

Georgia Department of Community Health

	Facility Name	Roosevelt Warm Springs Rehabilitation Hospital
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,357,054
11	payments for services	2,428,768
12	annual covered charges	2,357,054
13	annual payments for services	2,428,768
14		
15	inpatient CCR	1.000000
16		
17	annual cost of services	2,357,054.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	2,462,593
23	adjusted Medicaid payments for services	2,537,519
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,537,519
26	adjusted cost of services	2,462,593
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	2,462,593
35	facility specific UPL amount	(74,926.00)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	74,926
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	74,926
41		
42	UPL amount after aggregate limit adjustments	0
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	0

Georgia Department of Community Health

	Facility Name	Georgia Regents Medical Center
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	123,152,186
11	payments for services	36,455,443
12	annual covered charges	123,152,186
13	annual payments for services	36,455,443
14		
15	inpatient CCR	0.342336
16		
17	annual cost of services	42,159,401.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	128,666,448
23	adjusted Medicaid payments for services	38,087,772
24	supplemental rate adjustment payments	5,276,672
25	total adjusted Medicaid payments	43,364,444
26	adjusted cost of services	44,047,130
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.845386
32	maximum annual payments (at DRG differential)	70,286,625
33		
34	maximum annual payments	70,286,625
35	facility specific UPL amount	26,922,181.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(74,926)
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	(74,926)
41		
42	UPL amount after aggregate limit adjustments	26,847,255
43	SFY2015 UPL 1st quarter - Projected IGT	2,286,715
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	6,656,777
45	Total Intergovernmental transfer amount	8,943,492
46	Net funds amount	17,903,763

Georgia Department of Community Health

	Facility Name	Appling Hospital
2	base period report period beginning date	9/1/2012
3	base period report period ending date	8/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,999,809
11	payments for services	1,009,168
12	annual covered charges	1,999,809
13	annual payments for services	1,009,168
14		
15	inpatient CCR	0.425514
16		
17	annual cost of services	850,947.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.038918
21		
22	adjusted annual charges	2,077,638
23	adjusted Medicaid payments for services	1,048,443
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,048,443
26	adjusted cost of services	884,064
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	1,275,171
33		
34	maximum annual payments	1,275,171
35	facility specific UPL amount	226,728.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(64)
39	allocation of supplemental payments	(89,333)
40	total aggregate limit adjustments	(89,397)
41		
42	UPL amount after aggregate limit adjustments	137,331
43	SFY2015 UPL 1st quarter - Projected IGT	11,697
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	34,051
45	Total Intergovernmental transfer amount	45,748
46	Net funds amount	91,583

Georgia Department of Community Health

	Facility Name	Athens Regional Medical Center
2	base period report period beginning date	10/1/2012
3	base period report period ending date	9/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	58,522,573
11	payments for services	16,520,860
12	annual covered charges	58,522,573
13	annual payments for services	16,520,860
14		
15	inpatient CCR	0.312551
16		
17	annual cost of services	18,291,299.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.036014
21		
22	adjusted annual charges	60,630,205
23	adjusted Medicaid payments for services	17,115,842
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	17,115,842
26	adjusted cost of services	18,950,042
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	20,817,180
33		
34	maximum annual payments	20,817,180
35	facility specific UPL amount	3,701,338.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,046)
39	allocation of supplemental payments	(1,458,368)
40	total aggregate limit adjustments	(1,459,414)
41		
42	UPL amount after aggregate limit adjustments	2,241,924
43	SFY2015 UPL 1st quarter - Projected IGT	190,956
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	555,885
45	Total Intergovernmental transfer amount	746,841
46	Net funds amount	1,495,083

Georgia Department of Community Health

	Facility Name	Burke Medical Center
2	base period report period beginning date	6/1/2012
3	base period report period ending date	5/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	390,707
11	payments for services	261,872
12	annual covered charges	390,707
13	annual payments for services	261,872
14		
15	inpatient CCR	0.895266
16		
17	annual cost of services	349,787.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.046338
21		
22	adjusted annual charges	408,812
23	adjusted Medicaid payments for services	274,007
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	274,007
26	adjusted cost of services	365,995
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	333,262
33		
34	maximum annual payments	333,262
35	facility specific UPL amount	59,255.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(17)
39	allocation of supplemental payments	(23,347)
40	total aggregate limit adjustments	(23,364)
41		
42	UPL amount after aggregate limit adjustments	35,891
43	SFY2015 UPL 1st quarter - Projected IGT	3,057
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	8,899
45	Total Intergovernmental transfer amount	11,956
46	Net funds amount	23,935

Georgia Department of Community Health

	Facility Name	CHOA - Hughes Spalding
2	base period report period beginning date	1/1/2013
3	base period report period ending date	12/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	8,797,885
11	payments for services	2,151,352
12	annual covered charges	8,797,885
13	annual payments for services	2,151,352
14		
15	inpatient CCR	0.271092
16		
17	annual cost of services	2,385,040.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.034993
21		
22	adjusted annual charges	9,105,749
23	adjusted Medicaid payments for services	2,226,634
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,226,634
26	adjusted cost of services	2,468,500
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	2,468,500
35	facility specific UPL amount	241,866.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(68)
39	allocation of supplemental payments	(95,298)
40	total aggregate limit adjustments	(95,366)
41		
42	UPL amount after aggregate limit adjustments	146,500
43	SFY2015 UPL 1st quarter - Projected IGT	12,478
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	36,325
45	Total Intergovernmental transfer amount	48,803
46	Net funds amount	97,697

Georgia Department of Community Health

	Facility Name	Coffee Regional Medical Center
2	base period report period beginning date	1/1/2013
3	base period report period ending date	12/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	12,568,172
11	payments for services	4,745,617
12	annual covered charges	12,568,172
13	annual payments for services	4,745,617
14		
15	inpatient CCR	0.347906
16		
17	annual cost of services	4,372,540.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.034993
21		
22	adjusted annual charges	13,007,970
23	adjusted Medicaid payments for services	4,911,680
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,911,680
26	adjusted cost of services	4,525,548
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	5,973,841
33		
34	maximum annual payments	5,973,841
35	facility specific UPL amount	1,062,161.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(300)
39	allocation of supplemental payments	(418,504)
40	total aggregate limit adjustments	(418,804)
41		
42	UPL amount after aggregate limit adjustments	643,357
43	SFY2015 UPL 1st quarter - Projected IGT	54,798
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	159,520
45	Total Intergovernmental transfer amount	214,318
46	Net funds amount	429,039

Georgia Department of Community Health

	Facility Name	Colquitt Regional Medical Center
2	base period report period beginning date	10/1/2012
3	base period report period ending date	9/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	9,128,215
11	payments for services	3,707,898
12	annual covered charges	9,128,215
13	annual payments for services	3,707,898
14		
15	inpatient CCR	0.425312
16		
17	annual cost of services	3,882,344.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.036014
21		
22	adjusted annual charges	9,456,959
23	adjusted Medicaid payments for services	3,841,434
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,841,434
26	adjusted cost of services	4,022,163
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	4,672,152
33		
34	maximum annual payments	4,672,152
35	facility specific UPL amount	830,718.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(235)
39	allocation of supplemental payments	(327,312)
40	total aggregate limit adjustments	(327,547)
41		
42	UPL amount after aggregate limit adjustments	503,171
43	SFY2015 UPL 1st quarter - Projected IGT	42,858
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	124,761
45	Total Intergovernmental transfer amount	167,619
46	Net funds amount	335,552

Georgia Department of Community Health

	Facility Name	Cook Medical Center
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,341,388
11	payments for services	646,733
12	annual covered charges	1,341,388
13	annual payments for services	646,733
14		
15	inpatient CCR	0.546038
16		
17	annual cost of services	732,449.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	1,401,450
23	adjusted Medicaid payments for services	675,691
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	675,691
26	adjusted cost of services	765,245
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	821,811
33		
34	maximum annual payments	821,811
35	facility specific UPL amount	146,120.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(41)
39	allocation of supplemental payments	(57,573)
40	total aggregate limit adjustments	(57,614)
41		
42	UPL amount after aggregate limit adjustments	88,506
43	SFY2015 UPL 1st quarter - Projected IGT	7,538
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	21,945
45	Total Intergovernmental transfer amount	29,483
46	Net funds amount	59,023

Georgia Department of Community Health

	Facility Name	Crisp Regional Medical Center
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	5,756,355
11	payments for services	2,713,953
12	annual covered charges	5,756,355
13	annual payments for services	2,713,953
14		
15	inpatient CCR	0.431849
16		
17	annual cost of services	2,485,877.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	6,014,102
23	adjusted Medicaid payments for services	2,835,473
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,835,473
26	adjusted cost of services	2,597,185
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	3,448,650
33		
34	maximum annual payments	3,448,650
35	facility specific UPL amount	613,177.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(173)
39	allocation of supplemental payments	(241,599)
40	total aggregate limit adjustments	(241,772)
41		
42	UPL amount after aggregate limit adjustments	371,405
43	SFY2015 UPL 1st quarter - Projected IGT	31,634
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	92,090
45	Total Intergovernmental transfer amount	123,724
46	Net funds amount	247,681

Georgia Department of Community Health

	Facility Name	Dekalb Medical Center
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	57,294,145
11	payments for services	21,408,507
12	annual covered charges	57,294,145
13	annual payments for services	21,408,507
14		
15	inpatient CCR	0.395554
16		
17	annual cost of services	22,662,909.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	59,859,548
23	adjusted Medicaid payments for services	22,367,094
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	22,367,094
26	adjusted cost of services	23,677,663
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	27,204,027
33		
34	maximum annual payments	27,204,027
35	facility specific UPL amount	4,836,933.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,367)
39	allocation of supplemental payments	(1,905,806)
40	total aggregate limit adjustments	(1,907,173)
41		
42	UPL amount after aggregate limit adjustments	2,929,760
43	SFY2015 UPL 1st quarter - Projected IGT	249,542
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	726,434
45	Total Intergovernmental transfer amount	975,976
46	Net funds amount	1,953,784

Georgia Department of Community Health

	Facility Name	Dekalb Medical Center - Hillandale
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	12,830,019
11	payments for services	5,003,606
12	annual covered charges	12,830,019
13	annual payments for services	5,003,606
14		
15	inpatient CCR	0.361164
16		
17	annual cost of services	4,633,741.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	13,404,496
23	adjusted Medicaid payments for services	5,227,647
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,227,647
26	adjusted cost of services	4,841,221
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	6,358,137
33		
34	maximum annual payments	6,358,137
35	facility specific UPL amount	1,130,490.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(319)
39	allocation of supplemental payments	(445,426)
40	total aggregate limit adjustments	(445,745)
41		
42	UPL amount after aggregate limit adjustments	684,745
43	SFY2015 UPL 1st quarter - Projected IGT	58,323
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	169,783
45	Total Intergovernmental transfer amount	228,106
46	Net funds amount	456,639

