

Georgia Department of Community Health

	Facility Name	Roosevelt Warm Springs Rehabilitation & Speciality Hospitals, Inc.
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,727,571
11	payments for services	2,250,940
12	annual covered charges	2,727,571
13	annual payments for services	2,250,940
14		
15	inpatient CCR	1.000000
16		
17	annual cost of services	2,727,571
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	2,838,166
23	adjusted Medicaid payments for services	2,342,209
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,342,209
26	adjusted cost of services	2,838,166
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	2,838,166
35	facility specific UPL amount	495,957
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	0
39	allocation of supplemental payments	(93,171)
40	total aggregate limit adjustments	(93,171)
41		
42	UPL amount after aggregate limit adjustments	402,786
43	SFY2016 UPL 1st quarter - Projected IGT	33,290
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	98,028
45	Total Intergovernmental transfer amount	131,318
46	Net Funds amount	271,468

Georgia Department of Community Health

	Facility Name	Georgia Regents Medical Center
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	126,284,971
11	payments for services	37,170,729
12	annual covered charges	126,284,971
13	annual payments for services	37,170,729
14		
15	inpatient CCR	0.346962
16		
17	annual cost of services	43,816,107
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	131,405,448
23	adjusted Medicaid payments for services	38,677,891
24	supplemental rate adjustment payments	4,773,241
25	total adjusted Medicaid payments	43,451,132
26	adjusted cost of services	45,592,719
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	1.644103
32	maximum annual payments (at DRG differential)	63,590,425
33		
34	maximum annual payments	63,590,425
35	facility specific UPL amount	20,139,293
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	0
39	allocation of supplemental payments	93,171
40	total aggregate limit adjustments	93,171
41		
42	UPL amount after aggregate limit adjustments	20,232,464
43	SFY2016 UPL 1st quarter - Projected IGT	1,672,213
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	4,924,076
45	Total Intergovernmental transfer amount	6,596,289
46	Net Funds amount	13,636,175

Georgia Department of Community Health

	Facility Name	Applying Hospital
2	base period report period beginning date	09/01/13
3	base period report period ending date	08/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,928,916
11	payments for services	933,326
12	annual covered charges	1,928,916
13	annual payments for services	933,326
14		
15	inpatient CCR	0.551949
16		
17	annual cost of services	1,064,664
18		
19	<u>adjustment factor</u>	
20	inflation	1.033479
21		
22	adjusted annual charges	1,993,494
23	adjusted Medicaid payments for services	964,573
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	964,573
26	adjusted cost of services	1,100,308
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	1.190418
32	maximum annual payments (at DRG differential)	1,148,245
33		
34	maximum annual payments	1,148,245
35	facility specific UPL amount	183,672
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(909)
39	allocation of supplemental payments	(88,664)
40	total aggregate limit adjustments	(89,573)
41		
42	UPL amount after aggregate limit adjustments	94,099
43	SFY2016 UPL 1st quarter - Projected IGT	7,777
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	22,901
45	Total Intergovernmental transfer amount	30,678
46	Net Funds amount	63,421

Georgia Department of Community Health

	Facility Name	Athens Regional Medical Center
2	base period report period beginning date	10/01/13
3	base period report period ending date	09/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	62,651,475
11	payments for services	17,177,416
12	annual covered charges	62,651,475
13	annual payments for services	17,177,416
14		
15	inpatient CCR	0.322703
16		
17	annual cost of services	20,217,798
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	64,529,829
23	adjusted Medicaid payments for services	17,692,412
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	17,692,412
26	adjusted cost of services	20,823,948
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	1.190418
32	maximum annual payments (at DRG differential)	21,061,364
33		
34	maximum annual payments	21,061,364
35	facility specific UPL amount	3,368,952
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(16,680)
39	allocation of supplemental payments	(1,626,287)
40	total aggregate limit adjustments	(1,642,967)
41		
42	UPL amount after aggregate limit adjustments	1,725,985
43	SFY2016 UPL 1st quarter - Projected IGT	142,653
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	420,062
45	Total Intergovernmental transfer amount	562,715
46	Net Funds amount	1,163,270

Georgia Department of Community Health

	Facility Name	Burke Medical Center
2	base period report period beginning date	06/01/13
3	base period report period ending date	05/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	472,312
11	payments for services	212,734
12	annual covered charges	472,312
13	annual payments for services	212,734
14		
15	inpatient CCR	0.845063
16		
17	annual cost of services	399,134
18		
19	<u>adjustment factor</u>	
20	inflation	1.041056
21		
22	adjusted annual charges	491,703
23	adjusted Medicaid payments for services	221,468
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	221,468
26	adjusted cost of services	415,521
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	1.190418
32	maximum annual payments (at DRG differential)	263,639
33		
34	maximum annual payments	263,639
35	facility specific UPL amount	42,171
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(209)
39	allocation of supplemental payments	(20,357)
40	total aggregate limit adjustments	(20,566)
41		
42	UPL amount after aggregate limit adjustments	21,605
43	SFY2016 UPL 1st quarter - Projected IGT	1,786
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	5,258
45	Total Intergovernmental transfer amount	7,044
46	Net Funds amount	14,561

Georgia Department of Community Health

	Facility Name	Children's Healthcare of Atlanta at Hughes Spalding
2	base period report period beginning date	01/01/14
3	base period report period ending date	12/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	9,114,485
11	payments for services	2,566,010
12	annual covered charges	9,114,485
13	annual payments for services	2,566,010
14		
15	inpatient CCR	0.230547
16		
17	annual cost of services	2,101,318
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	9,387,746
23	adjusted Medicaid payments for services	2,642,942
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,642,942
26	adjusted cost of services	2,164,318
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	2,164,318
35	facility specific UPL amount	(478,624)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	478,624
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	478,624
41		
42	UPL amount after aggregate limit adjustments	0
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 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	Coffee Regional Medical Center, Inc.
2	base period report period beginning date	01/01/14
3	base period report period ending date	12/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	13,245,470
11	payments for services	4,626,938
12	annual covered charges	13,245,470
13	annual payments for services	4,626,938
14		
15	inpatient CCR	0.327236
16		
17	annual cost of services	4,334,400
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	13,642,582
23	adjusted Medicaid payments for services	4,765,658
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,765,658
26	adjusted cost of services	4,464,350
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	1.190418
32	maximum annual payments (at DRG differential)	5,673,124
33		
34	maximum annual payments	5,673,124
35	facility specific UPL amount	907,466
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4,493)
39	allocation of supplemental payments	(438,059)
40	total aggregate limit adjustments	(442,552)
41		
42	UPL amount after aggregate limit adjustments	464,914
43	SFY2016 UPL 1st quarter - Projected IGT	38,425
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	113,148
45	Total Intergovernmental transfer amount	151,573
46	Net Funds amount	313,341

Georgia Department of Community Health

	Facility Name	Colquitt Regional Medical Center
2	base period report period beginning date	10/01/13
3	base period report period ending date	09/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	11,400,225
11	payments for services	4,374,099
12	annual covered charges	11,400,225
13	annual payments for services	4,374,099
14		
15	inpatient CCR	0.422243
16		
17	annual cost of services	4,813,666
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	11,742,015
23	adjusted Medicaid payments for services	4,505,239
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,505,239
26	adjusted cost of services	4,957,985
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	1.190418
32	maximum annual payments (at DRG differential)	5,363,117
33		
34	maximum annual payments	5,363,117
35	facility specific UPL amount	857,878
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4,247)
39	allocation of supplemental payments	(414,122)
40	total aggregate limit adjustments	(418,369)
41		
42	UPL amount after aggregate limit adjustments	439,509
43	SFY2016 UPL 1st quarter - Projected IGT	36,325
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	106,966
45	Total Intergovernmental transfer amount	143,291
46	Net Funds amount	296,218

