outpatient CCR	0.267912061
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	120,221
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	72,610
19	payments	7,372
20	annual covered charges	96,725
21	annual interim payments	9,820
22	annual cost of services	25,914
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	130,041
32	Cost of services - max annual payments for UPL	151,445
33		
34	<u>adjustment factor</u>	
35	inflation	1.049475
36		
37	adjusted Medicaid annual payments	136,475
38	adjusted maximum annual payments for UPL	158,938
39	annual facility specific UPL amount	22,463
40		
41	annual allocation of charge limit (if applicable)	34
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	22,497
44	UPL adjustment available for SFY2015	22,497
45	SFY2015 UPL 1st quarter - Projected IGT	1,916
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	5,578
47	Total Intergovernmental transfer amount	7,494
48	Net funds amount	15,003

Georgia Department of Community Health

	Facility Name	Southeast GA Health System - Brunswick Campus
2	base period report period beginning date	05/01/12
3	base period report period ending date	04/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	2,673,826
11	covered charges	9,268,964
12	Medicaid outpatient CCR	0.288470858
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	2,560,723
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	588,335
19	payments	45,871
20	annual covered charges	588,335
21	annual interim payments	45,871
22	annual cost of services	169,718
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	1,012,687
26	payments	214,859
27	annual covered charges	1,012,687
28	annual interim payments	214,859
29	annual cost of services	292,131
30		
31	Medicaid annual payments	2,821,453
32	Cost of services - max annual payments for UPL	3,135,675
33		
34	<u>adjustment factor</u>	
35	inflation	1.047904
36		
37	adjusted Medicaid annual payments	2,956,612
38	adjusted maximum annual payments for UPL	3,285,886
39	annual facility specific UPL amount	329,274
40		
41	annual allocation of charge limit (if applicable)	464
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	329,738
44	UPL adjustment available for SFY2015	329,738
45	SFY2015 UPL 1st quarter - Projected IGT	28,085
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	81,759
47	Total Intergovernmental transfer amount	109,844
48	Net funds amount	219,894

Georgia Department of Community Health

	Facility Name	Southeast GA Health System - Camden Campus
2	base period report period beginning date	05/01/12
3	base period report period ending date	04/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	680,000
11	covered charges	2,212,053
12	Medicaid outpatient CCR	0.307406739
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	651,236
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	189,654
19	payments	18,852
20	annual covered charges	189,654
21	annual interim payments	18,852
22	annual cost of services	58,301
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	129,935
26	payments	24,801
27	annual covered charges	129,935
28	annual interim payments	24,801
29	annual cost of services	39,943
30		
31	Medicaid annual payments	694,889
32	Cost of services - max annual payments for UPL	778,244
33		
34	<u>adjustment factor</u>	
35	inflation	1.047904
36		
37	adjusted Medicaid annual payments	728,177
38	adjusted maximum annual payments for UPL	815,525
39	annual facility specific UPL amount	87,348
40		
41	annual allocation of charge limit (if applicable)	105
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	87,453
44	UPL adjustment available for SFY2015	87,453
45	SFY2015 UPL 1st quarter - Projected IGT	7,449
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	21,684
47	Total Intergovernmental transfer amount	29,133
48	Net funds amount	58,320

Georgia Department of Community Health

	Facility Name	Southern Regional Medical Center
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	3,341,451
11	covered charges	16,517,006
12	Medicaid outpatient CCR	0.202303674
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	3,200,108
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	1,691,513
19	payments	93,892
20	annual covered charges	1,691,513
21	annual interim payments	93,892
22	annual cost of services	342,199
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	2,830,326
26	payments	478,028
27	annual covered charges	2,830,326
28	annual interim payments	478,028
29	annual cost of services	572,585
30		
31	Medicaid annual payments	3,772,028
32	Cost of services - max annual payments for UPL	4,256,235
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	3,940,924
38	adjusted maximum annual payments for UPL	4,446,812
39	annual facility specific UPL amount	505,888
40		
41	annual allocation of charge limit (if applicable)	1,008
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	506,896
44	UPL adjustment available for SFY2015	506,896
45	SFY2015 UPL 1st quarter - Projected IGT	43,175
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	125,685
47	Total Intergovernmental transfer amount	168,860
48	Net funds amount	338,036

Georgia Department of Community Health

	Facility Name	Stephens County Hospital
2	base period report period beginning date	10/01/12
3	base period report period ending date	09/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,136,184
11	covered charges	2,580,116
12	Medicaid outpatient CCR	0.440361596
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	1,088,123
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	132,893
19	payments	21,761
20	annual covered charges	132,893
21	annual interim payments	21,761
22	annual cost of services	58,521
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	336,093
26	payments	109,520
27	annual covered charges	336,093
28	annual interim payments	109,520
29	annual cost of services	148,002
30		
31	Medicaid annual payments	1,219,404
32	Cost of services - max annual payments for UPL	1,342,707
33		
34	<u>adjustment factor</u>	
35	inflation	1.036014
36		
37	adjusted Medicaid annual payments	1,263,320
38	adjusted maximum annual payments for UPL	1,391,063
39	annual facility specific UPL amount	127,743
40		
41	annual allocation of charge limit (if applicable)	102
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	127,845
44	UPL adjustment available for SFY2015	127,845
45	SFY2015 UPL 1st quarter - Projected IGT	10,889
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	31,699
47	Total Intergovernmental transfer amount	42,588
48	Net funds amount	85,257

Georgia Department of Community Health

	Facility Name	Tanner Medical Center - Carrollton
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	3,254,278
11	covered charges	12,297,274
12	Medicaid outpatient CCR	0.264634097
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	3,116,622
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	677,198
19	payments	45,311
20	annual covered charges	677,198
21	annual interim payments	45,311
22	annual cost of services	179,210
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	3,199,319
26	payments	540,854
27	annual covered charges	3,199,319
28	annual interim payments	540,854
29	annual cost of services	846,649
30		
31	Medicaid annual payments	3,702,787
32	Cost of services - max annual payments for UPL	4,280,137
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	3,868,583
38	adjusted maximum annual payments for UPL	4,471,784
39	annual facility specific UPL amount	603,201
40		
41	annual allocation of charge limit (if applicable)	713
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	603,914
44	UPL adjustment available for SFY2015	603,914
45	SFY2015 UPL 1st quarter - Projected IGT	51,438
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	149,740
47	Total Intergovernmental transfer amount	201,178
48	Net funds amount	402,736