Georgia Department of Community Health

	Facility Name	Columbus Specialty Hospital
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	6,115,245
11	payments for services	1,597,364
12	annual covered charges	6,115,245
13	annual payments for services	1,597,364
14		
15	inpatient CCR	0.480893
16		
17	annual cost of services	2,940,780.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	6,389,061
23	adjusted Medicaid payments for services	1,668,888
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,668,888
26	adjusted cost of services	3,072,456
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	2,029,789
33		
34	maximum annual payments	2,029,789
35	facility specific UPL amount	360,901.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(102)
39	allocation of supplemental payments	(142,199)
40	total aggregate limit adjustments	(142,301)
41		
42	UPL amount after aggregate limit adjustments	218,600
43	SFY2015 UPL 1st quarter - Projected IGT	18,619
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	54,202
45	Total Intergovernmental transfer amount	72,821
46	Net funds amount	145,779

Georgia Department of Community Health

	Facility Name	Dodge County Hospital
2	base period report period beginning date	10/1/2012
3	base period report period ending date	9/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,837,581
11	payments for services	1,286,144
12	annual covered charges	2,837,581
13	annual payments for services	1,286,144
14		
15	inpatient CCR	0.403409
16		
17	annual cost of services	1,144,706.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.036014
21		
22	adjusted annual charges	2,939,774
23	adjusted Medicaid payments for services	1,332,463
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,332,463
26	adjusted cost of services	1,185,931
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	1,620,611
33		
34	maximum annual payments	1,620,611
35	facility specific UPL amount	288,148.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(81)
39	allocation of supplemental payments	(113,534)
40	total aggregate limit adjustments	(113,615)
41		
42	UPL amount after aggregate limit adjustments	174,533
43	SFY2015 UPL 1st quarter - Projected IGT	14,866
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	43,275
45	Total Intergovernmental transfer amount	58,141
46	Net funds amount	116,392

Georgia Department of Community Health

	Facility Name	Elbert Memorial Hospital
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	769,183
11	payments for services	443,422
12	annual covered charges	769,183
13	annual payments for services	443,422
14		
15	inpatient CCR	0.389081
16		
17	annual cost of services	299,274.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	803,624
23	adjusted Medicaid payments for services	463,277
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	463,277
26	adjusted cost of services	312,674
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	563,462
33		
34	maximum annual payments	563,462
35	facility specific UPL amount	100,185.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(28)
39	allocation of supplemental payments	(39,474)
40	total aggregate limit adjustments	(39,502)
41		
42	UPL amount after aggregate limit adjustments	60,683
43	SFY2015 UPL 1st quarter - Projected IGT	5,169
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	15,046
45	Total Intergovernmental transfer amount	20,215
46	Net funds amount	40,468

Georgia Department of Community Health

	Facility Name	Emanuel Medical Center
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,971,340
11	payments for services	1,101,328
12	annual covered charges	2,971,340
13	annual payments for services	1,101,328
14		
15	inpatient CCR	0.339074
16		
17	annual cost of services	1,007,505.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	3,104,385
23	adjusted Medicaid payments for services	1,150,641
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,150,641
26	adjusted cost of services	1,052,617
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	1,399,470
33		
34	maximum annual payments	1,399,470
35	facility specific UPL amount	248,829.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(70)
39	allocation of supplemental payments	(98,042)
40	total aggregate limit adjustments	(98,112)
41		
42	UPL amount after aggregate limit adjustments	150,717
43	SFY2015 UPL 1st quarter - Projected IGT	12,837
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	37,370
45	Total Intergovernmental transfer amount	50,207
46	Net funds amount	100,510

Georgia Department of Community Health

	Facility Name	Hutcheson Medical Center
2	base period report period beginning date	10/1/2012
3	base period report period ending date	9/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	6,933,020
11	payments for services	2,422,015
12	annual covered charges	6,933,020
13	annual payments for services	2,422,015
14		
15	inpatient CCR	0.332392
16		
17	annual cost of services	2,304,479.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.036014
21		
22	adjusted annual charges	7,182,706
23	adjusted Medicaid payments for services	2,509,241
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,509,241
26	adjusted cost of services	2,387,473
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	3,051,870
33		
34	maximum annual payments	3,051,870
35	facility specific UPL amount	542,629.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(153)
39	allocation of supplemental payments	(213,802)
40	total aggregate limit adjustments	(213,955)
41		
42	UPL amount after aggregate limit adjustments	328,674
43	SFY2015 UPL 1st quarter - Projected IGT	27,995
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	81,495
45	Total Intergovernmental transfer amount	109,490
46	Net funds amount	219,184

Georgia Department of Community Health

	Facility Name	Evans Memorial Hospital
2	base period report period beginning date	10/1/2012
3	base period report period ending date	9/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	705,888
11	payments for services	281,265
12	annual covered charges	705,888
13	annual payments for services	281,265
14		
15	inpatient CCR	0.346956
16		
17	annual cost of services	244,912.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.036014
21		
22	adjusted annual charges	731,310
23	adjusted Medicaid payments for services	291,394
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	291,394
26	adjusted cost of services	253,732
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	354,409
33		
34	maximum annual payments	354,409
35	facility specific UPL amount	63,015.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(18)
39	allocation of supplemental payments	(24,828)
40	total aggregate limit adjustments	(24,846)
41		
42	UPL amount after aggregate limit adjustments	38,169
43	SFY2015 UPL 1st quarter - Projected IGT	3,251
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	9,464
45	Total Intergovernmental transfer amount	12,715
46	Net funds amount	25,454

Georgia Department of Community Health

	Facility Name	Floyd Medical Center
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	44,065,966
11	payments for services	12,448,440
12	annual covered charges	44,065,966
13	annual payments for services	12,448,440
14		
15	inpatient CCR	0.394558
16		
17	annual cost of services	17,386,591.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	46,039,064
23	adjusted Medicaid payments for services	13,005,831
24	supplemental rate adjustment payments	1,429,860
25	total adjusted Medicaid payments	14,435,691
26	adjusted cost of services	18,165,093
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	15,818,370
33		
34	maximum annual payments	15,818,370
35	facility specific UPL amount	1,382,679.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(795)
39	allocation of supplemental payments	321,688
40	total aggregate limit adjustments	320,893
41		
42	UPL amount after aggregate limit adjustments	1,703,572
43	SFY2015 UPL 1st quarter - Projected IGT	145,102
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	422,401
45	Total Intergovernmental transfer amount	567,503
46	Net funds amount	1,136,069

Georgia Department of Community Health

	Facility Name	Grady General Hospital
2	base period report period beginning date	10/1/2012
3	base period report period ending date	9/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,507,768
11	payments for services	771,977
12	annual covered charges	1,507,768
13	annual payments for services	771,977
14		
15	inpatient CCR	0.715338
16		
17	annual cost of services	1,078,563.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.036014
21		
22	adjusted annual charges	1,562,069
23	adjusted Medicaid payments for services	799,779
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	799,779
26	adjusted cost of services	1,117,406
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	972,733
33		
34	maximum annual payments	972,733
35	facility specific UPL amount	172,954.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(49)
39	allocation of supplemental payments	(68,146)
40	total aggregate limit adjustments	(68,195)
41		
42	UPL amount after aggregate limit adjustments	104,759
43	SFY2015 UPL 1st quarter - Projected IGT	8,923
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	25,975
45	Total Intergovernmental transfer amount	34,898
46	Net funds amount	69,861

Georgia Department of Community Health

	Facility Name	Grady Memorial Hospital
2	base period report period beginning date	1/1/2013
3	base period report period ending date	12/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	356,991,120
11	payments for services	120,374,629
12	annual covered charges	356,991,120
13	annual payments for services	120,374,629
14		
15	inpatient CCR	0.284263
16		
17	annual cost of services	101,479,228.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.034993
21		
22	adjusted annual charges	369,483,310
23	adjusted Medicaid payments for services	124,586,898
24	supplemental rate adjustment payments	25,225,971
25	total adjusted Medicaid payments	149,812,869
26	adjusted cost of services	105,030,291
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	151,529,086
33		
34	maximum annual payments	151,529,086
35	facility specific UPL amount	1,716,217.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(7,614)
39	allocation of supplemental payments	14,610,448
40	total aggregate limit adjustments	14,602,834
41		
42	UPL amount after aggregate limit adjustments	16,319,051
43	SFY2015 UPL 1st quarter - Projected IGT	1,389,975
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	4,046,309
45	Total Intergovernmental transfer amount	5,436,284
46	Net funds amount	10,882,767

Georgia Department of Community Health

	Facility Name	Gwinnett Medical Center - Duluth
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	11,349,365
11	payments for services	4,522,593
12	annual covered charges	11,349,365
13	annual payments for services	4,522,593
14		
15	inpatient CCR	0.393069
16		
17	annual cost of services	4,461,089.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	11,857,544
23	adjusted Medicaid payments for services	4,725,097
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,725,097
26	adjusted cost of services	4,660,839
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	5,746,910
33		
34	maximum annual payments	5,746,910
35	facility specific UPL amount	1,021,813.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(289)
39	allocation of supplemental payments	(402,605)
40	total aggregate limit adjustments	(402,894)
41		
42	UPL amount after aggregate limit adjustments	618,919
43	SFY2015 UPL 1st quarter - Projected IGT	52,716
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	153,461
45	Total Intergovernmental transfer amount	206,177
46	Net funds amount	412,742

Georgia Department of Community Health

	Facility Name	Gwinnett Medical Center - Lawrenceville
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	60,670,313
11	payments for services	23,598,021
12	annual covered charges	60,670,313
13	annual payments for services	23,598,021
14		
15	inpatient CCR	0.449565
16		
17	annual cost of services	27,275,274.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	63,386,887
23	adjusted Medicaid payments for services	24,654,646
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	24,654,646
26	adjusted cost of services	28,496,552
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	29,986,267
33		
34	maximum annual payments	29,986,267
35	facility specific UPL amount	5,331,621.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,507)
39	allocation of supplemental payments	(2,100,718)
40	total aggregate limit adjustments	(2,102,225)
41		
42	UPL amount after aggregate limit adjustments	3,229,396
43	SFY2015 UPL 1st quarter - Projected IGT	275,064
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	800,729
45	Total Intergovernmental transfer amount	1,075,793
46	Net funds amount	2,153,603

Georgia Department of Community Health

	Facility Name	Habersham Medical Center
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,241,690
11	payments for services	1,227,327
12	annual covered charges	2,241,690
13	annual payments for services	1,227,327
14		
15	inpatient CCR	0.533633
16		
17	annual cost of services	1,196,241.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	2,342,064
23	adjusted Medicaid payments for services	1,282,282
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,282,282
26	adjusted cost of services	1,249,804
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	1,559,578
33		
34	maximum annual payments	1,559,578
35	facility specific UPL amount	277,296.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(78)
39	allocation of supplemental payments	(109,258)
40	total aggregate limit adjustments	(109,336)
41		
42	UPL amount after aggregate limit adjustments	167,960
43	SFY2015 UPL 1st quarter - Projected IGT	14,306
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	41,646
45	Total Intergovernmental transfer amount	55,952
46	Net funds amount	112,008