Georgia Department of Community Health

	Facility Name	Cook Medical Center-A Campus of Tift Regional Medical Center
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	472,622
11	payments for services	255,608
12	annual covered charges	472,622
13	annual payments for services	255,608
14		
15	inpatient CCR	0.501479
16		
17	annual cost of services	237,010
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	491,785
23	adjusted Medicaid payments for services	265,972
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	265,972
26	adjusted cost of services	246,620
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	1.190418
32	maximum annual payments (at DRG differential)	316,618
33		
34	maximum annual payments	316,618
35	facility specific UPL amount	50,646
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(251)
39	allocation of supplemental payments	(24,448)
40	total aggregate limit adjustments	(24,699)
41		
42	UPL amount after aggregate limit adjustments	25,947
43	SFY2016 UPL 1st quarter - Projected IGT	2,145
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	6,315
45	Total Intergovernmental transfer amount	8,460
46	Net Funds amount	17,487

Georgia Department of Community Health

	Facility Name	Crisp Regional Hospital, Inc.
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	5,578,867
11	payments for services	2,610,029
12	annual covered charges	5,578,867
13	annual payments for services	2,610,029
14		
15	inpatient CCR	0.413702
16		
17	annual cost of services	2,307,987
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	5,805,073
23	adjusted Medicaid payments for services	2,715,858
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,715,858
26	adjusted cost of services	2,401,569
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	1.190418
32	maximum annual payments (at DRG differential)	3,233,006
33		
34	maximum annual payments	3,233,006
35	facility specific UPL amount	517,148
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,560)
39	allocation of supplemental payments	(249,642)
40	total aggregate limit adjustments	(252,202)
41		
42	UPL amount after aggregate limit adjustments	264,946
43	SFY2016 UPL 1st quarter - Projected IGT	21,898
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	64,481
45	Total Intergovernmental transfer amount	86,379
46	Net Funds amount	178,567

Georgia Department of Community Health

	Facility Name	Dekalb Medical at Hillandale
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	11,054,266
11	payments for services	4,654,840
12	annual covered charges	11,054,266
13	annual payments for services	4,654,840
14		
15	inpatient CCR	0.482266
16		
17	annual cost of services	5,331,095
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	11,502,483
23	adjusted Medicaid payments for services	4,843,580
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,843,580
26	adjusted cost of services	5,547,255
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	1.190418
32	maximum annual payments (at DRG differential)	5,765,884
33		
34	maximum annual payments	5,765,884
35	facility specific UPL amount	922,304
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4,566)
39	allocation of supplemental payments	(445,222)
40	total aggregate limit adjustments	(449,788)
41		
42	UPL amount after aggregate limit adjustments	472,516
43	SFY2016 UPL 1st quarter - Projected IGT	39,053
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	114,999
45	Total Intergovernmental transfer amount	154,052
46	Net Funds amount	318,464

Georgia Department of Community Health

	Facility Name	Dekalb Medical at North Decatur
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	54,475,432
11	payments for services	20,022,956
12	annual covered charges	54,475,432
13	annual payments for services	20,022,956
14		
15	inpatient CCR	0.411381
16		
17	annual cost of services	22,410,137
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	56,684,247
23	adjusted Medicaid payments for services	20,834,827
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	20,834,827
26	adjusted cost of services	23,318,801
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	1.190418
32	maximum annual payments (at DRG differential)	24,802,151
33		
34	maximum annual payments	24,802,151
35	facility specific UPL amount	3,967,324
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(19,642)
39	allocation of supplemental payments	(1,915,138)
40	total aggregate limit adjustments	(1,934,780)
41		
42	UPL amount after aggregate limit adjustments	2,032,544
43	SFY2016 UPL 1st quarter - Projected IGT	167,990
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	494,670
45	Total Intergovernmental transfer amount	662,660
46	Net Funds amount	1,369,884

Georgia Department of Community Health

	Facility Name	Columbus Specialty Hospital, Inc.
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,269,352
11	payments for services	701,925
12	annual covered charges	2,269,352
13	annual payments for services	701,925
14		
15	inpatient CCR	1.000000
16		
17	annual cost of services	2,269,352
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	2,361,367
23	adjusted Medicaid payments for services	730,386
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	730,386
26	adjusted cost of services	2,361,367
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	1.190418
32	maximum annual payments (at DRG differential)	869,465
33		
34	maximum annual payments	869,465
35	facility specific UPL amount	139,079
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(689)
39	allocation of supplemental payments	(67,137)
40	total aggregate limit adjustments	(67,826)
41		
42	UPL amount after aggregate limit adjustments	71,253
43	SFY2016 UPL 1st quarter - Projected IGT	5,889
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	17,341
45	Total Intergovernmental transfer amount	23,230
46	Net Funds amount	48,023

Georgia Department of Community Health

	Facility Name	Dodge County Hospital
2	base period report period beginning date	10/01/13
3	base period report period ending date	09/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	3,043,504
11	payments for services	1,410,649
12	annual covered charges	3,043,504
13	annual payments for services	1,410,649
14		
15	inpatient CCR	0.427092
16		
17	annual cost of services	1,299,856
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	3,134,751
23	adjusted Medicaid payments for services	1,452,942
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,452,942
26	adjusted cost of services	1,338,827
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	1.190418
32	maximum annual payments (at DRG differential)	1,729,608
33		
34	maximum annual payments	1,729,608
35	facility specific UPL amount	276,666
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,370)
39	allocation of supplemental payments	(133,554)
40	total aggregate limit adjustments	(134,924)
41		
42	UPL amount after aggregate limit adjustments	141,742
43	SFY2016 UPL 1st quarter - Projected IGT	11,715
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	34,496
45	Total Intergovernmental transfer amount	46,211
46	Net Funds amount	95,531

Georgia Department of Community Health

	Facility Name	Dorminy Medical Center
2	base period report period beginning date	08/01/13
3	base period report period ending date	07/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,827,587
11	payments for services	1,072,796
12	annual covered charges	1,827,587
13	annual payments for services	1,072,796
14		
15	inpatient CCR	0.568412
16		
17	annual cost of services	1,038,822
18		
19	<u>adjustment factor</u>	
20	inflation	1.037001
21		
22	adjusted annual charges	1,895,210
23	adjusted Medicaid payments for services	1,112,491
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,112,491
26	adjusted cost of services	1,077,259
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	1.190418
32	maximum annual payments (at DRG differential)	1,324,329
33		
34	maximum annual payments	1,324,329
35	facility specific UPL amount	211,838
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,049)
39	allocation of supplemental payments	(102,260)
40	total aggregate limit adjustments	(103,309)
41		
42	UPL amount after aggregate limit adjustments	108,529
43	SFY2016 UPL 1st quarter - Projected IGT	8,970
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	26,413
45	Total Intergovernmental transfer amount	35,383
46	Net Funds amount	73,146

Georgia Department of Community Health

	Facility Name	Elbert Memorial Hospital
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	594,906
11	payments for services	339,283
12	annual covered charges	594,906
13	annual payments for services	339,283
14		
15	inpatient CCR	0.575927
16		
17	annual cost of services	342,622
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	619,028
23	adjusted Medicaid payments for services	353,040
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	353,040
26	adjusted cost of services	356,514
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	1.190418
32	maximum annual payments (at DRG differential)	420,265
33		
34	maximum annual payments	420,265
35	facility specific UPL amount	67,225
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(333)
39	allocation of supplemental payments	(32,451)
40	total aggregate limit adjustments	(32,784)
41		
42	UPL amount after aggregate limit adjustments	34,441
43	SFY2016 UPL 1st quarter - Projected IGT	2,846
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	8,382
45	Total Intergovernmental transfer amount	11,228
46	Net Funds amount	23,213

Georgia Department of Community Health

	Facility Name	Emanuel Medical Center
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,814,475
11	payments for services	963,633
12	annual covered charges	2,814,475
13	annual payments for services	963,633
14		
15	inpatient CCR	0.340349
16		
17	annual cost of services	957,904
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	2,928,594
23	adjusted Medicaid payments for services	1,002,705
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,002,705
26	adjusted cost of services	996,744
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	1.190418
32	maximum annual payments (at DRG differential)	1,193,638
33		
34	maximum annual payments	1,193,638
35	facility specific UPL amount	190,933
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(945)
39	allocation of supplemental payments	(92,169)
40	total aggregate limit adjustments	(93,114)
41		
42	UPL amount after aggregate limit adjustments	97,819
43	SFY2016 UPL 1st quarter - Projected IGT	8,085
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	23,807
45	Total Intergovernmental transfer amount	31,892
46	Net Funds amount	65,927

