



2 Martin Luther King Jr. Drive SE, East Tower | Atlanta, GA 30334 | 404-656-4507 | www.dch.georgia.gov

MEMORANDUM

Date: May 22, 2023

To: Chief Executive Officer/Chief Financial Officer

From: Kim S. Morris, Director of Reimbursement
Division of Financial Management *Kim S. Morris*

Subject: State Fiscal Year 2023 Upper Payment Limit (UPL) Nursing Home Payments

BY ELECTRONIC MAIL

The Department will issue UPL payments to nursing homes for the 3rd and 4th quarters of State Fiscal Year 2023. The schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts are attached. This information will be posted on the Department's web site at www.dch.georgia.gov by selecting options for "Providers," "Provider types," "Nursing Home Providers," then "Nursing Home Supplemental Reimbursement."

To assure timely receipt of intergovernmental transfers, a Notice of Intent to Transfer form **must be submitted** by May 26, 2023, to document the expected method of transfer. If the required intergovernmental transfer is not received by noon on Wednesday, May 31, 2023, the associated UPL payment will be delayed until later this year.

The UPL payment to nursing homes will be issued through Georgia Medicaid Management Information System (GAMMIS). The same system that currently processes and pays Georgia Medicaid claims.

Please be aware that the Centers for Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either negatively or positively.

If you have any questions about this notice, please contact Annetta Smith at (404) 463-6669 or asmith@dch.ga.gov.

**Georgia Department of Community Health
Schedule of Key Events**

**SFY 2023 Nursing Home Upper Payment Limit
3rd and 4th quarters**

| | | |
|------------------|----------------------|---|
| Monday | May 22, 2023 | Notice to Nursing Homes |
| Friday | May 26, 2023 | Due Notice of Intent to Transfer |
| Wednesday | May 31, 2023 | Due Intergovernmental Transfers |
| Thursday | June 22, 2023 | Payment |

Georgia Department of Community Health
SFY 2023 Nursing Home UPL - Notice of Intent to Transfer Form
3rd and 4th quarters

Notice of Intent to Transfer form for Nursing Home UPL payment is **due by Friday, May 26, 2023**. Intergovernmental transfer for Nursing Home UPL payment is **due no later than 12 p.m. on Wednesday, May 31, 2023**.

Name of Governmental Unit Making IGT: _____

(IGT can only be accepted from hospital authorities or other governmental entities.)

| Name of affiliated Nursing Home | IGT amount |
|---------------------------------|------------|
| 1. | |
| 2. | |
| 3. | |
| Total IGT amount due | |

Expected method of transfer (select one):

EFT _____ ACH _____

Designated contact if additional information is needed:

Name _____

Title / Organization _____

E-mail address _____

Telephone number _____

Return completed form by e-mail to DCH.Supplemental@dch.ga.gov

Georgia Department of Community Health
Instructions for Nursing Home UPL Intergovernmental Transfers
May 22, 2023

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL is **due by 12 p.m. on Wednesday, May 31, 2023. NO EXCEPTIONS**
- Intergovernmental Transfers can only be accepted from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**

- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33
General Bank Ref Address: JPM Chase New York, NY 10017
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the nursing home affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the nursing home affiliated with the hospital authority or governmental entity.

- Questions regarding *transfer procedures* should be directed to Ms. Rochella Chimedza, Revenue Manager, Revenue Section, by e-mail at Rochella.Chimedza@dch.ga.gov .