Georgia Department of Community Health

	Facility Name	Houston Medical Center
2	base period report period beginning date	1/1/2013
3	base period report period ending date	12/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	26,338,084
11	payments for services	9,292,671
12	annual covered charges	26,338,084
13	annual payments for services	9,292,671
14		
15	inpatient CCR	0.421115
16		
17	annual cost of services	11,091,354.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.034993
21		
22	adjusted annual charges	27,259,733
23	adjusted Medicaid payments for services	9,617,849
24	supplemental rate adjustment payments	896,889
25	total adjusted Medicaid payments	10,514,738
26	adjusted cost of services	11,479,474
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	11,697,730
33		
34	maximum annual payments	11,697,730
35	facility specific UPL amount	1,182,992.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(588)
39	allocation of supplemental payments	77,393
40	total aggregate limit adjustments	76,805
41		
42	UPL amount after aggregate limit adjustments	1,259,797
43	SFY2015 UPL 1st quarter - Projected IGT	107,303
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	312,367
45	Total Intergovernmental transfer amount	419,670
46	Net funds amount	840,127

Georgia Department of Community Health

	Facility Name	Irwin County Hospital
2	base period report period beginning date	12/1/2012
3	base period report period ending date	11/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,881,605
11	payments for services	1,018,165
12	annual covered charges	1,881,605
13	annual payments for services	1,018,165
14		
15	inpatient CCR	0.443293
16		
17	annual cost of services	834,102.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.035333
21		
22	adjusted annual charges	1,948,088
23	adjusted Medicaid payments for services	1,054,140
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,054,140
26	adjusted cost of services	863,573
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	1,282,100
33		
34	maximum annual payments	1,282,100
35	facility specific UPL amount	227,960.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(64)
39	allocation of supplemental payments	(89,819)
40	total aggregate limit adjustments	(89,883)
41		
42	UPL amount after aggregate limit adjustments	138,077
43	SFY2015 UPL 1st quarter - Projected IGT	11,761
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	34,236
45	Total Intergovernmental transfer amount	45,997
46	Net funds amount	92,080

Georgia Department of Community Health

	Facility Name	Jefferson Hospital
2	base period report period beginning date	1/1/2013
3	base period report period ending date	12/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	349,942
11	payments for services	259,087
12	annual covered charges	349,942
13	annual payments for services	259,087
14		
15	inpatient CCR	0.633051
16		
17	annual cost of services	221,531.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.034993
21		
22	adjusted annual charges	362,188
23	adjusted Medicaid payments for services	268,153
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	268,153
26	adjusted cost of services	229,283
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	326,142
33		
34	maximum annual payments	326,142
35	facility specific UPL amount	57,989.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(16)
39	allocation of supplemental payments	(22,848)
40	total aggregate limit adjustments	(22,864)
41		
42	UPL amount after aggregate limit adjustments	35,125
43	SFY2015 UPL 1st quarter - Projected IGT	2,992
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	8,709
45	Total Intergovernmental transfer amount	11,701
46	Net funds amount	23,424

Georgia Department of Community Health

	Facility Name	Mayo Clinic Health System- Waycross
2	base period report period beginning date	1/1/2013
3	base period report period ending date	12/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	14,956,259
11	payments for services	5,649,073
12	annual covered charges	14,956,259
13	annual payments for services	5,649,073
14		
15	inpatient CCR	0.525119
16		
17	annual cost of services	7,853,822.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.034993
21		
22	adjusted annual charges	15,479,623
23	adjusted Medicaid payments for services	5,846,751
24	supplemental rate adjustment payments	359,622
25	total adjusted Medicaid payments	6,206,373
26	adjusted cost of services	8,128,651
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	7,111,124
33		
34	maximum annual payments	7,111,124
35	facility specific UPL amount	904,751.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(357)
39	allocation of supplemental payments	(138,555)
40	total aggregate limit adjustments	(138,912)
41		
42	UPL amount after aggregate limit adjustments	765,839
43	SFY2015 UPL 1st quarter - Projected IGT	65,230
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	189,890
45	Total Intergovernmental transfer amount	255,120
46	Net funds amount	510,719

Georgia Department of Community Health

	Facility Name	Meadows Regional Medical Center
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	15,369,085
11	payments for services	4,385,566
12	annual covered charges	15,369,085
13	annual payments for services	4,385,566
14		
15	inpatient CCR	0.335829
16		
17	annual cost of services	5,161,377.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	16,057,251
23	adjusted Medicaid payments for services	4,581,934
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,581,934
26	adjusted cost of services	5,392,483
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	5,572,787
33		
34	maximum annual payments	5,572,787
35	facility specific UPL amount	990,853.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(280)
39	allocation of supplemental payments	(390,407)
40	total aggregate limit adjustments	(390,687)
41		
42	UPL amount after aggregate limit adjustments	600,166
43	SFY2015 UPL 1st quarter - Projected IGT	51,119
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	148,811
45	Total Intergovernmental transfer amount	199,930
46	Net funds amount	400,236

Georgia Department of Community Health

	Facility Name	Medical Center, Navicent Health
2	base period report period beginning date	10/1/2012
3	base period report period ending date	9/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	151,437,907
11	payments for services	46,453,366
12	annual covered charges	151,437,907
13	annual payments for services	46,453,366
14		
15	inpatient CCR	0.301336
16		
17	annual cost of services	45,633,638.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.036014
21		
22	adjusted annual charges	156,891,792
23	adjusted Medicaid payments for services	48,126,338
24	supplemental rate adjustment payments	4,776,220
25	total adjusted Medicaid payments	52,902,558
26	adjusted cost of services	47,277,088
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	58,533,763
33		
34	maximum annual payments	58,533,763
35	facility specific UPL amount	5,631,205.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,941)
39	allocation of supplemental payments	675,578
40	total aggregate limit adjustments	672,637
41		
42	UPL amount after aggregate limit adjustments	6,303,842
43	SFY2015 UPL 1st quarter - Projected IGT	536,930
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	1,563,038
45	Total Intergovernmental transfer amount	2,099,968
46	Net funds amount	4,203,874

Georgia Department of Community Health

	Facility Name	Memorial University Medical Center
2	base period report period beginning date	1/1/2013
3	base period report period ending date	12/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	111,003,909
11	payments for services	33,193,880
12	annual covered charges	111,003,909
13	annual payments for services	33,193,880
14		
15	inpatient CCR	0.264032
16		
17	annual cost of services	29,308,565.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.034993
21		
22	adjusted annual charges	114,888,269
23	adjusted Medicaid payments for services	34,355,433
24	supplemental rate adjustment payments	4,587,090
25	total adjusted Medicaid payments	38,942,523
26	adjusted cost of services	30,334,160
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	41,784,870
33		
34	maximum annual payments	41,784,870
35	facility specific UPL amount	2,842,347.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,100)
39	allocation of supplemental payments	1,659,809
40	total aggregate limit adjustments	1,657,709
41		
42	UPL amount after aggregate limit adjustments	4,500,056
43	SFY2015 UPL 1st quarter - Projected IGT	383,292
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	1,115,789
45	Total Intergovernmental transfer amount	1,499,081
46	Net funds amount	3,000,975

Georgia Department of Community Health

	Facility Name	Memorial Hospital and Manor
2	base period report period beginning date	4/1/2012
3	base period report period ending date	3/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,442,166
11	payments for services	1,168,289
12	annual covered charges	2,442,166
13	annual payments for services	1,168,289
14		
15	inpatient CCR	0.460400
16		
17	annual cost of services	1,124,373.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.049475
21		
22	adjusted annual charges	2,562,992
23	adjusted Medicaid payments for services	1,226,090
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,226,090
26	adjusted cost of services	1,180,001
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	1,491,235
33		
34	maximum annual payments	1,491,235
35	facility specific UPL amount	265,145.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(75)
39	allocation of supplemental payments	(104,470)
40	total aggregate limit adjustments	(104,545)
41		
42	UPL amount after aggregate limit adjustments	160,600
43	SFY2015 UPL 1st quarter - Projected IGT	13,679
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	39,821
45	Total Intergovernmental transfer amount	53,500
46	Net funds amount	107,100

Georgia Department of Community Health

	Facility Name	Midtown Medical Center
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	47,017,976
11	payments for services	16,326,054
12	annual covered charges	47,017,976
13	annual payments for services	16,326,054
14		
15	inpatient CCR	0.414446
16		
17	annual cost of services	19,486,410.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	49,123,253
23	adjusted Medicaid payments for services	17,057,069
24	supplemental rate adjustment payments	4,234,094
25	total adjusted Medicaid payments	21,291,163
26	adjusted cost of services	20,358,933
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	20,745,697
33		
34	maximum annual payments	20,745,697
35	facility specific UPL amount	(545,466.00)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,042)
39	allocation of supplemental payments	2,780,733
40	total aggregate limit adjustments	2,779,691
41		
42	UPL amount after aggregate limit adjustments	2,234,225
43	SFY2015 UPL 1st quarter - Projected IGT	190,300
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	553,976
45	Total Intergovernmental transfer amount	744,276
46	Net funds amount	1,489,949

Georgia Department of Community Health

	Facility Name	Murray Medical Center
2	base period report period beginning date	4/1/2012
3	base period report period ending date	3/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	351,641
11	payments for services	161,309
12	annual covered charges	351,641
13	annual payments for services	161,309
14		
15	inpatient CCR	0.338878
16		
17	annual cost of services	119,163.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.049475
21		
22	adjusted annual charges	369,038
23	adjusted Medicaid payments for services	169,290
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	169,290
26	adjusted cost of services	125,059
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	205,899
33		
34	maximum annual payments	205,899
35	facility specific UPL amount	36,609.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(10)
39	allocation of supplemental payments	(14,425)
40	total aggregate limit adjustments	(14,435)
41		
42	UPL amount after aggregate limit adjustments	22,174
43	SFY2015 UPL 1st quarter - Projected IGT	1,889
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	5,498
45	Total Intergovernmental transfer amount	7,387
46	Net funds amount	14,787