Georgia Department of Community Health

	Facility Name	Floyd Medical Center
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	48,824,630
11	payments for services	12,815,289
12	annual covered charges	48,824,630
13	annual payments for services	12,815,289
14		
15	inpatient CCR	0.384677
16		
17	annual cost of services	18,781,711
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	50,804,322
23	adjusted Medicaid payments for services	13,334,911
24	supplemental rate adjustment payments	1,638,435
25	total adjusted Medicaid payments	14,973,346
26	adjusted cost of services	19,543,253
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	1.190418
32	maximum annual payments (at DRG differential)	15,874,116
33		
34	maximum annual payments	15,874,116
35	facility specific UPL amount	900,770
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(12,572)
39	allocation of supplemental payments	412,690
40	total aggregate limit adjustments	400,118
41		
42	UPL amount after aggregate limit adjustments	1,300,888
43	SFY2016 UPL 1st quarter - Projected IGT	107,518
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	316,604
45	Total Intergovernmental transfer amount	424,122
46	Net Funds amount	876,766

Georgia Department of Community Health

	Facility Name	Grady General Hospital
2	base period report period beginning date	10/01/13
3	base period report period ending date	09/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,355,422
11	payments for services	642,466
12	annual covered charges	1,355,422
13	annual payments for services	642,466
14		
15	inpatient CCR	0.742313
16		
17	annual cost of services	1,006,148
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	1,396,059
23	adjusted Medicaid payments for services	661,728
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	661,728
26	adjusted cost of services	1,036,313
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	1.190418
32	maximum annual payments (at DRG differential)	787,733
33		
34	maximum annual payments	787,733
35	facility specific UPL amount	126,005
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(624)
39	allocation of supplemental payments	(60,826)
40	total aggregate limit adjustments	(61,450)
41		
42	UPL amount after aggregate limit adjustments	64,555
43	SFY2016 UPL 1st quarter - Projected IGT	5,336
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	15,711
45	Total Intergovernmental transfer amount	21,047
46	Net Funds amount	43,508

Georgia Department of Community Health

	Facility Name	Grady Health System/Grady Memorial Hospital
2	base period report period beginning date	01/01/14
3	base period report period ending date	12/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	428,149,341
11	payments for services	121,450,956
12	annual covered charges	428,149,341
13	annual payments for services	121,450,956
14		
15	inpatient CCR	0.244600
16		
17	annual cost of services	104,725,299
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	440,985,686
23	adjusted Medicaid payments for services	125,092,177
24	supplemental rate adjustment payments	28,512,419
25	total adjusted Medicaid payments	153,604,596
26	adjusted cost of services	107,865,068
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	1.190418
32	maximum annual payments (at DRG differential)	148,911,964
33		
34	maximum annual payments	148,911,964
35	facility specific UPL amount	(4,692,632)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(117,933)
39	allocation of supplemental payments	17,013,942
40	total aggregate limit adjustments	16,896,009
41		
42	UPL amount after aggregate limit adjustments	12,203,377
43	SFY2016 UPL 1st quarter - Projected IGT	1,008,609
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	2,969,997
45	Total Intergovernmental transfer amount	3,978,606
46	Net Funds amount	8,224,771

Georgia Department of Community Health

	Facility Name	Gwinnett Medical Center
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	77,340,518
11	payments for services	27,266,845
12	annual covered charges	77,340,518
13	annual payments for services	27,266,845
14		
15	inpatient CCR	0.408050
16		
17	annual cost of services	31,558,783
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	80,476,444
23	adjusted Medicaid payments for services	28,372,434
24	supplemental rate adjustment payments	966,163
25	total adjusted Medicaid payments	29,338,597
26	adjusted cost of services	32,838,397
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	1.190418
32	maximum annual payments (at DRG differential)	33,775,053
33		
34	maximum annual payments	33,775,053
35	facility specific UPL amount	4,436,456
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(26,749)
39	allocation of supplemental payments	(1,641,832)
40	total aggregate limit adjustments	(1,668,581)
41		
42	UPL amount after aggregate limit adjustments	2,767,875
43	SFY2016 UPL 1st quarter - Projected IGT	228,765
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	673,631
45	Total Intergovernmental transfer amount	902,396
46	Net Funds amount	1,865,479

Georgia Department of Community Health

	Facility Name	Habersham Medical Center
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,312,553
11	payments for services	1,182,147
12	annual covered charges	2,312,553
13	annual payments for services	1,182,147
14		
15	inpatient CCR	0.524621
16		
17	annual cost of services	1,213,213
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	2,406,320
23	adjusted Medicaid payments for services	1,230,080
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,230,080
26	adjusted cost of services	1,262,405
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	1.190418
32	maximum annual payments (at DRG differential)	1,464,309
33		
34	maximum annual payments	1,464,309
35	facility specific UPL amount	234,229
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,160)
39	allocation of supplemental payments	(113,069)
40	total aggregate limit adjustments	(114,229)
41		
42	UPL amount after aggregate limit adjustments	120,000
43	SFY2016 UPL 1st quarter - Projected IGT	9,918
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	29,205
45	Total Intergovernmental transfer amount	39,123
46	Net Funds amount	80,877

Georgia Department of Community Health

	Facility Name	Houston Medical Center
2	base period report period beginning date	01/01/14
3	base period report period ending date	12/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	26,229,678
11	payments for services	9,486,540
12	annual covered charges	26,229,678
13	annual payments for services	9,486,540
14		
15	inpatient CCR	0.429595
16		
17	annual cost of services	11,268,138
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	27,016,070
23	adjusted Medicaid payments for services	9,770,956
24	supplemental rate adjustment payments	1,228,835
25	total adjusted Medicaid payments	10,999,791
26	adjusted cost of services	11,605,968
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	1.190418
32	maximum annual payments (at DRG differential)	11,631,521
33		
34	maximum annual payments	11,631,521
35	facility specific UPL amount	631,730
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(9,212)
39	allocation of supplemental payments	330,688
40	total aggregate limit adjustments	321,476
41		
42	UPL amount after aggregate limit adjustments	953,206
43	SFY2016 UPL 1st quarter - Projected IGT	78,783
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	231,986
45	Total Intergovernmental transfer amount	310,769
46	Net Funds amount	642,437

Georgia Department of Community Health

	Facility Name	Hutcheson Medical Center
2	base period report period beginning date	10/01/13
3	base period report period ending date	09/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	5,785,551
11	payments for services	1,673,398
12	annual covered charges	5,785,551
13	annual payments for services	1,673,398
14		
15	inpatient CCR	0.296729
16		
17	annual cost of services	1,716,738
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	5,959,008
23	adjusted Medicaid payments for services	1,723,568
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,723,568
26	adjusted cost of services	1,768,208
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	1.190418
32	maximum annual payments (at DRG differential)	2,051,766
33		
34	maximum annual payments	2,051,766
35	facility specific UPL amount	328,198
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,625)
39	allocation of supplemental payments	(158,430)
40	total aggregate limit adjustments	(160,055)
41		
42	UPL amount after aggregate limit adjustments	168,143
43	SFY2016 UPL 1st quarter - Projected IGT	13,897
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	40,922
45	Total Intergovernmental transfer amount	54,819
46	Net Funds amount	113,324

Georgia Department of Community Health

	Facility Name	Irwin County Hospital
2	base period report period beginning date	12/01/13
3	base period report period ending date	11/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,646,701
11	payments for services	920,221
12	annual covered charges	1,646,701
13	annual payments for services	920,221
14		
15	inpatient CCR	0.454653
16		
17	annual cost of services	748,677
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	1,696,071
23	adjusted Medicaid payments for services	947,810
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	947,810
26	adjusted cost of services	771,123
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	1.190418
32	maximum annual payments (at DRG differential)	1,128,290
33		
34	maximum annual payments	1,128,290
35	facility specific UPL amount	180,480
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(894)
39	allocation of supplemental payments	(87,123)
40	total aggregate limit adjustments	(88,017)
41		
42	UPL amount after aggregate limit adjustments	92,463
43	SFY2016 UPL 1st quarter - Projected IGT	7,642
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	22,503
45	Total Intergovernmental transfer amount	30,145
46	Net Funds amount	62,318