Georgia Department of Community Health

	Facility Name	Tanner Medical Center - Villa Rica
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,908,406
11	covered charges	6,484,197
12	Medicaid outpatient CCR	0.294316474
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	1,827,680
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	503,480
19	payments	34,515
20	annual covered charges	503,480
21	annual interim payments	34,515
22	annual cost of services	148,182
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	1,137,056
26	payments	303,166
27	annual covered charges	1,137,056
28	annual interim payments	303,166
29	annual cost of services	334,654
30		
31	Medicaid annual payments	2,165,361
32	Cost of services - max annual payments for UPL	2,391,242
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	2,262,317
38	adjusted maximum annual payments for UPL	2,498,312
39	annual facility specific UPL amount	235,995
40		
41	annual allocation of charge limit (if applicable)	344
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	236,339
44	UPL adjustment available for SFY2015	236,339
45	SFY2015 UPL 1st quarter - Projected IGT	20,130
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	58,600
47	Total Intergovernmental transfer amount	78,730
48	Net funds amount	157,609

Georgia Department of Community Health

	Facility Name	Tift Regional Medical Center
2	base period report period beginning date	10/01/12
3	base period report period ending date	09/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	2,559,649
11	covered charges	13,794,378
12	Medicaid outpatient CCR	0.185557406
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	2,451,376
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	815,995
19	payments	41,955
20	annual covered charges	815,995
21	annual interim payments	41,955
22	annual cost of services	151,414
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	2,865,337
26	payments	361,749
27	annual covered charges	2,865,337
28	annual interim payments	361,749
29	annual cost of services	531,685
30		
31	Medicaid annual payments	2,855,080
32	Cost of services - max annual payments for UPL	3,242,748
33		
34	<u>adjustment factor</u>	
35	inflation	1.036014
36		
37	adjusted Medicaid annual payments	2,957,903
38	adjusted maximum annual payments for UPL	3,359,532
39	annual facility specific UPL amount	401,629
40		
41	annual allocation of charge limit (if applicable)	855
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	402,484
44	UPL adjustment available for SFY2015	402,484
45	SFY2015 UPL 1st quarter - Projected IGT	34,282
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	99,796
47	Total Intergovernmental transfer amount	134,078
48	Net funds amount	268,406

Georgia Department of Community Health

	Facility Name	Union General Hospital
2	base period report period beginning date	05/01/12
3	base period report period ending date	04/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	441,920
11	covered charges	1,392,919
12	Medicaid outpatient CCR	0.317261808
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	423,227
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	81,167
19	payments	7,636
20	annual covered charges	81,167
21	annual interim payments	7,636
22	annual cost of services	25,751
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	430,863
32	Cost of services - max annual payments for UPL	467,671
33		
34	<u>adjustment factor</u>	
35	inflation	1.047904
36		
37	adjusted Medicaid annual payments	451,503
38	adjusted maximum annual payments for UPL	490,074
39	annual facility specific UPL amount	38,571
40		
41	annual allocation of charge limit (if applicable)	60
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	38,631
44	UPL adjustment available for SFY2015	38,631
45	SFY2015 UPL 1st quarter - Projected IGT	3,290
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	9,579
47	Total Intergovernmental transfer amount	12,869
48	Net funds amount	25,762

Georgia Department of Community Health

	Facility Name	University Hospital
2	base period report period beginning date	01/01/13
3	base period report period ending date	12/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	3,078,506
11	covered charges	12,393,020
12	Medicaid outpatient CCR	0.248406442
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	2,948,285
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	422,391
19	payments	33,580
20	annual covered charges	422,391
21	annual interim payments	33,580
22	annual cost of services	104,925
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	751,943
26	payments	174,629
27	annual covered charges	751,943
28	annual interim payments	174,629
29	annual cost of services	186,787
30		
31	Medicaid annual payments	3,156,494
32	Cost of services - max annual payments for UPL	3,370,218
33		
34	<u>adjustment factor</u>	
35	inflation	1.034993
36		
37	adjusted Medicaid annual payments	3,266,949
38	adjusted maximum annual payments for UPL	3,488,152
39	annual facility specific UPL amount	221,203
40		
41	annual allocation of charge limit (if applicable)	613
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	221,816
44	UPL adjustment available for SFY2015	221,816
45	SFY2015 UPL 1st quarter - Projected IGT	18,893
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	54,999
47	Total Intergovernmental transfer amount	73,892
48	Net funds amount	147,924

Georgia Department of Community Health

	Facility Name	University Hospital McDuffie
2	base period report period beginning date	01/01/13
3	base period report period ending date	12/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	531,451
11	covered charges	1,637,867
12	Medicaid outpatient CCR	0.324477506
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	508,971
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	101,015
19	payments	9,678
20	annual covered charges	101,015
21	annual interim payments	9,678
22	annual cost of services	32,777
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	54,834
26	payments	15,272
27	annual covered charges	54,834
28	annual interim payments	15,272
29	annual cost of services	17,792
30		
31	Medicaid annual payments	533,921
32	Cost of services - max annual payments for UPL	582,020
33		
34	<u>adjustment factor</u>	
35	inflation	1.034993
36		
37	adjusted Medicaid annual payments	552,604
38	adjusted maximum annual payments for UPL	602,387
39	annual facility specific UPL amount	49,783
40		
41	annual allocation of charge limit (if applicable)	73
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	49,856
44	UPL adjustment available for SFY2015	49,856
45	SFY2015 UPL 1st quarter - Projected IGT	4,246
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	12,362
47	Total Intergovernmental transfer amount	16,608
48	Net funds amount	33,248