Georgia Department of Community Health

	Facility Name	Newton Medical Center
2	base period report period beginning date	1/1/2013
3	base period report period ending date	12/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	7,688,858
11	payments for services	2,958,097
12	annual covered charges	7,688,858
13	annual payments for services	2,958,097
14		
15	inpatient CCR	0.349040
16		
17	annual cost of services	2,683,719.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.034993
21		
22	adjusted annual charges	7,957,914
23	adjusted Medicaid payments for services	3,061,610
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,061,610
26	adjusted cost of services	2,777,630
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	3,723,690
33		
34	maximum annual payments	3,723,690
35	facility specific UPL amount	662,080.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(187)
39	allocation of supplemental payments	(260,867)
40	total aggregate limit adjustments	(261,054)
41		
42	UPL amount after aggregate limit adjustments	401,026
43	SFY2015 UPL 1st quarter - Projected IGT	34,157
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	99,434
45	Total Intergovernmental transfer amount	133,591
46	Net funds amount	267,435

Georgia Department of Community Health

	Facility Name	Northeast GA Medical Center
2	base period report period beginning date	10/1/2012
3	base period report period ending date	9/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	91,070,963
11	payments for services	27,228,181
12	annual covered charges	91,070,963
13	annual payments for services	27,228,181
14		
15	inpatient CCR	0.304539
16		
17	annual cost of services	27,734,702.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.036014
21		
22	adjusted annual charges	94,350,793
23	adjusted Medicaid payments for services	28,208,777
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	28,208,777
26	adjusted cost of services	28,733,540
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	34,308,986
33		
34	maximum annual payments	34,308,986
35	facility specific UPL amount	6,100,209.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,724)
39	allocation of supplemental payments	(2,403,551)
40	total aggregate limit adjustments	(2,405,275)
41		
42	UPL amount after aggregate limit adjustments	3,694,934
43	SFY2015 UPL 1st quarter - Projected IGT	314,716
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	916,159
45	Total Intergovernmental transfer amount	1,230,875
46	Net funds amount	2,464,059

Georgia Department of Community Health

	Facility Name	Northside Hospital
2	base period report period beginning date	10/1/2012
3	base period report period ending date	9/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	84,940,708
11	payments for services	22,765,395
12	annual covered charges	84,940,708
13	annual payments for services	22,765,395
14		
15	inpatient CCR	0.282452
16		
17	annual cost of services	23,991,662.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.036014
21		
22	adjusted annual charges	87,999,763
23	adjusted Medicaid payments for services	23,585,268
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	23,585,268
26	adjusted cost of services	24,855,698
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	28,685,634
33		
34	maximum annual payments	28,685,634
35	facility specific UPL amount	5,100,366.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,441)
39	allocation of supplemental payments	(2,009,601)
40	total aggregate limit adjustments	(2,011,042)
41		
42	UPL amount after aggregate limit adjustments	3,089,324
43	SFY2015 UPL 1st quarter - Projected IGT	263,133
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	765,998
45	Total Intergovernmental transfer amount	1,029,131
46	Net funds amount	2,060,193

Georgia Department of Community Health

	Facility Name	Northside Hospital - Cherokee
2	base period report period beginning date	10/1/2012
3	base period report period ending date	9/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	14,811,240
11	payments for services	4,156,657
12	annual covered charges	14,811,240
13	annual payments for services	4,156,657
14		
15	inpatient CCR	0.300709
16		
17	annual cost of services	4,453,877.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.036014
21		
22	adjusted annual charges	15,344,652
23	adjusted Medicaid payments for services	4,306,355
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,306,355
26	adjusted cost of services	4,614,279
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	5,237,614
33		
34	maximum annual payments	5,237,614
35	facility specific UPL amount	931,259.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(263)
39	allocation of supplemental payments	(366,926)
40	total aggregate limit adjustments	(367,189)
41		
42	UPL amount after aggregate limit adjustments	564,070
43	SFY2015 UPL 1st quarter - Projected IGT	48,044
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	139,861
45	Total Intergovernmental transfer amount	187,905
46	Net funds amount	376,165

Georgia Department of Community Health

	Facility Name	Northside Hospital- Forsyth
2	base period report period beginning date	10/1/2012
3	base period report period ending date	9/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	30,311,285
11	payments for services	6,546,539
12	annual covered charges	30,311,285
13	annual payments for services	6,546,539
14		
15	inpatient CCR	0.305969
16		
17	annual cost of services	9,274,318.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.036014
21		
22	adjusted annual charges	31,402,916
23	adjusted Medicaid payments for services	6,782,306
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	6,782,306
26	adjusted cost of services	9,608,323
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	8,248,994
33		
34	maximum annual payments	8,248,994
35	facility specific UPL amount	1,466,688.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(415)
39	allocation of supplemental payments	(577,891)
40	total aggregate limit adjustments	(578,306)
41		
42	UPL amount after aggregate limit adjustments	888,382
43	SFY2015 UPL 1st quarter - Projected IGT	75,668
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	220,274
45	Total Intergovernmental transfer amount	295,942
46	Net funds amount	592,440

Georgia Department of Community Health

	Facility Name	Northside Medical Center
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,077,999
11	payments for services	257,152
12	annual covered charges	1,077,999
13	annual payments for services	257,152
14		
15	inpatient CCR	0.311765
16		
17	annual cost of services	336,082.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	1,126,267
23	adjusted Medicaid payments for services	268,666
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	268,666
26	adjusted cost of services	351,130
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	351,130
35	facility specific UPL amount	82,464.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(23)
39	allocation of supplemental payments	(32,492)
40	total aggregate limit adjustments	(32,515)
41		
42	UPL amount after aggregate limit adjustments	49,949
43	SFY2015 UPL 1st quarter - Projected IGT	4,254
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	12,385
45	Total Intergovernmental transfer amount	16,639
46	Net funds amount	33,310

Georgia Department of Community Health

	Facility Name	Oconee Regional Medical Center
2	base period report period beginning date	10/1/2012
3	base period report period ending date	9/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	8,035,324
11	payments for services	2,968,298
12	annual covered charges	8,035,324
13	annual payments for services	2,968,298
14		
15	inpatient CCR	0.395902
16		
17	annual cost of services	3,181,201.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.036014
21		
22	adjusted annual charges	8,324,708
23	adjusted Medicaid payments for services	3,075,198
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,075,198
26	adjusted cost of services	3,295,769
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	3,740,216
33		
34	maximum annual payments	3,740,216
35	facility specific UPL amount	665,018.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(188)
39	allocation of supplemental payments	(262,025)
40	total aggregate limit adjustments	(262,213)
41		
42	UPL amount after aggregate limit adjustments	402,805
43	SFY2015 UPL 1st quarter - Projected IGT	34,309
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	99,875
45	Total Intergovernmental transfer amount	134,184
46	Net funds amount	268,621

Georgia Department of Community Health

	Facility Name	Perry Hospital
2	base period report period beginning date	1/1/2013
3	base period report period ending date	12/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,073,273
11	payments for services	430,447
12	annual covered charges	1,073,273
13	annual payments for services	430,447
14		
15	inpatient CCR	0.422144
16		
17	annual cost of services	453,076.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.034993
21		
22	adjusted annual charges	1,110,830
23	adjusted Medicaid payments for services	445,510
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	445,510
26	adjusted cost of services	468,930
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	541,853
33		
34	maximum annual payments	541,853
35	facility specific UPL amount	96,343.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(27)
39	allocation of supplemental payments	(37,960)
40	total aggregate limit adjustments	(37,987)
41		
42	UPL amount after aggregate limit adjustments	58,356
43	SFY2015 UPL 1st quarter - Projected IGT	4,970
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	14,469
45	Total Intergovernmental transfer amount	19,439
46	Net funds amount	38,917

Georgia Department of Community Health

	Facility Name	Dorminy Medical Center
2	base period report period beginning date	8/1/2012
3	base period report period ending date	7/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,133,031
11	payments for services	1,132,601
12	annual covered charges	2,133,031
13	annual payments for services	1,132,601
14		
15	inpatient CCR	0.532002
16		
17	annual cost of services	1,134,776.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.041839
21		
22	adjusted annual charges	2,222,275
23	adjusted Medicaid payments for services	1,179,988
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,179,988
26	adjusted cost of services	1,182,254
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	1,435,163
33		
34	maximum annual payments	1,435,163
35	facility specific UPL amount	255,175.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(72)
39	allocation of supplemental payments	(100,542)
40	total aggregate limit adjustments	(100,614)
41		
42	UPL amount after aggregate limit adjustments	154,561
43	SFY2015 UPL 1st quarter - Projected IGT	13,165
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	38,323
45	Total Intergovernmental transfer amount	51,488
46	Net funds amount	103,073

Georgia Department of Community Health

	Facility Name	Phoebe Putney Memorial Hospital - North Campus
2	base period report period beginning date	8/1/2012
3	base period report period ending date	7/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	8,176,256
11	payments for services	2,637,283
12	annual covered charges	8,176,256
13	annual payments for services	2,637,283
14		
15	inpatient CCR	0.475572
16		
17	annual cost of services	3,888,395.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.041839
21		
22	adjusted annual charges	8,518,342
23	adjusted Medicaid payments for services	2,747,624
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,747,624
26	adjusted cost of services	4,051,082
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	3,341,804
33		
34	maximum annual payments	3,341,804
35	facility specific UPL amount	594,180.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(168)
39	allocation of supplemental payments	(234,113)
40	total aggregate limit adjustments	(234,281)
41		
42	UPL amount after aggregate limit adjustments	359,899
43	SFY2015 UPL 1st quarter - Projected IGT	30,654
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	89,237
45	Total Intergovernmental transfer amount	119,891
46	Net funds amount	240,008

Georgia Department of Community Health

	Facility Name	Phoebe Putney Memorial Hospital
2	base period report period beginning date	8/1/2012
3	base period report period ending date	7/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	73,372,968
11	payments for services	24,425,226
12	annual covered charges	73,372,968
13	annual payments for services	24,425,226
14		
15	inpatient CCR	0.412043
16		
17	annual cost of services	30,232,842.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.041839
21		
22	adjusted annual charges	76,442,820
23	adjusted Medicaid payments for services	25,447,153
24	supplemental rate adjustment payments	3,078,316
25	total adjusted Medicaid payments	28,525,469
26	adjusted cost of services	31,497,754
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	30,950,155
33		
34	maximum annual payments	30,950,155
35	facility specific UPL amount	2,424,686.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,555)
39	allocation of supplemental payments	910,072
40	total aggregate limit adjustments	908,517
41		
42	UPL amount after aggregate limit adjustments	3,333,203
43	SFY2015 UPL 1st quarter - Projected IGT	283,906
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	826,468
45	Total Intergovernmental transfer amount	1,110,374
46	Net funds amount	2,222,829