Georgia Department of Community Health

	Facility Name	Jefferson Hospital
2	base period report period beginning date	01/01/14
3	base period report period ending date	12/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	303,938
11	payments for services	277,457
12	annual covered charges	303,938
13	annual payments for services	277,457
14		
15	inpatient CCR	0.539859
16		
17	annual cost of services	164,084
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	313,050
23	adjusted Medicaid payments for services	285,775
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	285,775
26	adjusted cost of services	169,003
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	1.190418
32	maximum annual payments (at DRG differential)	340,192
33		
34	maximum annual payments	340,192
35	facility specific UPL amount	54,417
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(269)
39	allocation of supplemental payments	(26,269)
40	total aggregate limit adjustments	(26,538)
41		
42	UPL amount after aggregate limit adjustments	27,879
43	SFY2016 UPL 1st quarter - Projected IGT	2,304
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	6,785
45	Total Intergovernmental transfer amount	9,089
46	Net Funds amount	18,790

Georgia Department of Community Health

	Facility Name	Mayo Clinic Health System in Waycross
2	base period report period beginning date	01/01/14
3	base period report period ending date	12/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	13,035,539
11	payments for services	4,749,697
12	annual covered charges	13,035,539
13	annual payments for services	4,749,697
14		
15	inpatient CCR	0.438567
16		
17	annual cost of services	5,716,957
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	13,426,357
23	adjusted Medicaid payments for services	4,892,098
24	supplemental rate adjustment payments	409,608
25	total adjusted Medicaid payments	5,301,706
26	adjusted cost of services	5,888,357
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	1.190418
32	maximum annual payments (at DRG differential)	5,823,641
33		
34	maximum annual payments	5,823,641
35	facility specific UPL amount	521,935
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4,612)
39	allocation of supplemental payments	(40,074)
40	total aggregate limit adjustments	(44,686)
41		
42	UPL amount after aggregate limit adjustments	477,249
43	SFY2016 UPL 1st quarter - Projected IGT	39,445
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	116,151
45	Total Intergovernmental transfer amount	155,596
46	Net Funds amount	321,653

Georgia Department of Community Health

	Facility Name	Meadows Regional Medical Center
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	14,498,754
11	payments for services	3,916,508
12	annual covered charges	14,498,754
13	annual payments for services	3,916,508
14		
15	inpatient CCR	0.360896
16		
17	annual cost of services	5,232,540
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	15,086,635
23	adjusted Medicaid payments for services	4,075,311
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,075,311
26	adjusted cost of services	5,444,704
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	1.190418
32	maximum annual payments (at DRG differential)	4,851,323
33		
34	maximum annual payments	4,851,323
35	facility specific UPL amount	776,012
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,842)
39	allocation of supplemental payments	(374,603)
40	total aggregate limit adjustments	(378,445)
41		
42	UPL amount after aggregate limit adjustments	397,567
43	SFY2016 UPL 1st quarter - Projected IGT	32,859
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	96,758
45	Total Intergovernmental transfer amount	129,617
46	Net Funds amount	267,950

Georgia Department of Community Health

	Facility Name	Medical Center, Navicent Health
2	base period report period beginning date	10/01/13
3	base period report period ending date	09/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	159,482,141
11	payments for services	43,211,740
12	annual covered charges	159,482,141
13	annual payments for services	43,211,740
14		
15	inpatient CCR	0.278045
16		
17	annual cost of services	44,343,255
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	164,263,575
23	adjusted Medicaid payments for services	44,507,271
24	supplemental rate adjustment payments	6,339,721
25	total adjusted Medicaid payments	50,846,992
26	adjusted cost of services	45,672,710
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	1.190418
32	maximum annual payments (at DRG differential)	52,982,251
33		
34	maximum annual payments	52,982,251
35	facility specific UPL amount	2,135,259
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(41,960)
39	allocation of supplemental payments	2,248,611
40	total aggregate limit adjustments	2,206,651
41		
42	UPL amount after aggregate limit adjustments	4,341,910
43	SFY2016 UPL 1st quarter - Projected IGT	358,859
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	1,056,712
45	Total Intergovernmental transfer amount	1,415,571
46	Net Funds amount	2,926,339

Georgia Department of Community Health

	Facility Name	Memorial Hospital and Manor
2	base period report period beginning date	04/01/13
3	base period report period ending date	03/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	3,116,476
11	payments for services	1,351,491
12	annual covered charges	3,116,476
13	annual payments for services	1,351,491
14		
15	inpatient CCR	0.439860
16		
17	annual cost of services	1,370,813
18		
19	<u>adjustment factor</u>	
20	inflation	1.042074
21		
22	adjusted annual charges	3,247,599
23	adjusted Medicaid payments for services	1,408,354
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,408,354
26	adjusted cost of services	1,428,489
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	1.190418
32	maximum annual payments (at DRG differential)	1,676,530
33		
34	maximum annual payments	1,676,530
35	facility specific UPL amount	268,176
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,328)
39	allocation of supplemental payments	(129,456)
40	total aggregate limit adjustments	(130,784)
41		
42	UPL amount after aggregate limit adjustments	137,392
43	SFY2016 UPL 1st quarter - Projected IGT	11,355
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	33,438
45	Total Intergovernmental transfer amount	44,793
46	Net Funds amount	92,599

Georgia Department of Community Health

	Facility Name	Memorial University Medical Center
2	base period report period beginning date	01/01/14
3	base period report period ending date	12/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	112,158,741
11	payments for services	32,798,985
12	annual covered charges	112,158,741
13	annual payments for services	32,798,985
14		
15	inpatient CCR	0.282414
16		
17	annual cost of services	31,675,221
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	115,521,372
23	adjusted Medicaid payments for services	33,782,331
24	supplemental rate adjustment payments	6,239,279
25	total adjusted Medicaid payments	40,021,610
26	adjusted cost of services	32,624,876
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	1.190418
32	maximum annual payments (at DRG differential)	40,215,091
33		
34	maximum annual payments	40,215,091
35	facility specific UPL amount	193,481
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(31,849)
39	allocation of supplemental payments	3,134,006
40	total aggregate limit adjustments	3,102,157
41		
42	UPL amount after aggregate limit adjustments	3,295,638
43	SFY2016 UPL 1st quarter - Projected IGT	272,385
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	802,076
45	Total Intergovernmental transfer amount	1,074,461
46	Net Funds amount	2,221,177

Georgia Department of Community Health

	Facility Name	Midtown Medical Center
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	48,317,506
11	payments for services	16,101,746
12	annual covered charges	48,317,506
13	annual payments for services	16,101,746
14		
15	inpatient CCR	0.435341
16		
17	annual cost of services	21,034,598
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	50,276,636
23	adjusted Medicaid payments for services	16,754,623
24	supplemental rate adjustment payments	4,609,255
25	total adjusted Medicaid payments	21,363,878
26	adjusted cost of services	21,887,488
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	1.190418
32	maximum annual payments (at DRG differential)	19,945,003
33		
34	maximum annual payments	19,945,003
35	facility specific UPL amount	(1,418,875)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(15,796)
39	allocation of supplemental payments	3,069,170
40	total aggregate limit adjustments	3,053,374
41		
42	UPL amount after aggregate limit adjustments	1,634,499
43	SFY2016 UPL 1st quarter - Projected IGT	135,091
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	397,796
45	Total Intergovernmental transfer amount	532,887
46	Net Funds amount	1,101,612

Georgia Department of Community Health

	Facility Name	Murray Medical Center
2	base period report period beginning date	10/01/13
3	base period report period ending date	09/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	269,386
11	payments for services	102,805
12	annual covered charges	269,386
13	annual payments for services	102,805
14		
15	inpatient CCR	0.290271
16		
17	annual cost of services	78,195
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	277,462
23	adjusted Medicaid payments for services	105,887
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	105,887
26	adjusted cost of services	80,539
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	1.190418
32	maximum annual payments (at DRG differential)	126,050
33		
34	maximum annual payments	126,050
35	facility specific UPL amount	20,163
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(100)
39	allocation of supplemental payments	(9,733)
40	total aggregate limit adjustments	(9,833)
41		
42	UPL amount after aggregate limit adjustments	10,330
43	SFY2016 UPL 1st quarter - Projected IGT	854
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	2,514
45	Total Intergovernmental transfer amount	3,368
46	Net Funds amount	6,962