Georgia Department of Community Health
SFY 2023 Nursing Home UPL
3rd and 4th quarters

| | Nursing Home | Updated SFY2023 UPL | Interim payment | Remaining balance | SFY2023 3qtr UPL | IGT 3qtr | SFY2023 4qtr UPL | IGT 4qtr | Total payment | Total IGT |
|----|---|---------------------|-----------------|-------------------|------------------|----------|------------------|----------|---------------|-----------|
| 1 | Appling Nursing And Rehabilitation Pavilion | 909,004 | 451,728 | 457,276 | 228,638 | 63,516 | 228,638 | 66,259 | 457,276 | 129,775 |
| 2 | Azalea Trace Nursing Center | 290,145 | 144,230 | 145,915 | 72,958 | 20,268 | 72,957 | 21,143 | 145,915 | 41,411 |
| 3 | Calhoun Nursing Home | 2,310,933 | 1,148,402 | 1,162,531 | 581,266 | 161,476 | 581,265 | 168,451 | 1,162,531 | 329,927 |
| 4 | Chatuge Regional Nursing Home | 1,615,865 | 803,004 | 812,861 | 406,431 | 112,907 | 406,430 | 117,783 | 812,861 | 230,690 |
| 5 | Coastal Manor | 2,829,034 | 1,405,916 | 1,423,118 | 711,559 | 197,671 | 711,559 | 206,210 | 1,423,118 | 403,881 |
| 6 | Cordele Health & Rehab Center | 1,415,965 | 703,672 | 712,293 | 356,147 | 98,938 | 356,146 | 103,211 | 712,293 | 202,149 |
| 7 | Crestview Nursing Facility | 10,750,206 | 5,342,426 | 5,407,780 | 2,703,890 | 751,141 | 2,703,890 | 783,587 | 5,407,780 | 1,534,728 |
| 8 | Crisp Regional Nursing & Rehab. | 1,353,613 | 672,702 | 680,911 | 340,456 | 94,579 | 340,455 | 98,664 | 680,911 | 193,243 |
| 9 | Early Memorial Nursing Facility | 2,034,571 | 1,011,122 | 1,023,449 | 511,725 | 142,157 | 511,724 | 148,298 | 1,023,449 | 290,455 |
| 10 | Effingham County Extended Care | 1,746,543 | 867,982 | 878,561 | 439,281 | 122,032 | 439,280 | 127,303 | 878,561 | 249,335 |
| 11 | Emanuel County Nursing Home | 698,268 | 347,006 | 351,262 | 175,631 | 48,790 | 175,631 | 50,898 | 351,262 | 99,688 |
| 12 | Florence Hand Home | 1,214,397 | 603,516 | 610,881 | 305,441 | 84,852 | 305,440 | 88,517 | 610,881 | 173,369 |
| 13 | Habersham Home | 1,419,946 | 705,642 | 714,304 | 357,152 | 99,217 | 357,152 | 103,503 | 714,304 | 202,720 |
| 14 | Joe Anne Burgin Nursing Home | 1,601,781 | 795,978 | 805,803 | 402,902 | 111,926 | 402,901 | 116,761 | 805,803 | 228,687 |
| 15 | Kentwood Nursing Facility | 1,424,112 | 707,720 | 716,392 | 358,196 | 99,507 | 358,196 | 103,805 | 716,392 | 203,312 |
| 16 | SGMC Lakeland Villa Convalescent Center | 981,614 | 487,824 | 493,790 | 246,895 | 68,587 | 246,895 | 71,550 | 493,790 | 140,137 |
| 17 | Laurel Park at Piedmont Henry Hospital | 1,507,427 | 749,120 | 758,307 | 379,154 | 105,329 | 379,153 | 109,879 | 758,307 | 215,208 |
| 18 | Magnolia Manor Columbus East | 2,549,510 | 1,266,996 | 1,282,514 | 641,257 | 178,141 | 641,257 | 185,836 | 1,282,514 | 363,977 |
| 19 | Magnolia Manor Columbus West | 3,927,896 | 1,951,960 | 1,975,936 | 987,968 | 274,458 | 987,968 | 286,313 | 1,975,936 | 560,771 |