Georgia Department of Community Health

	Facility Name	Phoebe Sumter Medical Center
2	base period report period beginning date	8/1/2012
3	base period report period ending date	7/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	5,494,013
11	payments for services	2,131,901
12	annual covered charges	5,494,013
13	annual payments for services	2,131,901
14		
15	inpatient CCR	0.561866
16		
17	annual cost of services	3,086,901.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.041839
21		
22	adjusted annual charges	5,723,877
23	adjusted Medicaid payments for services	2,221,098
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,221,098
26	adjusted cost of services	3,216,054
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	2,701,415
33		
34	maximum annual payments	2,701,415
35	facility specific UPL amount	480,317.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(136)
39	allocation of supplemental payments	(189,250)
40	total aggregate limit adjustments	(189,386)
41		
42	UPL amount after aggregate limit adjustments	290,931
43	SFY2015 UPL 1st quarter - Projected IGT	24,780
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	72,136
45	Total Intergovernmental transfer amount	96,916
46	Net funds amount	194,015

Georgia Department of Community Health

	Facility Name	Piedmont Henry Hospital
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	31,438,077
11	payments for services	7,979,503
12	annual covered charges	31,438,077
13	annual payments for services	7,979,503
14		
15	inpatient CCR	0.300620
16		
17	annual cost of services	9,450,900.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	32,845,748
23	adjusted Medicaid payments for services	8,336,793
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	8,336,793
26	adjusted cost of services	9,874,073
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	10,139,643
33		
34	maximum annual payments	10,139,643
35	facility specific UPL amount	1,802,850.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(510)
39	allocation of supplemental payments	(710,343)
40	total aggregate limit adjustments	(710,853)
41		
42	UPL amount after aggregate limit adjustments	1,091,997
43	SFY2015 UPL 1st quarter - Projected IGT	93,011
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	270,761
45	Total Intergovernmental transfer amount	363,772
46	Net funds amount	728,224

Georgia Department of Community Health

	Facility Name	South Georgia Medical Center Smith Northview Campus
2	base period report period beginning date	10/1/2012
3	base period report period ending date	9/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,558,722
11	payments for services	631,244
12	annual covered charges	1,558,722
13	annual payments for services	631,244
14		
15	inpatient CCR	0.427187
16		
17	annual cost of services	665,866.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.036014
21		
22	adjusted annual charges	1,614,858
23	adjusted Medicaid payments for services	653,978
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	653,978
26	adjusted cost of services	689,846
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	795,402
33		
34	maximum annual payments	795,402
35	facility specific UPL amount	141,424.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(40)
39	allocation of supplemental payments	(55,723)
40	total aggregate limit adjustments	(55,763)
41		
42	UPL amount after aggregate limit adjustments	85,661
43	SFY2015 UPL 1st quarter - Projected IGT	7,296
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	21,240
45	Total Intergovernmental transfer amount	28,536
46	Net funds amount	57,125

Georgia Department of Community Health

	Facility Name	South Georgia Medical Center
2	base period report period beginning date	10/1/2012
3	base period report period ending date	9/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	26,901,701
11	payments for services	10,224,517
12	annual covered charges	26,901,701
13	annual payments for services	10,224,517
14		
15	inpatient CCR	0.383743
16		
17	annual cost of services	10,323,346.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.036014
21		
22	adjusted annual charges	27,870,539
23	adjusted Medicaid payments for services	10,592,743
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	10,592,743
26	adjusted cost of services	10,695,131
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	12,883,447
33		
34	maximum annual payments	12,883,447
35	facility specific UPL amount	2,290,704.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(647)
39	allocation of supplemental payments	(902,563)
40	total aggregate limit adjustments	(903,210)
41		
42	UPL amount after aggregate limit adjustments	1,387,494
43	SFY2015 UPL 1st quarter - Projected IGT	118,180
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	344,029
45	Total Intergovernmental transfer amount	462,209
46	Net funds amount	925,285

Georgia Department of Community Health

	Facility Name	South Georgia Medical Center Berrien Campus
2	base period report period beginning date	7/1/2012
3	base period report period ending date	3/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.3321
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	91,869
11	payments for services	40,500
12	annual covered charges	122,380
13	annual payments for services	53,951
14		
15	inpatient CCR	0.375175
16		
17	annual cost of services	45,914.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.049475
21		
22	adjusted annual charges	128,435
23	adjusted Medicaid payments for services	56,620
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	56,620
26	adjusted cost of services	48,186
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	68,864
33		
34	maximum annual payments	68,864
35	facility specific UPL amount	12,244.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3)
39	allocation of supplemental payments	(4,824)
40	total aggregate limit adjustments	(4,827)
41		
42	UPL amount after aggregate limit adjustments	7,417
43	SFY2015 UPL 1st quarter - Projected IGT	632
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	1,839
45	Total Intergovernmental transfer amount	2,471
46	Net funds amount	4,946

Georgia Department of Community Health

	Facility Name	Southeast GA Health System - Brunswick Campus
2	base period report period beginning date	5/1/2012
3	base period report period ending date	4/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	25,086,953
11	payments for services	8,678,261
12	annual covered charges	25,086,953
13	annual payments for services	8,678,261
14		
15	inpatient CCR	0.376451
16		
17	annual cost of services	9,444,007.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.047904
21		
22	adjusted annual charges	26,288,718
23	adjusted Medicaid payments for services	9,093,984
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	9,093,984
26	adjusted cost of services	9,896,413
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	11,060,578
33		
34	maximum annual payments	11,060,578
35	facility specific UPL amount	1,966,594.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(556)
39	allocation of supplemental payments	(774,860)
40	total aggregate limit adjustments	(775,416)
41		
42	UPL amount after aggregate limit adjustments	1,191,178
43	SFY2015 UPL 1st quarter - Projected IGT	101,459
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	295,353
45	Total Intergovernmental transfer amount	396,812
46	Net funds amount	794,366

Georgia Department of Community Health

	Facility Name	Southeast GA Health System - Camden Campus
2	base period report period beginning date	5/1/2012
3	base period report period ending date	4/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,912,341
11	payments for services	855,044
12	annual covered charges	1,912,341
13	annual payments for services	855,044
14		
15	inpatient CCR	0.484945
16		
17	annual cost of services	927,380.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.047904
21		
22	adjusted annual charges	2,003,950
23	adjusted Medicaid payments for services	896,004
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	896,004
26	adjusted cost of services	971,805
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	1,089,767
33		
34	maximum annual payments	1,089,767
35	facility specific UPL amount	193,763.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(55)
39	allocation of supplemental payments	(76,345)
40	total aggregate limit adjustments	(76,400)
41		
42	UPL amount after aggregate limit adjustments	117,363
43	SFY2015 UPL 1st quarter - Projected IGT	9,996
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	29,100
45	Total Intergovernmental transfer amount	39,096
46	Net funds amount	78,267

Georgia Department of Community Health

	Facility Name	Southern Regional Medical Center
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	53,873,977
11	payments for services	15,864,980
12	annual covered charges	53,873,977
13	annual payments for services	15,864,980
14		
15	inpatient CCR	0.324150
16		
17	annual cost of services	17,463,226.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	56,286,238
23	adjusted Medicaid payments for services	16,575,350
24	supplemental rate adjustment payments	7,702,009
25	total adjusted Medicaid payments	24,277,359
26	adjusted cost of services	18,245,159
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	20,159,805
33		
34	maximum annual payments	20,159,805
35	facility specific UPL amount	(4,117,554.00)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,013)
39	allocation of supplemental payments	6,289,693
40	total aggregate limit adjustments	6,288,680
41		
42	UPL amount after aggregate limit adjustments	2,171,126
43	SFY2015 UPL 1st quarter - Projected IGT	184,926
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	538,331
45	Total Intergovernmental transfer amount	723,257
46	Net funds amount	1,447,869

Georgia Department of Community Health

	Facility Name	Stephens County Hospital
2	base period report period beginning date	10/1/2012
3	base period report period ending date	9/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	3,258,503
11	payments for services	1,365,199
12	annual covered charges	3,258,503
13	annual payments for services	1,365,199
14		
15	inpatient CCR	0.505680
16		
17	annual cost of services	1,647,759.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.036014
21		
22	adjusted annual charges	3,375,855
23	adjusted Medicaid payments for services	1,414,365
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,414,365
26	adjusted cost of services	1,707,101
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	1,720,225
33		
34	maximum annual payments	1,720,225
35	facility specific UPL amount	305,860.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(86)
39	allocation of supplemental payments	(120,512)
40	total aggregate limit adjustments	(120,598)
41		
42	UPL amount after aggregate limit adjustments	185,262
43	SFY2015 UPL 1st quarter - Projected IGT	15,780
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	45,936
45	Total Intergovernmental transfer amount	61,716
46	Net funds amount	123,546

Georgia Department of Community Health

	Facility Name	Tanner Med Ctr - Carrollton
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	15,684,201
11	payments for services	4,872,200
12	annual covered charges	15,684,201
13	annual payments for services	4,872,200
14		
15	inpatient CCR	0.399777
16		
17	annual cost of services	6,270,184.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	16,386,477
23	adjusted Medicaid payments for services	5,090,358
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,090,358
26	adjusted cost of services	6,550,938
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	6,191,159
33		
34	maximum annual payments	6,191,159
35	facility specific UPL amount	1,100,801.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(311)
39	allocation of supplemental payments	(433,728)
40	total aggregate limit adjustments	(434,039)
41		
42	UPL amount after aggregate limit adjustments	666,762
43	SFY2015 UPL 1st quarter - Projected IGT	56,791
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	165,324
45	Total Intergovernmental transfer amount	222,115
46	Net funds amount	444,647

Georgia Department of Community Health

	Facility Name	Tanner Med Ctr - Villa Rica
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	13,735,121
11	payments for services	6,671,154
12	annual covered charges	13,735,121
13	annual payments for services	6,671,154
14		
15	inpatient CCR	0.627386
16		
17	annual cost of services	8,617,229.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	14,350,125
23	adjusted Medicaid payments for services	6,969,862
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	6,969,862
26	adjusted cost of services	9,003,074
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	8,477,110
33		
34	maximum annual payments	8,477,110
35	facility specific UPL amount	1,507,248.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(426)
39	allocation of supplemental payments	(593,872)
40	total aggregate limit adjustments	(594,298)
41		
42	UPL amount after aggregate limit adjustments	912,950
43	SFY2015 UPL 1st quarter - Projected IGT	77,761
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	226,366
45	Total Intergovernmental transfer amount	304,127
46	Net funds amount	608,823

Georgia Department of Community Health

	Facility Name	Tift Regional Medical Center
2	base period report period beginning date	10/1/2012
3	base period report period ending date	9/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	25,672,836
11	payments for services	6,971,512
12	annual covered charges	25,672,836
13	annual payments for services	6,971,512
14		
15	inpatient CCR	0.310066
16		
17	annual cost of services	7,960,267.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.036014
21		
22	adjusted annual charges	26,597,418
23	adjusted Medicaid payments for services	7,222,584
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	7,222,584
26	adjusted cost of services	8,246,948
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	8,784,484
33		
34	maximum annual payments	8,784,484
35	facility specific UPL amount	1,561,900.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(441)
39	allocation of supplemental payments	(615,406)
40	total aggregate limit adjustments	(615,847)
41		
42	UPL amount after aggregate limit adjustments	946,053
43	SFY2015 UPL 1st quarter - Projected IGT	80,580
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	234,574
45	Total Intergovernmental transfer amount	315,154
46	Net funds amount	630,899