Georgia Department of Community Health

	Facility Name	Piedmont Newton Medical Center
2	base period report period beginning date	01/01/14
3	base period report period ending date	12/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	6,328,493
11	payments for services	2,611,302
12	annual covered charges	6,328,493
13	annual payments for services	2,611,302
14		
15	inpatient CCR	0.362158
16		
17	annual cost of services	2,291,916
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	6,518,228
23	adjusted Medicaid payments for services	2,689,591
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,689,591
26	adjusted cost of services	2,360,630
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	1.190418
32	maximum annual payments (at DRG differential)	3,201,737
33		
34	maximum annual payments	3,201,737
35	facility specific UPL amount	512,146
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,536)
39	allocation of supplemental payments	(247,227)
40	total aggregate limit adjustments	(249,763)
41		
42	UPL amount after aggregate limit adjustments	262,383
43	SFY2016 UPL 1st quarter - Projected IGT	21,686
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	63,857
45	Total Intergovernmental transfer amount	85,543
46	Net Funds amount	176,840

Georgia Department of Community Health

	Facility Name	Northeast Georgia Medical Center Gainesville
2	base period report period beginning date	10/01/13
3	base period report period ending date	09/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	104,910,129
11	payments for services	26,987,529
12	annual covered charges	104,910,129
13	annual payments for services	26,987,529
14		
15	inpatient CCR	0.302104
16		
17	annual cost of services	31,693,734
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	108,055,440
23	adjusted Medicaid payments for services	27,796,642
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	27,796,642
26	adjusted cost of services	32,643,944
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	1.190418
32	maximum annual payments (at DRG differential)	33,089,620
33		
34	maximum annual payments	33,089,620
35	facility specific UPL amount	5,292,978
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(26,206)
39	allocation of supplemental payments	(2,555,068)
40	total aggregate limit adjustments	(2,581,274)
41		
42	UPL amount after aggregate limit adjustments	2,711,704
43	SFY2016 UPL 1st quarter - Projected IGT	224,122
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	659,961
45	Total Intergovernmental transfer amount	884,083
46	Net Funds amount	1,827,621

Georgia Department of Community Health

	Facility Name	Northside Hospital
2	base period report period beginning date	10/01/13
3	base period report period ending date	09/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	92,577,894
11	payments for services	23,806,188
12	annual covered charges	92,577,894
13	annual payments for services	23,806,188
14		
15	inpatient CCR	0.336786
16		
17	annual cost of services	31,178,966
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	95,353,472
23	adjusted Medicaid payments for services	24,519,921
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	24,519,921
26	adjusted cost of services	32,113,743
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	1.190418
32	maximum annual payments (at DRG differential)	29,188,952
33		
34	maximum annual payments	29,188,952
35	facility specific UPL amount	4,669,031
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(23,117)
39	allocation of supplemental payments	(2,253,872)
40	total aggregate limit adjustments	(2,276,989)
41		
42	UPL amount after aggregate limit adjustments	2,392,042
43	SFY2016 UPL 1st quarter - Projected IGT	197,702
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	582,163
45	Total Intergovernmental transfer amount	779,865
46	Net Funds amount	1,612,177

Georgia Department of Community Health

	Facility Name	Northside Hospital - Cherokee
2	base period report period beginning date	10/01/13
3	base period report period ending date	09/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	15,544,016
11	payments for services	3,849,563
12	annual covered charges	15,544,016
13	annual payments for services	3,849,563
14		
15	inpatient CCR	0.306831
16		
17	annual cost of services	4,769,389
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	16,010,041
23	adjusted Medicaid payments for services	3,964,977
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,964,977
26	adjusted cost of services	4,912,380
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	1.190418
32	maximum annual payments (at DRG differential)	4,719,980
33		
34	maximum annual payments	4,719,980
35	facility specific UPL amount	755,003
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,738)
39	allocation of supplemental payments	(364,461)
40	total aggregate limit adjustments	(368,199)
41		
42	UPL amount after aggregate limit adjustments	386,804
43	SFY2016 UPL 1st quarter - Projected IGT	31,969
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	94,138
45	Total Intergovernmental transfer amount	126,107
46	Net Funds amount	260,697

Georgia Department of Community Health

	Facility Name	Northside Hospital- Forsyth
2	base period report period beginning date	10/01/13
3	base period report period ending date	09/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	32,997,436
11	payments for services	7,755,123
12	annual covered charges	32,997,436
13	annual payments for services	7,755,123
14		
15	inpatient CCR	0.322127
16		
17	annual cost of services	10,629,357
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	33,986,732
23	adjusted Medicaid payments for services	7,987,629
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	7,987,629
26	adjusted cost of services	10,948,036
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	1.190418
32	maximum annual payments (at DRG differential)	9,508,616
33		
34	maximum annual payments	9,508,616
35	facility specific UPL amount	1,520,987
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(7,530)
39	allocation of supplemental payments	(734,223)
40	total aggregate limit adjustments	(741,753)
41		
42	UPL amount after aggregate limit adjustments	779,234
43	SFY2016 UPL 1st quarter - Projected IGT	64,404
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	189,646
45	Total Intergovernmental transfer amount	254,050
46	Net Funds amount	525,184

Georgia Department of Community Health

	Facility Name	Northside Medical Center
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	466,311
11	payments for services	143,739
12	annual covered charges	466,311
13	annual payments for services	143,739
14		
15	inpatient CCR	0.323140
16		
17	annual cost of services	150,684
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	485,219
23	adjusted Medicaid payments for services	149,567
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	149,567
26	adjusted cost of services	156,794
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	156,794
35	facility specific UPL amount	7,227
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(36)
39	allocation of supplemental payments	(3,489)
40	total aggregate limit adjustments	(3,525)
41		
42	UPL amount after aggregate limit adjustments	3,702
43	SFY2016 UPL 1st quarter - Projected IGT	306
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	901
45	Total Intergovernmental transfer amount	1,207
46	Net Funds amount	2,495

Georgia Department of Community Health

	Facility Name	Oconee Regional Medical Center, Inc.
2	base period report period beginning date	10/01/13
3	base period report period ending date	09/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	5,593,897
11	payments for services	2,298,645
12	annual covered charges	5,593,897
13	annual payments for services	2,298,645
14		
15	inpatient CCR	0.449696
16		
17	annual cost of services	2,515,553
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	5,761,608
23	adjusted Medicaid payments for services	2,367,561
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,367,561
26	adjusted cost of services	2,590,972
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	1.190418
32	maximum annual payments (at DRG differential)	2,818,387
33		
34	maximum annual payments	2,818,387
35	facility specific UPL amount	450,826
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,232)
39	allocation of supplemental payments	(217,626)
40	total aggregate limit adjustments	(219,858)
41		
42	UPL amount after aggregate limit adjustments	230,968
43	SFY2016 UPL 1st quarter - Projected IGT	19,090
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	56,212
45	Total Intergovernmental transfer amount	75,302
46	Net Funds amount	155,666

Georgia Department of Community Health

	Facility Name	Perry Hospital
2	base period report period beginning date	01/01/14
3	base period report period ending date	12/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,400,185
11	payments for services	481,893
12	annual covered charges	1,400,185
13	annual payments for services	481,893
14		
15	inpatient CCR	0.402308
16		
17	annual cost of services	563,305
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	1,442,164
23	adjusted Medicaid payments for services	496,341
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	496,341
26	adjusted cost of services	580,193
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	1.190418
32	maximum annual payments (at DRG differential)	590,853
33		
34	maximum annual payments	590,853
35	facility specific UPL amount	94,512
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(468)
39	allocation of supplemental payments	(45,624)
40	total aggregate limit adjustments	(46,092)
41		
42	UPL amount after aggregate limit adjustments	48,420
43	SFY2016 UPL 1st quarter - Projected IGT	4,002
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	11,784
45	Total Intergovernmental transfer amount	15,786
46	Net Funds amount	32,634