Georgia Department of Community Health

	Facility Name	Upson Regional Medical Center
2	base period report period beginning date	01/01/13
3	base period report period ending date	12/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,488,912
11	covered charges	7,415,252
12	Medicaid outpatient CCR	0.200790479
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	1,425,931
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	1,002,692
19	payments	45,479
20	annual covered charges	1,002,692
21	annual interim payments	45,479
22	annual cost of services	201,331
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	410,656
26	payments	65,627
27	annual covered charges	410,656
28	annual interim payments	65,627
29	annual cost of services	82,456
30		
31	Medicaid annual payments	1,537,037
32	Cost of services - max annual payments for UPL	1,772,699
33		
34	<u>adjustment factor</u>	
35	inflation	1.034993
36		
37	adjusted Medicaid annual payments	1,590,823
38	adjusted maximum annual payments for UPL	1,834,731
39	annual facility specific UPL amount	243,908
40		
41	annual allocation of charge limit (if applicable)	424
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	244,332
44	UPL adjustment available for SFY2015	244,332
45	SFY2015 UPL 1st quarter - Projected IGT	20,811
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	60,582
47	Total Intergovernmental transfer amount	81,393
48	Net funds amount	162,939

Georgia Department of Community Health

	Facility Name	Washington County Regional Medical Center
2	base period report period beginning date	09/01/12
3	base period report period ending date	08/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	507,171
11	covered charges	1,230,792
12	Medicaid outpatient CCR	0.412068814
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	485,718
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	46,531
19	payments	7,398
20	annual covered charges	46,531
21	annual interim payments	7,398
22	annual cost of services	19,174
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	226,102
26	payments	36,976
27	annual covered charges	226,102
28	annual interim payments	36,976
29	annual cost of services	93,170
30		
31	Medicaid annual payments	530,092
32	Cost of services - max annual payments for UPL	619,515
33		
34	<u>adjustment factor</u>	
35	inflation	1.038918
36		
37	adjusted Medicaid annual payments	550,722
38	adjusted maximum annual payments for UPL	643,625
39	annual facility specific UPL amount	92,903
40		
41	annual allocation of charge limit (if applicable)	53
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	92,956
44	UPL adjustment available for SFY2015	92,956
45	SFY2015 UPL 1st quarter - Projected IGT	7,918
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	23,048
47	Total Intergovernmental transfer amount	30,966
48	Net funds amount	61,990

Georgia Department of Community Health

	Facility Name	Wayne Memorial Hospital
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,132,039
11	covered charges	3,804,586
12	Medicaid outpatient CCR	0.297545909
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	1,084,154
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	365,309
19	payments	36,305
20	annual covered charges	365,309
21	annual interim payments	36,305
22	annual cost of services	108,696
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	401,317
26	payments	86,396
27	annual covered charges	401,317
28	annual interim payments	86,396
29	annual cost of services	119,410
30		
31	Medicaid annual payments	1,206,855
32	Cost of services - max annual payments for UPL	1,360,145
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	1,260,893
38	adjusted maximum annual payments for UPL	1,421,047
39	annual facility specific UPL amount	160,154
40		
41	annual allocation of charge limit (if applicable)	193
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	160,347
44	UPL adjustment available for SFY2015	160,347
45	SFY2015 UPL 1st quarter - Projected IGT	13,658
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	39,758
47	Total Intergovernmental transfer amount	53,416
48	Net funds amount	106,931

Georgia Department of Community Health

	Facility Name	WellStar Cobb Hospital
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	3,554,397
11	covered charges	20,806,608
12	Medicaid outpatient CCR	0.170830217
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	3,404,046
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	2,365,407
19	payments	97,237
20	annual covered charges	2,365,407
21	annual interim payments	97,237
22	annual cost of services	404,083
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	3,233,111
26	payments	512,932
27	annual covered charges	3,233,111
28	annual interim payments	512,932
29	annual cost of services	552,313
30		
31	Medicaid annual payments	4,014,215
32	Cost of services - max annual payments for UPL	4,510,793
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	4,193,955
38	adjusted maximum annual payments for UPL	4,712,769
39	annual facility specific UPL amount	518,814
40		
41	annual allocation of charge limit (if applicable)	1,315
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	520,129
44	UPL adjustment available for SFY2015	520,129
45	SFY2015 UPL 1st quarter - Projected IGT	44,302
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	128,966
47	Total Intergovernmental transfer amount	173,268
48	Net funds amount	346,861

Georgia Department of Community Health

	Facility Name	Wellstar Douglas Hospital
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,571,033
11	covered charges	10,781,224
12	Medicaid outpatient CCR	0.145719356
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	1,504,578
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	1,364,299
19	payments	58,178
20	annual covered charges	1,364,299
21	annual interim payments	58,178
22	annual cost of services	198,805
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	640,326
26	payments	86,309
27	annual covered charges	640,326
28	annual interim payments	86,309
29	annual cost of services	93,308
30		
31	Medicaid annual payments	1,649,065
32	Cost of services - max annual payments for UPL	1,863,146
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	1,722,904
38	adjusted maximum annual payments for UPL	1,946,570
39	annual facility specific UPL amount	223,666
40		
41	annual allocation of charge limit (if applicable)	656
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	224,322
44	UPL adjustment available for SFY2015	224,322
45	SFY2015 UPL 1st quarter - Projected IGT	19,107
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	55,621
47	Total Intergovernmental transfer amount	74,728
48	Net funds amount	149,594

Georgia Department of Community Health

	Facility Name	WellStar Kennestone Hospital
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	3,686,844
11	covered charges	24,524,703
12	Medicaid outpatient CCR	0.150331857
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	3,530,891
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	1,529,407
19	payments	51,295
20	annual covered charges	1,529,407
21	annual interim payments	51,295
22	annual cost of services	229,919
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	6,684,223
26	payments	956,013
27	annual covered charges	6,684,223
28	annual interim payments	956,013
29	annual cost of services	1,004,852
30		
31	Medicaid annual payments	4,538,199
32	Cost of services - max annual payments for UPL	4,921,615
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	4,741,401
38	adjusted maximum annual payments for UPL	5,141,985
39	annual facility specific UPL amount	400,584
40		
41	annual allocation of charge limit (if applicable)	1,671
42	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	402,255
43		
44	UPL adjustment available for SFY2015	402,255
45	SFY2015 UPL 1st quarter - Projected IGT	34,262
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	99,739
47	Total Intergovernmental transfer amount	134,001
48	Net funds amount	268,254