| 20 | Magnolia Manor Marion County | 1,839,061 | 913,930 | 925,131 | 462,566 | 128,501 | 462,565 | 134,051 | 925,131 | 262,552 |
| 21 | Magnolia Manor Methodist Nursing Center | 4,759,081 | 2,365,008 | 2,394,073 | 1,197,037 | 332,537 | 1,197,036 | 346,901 | 2,394,073 | 679,438 |
| 22 | Memorial Manor Nursing Home | 1,939,903 | 964,022 | 975,881 | 487,941 | 135,550 | 487,940 | 141,405 | 975,881 | 276,955 |
| 23 | Miller Nursing Home | 10,176,122 | 5,057,128 | 5,118,994 | 2,559,497 | 711,028 | 2,559,497 | 741,742 | 5,118,994 | 1,452,770 |
| 24 | Mitchell Convalescent Center | 996,391 | 495,186 | 501,205 | 250,603 | 69,618 | 250,602 | 72,624 | 501,205 | 142,242 |
| 25 | Muscogee Manor and Rehab Center | 3,073,107 | 1,527,174 | 1,545,933 | 772,967 | 214,730 | 772,966 | 224,006 | 1,545,933 | 438,736 |
| 26 | New Horizons Limestone | 2,384,063 | 1,184,804 | 1,199,259 | 599,630 | 166,577 | 599,629 | 173,772 | 1,199,259 | 340,349 |
| 27 | New Horizons Lanier Park | 4,129,009 | 2,051,948 | 2,077,061 | 1,038,531 | 288,504 | 1,038,530 | 300,966 | 2,077,061 | 589,470 |
| 28 | Orchard View Rehab abd Skilled Nursing Ctr | 3,407,222 | 1,693,238 | 1,713,984 | 856,992 | 238,072 | 856,992 | 248,356 | 1,713,984 | 486,428 |
| 29 | Palemon Gaskins Memorial Nursing Home | 350,263 | 174,076 | 176,187 | 88,094 | 24,473 | 88,093 | 25,529 | 176,187 | 50,002 |
| 30 | Pelham Parkway Nursing Home | 2,076,006 | 1,031,684 | 1,044,322 | 522,161 | 145,056 | 522,161 | 151,322 | 1,044,322 | 296,378 |
| 31 | Pinewood Manor Nursing Home and Rehabilitation | 3,051,890 | 1,516,622 | 1,535,268 | 767,634 | 213,249 | 767,634 | 222,460 | 1,535,268 | 435,709 |
| 32 | Senior Care Center - St. Marys | 954,723 | 474,458 | 480,265 | 240,133 | 66,709 | 240,132 | 69,590 | 480,265 | 136,299 |
| 33 | Southeast Georgia Health System - Senior Care Ctr | 3,685,365 | 1,831,476 | 1,853,889 | 926,945 | 257,505 | 926,944 | 268,628 | 1,853,889 | 526,133 |
| 34 | Southwell Health And Rehabilitation | 1,417,604 | 704,466 | 713,138 | 356,569 | 99,055 | 356,569 | 103,334 | 713,138 | 202,389 |
| 35 | The Retreat Nursing Home | 1,276,240 | 634,228 | 642,012 | 321,006 | 89,175 | 321,006 | 93,028 | 642,012 | 182,203 |
| 36 | Townsend Park Health & Rehab | 3,215,602 | 1,598,014 | 1,617,588 | 808,794 | 224,683 | 808,794 | 234,389 | 1,617,588 | 459,072 |
| 37 | Treutlen County Nursing Home | 1,494,150 | 742,490 | 751,660 | 375,830 | 104,406 | 375,830 | 108,916 | 751,660 | 213,322 |
| 38 | Twin Fountains Home | 1,525,188 | 757,952 | 767,236 | 383,618 | 106,569 | 383,618 | 111,172 | 767,236 | 217,741 |
| 39 | Twin Oaks Convalescent Center | 1,438,318 | 714,764 | 723,554 | 361,777 | 100,502 | 361,777 | 104,843 | 723,554 | 205,345 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd and 4th quarters