Georgia Department of Community Health

	Facility Name	Union General Hospital
2	base period report period beginning date	5/1/2012
3	base period report period ending date	4/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	520,804
11	payments for services	339,687
12	annual covered charges	520,804
13	annual payments for services	339,687
14		
15	inpatient CCR	0.511461
16		
17	annual cost of services	266,371.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.047904
21		
22	adjusted annual charges	545,753
23	adjusted Medicaid payments for services	355,959
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	355,959
26	adjusted cost of services	279,131
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	432,936
33		
34	maximum annual payments	432,936
35	facility specific UPL amount	76,977.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(22)
39	allocation of supplemental payments	(30,330)
40	total aggregate limit adjustments	(30,352)
41		
42	UPL amount after aggregate limit adjustments	46,625
43	SFY2015 UPL 1st quarter - Projected IGT	3,971
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	11,561
45	Total Intergovernmental transfer amount	15,532
46	Net funds amount	31,093

Georgia Department of Community Health

	Facility Name	University Hospital
2	base period report period beginning date	1/1/2013
3	base period report period ending date	12/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	39,309,265
11	payments for services	11,455,276
12	annual covered charges	39,309,265
13	annual payments for services	11,455,276
14		
15	inpatient CCR	0.361028
16		
17	annual cost of services	14,191,743.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.034993
21		
22	adjusted annual charges	40,684,814
23	adjusted Medicaid payments for services	11,856,130
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	11,856,130
26	adjusted cost of services	14,688,355
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	14,420,044
33		
34	maximum annual payments	14,420,044
35	facility specific UPL amount	2,563,914.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(725)
39	allocation of supplemental payments	(1,010,210)
40	total aggregate limit adjustments	(1,010,935)
41		
42	UPL amount after aggregate limit adjustments	1,552,979
43	SFY2015 UPL 1st quarter - Projected IGT	132,275
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	385,061
45	Total Intergovernmental transfer amount	517,336
46	Net funds amount	1,035,643

Georgia Department of Community Health

	Facility Name	University Hospital McDuffie
2	base period report period beginning date	1/1/2013
3	base period report period ending date	12/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,009,276
11	payments for services	471,899
12	annual covered charges	1,009,276
13	annual payments for services	471,899
14		
15	inpatient CCR	0.528187
16		
17	annual cost of services	533,086.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.034993
21		
22	adjusted annual charges	1,044,594
23	adjusted Medicaid payments for services	488,412
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	488,412
26	adjusted cost of services	551,740
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	594,032
33		
34	maximum annual payments	594,032
35	facility specific UPL amount	105,620.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(30)
39	allocation of supplemental payments	(41,615)
40	total aggregate limit adjustments	(41,645)
41		
42	UPL amount after aggregate limit adjustments	63,975
43	SFY2015 UPL 1st quarter - Projected IGT	5,449
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	15,863
45	Total Intergovernmental transfer amount	21,312
46	Net funds amount	42,663

Georgia Department of Community Health

	Facility Name	Upson Regional Medical Center
2	base period report period beginning date	1/1/2013
3	base period report period ending date	12/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	8,247,522
11	payments for services	3,228,269
12	annual covered charges	8,247,522
13	annual payments for services	3,228,269
14		
15	inpatient CCR	0.356882
16		
17	annual cost of services	2,943,391.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.034993
21		
22	adjusted annual charges	8,536,128
23	adjusted Medicaid payments for services	3,341,236
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,341,236
26	adjusted cost of services	3,046,389
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	4,063,786
33		
34	maximum annual payments	4,063,786
35	facility specific UPL amount	722,550.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(204)
39	allocation of supplemental payments	(284,693)
40	total aggregate limit adjustments	(284,897)
41		
42	UPL amount after aggregate limit adjustments	437,653
43	SFY2015 UPL 1st quarter - Projected IGT	37,277
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	108,516
45	Total Intergovernmental transfer amount	145,793
46	Net funds amount	291,860

Georgia Department of Community Health

	Facility Name	Washington County Regional Medical Center
2	base period report period beginning date	9/1/2012
3	base period report period ending date	8/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	930,471
11	payments for services	630,669
12	annual covered charges	930,471
13	annual payments for services	630,669
14		
15	inpatient CCR	0.561746
16		
17	annual cost of services	522,688.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.038918
21		
22	adjusted annual charges	966,683
23	adjusted Medicaid payments for services	655,213
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	655,213
26	adjusted cost of services	543,030
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	796,904
33		
34	maximum annual payments	796,904
35	facility specific UPL amount	141,691.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(40)
39	allocation of supplemental payments	(55,828)
40	total aggregate limit adjustments	(55,868)
41		
42	UPL amount after aggregate limit adjustments	85,823
43	SFY2015 UPL 1st quarter - Projected IGT	7,310
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	21,280
45	Total Intergovernmental transfer amount	28,590
46	Net funds amount	57,233

Georgia Department of Community Health

	Facility Name	Wayne Memorial Hospital
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	4,141,657
11	payments for services	1,636,066
12	annual covered charges	4,141,657
13	annual payments for services	1,636,066
14		
15	inpatient CCR	0.480708
16		
17	annual cost of services	1,990,928.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	4,327,104
23	adjusted Medicaid payments for services	1,709,322
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,709,322
26	adjusted cost of services	2,080,074
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	2,078,967
33		
34	maximum annual payments	2,078,967
35	facility specific UPL amount	369,645.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(104)
39	allocation of supplemental payments	(145,644)
40	total aggregate limit adjustments	(145,748)
41		
42	UPL amount after aggregate limit adjustments	223,897
43	SFY2015 UPL 1st quarter - Projected IGT	19,070
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	55,515
45	Total Intergovernmental transfer amount	74,585
46	Net funds amount	149,312

Georgia Department of Community Health

	Facility Name	WellStar Cobb Hospital
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	67,339,975
11	payments for services	18,757,398
12	annual covered charges	67,339,975
13	annual payments for services	18,757,398
14		
15	inpatient CCR	0.477128
16		
17	annual cost of services	32,129,816.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	70,355,190
23	adjusted Medicaid payments for services	19,597,279
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	19,597,279
26	adjusted cost of services	33,568,461
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	23,835,233
33		
34	maximum annual payments	23,835,233
35	facility specific UPL amount	4,237,954.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,198)
39	allocation of supplemental payments	(1,669,801)
40	total aggregate limit adjustments	(1,670,999)
41		
42	UPL amount after aggregate limit adjustments	2,566,955
43	SFY2015 UPL 1st quarter - Projected IGT	218,640
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	636,476
45	Total Intergovernmental transfer amount	855,116
46	Net funds amount	1,711,839

Georgia Department of Community Health

	Facility Name	Wellstar Douglas Hospital
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	21,861,247
11	payments for services	6,056,549
12	annual covered charges	21,861,247
13	annual payments for services	6,056,549
14		
15	inpatient CCR	0.320498
16		
17	annual cost of services	7,006,479.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	22,840,106
23	adjusted Medicaid payments for services	6,327,737
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	6,327,737
26	adjusted cost of services	7,320,201
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	7,696,124
33		
34	maximum annual payments	7,696,124
35	facility specific UPL amount	1,368,387.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(387)
39	allocation of supplemental payments	(539,160)
40	total aggregate limit adjustments	(539,547)
41		
42	UPL amount after aggregate limit adjustments	828,840
43	SFY2015 UPL 1st quarter - Projected IGT	70,596
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	205,511
45	Total Intergovernmental transfer amount	276,107
46	Net funds amount	552,733

Georgia Department of Community Health

	Facility Name	WellStar Kennestone Hospital
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	90,385,624
11	payments for services	25,677,213
12	annual covered charges	90,385,624
13	annual payments for services	25,677,213
14		
15	inpatient CCR	0.319877
16		
17	annual cost of services	28,912,280.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	94,432,731
23	adjusted Medicaid payments for services	26,826,936
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	26,826,936
26	adjusted cost of services	30,206,856
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	32,628,319
33		
34	maximum annual payments	32,628,319
35	facility specific UPL amount	5,801,383.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,640)
39	allocation of supplemental payments	(2,285,810)
40	total aggregate limit adjustments	(2,287,450)
41		
42	UPL amount after aggregate limit adjustments	3,513,933
43	SFY2015 UPL 1st quarter - Projected IGT	299,299
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	871,280
45	Total Intergovernmental transfer amount	1,170,579
46	Net funds amount	2,343,354

Georgia Department of Community Health

	Facility Name	WellStar Paulding Hospital
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	3,618,816
11	payments for services	1,061,166
12	annual covered charges	3,618,816
13	annual payments for services	1,061,166
14		
15	inpatient CCR	0.286946
16		
17	annual cost of services	1,038,405.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	3,780,852
23	adjusted Medicaid payments for services	1,108,681
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,108,681
26	adjusted cost of services	1,084,901
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	1,348,436
33		
34	maximum annual payments	1,348,436
35	facility specific UPL amount	239,755.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(68)
39	allocation of supplemental payments	(94,466)
40	total aggregate limit adjustments	(94,534)
41		
42	UPL amount after aggregate limit adjustments	145,221
43	SFY2015 UPL 1st quarter - Projected IGT	12,369
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	36,008
45	Total Intergovernmental transfer amount	48,377
46	Net funds amount	96,844

Georgia Department of Community Health

	Facility Name	WellStar Windy Hill Hospital
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	5,931,384
11	payments for services	1,570,167
12	annual covered charges	5,931,384
13	annual payments for services	1,570,167
14		
15	inpatient CCR	0.363187
16		
17	annual cost of services	2,154,203.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	6,196,968
23	adjusted Medicaid payments for services	1,640,473
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,640,473
26	adjusted cost of services	2,250,660
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	2,250,660
35	facility specific UPL amount	610,187.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(172)
39	allocation of supplemental payments	(240,421)
40	total aggregate limit adjustments	(240,593)
41		
42	UPL amount after aggregate limit adjustments	369,594
43	SFY2015 UPL 1st quarter - Projected IGT	31,480
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	91,641
45	Total Intergovernmental transfer amount	123,121
46	Net funds amount	246,473