Georgia Department of Community Health

	Facility Name	Phoebe Putney Memorial Hospital
2	base period report period beginning date	08/01/13
3	base period report period ending date	07/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	72,283,441
11	payments for services	22,553,842
12	annual covered charges	72,283,441
13	annual payments for services	22,553,842
14		
15	inpatient CCR	0.392714
16		
17	annual cost of services	28,386,735
18		
19	<u>adjustment factor</u>	
20	inflation	1.037001
21		
22	adjusted annual charges	74,958,001
23	adjusted Medicaid payments for services	23,388,357
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	23,388,357
26	adjusted cost of services	29,437,073
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	1.190418
32	maximum annual payments (at DRG differential)	27,841,918
33		
34	maximum annual payments	27,841,918
35	facility specific UPL amount	4,453,561
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(22,050)
39	allocation of supplemental payments	(2,149,858)
40	total aggregate limit adjustments	(2,171,908)
41		
42	UPL amount after aggregate limit adjustments	2,281,653
43	SFY2016 UPL 1st quarter - Projected IGT	188,579
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	555,297
45	Total Intergovernmental transfer amount	743,876
46	Net Funds amount	1,537,777

Georgia Department of Community Health

	Facility Name	Phoebe Sumter Medical Center
2	base period report period beginning date	08/01/13
3	base period report period ending date	07/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	5,273,747
11	payments for services	2,257,606
12	annual covered charges	5,273,747
13	annual payments for services	2,257,606
14		
15	inpatient CCR	0.535180
16		
17	annual cost of services	2,822,402
18		
19	<u>adjustment factor</u>	
20	inflation	1.037001
21		
22	adjusted annual charges	5,468,881
23	adjusted Medicaid payments for services	2,341,140
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,341,140
26	adjusted cost of services	2,926,834
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	1.190418
32	maximum annual payments (at DRG differential)	2,786,935
33		
34	maximum annual payments	2,786,935
35	facility specific UPL amount	445,795
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,207)
39	allocation of supplemental payments	(215,198)
40	total aggregate limit adjustments	(217,405)
41		
42	UPL amount after aggregate limit adjustments	228,390
43	SFY2016 UPL 1st quarter - Projected IGT	18,877
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	55,584
45	Total Intergovernmental transfer amount	74,461
46	Net Funds amount	153,929

Georgia Department of Community Health

	Facility Name	Piedmont Henry Hospital
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	25,442,242
11	payments for services	7,526,146
12	annual covered charges	25,442,242
13	annual payments for services	7,526,146
14		
15	inpatient CCR	0.281667
16		
17	annual cost of services	7,166,253
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	26,473,849
23	adjusted Medicaid payments for services	7,831,309
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	7,831,309
26	adjusted cost of services	7,456,823
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	1.190418
32	maximum annual payments (at DRG differential)	9,322,530
33		
34	maximum annual payments	9,322,530
35	facility specific UPL amount	1,491,221
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(7,383)
39	allocation of supplemental payments	(719,854)
40	total aggregate limit adjustments	(727,237)
41		
42	UPL amount after aggregate limit adjustments	763,984
43	SFY2016 UPL 1st quarter - Projected IGT	63,143
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	185,935
45	Total Intergovernmental transfer amount	249,078
46	Net Funds amount	514,906

Georgia Department of Community Health

	Facility Name	South Georgia Medical Center
2	base period report period beginning date	10/01/13
3	base period report period ending date	09/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	31,176,628
11	payments for services	10,710,284
12	annual covered charges	31,176,628
13	annual payments for services	10,710,284
14		
15	inpatient CCR	0.431929
16		
17	annual cost of services	13,466,087
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	32,111,334
23	adjusted Medicaid payments for services	11,031,389
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	11,031,389
26	adjusted cost of services	13,869,814
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	1.190418
32	maximum annual payments (at DRG differential)	13,131,963
33		
34	maximum annual payments	13,131,963
35	facility specific UPL amount	2,100,574
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(10,400)
39	allocation of supplemental payments	(1,014,006)
40	total aggregate limit adjustments	(1,024,406)
41		
42	UPL amount after aggregate limit adjustments	1,076,168
43	SFY2016 UPL 1st quarter - Projected IGT	88,945
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	261,912
45	Total Intergovernmental transfer amount	350,857
46	Net Funds amount	725,311

Georgia Department of Community Health

	Facility Name	South Georgia Medical Center Berrien Campus
2	base period report period beginning date	09/09/13
3	base period report period ending date	09/30/14
4		
5	adjustment factor (if period not equal to 1 year)	0.943152455
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	231,799
11	payments for services	90,191
12	annual covered charges	218,622
13	annual payments for services	85,064
14		
15	inpatient CCR	0.460088
16		
17	annual cost of services	100,585
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	225,177
23	adjusted Medicaid payments for services	87,614
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	87,614
26	adjusted cost of services	103,601
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	1.190418
32	maximum annual payments (at DRG differential)	104,297
33		
34	maximum annual payments	104,297
35	facility specific UPL amount	16,683
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(83)
39	allocation of supplemental payments	(8,053)
40	total aggregate limit adjustments	(8,136)
41		
42	UPL amount after aggregate limit adjustments	8,547
43	SFY2016 UPL 1st quarter - Projected IGT	706
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	2,080
45	Total Intergovernmental transfer amount	2,786
46	Net Funds amount	5,761

Georgia Department of Community Health

	Facility Name	Southeast Georgia Health System - Brunswick
2	base period report period beginning date	05/01/13
3	base period report period ending date	04/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	23,305,314
11	payments for services	7,923,498
12	annual covered charges	23,305,314
13	annual payments for services	7,923,498
14		
15	inpatient CCR	0.367124
16		
17	annual cost of services	8,555,934
18		
19	<u>adjustment factor</u>	
20	inflation	1.041565
21		
22	adjusted annual charges	24,273,999
23	adjusted Medicaid payments for services	8,252,838
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	8,252,838
26	adjusted cost of services	8,911,561
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	1.190418
32	maximum annual payments (at DRG differential)	9,824,326
33		
34	maximum annual payments	9,824,326
35	facility specific UPL amount	1,571,488
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(7,780)
39	allocation of supplemental payments	(758,601)
40	total aggregate limit adjustments	(766,381)
41		
42	UPL amount after aggregate limit adjustments	805,107
43	SFY2016 UPL 1st quarter - Projected IGT	66,542
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	195,943
45	Total Intergovernmental transfer amount	262,485
46	Net Funds amount	542,622

Georgia Department of Community Health

	Facility Name	Southeast Georgia Health System - Camden
2	base period report period beginning date	05/01/13
3	base period report period ending date	04/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,709,017
11	payments for services	889,076
12	annual covered charges	1,709,017
13	annual payments for services	889,076
14		
15	inpatient CCR	0.610695
16		
17	annual cost of services	1,043,689
18		
19	<u>adjustment factor</u>	
20	inflation	1.041565
21		
22	adjusted annual charges	1,780,052
23	adjusted Medicaid payments for services	926,030
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	926,030
26	adjusted cost of services	1,087,070
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	1.190418
32	maximum annual payments (at DRG differential)	1,102,363
33		
34	maximum annual payments	1,102,363
35	facility specific UPL amount	176,333
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(873)
39	allocation of supplemental payments	(85,121)
40	total aggregate limit adjustments	(85,994)
41		
42	UPL amount after aggregate limit adjustments	90,339
43	SFY2016 UPL 1st quarter - Projected IGT	7,467
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	21,986
45	Total Intergovernmental transfer amount	29,453
46	Net Funds amount	60,886

Georgia Department of Community Health

	Facility Name	Stephens County Hospital
2	base period report period beginning date	10/01/13
3	base period report period ending date	09/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,819,169
11	payments for services	1,164,136
12	annual covered charges	2,819,169
13	annual payments for services	1,164,136
14		
15	inpatient CCR	0.495459
16		
17	annual cost of services	1,396,783
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	2,903,691
23	adjusted Medicaid payments for services	1,199,038
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,199,038
26	adjusted cost of services	1,438,660
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.190418
32	maximum annual payments (at DRG differential)	1,427,356
33		
34	maximum annual payments	1,427,356
35	facility specific UPL amount	228,318
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,130)
39	allocation of supplemental payments	(110,216)
40	total aggregate limit adjustments	(111,346)
41		
42	UPL amount after aggregate limit adjustments	116,972
43	SFY2016 UPL 1st quarter - Projected IGT	9,668
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	28,468
45	Total Intergovernmental transfer amount	38,136
46	Net Funds amount	78,836