| | Nursing Home | Updated SFY2023 UPL | Interim payment | Remaining balance | SFY2023 3qtr UPL | IGT 3qtr | SFY2023 4qtr UPL | IGT 4qtr | Total payment | Total IGT |
|----|--|----------------------------|------------------------|--------------------------|-------------------------|-----------------|-------------------------|-----------------|----------------------|------------------|
| 40 | Union County Nursing Home | 2,222,956 | 1,104,684 | 1,118,272 | 559,136 | 155,328 | 559,136 | 162,038 | 1,118,272 | 317,366 |
| 41 | University Extended Care Westwood | 2,716,163 | 1,349,808 | 1,366,355 | 683,178 | 189,787 | 683,177 | 197,985 | 1,366,355 | 387,772 |
| 42 | Warm Springs Med. Ctr. N.H. | 2,926,699 | 1,454,462 | 1,472,237 | 736,119 | 204,494 | 736,118 | 213,327 | 1,472,237 | 417,821 |
| 43 | Washington County Extended Care Facility | 1,085,384 | 539,370 | 546,014 | 273,007 | 75,841 | 273,007 | 79,117 | 546,014 | 154,958 |
| 44 | Wellstar Paulding Nursing Center | 5,104,151 | 2,536,510 | 2,567,641 | 1,283,821 | 356,645 | 1,283,820 | 372,051 | 2,567,641 | 728,696 |
| | TOTAL | 107,825,491 | 53,584,448 | 54,241,043 | 27,120,533 | 7,534,086 | 27,120,510 | 7,859,523 | 54,241,043 | 15,393,609 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Appling Nursing And Rehabilitation Pavilion | |
|---|---|--|---------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 248.33 | 267.20 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 219.9825 | 211.56 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 237.08 | 228.66 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 11.25 | 38.54 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 26,332 | 26,332 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 23,586 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 909,004 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 909,004 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 909,004 |
| Interim payment made - January 2023 | | | (451,728) |
| Remaining UPL | | | 457,276 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Azalea Trace Nursing Center | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 355.39 | 382.40 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 233.89 | 224.93 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 250.99 | 242.03 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 104.40 | 140.37 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 2,308 | 2,308 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 2,067 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 290,145 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 290,145 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 290,145 |
| Interim payment made - January 2023 | | | (144,230) |
| Remaining UPL | | | 145,915 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Calhoun Nursing Home | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 340.66 | 366.55 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 213.435 | 205.26 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 230.54 | 222.36 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 110.13 | 144.19 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 17,893 | 17,893 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 16,027 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 2,310,933 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 2,310,933 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 2,310,933 |
| Interim payment made - January 2023 | | | (1,148,402) |
| Remaining UPL | | | 1,162,531 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Chatuge Regional Nursing Home | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 289.03 | 311.00 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 222.2525 | 213.74 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 239.35 | 230.84 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 49.68 | 80.16 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 22,505 | 22,505 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 20,158 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 1,615,865 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 1,615,865 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 1,615,865 |
| Interim payment made - January 2023 | | | (803,004) |
| Remaining UPL | | | 812,861 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Coastal Manor | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 342.3 | 368.31 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 235.5675 | 226.55 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 252.67 | 243.65 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 89.63 | 124.66 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 25,337 | 25,337 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 22,694 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 2,829,034 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 2,829,034 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 2,829,034 |
| Interim payment made - January 2023 | | | (1,405,916) |
| Remaining UPL | | | 1,423,118 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Cordele Health & Rehab Center | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 321.43 | 345.86 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 226.9375 | 218.25 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 244.04 | 235.35 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 77.39 | 110.51 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 14,305 | 14,305 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 12,813 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 1,415,965 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 1,415,965 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 1,415,965 |
| Interim payment made - January 2023 | | | (703,672) |
| Remaining UPL | | | 712,293 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Crestview Nursing Facility | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 323.78 | 348.39 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 202.745 | 194.98 |
| Line 3 | Provider Fee adjustment | 0.00 | 0.00 |
| Line 4 | Adjusted Medicaid rate for UPL | 202.75 | 194.98 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 121.04 | 153.41 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 78,235 | 78,235 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 70,075 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 10,750,206 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 10,750,206 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 10,750,206 |
| Interim payment made - January 2023 | | | (5,342,426) |
| Remaining UPL | | | 5,407,780 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Crisp Regional Nursing & Rehab. | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 337.72 | 363.39 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 232.6925 | 223.78 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 249.79 | 240.88 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 87.93 | 122.51 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 12,336 | 12,336 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 11,049 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 1,353,613 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 1,353,613 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 1,353,613 |
| Interim payment made - January 2023 | | | (672,702) |
| Remaining UPL | | | 680,911 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Early Memorial Nursing Facility | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 267.09 | 287.39 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 189.5025 | 182.24 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 206.60 | 199.34 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 60.49 | 88.05 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 25,798 | 25,798 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 23,107 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 2,034,571 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 2,034,571 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 2,034,571 |
| Interim payment made - January 2023 | | | (1,011,122) |
| Remaining UPL | | | 1,023,449 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Effingham County Extended Care | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 281.25 | 302.63 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 217.1825 | 208.86 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 234.28 | 225.96 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 46.97 | 76.67 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 25,433 | 25,433 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 22,780 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 1,746,543 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 1,746,543 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 1,746,543 |