Georgia Department of Community Health

	Facility Name	West Georgia Health
2	base period report period beginning date	10/1/2012
3	base period report period ending date	9/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	15,253,417
11	payments for services	5,021,102
12	annual covered charges	15,253,417
13	annual payments for services	5,021,102
14		
15	inpatient CCR	0.395189
16		
17	annual cost of services	6,027,984.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.036014
21		
22	adjusted annual charges	15,802,754
23	adjusted Medicaid payments for services	5,201,932
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,201,932
26	adjusted cost of services	6,245,076
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.216252
32	maximum annual payments (at DRG differential)	6,326,861
33		
34	maximum annual payments	6,326,861
35	facility specific UPL amount	1,124,929.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(318)
39	allocation of supplemental payments	(443,235)
40	total aggregate limit adjustments	(443,553)
41		
42	UPL amount after aggregate limit adjustments	681,376
43	SFY2015 UPL 1st quarter - Projected IGT	58,036
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	168,947
45	Total Intergovernmental transfer amount	226,983
46	Net funds amount	454,393

Georgia Department of Community Health

	Facility Name	Bacon County Hospital and Health System
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,146,141
11	payments for services	398,653
12	annual covered charges	1,146,141
13	annual payments for services	398,653
14		
15	inpatient CCR	0.566937
16		
17	annual cost of services	649,789.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	1,197,461
23	adjusted Medicaid payments for services	416,503
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	416,503
26	adjusted cost of services	678,884
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	678,884
35	facility specific UPL amount	262,381.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(74)
39	allocation of supplemental payments	(103,381)
40	total aggregate limit adjustments	(103,455)
41		
42	UPL amount after aggregate limit adjustments	158,926
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	158,926

Georgia Department of Community Health

	Facility Name	Bleckley Memorial Hospital
2	base period report period beginning date	4/1/2012
3	base period report period ending date	3/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	227,946
11	payments for services	177,632
12	annual covered charges	227,946
13	annual payments for services	177,632
14		
15	inpatient CCR	0.890689
16		
17	annual cost of services	203,029.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.049475
21		
22	adjusted annual charges	239,224
23	adjusted Medicaid payments for services	186,420
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	186,420
26	adjusted cost of services	213,074
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	213,074
35	facility specific UPL amount	26,654.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(8)
39	allocation of supplemental payments	(10,502)
40	total aggregate limit adjustments	(10,510)
41		
42	UPL amount after aggregate limit adjustments	16,144
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	16,144

Georgia Department of Community Health

	Facility Name	Brooks County Hospital
2	base period report period beginning date	10/1/2012
3	base period report period ending date	9/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	294,194
11	payments for services	135,868
12	annual covered charges	294,194
13	annual payments for services	135,868
14		
15	inpatient CCR	0.457691
16		
17	annual cost of services	134,650.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.036014
21		
22	adjusted annual charges	304,789
23	adjusted Medicaid payments for services	140,761
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	140,761
26	adjusted cost of services	139,499
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	139,499
35	facility specific UPL amount	(1,262.00)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	1,262
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	1,262
41		
42	UPL amount after aggregate limit adjustments	-
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	-

Georgia Department of Community Health

	Facility Name	Candler County Hospital
2	base period report period beginning date	1/1/2013
3	base period report period ending date	12/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	633,924
11	payments for services	215,156
12	annual covered charges	633,924
13	annual payments for services	215,156
14		
15	inpatient CCR	0.338592
16		
17	annual cost of services	214,642.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.034993
21		
22	adjusted annual charges	656,107
23	adjusted Medicaid payments for services	222,685
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	222,685
26	adjusted cost of services	222,153
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	222,153
35	facility specific UPL amount	(532.00)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	532
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	532
41		
42	UPL amount after aggregate limit adjustments	-
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	-

Georgia Department of Community Health

	Facility Name	Chatuge Regional Hospital
2	base period report period beginning date	5/1/2012
3	base period report period ending date	4/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	126,610
11	payments for services	59,477
12	annual covered charges	126,610
13	annual payments for services	59,477
14		
15	inpatient CCR	0.527749
16		
17	annual cost of services	66,818.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.047904
21		
22	adjusted annual charges	132,675
23	adjusted Medicaid payments for services	62,326
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	62,326
26	adjusted cost of services	70,019
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	70,019
35	facility specific UPL amount	7,693.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2)
39	allocation of supplemental payments	(3,031)
40	total aggregate limit adjustments	(3,033)
41		
42	UPL amount after aggregate limit adjustments	4,660
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	4,660

Georgia Department of Community Health

	Facility Name	Clinch Memorial Hospital
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	231,010
11	payments for services	114,112
12	annual covered charges	231,010
13	annual payments for services	114,112
14		
15	inpatient CCR	1.000000
16		
17	annual cost of services	231,010.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	241,354
23	adjusted Medicaid payments for services	119,221
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	119,221
26	adjusted cost of services	241,354
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	241,354
35	facility specific UPL amount	122,133.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(35)
39	allocation of supplemental payments	(48,121)
40	total aggregate limit adjustments	(48,156)
41		
42	UPL amount after aggregate limit adjustments	73,977
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	73,977

Georgia Department of Community Health

	Facility Name	Effingham Health System
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	100,206
11	payments for services	34,627
12	annual covered charges	100,206
13	annual payments for services	34,627
14		
15	inpatient CCR	0.563843
16		
17	annual cost of services	56,500.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	104,693
23	adjusted Medicaid payments for services	36,177
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	36,177
26	adjusted cost of services	59,030
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	59,030
35	facility specific UPL amount	22,853.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(6)
39	allocation of supplemental payments	(9,004)
40	total aggregate limit adjustments	(9,010)
41		
42	UPL amount after aggregate limit adjustments	13,843
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	13,843

Georgia Department of Community Health

	Facility Name	Higgins General Hospital
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,327,209
11	payments for services	522,316
12	annual covered charges	1,327,209
13	annual payments for services	522,316
14		
15	inpatient CCR	0.783473
16		
17	annual cost of services	1,039,832.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	1,386,636
23	adjusted Medicaid payments for services	545,703
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	545,703
26	adjusted cost of services	1,086,392
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	1,086,392
35	facility specific UPL amount	540,689.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(153)
39	allocation of supplemental payments	(213,037)
40	total aggregate limit adjustments	(213,190)
41		
42	UPL amount after aggregate limit adjustments	327,499
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	327,499

Georgia Department of Community Health

	Facility Name	Jasper Memorial Hospital
2	base period report period beginning date	10/1/2012
3	base period report period ending date	9/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	8,456
11	payments for services	8,497
12	annual covered charges	8,456
13	annual payments for services	8,497
14		
15	inpatient CCR	0.950568
16		
17	annual cost of services	8,038.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.036014
21		
22	adjusted annual charges	8,761
23	adjusted Medicaid payments for services	8,803
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	8,803
26	adjusted cost of services	8,327
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	8,327
35	facility specific UPL amount	(476.00)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	476
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	476
41		
42	UPL amount after aggregate limit adjustments	-
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	-

Georgia Department of Community Health

	Facility Name	Jeff Davis Hospital
2	base period report period beginning date	10/1/2012
3	base period report period ending date	9/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	979,964
11	payments for services	366,201
12	annual covered charges	979,964
13	annual payments for services	366,201
14		
15	inpatient CCR	0.393844
16		
17	annual cost of services	385,953.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.036014
21		
22	adjusted annual charges	1,015,256
23	adjusted Medicaid payments for services	379,389
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	379,389
26	adjusted cost of services	399,853
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	399,853
35	facility specific UPL amount	20,464.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(6)
39	allocation of supplemental payments	(8,063)
40	total aggregate limit adjustments	(8,069)
41		
42	UPL amount after aggregate limit adjustments	12,395
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	12,395

Georgia Department of Community Health

	Facility Name	Liberty Regional Medical Center
2	base period report period beginning date	12/1/2012
3	base period report period ending date	11/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,210,340
11	payments for services	597,091
12	annual covered charges	2,210,340
13	annual payments for services	597,091
14		
15	inpatient CCR	0.332189
16		
17	annual cost of services	734,251.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.035333
21		
22	adjusted annual charges	2,288,438
23	adjusted Medicaid payments for services	618,188
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	618,188
26	adjusted cost of services	760,194
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	760,194
35	facility specific UPL amount	142,006.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(40)
39	allocation of supplemental payments	(55,952)
40	total aggregate limit adjustments	(55,992)
41		
42	UPL amount after aggregate limit adjustments	86,014
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	86,014

Georgia Department of Community Health

	Facility Name	South Georgia Medical Center Lanier Campus
2	base period report period beginning date	10/1/2012
3	base period report period ending date	9/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	196,592
11	payments for services	92,989
12	annual covered charges	196,592
13	annual payments for services	92,989
14		
15	inpatient CCR	0.543801
16		
17	annual cost of services	106,907.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.036014
21		
22	adjusted annual charges	203,672
23	adjusted Medicaid payments for services	96,338
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	96,338
26	adjusted cost of services	110,757
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	110,757
35	facility specific UPL amount	14,419.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4)
39	allocation of supplemental payments	(5,681)
40	total aggregate limit adjustments	(5,685)
41		
42	UPL amount after aggregate limit adjustments	8,734
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	8,734

Georgia Department of Community Health

	Facility Name	Medical Center of Peach County
2	base period report period beginning date	1/1/2013
3	base period report period ending date	9/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.3370
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	361,292
11	payments for services	230,076
12	annual covered charges	483,046
13	annual payments for services	307,611
14		
15	inpatient CCR	0.677192
16		
17	annual cost of services	327,115.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.036014
21		
22	adjusted annual charges	500,442
23	adjusted Medicaid payments for services	318,689
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	318,689
26	adjusted cost of services	338,896
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	338,896
35	facility specific UPL amount	20,207.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(6)
39	allocation of supplemental payments	(7,962)
40	total aggregate limit adjustments	(7,968)
41		
42	UPL amount after aggregate limit adjustments	12,239
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	12,239

Georgia Department of Community Health

	Facility Name	Miller County Hospital
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,094,900
11	payments for services	427,012
12	annual covered charges	1,094,900
13	annual payments for services	427,012
14		
15	inpatient CCR	0.452158
16		
17	annual cost of services	495,068.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	1,143,925
23	adjusted Medicaid payments for services	446,132
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	446,132
26	adjusted cost of services	517,235
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	517,235
35	facility specific UPL amount	71,103.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(20)
39	allocation of supplemental payments	(28,015)
40	total aggregate limit adjustments	(28,035)
41		
42	UPL amount after aggregate limit adjustments	43,068
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	43,068

Georgia Department of Community Health

	Facility Name	Mitchell County Hospital
2	base period report period beginning date	10/1/2012
3	base period report period ending date	9/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	330,698
11	payments for services	169,272
12	annual covered charges	330,698
13	annual payments for services	169,272
14		
15	inpatient CCR	0.434910
16		
17	annual cost of services	143,824.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.036014
21		
22	adjusted annual charges	342,608
23	adjusted Medicaid payments for services	175,368
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	175,368
26	adjusted cost of services	149,004
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	149,004
35	facility specific UPL amount	(26,364.00)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	26,364
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	26,364
41		
42	UPL amount after aggregate limit adjustments	-
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	-