Georgia Department of Community Health

	Facility Name	WellStar Paulding Hospital
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	890,899
11	covered charges	6,724,482
12	Medicaid outpatient CCR	0.132485904
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	853,214
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	727,681
19	payments	28,250
20	annual covered charges	727,681
21	annual interim payments	28,250
22	annual cost of services	96,407
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	627,695
26	payments	78,228
27	annual covered charges	627,695
28	annual interim payments	78,228
29	annual cost of services	83,161
30		
31	Medicaid annual payments	959,692
32	Cost of services - max annual payments for UPL	1,070,467
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	1,002,663
38	adjusted maximum annual payments for UPL	1,118,398
39	annual facility specific UPL amount	115,735
40		
41	annual allocation of charge limit (if applicable)	421
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	116,156
44	UPL adjustment available for SFY2015	116,156
45	SFY2015 UPL 1st quarter - Projected IGT	9,894
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	28,801
47	Total Intergovernmental transfer amount	38,695
48	Net funds amount	77,461

Georgia Department of Community Health

	Facility Name	WellStar Windy Hill Hospital
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	163,163
11	covered charges	778,828
12	Medicaid outpatient CCR	0.209498381
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	156,261
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	0
19	payments	0
20	annual covered charges	0
21	annual interim payments	0
22	annual cost of services	-
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	305,792
26	payments	52,127
27	annual covered charges	305,792
28	annual interim payments	52,127
29	annual cost of services	64,063
30		
31	Medicaid annual payments	208,388
32	Cost of services - max annual payments for UPL	227,226
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	217,719
38	adjusted maximum annual payments for UPL	237,400
39	annual facility specific UPL amount	19,681
40		
41	annual allocation of charge limit (if applicable)	51
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	19,732
44	UPL adjustment available for SFY2015	19,732
45	SFY2015 UPL 1st quarter - Projected IGT	1,681
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	4,893
47	Total Intergovernmental transfer amount	6,574
48	Net funds amount	13,158

Georgia Department of Community Health

	Facility Name	West Georgia Health
2	base period report period beginning date	10/01/12
3	base period report period ending date	09/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	2,230,063
11	covered charges	10,792,641
12	Medicaid outpatient CCR	0.206628115
14	cost settlement rate	95.77%
15	annual Medicaid payments after cost settlement	2,135,731
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	923,500
19	payments	67,782
20	annual covered charges	923,500
21	annual interim payments	67,782
22	annual cost of services	190,821
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	1,089,623
26	payments	183,148
27	annual covered charges	1,089,623
28	annual interim payments	183,148
29	annual cost of services	225,147
30		
31	Medicaid annual payments	2,386,661
32	Cost of services - max annual payments for UPL	2,646,031
33		
34	<u>adjustment factor</u>	
35	inflation	1.036014
36		
37	adjusted Medicaid annual payments	2,472,614
38	adjusted maximum annual payments for UPL	2,741,325
39	annual facility specific UPL amount	268,711
40		
41	annual allocation of charge limit (if applicable)	610
42	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	
43		269,321
44	UPL adjustment available for SFY2015	269,321
45	SFY2015 UPL 1st quarter - Projected IGT	22,939
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	66,778
47	Total Intergovernmental transfer amount	89,717
48	Net funds amount	179,604

Georgia Department of Community Health

	Facility Name	Bacon County Hospital and Health System
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	369,219
11	covered charges	935,864
12	Medicaid outpatient CCR	0.394522067
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	369,219
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	107,499
19	payments	9,000
20	annual covered charges	107,499
21	annual interim payments	9,000
22	annual cost of services	42,411
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	50,711
26	payments	8,953
27	annual covered charges	50,711
28	annual interim payments	8,953
29	annual cost of services	20,007
30		
31	Medicaid annual payments	387,172
32	Cost of services - max annual payments for UPL	431,637
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	404,508
38	adjusted maximum annual payments for UPL	450,964
39	annual facility specific UPL amount	46,456
40		
41	annual allocation of charge limit (if applicable)	40
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	46,496
44	UPL adjustment available for SFY2015	46,496
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	46,496

Georgia Department of Community Health

	Facility Name	Bleckley Memorial Hospital
2	base period report period beginning date	04/01/12
3	base period report period ending date	03/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	297,362
11	covered charges	262,268
12	Medicaid outpatient CCR	1
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	297,362
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	29,743
19	payments	4,300
20	annual covered charges	29,743
21	annual interim payments	4,300
22	annual cost of services	29,743
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	301,662
32	Cost of services - max annual payments for UPL	327,105
33		
34	<u>adjustment factor</u>	
35	inflation	1.049475
36		
37	adjusted Medicaid annual payments	316,587
38	adjusted maximum annual payments for UPL	343,289
39	annual facility specific UPL amount	26,702
40		
41	annual allocation of charge limit (if applicable)	(36,353)
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	(9,651)
44	UPL adjustment available for SFY2015	0
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	0

Georgia Department of Community Health

	Facility Name	Brooks County Hospital
2	base period report period beginning date	10/01/12
3	base period report period ending date	09/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	276,040
11	covered charges	746,787
12	Medicaid outpatient CCR	0.369636858
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	276,040
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	83,352
19	payments	7,450
20	annual covered charges	83,352
21	annual interim payments	7,450
22	annual cost of services	30,810
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	160,325
26	payments	38,523
27	annual covered charges	160,325
28	annual interim payments	38,523
29	annual cost of services	59,262
30		
31	Medicaid annual payments	322,013
32	Cost of services - max annual payments for UPL	366,112
33		
34	<u>adjustment factor</u>	
35	inflation	1.036014
36		
37	adjusted Medicaid annual payments	333,610
38	adjusted maximum annual payments for UPL	379,297
39	annual facility specific UPL amount	45,687
40		
41	annual allocation of charge limit (if applicable)	37
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	45,724
44	UPL adjustment available for SFY2015	45,724
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	45,724