| Interim payment made - January 2023 | | | (867,982) |
| Remaining UPL | | | 878,561 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Emanuel County Nursing Home | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 266.13 | 286.36 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 209.7275 | 201.69 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 226.83 | 218.79 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 39.30 | 67.57 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 11,537 | 11,537 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 10,334 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 698,268 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 698,268 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 698,268 |
| Interim payment made - January 2023 | | | (347,006) |
| Remaining UPL | | | 351,262 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Florence Hand Home SNF | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 252.8 | 272.01 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 210.3525 | 202.3 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 227.45 | 219.40 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 25.35 | 52.61 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 25,771 | 25,771 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 23,083 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 1,214,397 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 1,214,397 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 1,214,397 |
| Interim payment made - January 2023 | | | (603,516) |
| Remaining UPL | | | 610,881 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: | Habersham Home |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 273.67 | 294.47 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 193.61 | 186.19 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 210.71 | 203.29 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 62.96 | 91.18 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 17,386 | 17,386 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 15,573 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 1,419,946 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 1,419,946 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 1,419,946 |
| Interim payment made - January 2023 | | | (705,642) |
| Remaining UPL | | | 714,304 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Joe Anne Burgin Nursing Home | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 284.73 | 306.37 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 176.18 | 169.43 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 193.28 | 186.53 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 91.45 | 119.84 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 14,922 | 14,922 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 13,366 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 1,601,781 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 1,601,781 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 1,601,781 |
| Interim payment made - January 2023 | | | (795,978) |
| Remaining UPL | | | 805,803 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Kentwood Nursing Facility | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 336.08 | 361.62 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 225.625 | 216.98 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 242.73 | 234.08 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 93.36 | 127.54 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 12,466 | 12,466 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 11,166 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 1,424,112 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 1,424,112 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 1,424,112 |
| Interim payment made - January 2023 | | | (707,720) |
| Remaining UPL | | | 716,392 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Lakeland Villa Convalescent Center | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 264.41 | 284.51 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 216.6225 | 208.33 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 233.72 | 225.43 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 30.69 | 59.08 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 18,550 | 18,550 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 16,615 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 981,614 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 981,614 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 981,614 |
| Interim payment made - January 2023 | | | (487,824) |
| Remaining UPL | | | 493,790 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Laurel Park at Piedmont Henry Hospital | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 349.56 | 376.13 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 244.2225 | 234.87 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 261.32 | 251.97 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 88.24 | 124.16 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 13,555 | 13,555 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 12,141 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 1,507,427 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 1,507,427 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 1,507,427 |
| Interim payment made - January 2023 | | | (749,120) |
| Remaining UPL | | | 758,307 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Magnolia Manor Columbus East | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 283.62 | 305.18 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 195.43 | 187.95 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 212.53 | 205.05 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 71.09 | 100.13 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 28,427 | 28,427 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 25,462 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 2,549,510 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 2,549,510 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 2,549,510 |
| Interim payment made - January 2023 | | | (1,266,996) |
| Remaining UPL | | | 1,282,514 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Magnolia Manor Columbus West | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 332.14 | 357.38 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 186.5075 | 179.36 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 203.61 | 196.46 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 128.53 | 160.92 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 27,251 | 27,251 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 24,409 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 3,927,896 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 3,927,896 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 3,927,896 |
| Interim payment made - January 2023 | | | (1,951,960) |
| Remaining UPL | | | 1,975,936 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Magnolia Manor Marion County | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 308.34 | 331.77 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 199.225 | 191.59 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 216.33 | 208.69 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 92.02 | 123.08 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 16,682 | 16,682 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 14,942 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 1,839,061 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 1,839,061 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 1,839,061 |
| Interim payment made - January 2023 | | | (913,930) |
| Remaining UPL | | | 925,131 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Magnolia Manor Methodist Nursing Center | |
|---|---|--|---------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 302.25 | 325.22 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 199.5325 | 191.89 |
| Line 3 | Provider Fee adjustment | 0.00 | 0.00 |
| Line 4 | Adjusted Medicaid rate for UPL | 199.53 | 191.89 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 102.72 | 133.33 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 39,850 | 39,850 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 35,694 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 4,759,081 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 4,759,081 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 4,759,081 |