Georgia Department of Community Health

	Facility Name	Monroe County Hospital
2	base period report period beginning date	10/1/2012
3	base period report period ending date	9/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	283,259
11	payments for services	148,958
12	annual covered charges	283,259
13	annual payments for services	148,958
14		
15	inpatient CCR	0.645074
16		
17	annual cost of services	182,723.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.036014
21		
22	adjusted annual charges	293,460
23	adjusted Medicaid payments for services	154,323
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	154,323
26	adjusted cost of services	189,304
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	189,304
35	facility specific UPL amount	34,981.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(10)
39	allocation of supplemental payments	(13,783)
40	total aggregate limit adjustments	(13,793)
41		
42	UPL amount after aggregate limit adjustments	21,188
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	21,188

Georgia Department of Community Health

	Facility Name	Morgan Memorial Hospital
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	19,613
11	payments for services	12,399
12	annual covered charges	19,613
13	annual payments for services	12,399
14		
15	inpatient CCR	0.633304
16		
17	annual cost of services	12,421.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	20,491
23	adjusted Medicaid payments for services	12,954
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	12,954
26	adjusted cost of services	12,977
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	12,977
35	facility specific UPL amount	23.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	-
39	allocation of supplemental payments	(9)
40	total aggregate limit adjustments	(9)
41		
42	UPL amount after aggregate limit adjustments	14
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	14

Georgia Department of Community Health

	Facility Name	Pioneer Community Hospital of Early
2	base period report period beginning date	10/1/2012
3	base period report period ending date	9/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	222,557
11	payments for services	109,266
12	annual covered charges	222,557
13	annual payments for services	109,266
14		
15	inpatient CCR	0.552239
16		
17	annual cost of services	122,905.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.036014
21		
22	adjusted annual charges	230,572
23	adjusted Medicaid payments for services	113,201
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	113,201
26	adjusted cost of services	127,331
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	127,331
35	facility specific UPL amount	14,130.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4)
39	allocation of supplemental payments	(5,567)
40	total aggregate limit adjustments	(5,571)
41		
42	UPL amount after aggregate limit adjustments	8,559
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	8,559

Georgia Department of Community Health

	Facility Name	Polk Medical Center
2	base period report period beginning date	7/1/2012
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	79,450
11	payments for services	20,433
12	annual covered charges	79,450
13	annual payments for services	20,433
14		
15	inpatient CCR	0.895118
16		
17	annual cost of services	71,117.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	83,007
23	adjusted Medicaid payments for services	21,348
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	21,348
26	adjusted cost of services	74,301
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	74,301
35	facility specific UPL amount	52,953.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(15)
39	allocation of supplemental payments	(20,864)
40	total aggregate limit adjustments	(20,879)
41		
42	UPL amount after aggregate limit adjustments	32,074
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	32,074

Georgia Department of Community Health

	Facility Name	Putnam General Hospital
2	base period report period beginning date	10/1/2012
3	base period report period ending date	9/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	360,831
11	payments for services	204,525
12	annual covered charges	360,831
13	annual payments for services	204,525
14		
15	inpatient CCR	0.649943
16		
17	annual cost of services	234,519.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.036014
21		
22	adjusted annual charges	373,826
23	adjusted Medicaid payments for services	211,891
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	211,891
26	adjusted cost of services	242,965
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	242,965
35	facility specific UPL amount	31,074.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(9)
39	allocation of supplemental payments	(12,244)
40	total aggregate limit adjustments	(12,253)
41		
42	UPL amount after aggregate limit adjustments	18,821
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	18,821

Georgia Department of Community Health

	Facility Name	Southwest GA Regional Hospital
2	base period report period beginning date	8/1/2012
3	base period report period ending date	7/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	162,578
11	payments for services	76,829
12	annual covered charges	162,578
13	annual payments for services	76,829
14		
15	inpatient CCR	0.507792
16		
17	annual cost of services	82,556.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.041839
21		
22	adjusted annual charges	169,380
23	adjusted Medicaid payments for services	80,043
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	80,043
26	adjusted cost of services	86,010
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	86,010
35	facility specific UPL amount	5,967.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2)
39	allocation of supplemental payments	(2,351)
40	total aggregate limit adjustments	(2,353)
41		
42	UPL amount after aggregate limit adjustments	3,614
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	3,614

Georgia Department of Community Health

	Facility Name	Sylvan Grove Hospital
2	base period report period beginning date	1/1/2013
3	base period report period ending date	12/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	43,483
11	payments for services	13,400
12	annual covered charges	43,483
13	annual payments for services	13,400
14		
15	inpatient CCR	0.214899
16		
17	annual cost of services	9,344.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.034993
21		
22	adjusted annual charges	45,005
23	adjusted Medicaid payments for services	13,869
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	13,869
26	adjusted cost of services	9,671
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	9,671
35	facility specific UPL amount	(4,198.00)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	4,198
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	4,198
41		
42	UPL amount after aggregate limit adjustments	-
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	-

Georgia Department of Community Health

	Facility Name	Warm Springs Medical Center
2	base period report period beginning date	1/1/2013
3	base period report period ending date	12/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	204,124
11	payments for services	124,971
12	annual covered charges	204,124
13	annual payments for services	124,971
14		
15	inpatient CCR	0.590108
16		
17	annual cost of services	120,455.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.034993
21		
22	adjusted annual charges	211,267
23	adjusted Medicaid payments for services	129,344
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	129,344
26	adjusted cost of services	124,670
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	124,670
35	facility specific UPL amount	(4,674.00)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	4,674
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	4,674
41		
42	UPL amount after aggregate limit adjustments	-
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	-

Georgia Department of Community Health

	Facility Name	Wills Memorial Hospital
2	base period report period beginning date	5/1/2012
3	base period report period ending date	4/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	386,567
11	payments for services	189,085
12	annual covered charges	386,567
13	annual payments for services	189,085
14		
15	inpatient CCR	0.724366
16		
17	annual cost of services	280,016.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.047904
21		
22	adjusted annual charges	405,085
23	adjusted Medicaid payments for services	198,143
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	198,143
26	adjusted cost of services	293,430
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	293,430
35	facility specific UPL amount	95,287.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(27)
39	allocation of supplemental payments	(37,544)
40	total aggregate limit adjustments	(37,571)
41		
42	UPL amount after aggregate limit adjustments	57,716
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	57,716

Georgia Department of Community Health

	Facility Name	Good Samaritan Hospital
2	base period report period beginning date	1/1/2013
3	base period report period ending date	6/30/2013
4		
5	adjustment factor (if period not equal to 1 year)	2.0166
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	115,235
11	payments for services	56,181
12	annual covered charges	232,380
13	annual payments for services	113,293
14		
15	inpatient CCR	0.593424
16		
17	annual cost of services	137,900.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.044776
21		
22	adjusted annual charges	242,785
23	adjusted Medicaid payments for services	118,366
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	118,366
26	adjusted cost of services	144,075
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	144,075
35	facility specific UPL amount	25,709.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(5,657)
39	allocation of supplemental payments	(7,074)
40	total aggregate limit adjustments	(12,731)
41		
42	UPL amount after aggregate limit adjustments	12,978
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	12,978

Georgia Department of Community Health

	Facility Name	Mountain Lakes Medical Center
2	base period report period beginning date	1/1/2013
3	base period report period ending date	12/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	269,904
11	payments for services	130,852
12	annual covered charges	269,904
13	annual payments for services	130,852
14		
15	inpatient CCR	0.662888
16		
17	annual cost of services	178,916.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.034993
21		
22	adjusted annual charges	279,349
23	adjusted Medicaid payments for services	135,431
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	135,431
26	adjusted cost of services	185,177
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	185,177
35	facility specific UPL amount	49,746.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(10,946)
39	allocation of supplemental payments	(13,688)
40	total aggregate limit adjustments	(24,634)
41		
42	UPL amount after aggregate limit adjustments	25,112
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	25,112

Georgia Department of Community Health

	Facility Name	Optim Medical Center-Jenkins
2	base period report period beginning date	1/1/2013
3	base period report period ending date	12/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	125,326
11	payments for services	96,440
12	annual covered charges	125,326
13	annual payments for services	96,440
14		
15	inpatient CCR	0.822000
16		
17	annual cost of services	103,018.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.034993
21		
22	adjusted annual charges	129,712
23	adjusted Medicaid payments for services	99,815
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	99,815
26	adjusted cost of services	106,623
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	106,623
35	facility specific UPL amount	6,808.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,498)
39	allocation of supplemental payments	(1,873)
40	total aggregate limit adjustments	(3,371)
41		
42	UPL amount after aggregate limit adjustments	3,437
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	3,437

Georgia Department of Community Health

	Facility Name	Optim Medical Center-Screven
2	base period report period beginning date	1/1/2013
3	base period report period ending date	12/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	176,186
11	payments for services	104,814
12	annual covered charges	176,186
13	annual payments for services	104,814
14		
15	inpatient CCR	0.535294
16		
17	annual cost of services	94,311.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.034993
21		
22	adjusted annual charges	182,351
23	adjusted Medicaid payments for services	108,482
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	108,482
26	adjusted cost of services	97,611
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	97,611
35	facility specific UPL amount	(10,871.00)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	10,871
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	10,871
41		
42	UPL amount after aggregate limit adjustments	-
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	-

Georgia Department of Community Health

	Facility Name	Optim Medical Center-Tattnall
2	base period report period beginning date	1/1/2013
3	base period report period ending date	12/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	4,038,054
11	payments for services	416,405
12	annual covered charges	4,038,054
13	annual payments for services	416,405
14		
15	inpatient CCR	0.158725
16		
17	annual cost of services	640,942.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.034993
21		
22	adjusted annual charges	4,179,358
23	adjusted Medicaid payments for services	430,976
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	430,976
26	adjusted cost of services	663,370
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	663,370
35	facility specific UPL amount	232,394.00
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(51,134)
39	allocation of supplemental payments	(63,947)
40	total aggregate limit adjustments	(115,081)
41		
42	UPL amount after aggregate limit adjustments	117,313
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	117,313

Georgia Department of Community Health

	Facility Name	Phoebe Worth Medical Center
2	base period report period beginning date	8/1/2012
3	base period report period ending date	7/31/2013
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	236,255
11	payments for services	139,293
12	annual covered charges	236,255
13	annual payments for services	139,293
14		
15	inpatient CCR	0.555923
16		
17	annual cost of services	131,340.00
18		
19	<u>adjustment factor</u>	
20	inflation	1.041839
21		
22	adjusted annual charges	246,140
23	adjusted Medicaid payments for services	145,121
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	145,121
26	adjusted cost of services	136,835
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	136,835
35	facility specific UPL amount	(8,286.00)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	8,286
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	8,286
41		
42	UPL amount after aggregate limit adjustments	-
43	SFY2015 UPL 1st quarter - Projected IGT	0
44	SFY2015 UPL 2nd - 4th quarters - Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net funds amount	-