Georgia Department of Community Health

	Facility Name	Candler County Hospital
2	base period report period beginning date	01/01/13
3	base period report period ending date	12/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	392,509
11	covered charges	2,016,667
12	Medicaid outpatient CCR	0.19463253
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	392,509
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	145,538
19	payments	8,500
20	annual covered charges	145,538
21	annual interim payments	8,500
22	annual cost of services	28,326
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	69,739
26	payments	17,895
27	annual covered charges	69,739
28	annual interim payments	17,895
29	annual cost of services	13,573
30		
31	Medicaid annual payments	418,904
32	Cost of services - max annual payments for UPL	434,408
33		
34	<u>adjustment factor</u>	
35	inflation	1.034993
36		
37	adjusted Medicaid annual payments	433,563
38	adjusted maximum annual payments for UPL	449,609
39	annual facility specific UPL amount	16,046
40		
41	annual allocation of charge limit (if applicable)	108
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	16,154
44	UPL adjustment available for SFY2015	16,154
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	16,154

Georgia Department of Community Health

	Facility Name	Chatuge Regional Hospital
2	base period report period beginning date	05/01/12
3	base period report period ending date	04/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	106,860
11	covered charges	245,183
12	Medicaid outpatient CCR	0.435837721
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	106,860
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	19,319
19	payments	2,200
20	annual covered charges	19,319
21	annual interim payments	2,200
22	annual cost of services	8,420
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	109,060
32	Cost of services - max annual payments for UPL	115,280
33		
34	<u>adjustment factor</u>	
35	inflation	1.047904
36		
37	adjusted Medicaid annual payments	114,284
38	adjusted maximum annual payments for UPL	120,802
39	annual facility specific UPL amount	6,518
40		
41	annual allocation of charge limit (if applicable)	9
42	allocation of UPL amounts < 0	0
	annual UPL amount after aggregate limit adjustments	6,527
43		
44	UPL adjustment available for SFY2015	6,527
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	6,527

Georgia Department of Community Health

	Facility Name	Clinch Memorial Hospital
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	290,374
11	covered charges	361,437
12	Medicaid outpatient CCR	0.803387767
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	290,374
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	67,010
19	payments	10,523
20	annual covered charges	67,010
21	annual interim payments	10,523
22	annual cost of services	53,835
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	31,526
26	payments	17,974
27	annual covered charges	31,526
28	annual interim payments	17,974
29	annual cost of services	25,328
30		
31	Medicaid annual payments	318,871
32	Cost of services - max annual payments for UPL	369,537
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	333,149
38	adjusted maximum annual payments for UPL	386,083
39	annual facility specific UPL amount	52,934
40		
41	annual allocation of charge limit (if applicable)	5
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	52,939
44	UPL adjustment available for SFY2015	52,939
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	52,939

Georgia Department of Community Health

	Facility Name	Effingham Health System
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	463,695
11	covered charges	1,368,707
12	Medicaid outpatient CCR	0.338783246
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	463,695
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	160,808
19	payments	8,150
20	annual covered charges	160,808
21	annual interim payments	8,150
22	annual cost of services	54,479
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	471,845
32	Cost of services - max annual payments for UPL	518,174
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	492,972
38	adjusted maximum annual payments for UPL	541,376
39	annual facility specific UPL amount	48,404
40		
41	annual allocation of charge limit (if applicable)	61
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	48,465
44	UPL adjustment available for SFY2015	48,465
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	48,465

Georgia Department of Community Health

	Facility Name	Higgins General Hospital
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	934,121
11	covered charges	3,874,764
12	Medicaid outpatient CCR	0.241078166
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	934,121
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	250,812
19	payments	17,200
20	annual covered charges	250,812
21	annual interim payments	17,200
22	annual cost of services	60,465
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	90,555
26	payments	13,954
27	annual covered charges	90,555
28	annual interim payments	13,954
29	annual cost of services	21,831
30		
31	Medicaid annual payments	965,275
32	Cost of services - max annual payments for UPL	1,016,417
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	1,008,496
38	adjusted maximum annual payments for UPL	1,061,928
39	annual facility specific UPL amount	53,432
40		
41	annual allocation of charge limit (if applicable)	192
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	53,624
44	UPL adjustment available for SFY2015	53,624
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	53,624

Georgia Department of Community Health

	Facility Name	Jasper Memorial Hospital
2	base period report period beginning date	10/01/12
3	base period report period ending date	09/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	120,053
11	covered charges	155,025
12	Medicaid outpatient CCR	0.774409574
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	120,053
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	28,184
19	payments	4,100
20	annual covered charges	28,184
21	annual interim payments	4,100
22	annual cost of services	21,826
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	124,153
32	Cost of services - max annual payments for UPL	141,879
33		
34	<u>adjustment factor</u>	
35	inflation	1.036014
36		
37	adjusted Medicaid annual payments	128,624
38	adjusted maximum annual payments for UPL	146,988
39	annual facility specific UPL amount	18,364
40		
41	annual allocation of charge limit (if applicable)	2
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	18,366
44	UPL adjustment available for SFY2015	18,366
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	18,366

Georgia Department of Community Health

	Facility Name	Jeff Davis Hospital
2	base period report period beginning date	10/01/12
3	base period report period ending date	09/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	298,762
11	covered charges	824,490
12	Medicaid outpatient CCR	0.362359922
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	298,762
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	105,301
19	payments	10,530
20	annual covered charges	105,301
21	annual interim payments	10,530
22	annual cost of services	38,157
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	309,292
32	Cost of services - max annual payments for UPL	336,919
33		
34	<u>adjustment factor</u>	
35	inflation	1.036014
36		
37	adjusted Medicaid annual payments	320,431
38	adjusted maximum annual payments for UPL	349,053
39	annual facility specific UPL amount	28,622
40		
41	annual allocation of charge limit (if applicable)	36
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	28,658
44	UPL adjustment available for SFY2015	28,658
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	28,658