| Interim payment made - January 2023 | | | (2,365,008) |
| Remaining UPL | | | 2,394,073 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Memorial Manor Nursing Home | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 257.11 | 276.65 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 184.845 | 177.77 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 201.95 | 194.87 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 55.17 | 81.78 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 26,483 | 26,483 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 23,721 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 1,939,903 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 1,939,903 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 1,939,903 |
| Interim payment made - January 2023 | | | (964,022) |
| Remaining UPL | | | 975,881 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Miller Nursing Home | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 497.12 | 534.90 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 300.165 | 288.67 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 317.27 | 305.77 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 179.86 | 229.13 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 49,584 | 49,584 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 44,412 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 10,176,122 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 10,176,122 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 10,176,122 |
| Interim payment made - January 2023 | | | (5,057,128) |
| Remaining UPL | | | 5,118,994 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Mitchell Convalescent Center | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 279.55 | 300.80 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 198.7025 | 191.09 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 215.80 | 208.19 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 63.75 | 92.61 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 12,012 | 12,012 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 10,759 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 996,391 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 996,391 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 996,391 |
| Interim payment made - January 2023 | | | (495,186) |
| Remaining UPL | | | 501,205 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Muscogee Manor and Rehab Center | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 328.38 | 353.34 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 247.5 | 238.02 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 264.60 | 255.12 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 63.78 | 98.22 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 34,931 | 34,931 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 31,288 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 3,073,107 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 3,073,107 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 3,073,107 |
| Interim payment made - January 2023 | | | (1,527,174) |
| Remaining UPL | | | 1,545,933 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: New Horizons Limestone | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 321.64 | 346.08 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 191.775 | 184.43 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 208.88 | 201.53 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 112.77 | 144.55 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 18,414 | 18,414 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 16,493 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 2,384,063 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 2,384,063 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 2,384,063 |
| Interim payment made - January 2023 | | | (1,184,804) |
| Remaining UPL | | | 1,199,259 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: New Horizons Lanier Park | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 384.52 | 413.74 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 211.5775 | 203.47 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 228.68 | 220.57 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 155.84 | 193.17 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 23,864 | 23,864 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 21,375 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 4,129,009 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 4,129,009 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 4,129,009 |
| Interim payment made - January 2023 | | | (2,051,948) |
| Remaining UPL | | | 2,077,061 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Orchard View Rehab and Skilled Nursing Ctr | |
|---|---|---|---------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 311.35 | 335.01 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 230.4675 | 221.64 |
| Line 3 | Provider Fee adjustment | 0.00 | 0.00 |
| Line 4 | Adjusted Medicaid rate for UPL | 230.47 | 221.64 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 80.88 | 113.37 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 33,554 | 33,554 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 30,054 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 3,407,222 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 3,407,222 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 3,407,222 |
| Interim payment made - January 2023 | | | (1,693,238) |
| Remaining UPL | | | 1,713,984 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Palemon Gaskins Memorial Nursing Home | |
|---|---|--|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 245.27 | 263.91 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 187.955 | 180.76 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 205.06 | 197.86 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 40.22 | 66.05 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 5,921 | 5,921 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 5,303 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 350,263 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 350,263 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 350,263 |
| Interim payment made - January 2023 | | | (174,076) |
| Remaining UPL | | | 176,187 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Pelham Parkway Nursing Home | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 238.63 | 256.77 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 162.7575 | 156.52 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 179.86 | 173.62 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 58.77 | 83.15 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 27,874 | 27,874 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 24,967 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 2,076,006 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 2,076,006 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 2,076,006 |
| Interim payment made - January 2023 | | | (1,031,684) |
| Remaining UPL | | | 1,044,322 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Pinewood Manor Nursing Home and Rehab | |
|---|---|--|---------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 297.03 | 319.60 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 129.9 | 124.92 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 147.00 | 142.02 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 150.03 | 177.58 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 19,187 | 19,187 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 17,186 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 3,051,890 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 3,051,890 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 3,051,890 |
| Interim payment made - January 2023 | | | (1,516,622) |
| Remaining UPL | | | 1,535,268 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Senior Care Center - St. Marys | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 273.34 | 294.11 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 202.97 | 195.2 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 220.07 | 212.30 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 53.27 | 81.81 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 13,029 | 13,029 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 11,670 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 954,723 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 954,723 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 954,723 |
| Interim payment made - January 2023 | | | (474,458) |