Georgia Department of Community Health

	Facility Name	Tanner Medical Center - Carrollton
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	16,054,664
11	payments for services	4,659,358
12	annual covered charges	16,054,664
13	annual payments for services	4,659,358
14		
15	inpatient CCR	0.423152
16		
17	annual cost of services	6,793,564
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	16,705,632
23	adjusted Medicaid payments for services	4,848,281
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,848,281
26	adjusted cost of services	7,069,023
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	1.190418
32	maximum annual payments (at DRG differential)	5,771,480
33		
34	maximum annual payments	5,771,480
35	facility specific UPL amount	923,199
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4,571)
39	allocation of supplemental payments	(445,654)
40	total aggregate limit adjustments	(450,225)
41		
42	UPL amount after aggregate limit adjustments	472,974
43	SFY2016 UPL 1st quarter - Projected IGT	39,091
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	115,110
45	Total Intergovernmental transfer amount	154,201
46	Net Funds amount	318,773

Georgia Department of Community Health

	Facility Name	Tanner Medical Center - Villa Rica
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	16,173,105
11	payments for services	7,876,717
12	annual covered charges	16,173,105
13	annual payments for services	7,876,717
14		
15	inpatient CCR	0.621395
16		
17	annual cost of services	10,049,880
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	16,828,876
23	adjusted Medicaid payments for services	8,196,094
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	8,196,094
26	adjusted cost of services	10,457,372
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	1.190418
32	maximum annual payments (at DRG differential)	9,756,777
33		
34	maximum annual payments	9,756,777
35	facility specific UPL amount	1,560,683
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(7,727)
39	allocation of supplemental payments	(753,385)
40	total aggregate limit adjustments	(761,112)
41		
42	UPL amount after aggregate limit adjustments	799,571
43	SFY2016 UPL 1st quarter - Projected IGT	66,085
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	194,596
45	Total Intergovernmental transfer amount	260,681
46	Net Funds amount	538,890

Georgia Department of Community Health

	Facility Name	Tift Regional Medical Center - A Campus of Tift Regional Health System
2	base period report period beginning date	10/01/13
3	base period report period ending date	09/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	25,791,925
11	payments for services	6,228,731
12	annual covered charges	25,791,925
13	annual payments for services	6,228,731
14		
15	inpatient CCR	0.323358
16		
17	annual cost of services	8,340,026
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	26,565,193
23	adjusted Medicaid payments for services	6,415,475
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	6,415,475
26	adjusted cost of services	8,590,068
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	1.190418
32	maximum annual payments (at DRG differential)	7,637,096
33		
34	maximum annual payments	7,637,096
35	facility specific UPL amount	1,221,621
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(6,048)
39	allocation of supplemental payments	(589,711)
40	total aggregate limit adjustments	(595,759)
41		
42	UPL amount after aggregate limit adjustments	625,862
43	SFY2016 UPL 1st quarter - Projected IGT	51,728
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	152,319
45	Total Intergovernmental transfer amount	204,047
46	Net Funds amount	421,815

Georgia Department of Community Health

	Facility Name	Union General Hospital, Inc.
2	base period report period beginning date	05/01/13
3	base period report period ending date	04/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	919,946
11	payments for services	424,402
12	annual covered charges	919,946
13	annual payments for services	424,402
14		
15	inpatient CCR	0.507402
16		
17	annual cost of services	466,782
18		
19	<u>adjustment factor</u>	
20	inflation	1.041565
21		
22	adjusted annual charges	958,184
23	adjusted Medicaid payments for services	442,042
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	442,042
26	adjusted cost of services	486,184
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.190418
32	maximum annual payments (at DRG differential)	526,215
33		
34	maximum annual payments	526,215
35	facility specific UPL amount	84,173
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(417)
39	allocation of supplemental payments	(40,633)
40	total aggregate limit adjustments	(41,050)
41		
42	UPL amount after aggregate limit adjustments	43,123
43	SFY2016 UPL 1st quarter - Projected IGT	3,564
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	10,495
45	Total Intergovernmental transfer amount	14,059
46	Net Funds amount	29,064

Georgia Department of Community Health

	Facility Name	University Hospital
2	base period report period beginning date	01/01/14
3	base period report period ending date	12/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	44,722,313
11	payments for services	13,020,197
12	annual covered charges	44,722,313
13	annual payments for services	13,020,197
14		
15	inpatient CCR	0.331016
16		
17	annual cost of services	14,803,787
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	46,063,133
23	adjusted Medicaid payments for services	13,410,556
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	13,410,556
26	adjusted cost of services	15,247,619
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	1.190418
32	maximum annual payments (at DRG differential)	15,964,166
33		
34	maximum annual payments	15,964,166
35	facility specific UPL amount	2,553,610
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(12,643)
39	allocation of supplemental payments	(1,232,699)
40	total aggregate limit adjustments	(1,245,342)
41		
42	UPL amount after aggregate limit adjustments	1,308,268
43	SFY2016 UPL 1st quarter - Projected IGT	108,128
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	318,400
45	Total Intergovernmental transfer amount	426,528
46	Net Funds amount	881,740

Georgia Department of Community Health

	Facility Name	University Hospital McDuffie
2	base period report period beginning date	01/01/14
3	base period report period ending date	12/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	986,187
11	payments for services	504,255
12	annual covered charges	986,187
13	annual payments for services	504,255
14		
15	inpatient CCR	0.481183
16		
17	annual cost of services	474,537
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	1,015,754
23	adjusted Medicaid payments for services	519,373
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	519,373
26	adjusted cost of services	488,764
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	1.190418
32	maximum annual payments (at DRG differential)	618,271
33		
34	maximum annual payments	618,271
35	facility specific UPL amount	98,898
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(490)
39	allocation of supplemental payments	(47,741)
40	total aggregate limit adjustments	(48,231)
41		
42	UPL amount after aggregate limit adjustments	50,667
43	SFY2016 UPL 1st quarter - Projected IGT	4,188
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	12,331
45	Total Intergovernmental transfer amount	16,519
46	Net Funds amount	34,148

Georgia Department of Community Health

	Facility Name	Upson Regional Medical Center
2	base period report period beginning date	01/01/14
3	base period report period ending date	12/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	8,038,766
11	payments for services	2,743,967
12	annual covered charges	8,038,766
13	annual payments for services	2,743,967
14		
15	inpatient CCR	0.346933
16		
17	annual cost of services	2,788,910
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	8,279,776
23	adjusted Medicaid payments for services	2,826,234
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,826,234
26	adjusted cost of services	2,872,524
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	1.190418
32	maximum annual payments (at DRG differential)	3,364,399
33		
34	maximum annual payments	3,364,399
35	facility specific UPL amount	538,165
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,664)
39	allocation of supplemental payments	(259,788)
40	total aggregate limit adjustments	(262,452)
41		
42	UPL amount after aggregate limit adjustments	275,713
43	SFY2016 UPL 1st quarter - Projected IGT	22,788
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	67,102
45	Total Intergovernmental transfer amount	89,890
46	Net Funds amount	185,823

Georgia Department of Community Health

	Facility Name	Washington County Regional Medical Center
2	base period report period beginning date	09/01/13
3	base period report period ending date	08/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	843,366
11	payments for services	652,856
12	annual covered charges	843,366
13	annual payments for services	652,856
14		
15	inpatient CCR	0.604842
16		
17	annual cost of services	510,103
18		
19	<u>adjustment factor</u>	
20	inflation	1.033479
21		
22	adjusted annual charges	871,601
23	adjusted Medicaid payments for services	674,713
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	674,713
26	adjusted cost of services	527,181
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	1.190418
32	maximum annual payments (at DRG differential)	803,190
33		
34	maximum annual payments	803,190
35	facility specific UPL amount	128,477
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(636)
39	allocation of supplemental payments	(62,019)
40	total aggregate limit adjustments	(62,655)
41		
42	UPL amount after aggregate limit adjustments	65,822
43	SFY2016 UPL 1st quarter - Projected IGT	5,440
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	16,019
45	Total Intergovernmental transfer amount	21,459
46	Net Funds amount	44,363