Georgia Department of Community Health

	Facility Name	Liberty Regional Medical Center
2	base period report period beginning date	12/01/12
3	base period report period ending date	11/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	704,937
11	covered charges	3,017,853
12	Medicaid outpatient CCR	0.233588815
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	704,937
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	339,678
19	payments	21,615
20	annual covered charges	339,678
21	annual interim payments	21,615
22	annual cost of services	79,345
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	130,559
26	payments	18,488
27	annual covered charges	130,559
28	annual interim payments	18,488
29	annual cost of services	30,497
30		
31	Medicaid annual payments	745,040
32	Cost of services - max annual payments for UPL	814,779
33		
34	<u>adjustment factor</u>	
35	inflation	1.035333
36		
37	adjusted Medicaid annual payments	771,364
38	adjusted maximum annual payments for UPL	843,567
39	annual facility specific UPL amount	72,203
40		
41	annual allocation of charge limit (if applicable)	161
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	72,364
44	UPL adjustment available for SFY2015	72,364
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	72,364

Georgia Department of Community Health

	Facility Name	South Georgia Medical Center Lanier Campus
2	base period report period beginning date	10/01/12
3	base period report period ending date	09/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	263,782
11	covered charges	561,341
12	Medicaid outpatient CCR	0.469913723
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	263,782
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	67,720
19	payments	7,154
20	annual covered charges	67,720
21	annual interim payments	7,154
22	annual cost of services	31,823
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	270,936
32	Cost of services - max annual payments for UPL	295,605
33		
34	<u>adjustment factor</u>	
35	inflation	1.036014
36		
37	adjusted Medicaid annual payments	280,693
38	adjusted maximum annual payments for UPL	306,251
39	annual facility specific UPL amount	25,558
40		
41	annual allocation of charge limit (if applicable)	20
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	25,578
44	UPL adjustment available for SFY2015	25,578
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	25,578

Georgia Department of Community Health

	Facility Name	Medical Center of Peach County
2	base period report period beginning date	01/01/13
3	base period report period ending date	09/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.3370
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	400,782
11	covered charges	635,559
12	Medicaid outpatient CCR	0.630597912
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	400,782
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	70,356
19	payments	10,539
20	annual covered charges	94,066
21	annual interim payments	14,091
22	annual cost of services	59,318
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	414,873
32	Cost of services - max annual payments for UPL	460,100
33		
34	<u>adjustment factor</u>	
35	inflation	1.036014
36		
37	adjusted Medicaid annual payments	429,814
38	adjusted maximum annual payments for UPL	476,670
39	annual facility specific UPL amount	46,856
40		
41	annual allocation of charge limit (if applicable)	29
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	46,885
44	UPL adjustment available for SFY2015	46,885
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	46,885

Georgia Department of Community Health

	Facility Name	Miller County Hospital
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	509,279
11	covered charges	1,054,722
12	Medicaid outpatient CCR	0.482856146
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	509,279
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	47,598
19	payments	4,945
20	annual covered charges	47,598
21	annual interim payments	4,945
22	annual cost of services	22,983
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	29,089
26	payments	4,308
27	annual covered charges	29,089
28	annual interim payments	4,308
29	annual cost of services	14,046
30		
31	Medicaid annual payments	518,532
32	Cost of services - max annual payments for UPL	546,308
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	541,750
38	adjusted maximum annual payments for UPL	570,769
39	annual facility specific UPL amount	29,019
40		
41	annual allocation of charge limit (if applicable)	35
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	29,054
44	UPL adjustment available for SFY2015	29,054
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	29,054

Georgia Department of Community Health

	Facility Name	Mitchell County Hospital
2	base period report period beginning date	10/01/12
3	base period report period ending date	09/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	393,665
11	covered charges	1,296,933
12	Medicaid outpatient CCR	0.303535341
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	393,665
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	106,336
19	payments	9,450
20	annual covered charges	106,336
21	annual interim payments	9,450
22	annual cost of services	32,277
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	59,102
26	payments	12,923
27	annual covered charges	59,102
28	annual interim payments	12,923
29	annual cost of services	17,940
30		
31	Medicaid annual payments	416,038
32	Cost of services - max annual payments for UPL	443,882
33		
34	<u>adjustment factor</u>	
35	inflation	1.036014
36		
37	adjusted Medicaid annual payments	431,021
38	adjusted maximum annual payments for UPL	459,868
39	annual facility specific UPL amount	28,847
40		
41	annual allocation of charge limit (if applicable)	61
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	28,908
44	UPL adjustment available for SFY2015	28,908
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	28,908

Georgia Department of Community Health

	Facility Name	Monroe County Hospital
2	base period report period beginning date	10/01/12
3	base period report period ending date	09/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	188,957
11	covered charges	468,267
12	Medicaid outpatient CCR	0.403524058
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	188,957
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	65,277
19	payments	8,250
20	annual covered charges	65,277
21	annual interim payments	8,250
22	annual cost of services	26,341
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	197,207
32	Cost of services - max annual payments for UPL	215,298
33		
34	<u>adjustment factor</u>	
35	inflation	1.036014
36		
37	adjusted Medicaid annual payments	204,309
38	adjusted maximum annual payments for UPL	223,052
39	annual facility specific UPL amount	18,743
40		
41	annual allocation of charge limit (if applicable)	19
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	18,762
44	UPL adjustment available for SFY2015	18,762
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	18,762

Georgia Department of Community Health

	Facility Name	Morgan Memorial Hospital
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	211,136
11	covered charges	438,018
12	Medicaid outpatient CCR	0.482025853
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	211,136
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	40,889
19	payments	4,900
20	annual covered charges	40,889
21	annual interim payments	4,900
22	annual cost of services	19,710
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	216,036
32	Cost of services - max annual payments for UPL	230,846
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	225,709
38	adjusted maximum annual payments for UPL	241,182
39	annual facility specific UPL amount	15,473
40		
41	annual allocation of charge limit (if applicable)	15
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	15,488
44	UPL adjustment available for SFY2015	15,488
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	15,488