| Remaining UPL | | | 480,265 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Southeast GA Health - Senior Care Ctr | |
|---|---|--|---------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 284.87 | 306.52 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 216.5175 | 208.22 |
| Line 3 | Provider Fee adjustment | 0.00 | 0.00 |
| Line 4 | Adjusted Medicaid rate for UPL | 216.52 | 208.22 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 68.35 | 98.30 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 41,857 | 41,857 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 37,491 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 3,685,365 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 3,685,365 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 3,685,365 |
| Interim payment made - January 2023 | | | (1,831,476) |
| Remaining UPL | | | 1,853,889 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Southwell Health And Rehabilitation | |
|---|---|--|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 271.74 | 292.39 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 227.6975 | 218.98 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 244.80 | 236.08 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 26.94 | 56.31 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 28,106 | 28,106 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 25,175 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 1,417,604 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 1,417,604 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 1,417,604 |
| Interim payment made - January 2023 | | | (704,466) |
| Remaining UPL | | | 713,138 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: The Retreat Nursing Home | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 323.29 | 347.86 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 191.2 | 183.88 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 208.30 | 200.98 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 114.99 | 146.88 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 9,701 | 9,701 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 8,689 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 1,276,240 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 1,276,240 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 1,276,240 |
| Interim payment made - January 2023 | | | (634,228) |
| Remaining UPL | | | 642,012 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Townsend Park Health & Rehab | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 322.69 | 347.21 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 184.2425 | 177.19 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 201.34 | 194.29 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 121.35 | 152.92 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 23,477 | 23,477 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 21,028 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 3,215,602 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 3,215,602 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 3,215,602 |
| Interim payment made - January 2023 | | | (1,598,014) |
| Remaining UPL | | | 1,617,588 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Treutlen County Nursing Home | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 300.76 | 323.62 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 184.4475 | 177.38 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 201.55 | 194.48 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 99.21 | 129.14 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 12,917 | 12,917 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 11,570 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 1,494,150 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 1,494,150 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 1,494,150 |
| Interim payment made - January 2023 | | | (742,490) |
| Remaining UPL | | | 751,660 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Twin Fountains Home | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 236.08 | 254.02 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 173.205 | 166.57 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 190.31 | 183.67 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 45.78 | 70.35 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 24,205 | 24,205 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 21,680 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 1,525,188 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 1,525,188 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 1,525,188 |
| Interim payment made - January 2023 | | | (757,952) |
| Remaining UPL | | | 767,236 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Twin Oaks Convalescent Center | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 288.77 | 310.72 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 218.2375 | 209.88 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 235.34 | 226.98 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 53.43 | 83.74 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 19,176 | 19,176 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 17,176 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 1,438,318 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 1,438,318 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 1,438,318 |
| Interim payment made - January 2023 | | | (714,764) |
| Remaining UPL | | | 723,554 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Union County Nursing Home | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 272.49 | 293.20 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 201.47 | 193.75 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 218.57 | 210.85 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 53.92 | 82.35 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 30,137 | 30,137 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 26,994 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 2,222,956 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 2,222,956 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 2,222,956 |
| Interim payment made - January 2023 | | | (1,104,684) |
| Remaining UPL | | | 1,118,272 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: University Extended Care Westwood | |
|---|---|--|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 338.6 | 364.33 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 213.9925 | 205.8 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 231.09 | 222.90 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 107.51 | 141.43 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 21,441 | 21,441 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 19,205 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 2,716,163 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 2,716,163 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 2,716,163 |
| Interim payment made - January 2023 | | | (1,349,808) |
| Remaining UPL | | | 1,366,355 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Warm Springs Med. Ctr. N.H. | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 316.4 | 340.45 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 168.215 | 161.77 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 185.32 | 178.87 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 131.09 | 161.58 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 20,222 | 20,222 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 18,113 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 2,926,699 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 2,926,699 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 2,926,699 |
| Interim payment made - January 2023 | | | (1,454,462) |
| Remaining UPL | | | 1,472,237 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Washington County Extended Care Facility | |
|---|---|---|---------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 267.64 | 287.98 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 189.53 | 182.27 |
| Line 3 | Provider Fee adjustment | 17.10 | 17.10 |
| Line 4 | Adjusted Medicaid rate for UPL | 206.63 | 199.37 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 61.01 | 88.61 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 13,675 | 13,675 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 12,249 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 1,085,384 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 1,085,384 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 1,085,384 |
| Interim payment made - January 2023 | | | (539,370) |
| Remaining UPL | | | 546,014 |