Georgia Department of Community Health

	Facility Name	Pioneer Community Hospital of Early
2	base period report period beginning date	10/01/12
3	base period report period ending date	09/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	220,887
11	covered charges	505,028
12	Medicaid outpatient CCR	0.437375749
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	220,887
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	83,016
19	payments	5,700
20	annual covered charges	83,016
21	annual interim payments	5,700
22	annual cost of services	36,309
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	42,906
26	payments	8,716
27	annual covered charges	42,906
28	annual interim payments	8,716
29	annual cost of services	18,766
30		
31	Medicaid annual payments	235,303
32	Cost of services - max annual payments for UPL	275,962
33		
34	<u>adjustment factor</u>	
35	inflation	1.036014
36		
37	adjusted Medicaid annual payments	243,777
38	adjusted maximum annual payments for UPL	285,900
39	annual facility specific UPL amount	42,123
40		
41	annual allocation of charge limit (if applicable)	21
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	42,144
44	UPL adjustment available for SFY2015	42,144
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	42,144

Georgia Department of Community Health

	Facility Name	Polk Medical Center
2	base period report period beginning date	07/01/12
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	564,596
11	covered charges	2,422,819
12	Medicaid outpatient CCR	0.233032678
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	564,596
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	521,244
19	payments	24,700
20	annual covered charges	521,244
21	annual interim payments	24,700
22	annual cost of services	121,467
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	589,296
32	Cost of services - max annual payments for UPL	686,063
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	615,682
38	adjusted maximum annual payments for UPL	716,782
39	annual facility specific UPL amount	101,100
40		
41	annual allocation of charge limit (if applicable)	135
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	101,235
44	UPL adjustment available for SFY2015	101,235
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	101,235

Georgia Department of Community Health

	Facility Name	Putnam General Hospital
2	base period report period beginning date	10/01/12
3	base period report period ending date	09/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	260,588
11	covered charges	650,689
12	Medicaid outpatient CCR	0.400480106
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	260,588
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	85,441
19	payments	7,222
20	annual covered charges	85,441
21	annual interim payments	7,222
22	annual cost of services	34,217
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	267,810
32	Cost of services - max annual payments for UPL	294,805
33		
34	<u>adjustment factor</u>	
35	inflation	1.036014
36		
37	adjusted Medicaid annual payments	277,455
38	adjusted maximum annual payments for UPL	305,422
39	annual facility specific UPL amount	27,967
40		
41	annual allocation of charge limit (if applicable)	26
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	27,993
44	UPL adjustment available for SFY2015	27,993
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	27,993

Georgia Department of Community Health

	Facility Name	Southwest GA Regional Hospital
2	base period report period beginning date	08/01/12
3	base period report period ending date	07/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	169,244
11	covered charges	399,143
12	Medicaid outpatient CCR	0.42401846
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	169,244
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	80,992
19	payments	7,766
20	annual covered charges	80,992
21	annual interim payments	7,766
22	annual cost of services	34,342
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	177,010
32	Cost of services - max annual payments for UPL	203,586
33		
34	<u>adjustment factor</u>	
35	inflation	1.041839
36		
37	adjusted Medicaid annual payments	184,416
38	adjusted maximum annual payments for UPL	212,104
39	annual facility specific UPL amount	27,688
40		
41	annual allocation of charge limit (if applicable)	17
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	27,705
44	UPL adjustment available for SFY2015	27,705
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	27,705

Georgia Department of Community Health

	Facility Name	Sylvan Grove Hospital
2	base period report period beginning date	01/01/13
3	base period report period ending date	12/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	202,466
11	covered charges	1,344,489
12	Medicaid outpatient CCR	0.150589555
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	202,466
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	270,124
19	payments	11,950
20	annual covered charges	270,124
21	annual interim payments	11,950
22	annual cost of services	40,678
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	214,416
32	Cost of services - max annual payments for UPL	243,144
33		
34	<u>adjustment factor</u>	
35	inflation	1.034993
36		
37	adjusted Medicaid annual payments	221,919
38	adjusted maximum annual payments for UPL	251,652
39	annual facility specific UPL amount	29,733
40		
41	annual allocation of charge limit (if applicable)	82
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	29,815
44	UPL adjustment available for SFY2015	29,815
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	29,815

Georgia Department of Community Health

	Facility Name	Warm Springs Medical Center
2	base period report period beginning date	01/01/13
3	base period report period ending date	12/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	129,592
11	covered charges	489,349
12	Medicaid outpatient CCR	0.264825309
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	129,592
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	97,114
19	payments	9,900
20	annual covered charges	97,114
21	annual interim payments	9,900
22	annual cost of services	25,718
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	139,492
32	Cost of services - max annual payments for UPL	155,310
33		
34	<u>adjustment factor</u>	
35	inflation	1.034993
36		
37	adjusted Medicaid annual payments	144,373
38	adjusted maximum annual payments for UPL	160,745
39	annual facility specific UPL amount	16,372
40		
41	annual allocation of charge limit (if applicable)	26
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	16,398
44	UPL adjustment available for SFY2015	16,398
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	16,398

Georgia Department of Community Health

	Facility Name	Wills Memorial Hospital
2	base period report period beginning date	05/01/12
3	base period report period ending date	04/30/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	219,371
11	covered charges	330,358
12	Medicaid outpatient CCR	0.6640395
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	219,371
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	14,834
19	payments	2,900
20	annual covered charges	14,834
21	annual interim payments	2,900
22	annual cost of services	9,850
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	222,271
32	Cost of services - max annual payments for UPL	229,221
33		
34	<u>adjustment factor</u>	
35	inflation	1.047904
36		
37	adjusted Medicaid annual payments	232,919
38	adjusted maximum annual payments for UPL	240,201
39	annual facility specific UPL amount	7,282
40		
41	annual allocation of charge limit (if applicable)	7
42	allocation of UPL amounts < 0	0
43	annual UPL amount after aggregate limit adjustments	7,289
44	UPL adjustment available for SFY2015	7,289
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	7,289

Georgia Department of Community Health

	Facility Name	Good Samaritan Hospital
2	base period report period beginning date	01/01/13
3	base period report period ending date	06/30/13
4		
5	adjustment factor (if period not equal to 1 year)	2.0166
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	156,610
11	covered charges	306,597
12	Medicaid outpatient CCR	0.510800823
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	156,610
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	40,038
19	payments	4,000
20	annual covered charges	80,740
21	annual interim payments	8,066
22	annual cost of services	41,242
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	164,676
32	Cost of services - max annual payments for UPL	197,852
33		
34	<u>adjustment factor</u>	
35	inflation	1.044776
36		
37	adjusted Medicaid annual payments	172,050
38	adjusted maximum annual payments for UPL	206,711
39	annual facility specific UPL amount	34,661
40		
41	annual allocation of charge limit (if applicable)	0
42	allocation of UPL amounts < 0	(539)
43	annual UPL amount after aggregate limit adjustments	34,122
44	UPL adjustment available for SFY2015	34,122
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	34,122

Georgia Department of Community Health

	Facility Name	Mountain Lakes Medical Center
2	base period report period beginning date	01/01/13
3	base period report period ending date	12/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	186,794
11	covered charges	421,729
12	Medicaid outpatient CCR	0.442924248
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	186,794
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	38,222
19	payments	3,650
20	annual covered charges	38,222
21	annual interim payments	3,650
22	annual cost of services	16,929
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	42,896
26	payments	9,127
27	annual covered charges	42,896
28	annual interim payments	9,127
29	annual cost of services	19,000
30		
31	Medicaid annual payments	199,571
32	Cost of services - max annual payments for UPL	222,723
33		
34	<u>adjustment factor</u>	
35	inflation	1.034993
36		
37	adjusted Medicaid annual payments	206,555
38	adjusted maximum annual payments for UPL	230,517
39	annual facility specific UPL amount	23,962
40		
41	annual allocation of charge limit (if applicable)	0
42	allocation of UPL amounts < 0	(373)
43	annual UPL amount after aggregate limit adjustments	23,589
44	UPL adjustment available for SFY2015	23,589
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	23,589

Georgia Department of Community Health

	Facility Name	Optim Medical Center-Jenkins
2	base period report period beginning date	01/01/13
3	base period report period ending date	12/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	284,959
11	covered charges	990,468
12	Medicaid outpatient CCR	0.287701064
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	284,959
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	77,037
19	payments	7,850
20	annual covered charges	77,037
21	annual interim payments	7,850
22	annual cost of services	22,164
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	292,809
32	Cost of services - max annual payments for UPL	307,123
33		
34	<u>adjustment factor</u>	
35	inflation	1.034993
36		
37	adjusted Medicaid annual payments	303,055
38	adjusted maximum annual payments for UPL	317,870
39	annual facility specific UPL amount	14,815
40		
41	annual allocation of charge limit (if applicable)	0
42	allocation of UPL amounts < 0	(230)
43	annual UPL amount after aggregate limit adjustments	14,585
44	UPL adjustment available for SFY2015	14,585
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	14,585

Georgia Department of Community Health

	Facility Name	Optim Medical Center-Screven
2	base period report period beginning date	01/01/13
3	base period report period ending date	12/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	251,254
11	covered charges	455,929
12	Medicaid outpatient CCR	0.551081418
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	251,254
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	84,192
19	payments	9,250
20	annual covered charges	84,192
21	annual interim payments	9,250
22	annual cost of services	46,397
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	92,546
26	payments	22,158
27	annual covered charges	92,546
28	annual interim payments	22,158
29	annual cost of services	51,000
30		
31	Medicaid annual payments	282,662
32	Cost of services - max annual payments for UPL	348,651
33		
34	<u>adjustment factor</u>	
35	inflation	1.034993
36		
37	adjusted Medicaid annual payments	292,553
38	adjusted maximum annual payments for UPL	360,851
39	annual facility specific UPL amount	68,298
40		
41	annual allocation of charge limit (if applicable)	0
42	allocation of UPL amounts < 0	(1,062)
	annual UPL amount after aggregate limit adjustments	67,236
43		
44	UPL adjustment available for SFY2015	67,236
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	67,236

Georgia Department of Community Health

	Facility Name	Optim Medical Center-Tattnall
2	base period report period beginning date	01/01/13
3	base period report period ending date	12/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	443,825
11	covered charges	3,440,593
12	Medicaid outpatient CCR	0.128996658
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	443,825
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	107,693
19	payments	7,450
20	annual covered charges	107,693
21	annual interim payments	7,450
22	annual cost of services	13,892
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	2,885,691
26	payments	263,123
27	annual covered charges	2,885,691
28	annual interim payments	263,123
29	annual cost of services	372,244
30		
31	Medicaid annual payments	714,398
32	Cost of services - max annual payments for UPL	829,961
33		
34	<u>adjustment factor</u>	
35	inflation	1.034993
36		
37	adjusted Medicaid annual payments	739,397
38	adjusted maximum annual payments for UPL	859,004
39	annual facility specific UPL amount	119,607
40		
41	annual allocation of charge limit (if applicable)	0
42	allocation of UPL amounts < 0	(1,860)
43	annual UPL amount after aggregate limit adjustments	117,747
44	UPL adjustment available for SFY2015	117,747
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	117,747

Georgia Department of Community Health

	Facility Name	Phoebe Worth Medical Center
2	base period report period beginning date	08/01/12
3	base period report period ending date	07/31/13
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	259,236
11	covered charges	587,034
12	Medicaid outpatient CCR	0.441603042
14	cost settlement rate	100.00%
15	annual Medicaid payments after cost settlement	259,236
16		
17	<u>subject to fixed fee payment</u>	
18	covered charges	85,022
19	payments	7,900
20	annual covered charges	85,022
21	annual interim payments	7,900
22	annual cost of services	37,546
23		
24	<u>subject to limit of inpatient rate</u>	
25	covered charges	0
26	payments	0
27	annual covered charges	0
28	annual interim payments	0
29	annual cost of services	0
30		
31	Medicaid annual payments	267,136
32	Cost of services - max annual payments for UPL	296,782
33		
34	<u>adjustment factor</u>	
35	inflation	1.041839
36		
37	adjusted Medicaid annual payments	278,313
38	adjusted maximum annual payments for UPL	309,199
39	annual facility specific UPL amount	30,886
40		
41	annual allocation of charge limit (if applicable)	0
42	allocation of UPL amounts < 0	(480)
	annual UPL amount after aggregate limit	
43	adjustments	30,406
44	UPL adjustment available for SFY2015	30,406
45	SFY2015 UPL 1st quarter - Projected IGT	0
46	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
47	Total Intergovernmental transfer amount	0
48	Net funds amount	30,406