Georgia Department of Community Health
 SFY 2023 Nursing Home UPL
 3rd - 4th quarters

| | | Provider Name: Wellstar Paulding Nursing Center | |
|---|---|---|------------------------|
| | | Average Base Year (10/1/2020 - 9/30/2021) | Rate Year - SFY2023 |
| Medicare UPL Rate | | | |
| Line 1 | PPS rate based on Medicaid patients for each quarter | 331.3 | 356.48 |
| Medicaid UPL Rate | | | |
| Line 2 | Medicaid rate without provider fee | 193.7875 | 186.37 |
| Line 3 | Provider Fee adjustment | 0.00 | 0.00 |
| Line 4 | Adjusted Medicaid rate for UPL | 193.79 | 186.37 |
| Medicare UPL rate minus Medicaid UPL rate | | | |
| Line 5 | | 137.51 | 170.11 |
| Medicaid Patient Days | | | |
| Line 6 | Medicaid days reported from quarterly provider fee report (base year) | 33,499 | 33,499 |
| Line 7 | Estimated change in patient days for SFY2023 | | -10.43% |
| Line 8 | Portion of year | | 100% |
| Line 9 | Adjusted Medicaid patient days for UPL | | 30,005 |
| Facility-Specific UPL calculation | | | |
| Line 10 | | | 5,104,151 |
| Facility-Specific UPL calculation for 07-01-22 to 06-30-23 | | | 5,104,151 |
| Allocation of UPL aggregate limit | | | 0 |
| UPL calculation subject to aggregate limit | | | 5,104,151 |
| Interim payment made - January 2023 | | | (2,536,510) |
| Remaining UPL | | | 2,567,641 |