Georgia Department of Community Health

	Facility Name	Wayne Memorial Hospital
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	4,158,478
11	payments for services	1,562,137
12	annual covered charges	4,158,478
13	annual payments for services	1,562,137
14		
15	inpatient CCR	0.507689
16		
17	annual cost of services	2,111,213
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	4,327,092
23	adjusted Medicaid payments for services	1,625,477
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,625,477
26	adjusted cost of services	2,196,816
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	1.190418
32	maximum annual payments (at DRG differential)	1,934,997
33		
34	maximum annual payments	1,934,997
35	facility specific UPL amount	309,520
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,532)
39	allocation of supplemental payments	(149,414)
40	total aggregate limit adjustments	(150,946)
41		
42	UPL amount after aggregate limit adjustments	158,574
43	SFY2016 UPL 1st quarter - Projected IGT	13,106
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	38,593
45	Total Intergovernmental transfer amount	51,699
46	Net Funds amount	106,875

Georgia Department of Community Health

	Facility Name	WellStar Cobb Hospital
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	68,204,663
11	payments for services	17,805,251
12	annual covered charges	68,204,663
13	annual payments for services	17,805,251
14		
15	inpatient CCR	0.325492
16		
17	annual cost of services	22,200,061
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	70,970,157
23	adjusted Medicaid payments for services	18,527,201
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	18,527,201
26	adjusted cost of services	23,100,207
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	1.190418
32	maximum annual payments (at DRG differential)	22,055,111
33		
34	maximum annual payments	22,055,111
35	facility specific UPL amount	3,527,910
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(17,467)
39	allocation of supplemental payments	(1,703,021)
40	total aggregate limit adjustments	(1,720,488)
41		
42	UPL amount after aggregate limit adjustments	1,807,422
43	SFY2016 UPL 1st quarter - Projected IGT	149,384
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	439,881
45	Total Intergovernmental transfer amount	589,265
46	Net Funds amount	1,218,157

Georgia Department of Community Health

	Facility Name	Wellstar Douglas Hospital
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	19,535,078
11	payments for services	5,365,429
12	annual covered charges	19,535,078
13	annual payments for services	5,365,429
14		
15	inpatient CCR	0.325389
16		
17	annual cost of services	6,356,502
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	20,327,167
23	adjusted Medicaid payments for services	5,582,981
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,582,981
26	adjusted cost of services	6,614,239
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	1.190418
32	maximum annual payments (at DRG differential)	6,646,080
33		
34	maximum annual payments	6,646,080
35	facility specific UPL amount	1,063,099
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(5,263)
39	allocation of supplemental payments	(513,188)
40	total aggregate limit adjustments	(518,451)
41		
42	UPL amount after aggregate limit adjustments	544,648
43	SFY2016 UPL 1st quarter - Projected IGT	45,015
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	132,554
45	Total Intergovernmental transfer amount	177,569
46	Net Funds amount	367,079

Georgia Department of Community Health

	Facility Name	WellStar Kennestone Hospital
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	96,749,653
11	payments for services	23,826,997
12	annual covered charges	96,749,653
13	annual payments for services	23,826,997
14		
15	inpatient CCR	0.292700
16		
17	annual cost of services	28,318,578
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	100,672,561
23	adjusted Medicaid payments for services	24,793,110
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	24,793,110
26	adjusted cost of services	29,466,811
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	1.190418
32	maximum annual payments (at DRG differential)	29,514,161
33		
34	maximum annual payments	29,514,161
35	facility specific UPL amount	4,721,051
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(23,374)
39	allocation of supplemental payments	(2,278,983)
40	total aggregate limit adjustments	(2,302,357)
41		
42	UPL amount after aggregate limit adjustments	2,418,694
43	SFY2016 UPL 1st quarter - Projected IGT	199,905
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	588,649
45	Total Intergovernmental transfer amount	788,554
46	Net Funds amount	1,630,140

Georgia Department of Community Health

	Facility Name	WellStar Paulding Hospital
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	3,498,769
11	payments for services	1,022,055
12	annual covered charges	3,498,769
13	annual payments for services	1,022,055
14		
15	inpatient CCR	0.340499
16		
17	annual cost of services	1,191,327
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	3,640,634
23	adjusted Medicaid payments for services	1,063,496
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,063,496
26	adjusted cost of services	1,239,632
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	1.190418
32	maximum annual payments (at DRG differential)	1,266,005
33		
34	maximum annual payments	1,266,005
35	facility specific UPL amount	202,509
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,003)
39	allocation of supplemental payments	(97,757)
40	total aggregate limit adjustments	(98,760)
41		
42	UPL amount after aggregate limit adjustments	103,749
43	SFY2016 UPL 1st quarter - Projected IGT	8,575
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	25,250
45	Total Intergovernmental transfer amount	33,825
46	Net Funds amount	69,924

Georgia Department of Community Health

	Facility Name	WellStar Windy Hill Hospital
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	6,263,967
11	payments for services	1,891,772
12	annual covered charges	6,263,967
13	annual payments for services	1,891,772
14		
15	inpatient CCR	0.331125
16		
17	annual cost of services	2,074,157
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	6,517,952
23	adjusted Medicaid payments for services	1,968,478
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,968,478
26	adjusted cost of services	2,158,258
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	2,158,258
35	facility specific UPL amount	189,780
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(940)
39	allocation of supplemental payments	(91,612)
40	total aggregate limit adjustments	(92,552)
41		
42	UPL amount after aggregate limit adjustments	97,228
43	SFY2016 UPL 1st quarter - Projected IGT	8,036
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	23,663
45	Total Intergovernmental transfer amount	31,699
46	Net Funds amount	65,529

Georgia Department of Community Health

	Facility Name	West Georgia Health
2	base period report period beginning date	10/01/13
3	base period report period ending date	09/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	14,800,094
11	payments for services	5,093,790
12	annual covered charges	14,800,094
13	annual payments for services	5,093,790
14		
15	inpatient CCR	0.329993
16		
17	annual cost of services	4,883,923
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	15,243,816
23	adjusted Medicaid payments for services	5,246,507
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,246,507
26	adjusted cost of services	5,030,348
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	1.190418
32	maximum annual payments (at DRG differential)	6,245,536
33		
34	maximum annual payments	6,245,536
35	facility specific UPL amount	999,029
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4,946)
39	allocation of supplemental payments	(482,259)
40	total aggregate limit adjustments	(487,205)
41		
42	UPL amount after aggregate limit adjustments	511,824
43	SFY2016 UPL 1st quarter - Projected IGT	42,302
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	124,565
45	Total Intergovernmental transfer amount	166,867
46	Net Funds amount	344,957

Georgia Department of Community Health

	Facility Name	Bacon County Hospital and Health System
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,996,996
11	payments for services	519,658
12	annual covered charges	1,996,996
13	annual payments for services	519,658
14		
15	inpatient CCR	0.528659
16		
17	annual cost of services	1,055,729
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	2,077,968
23	adjusted Medicaid payments for services	540,729
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	540,729
26	adjusted cost of services	1,098,536
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	1,098,536
35	facility specific UPL amount	557,807
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,762)
39	allocation of supplemental payments	(269,269)
40	total aggregate limit adjustments	(272,031)
41		
42	UPL amount after aggregate limit adjustments	285,776
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net Funds amount	285,776

Georgia Department of Community Health

	Facility Name	Bleckley Memorial Hospital
2	base period report period beginning date	04/01/13
3	base period report period ending date	03/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	205,548
11	payments for services	146,846
12	annual covered charges	205,548
13	annual payments for services	146,846
14		
15	inpatient CCR	1.000000
16		
17	annual cost of services	205,548
18		
19	<u>adjustment factor</u>	
20	inflation	1.042074
21		
22	adjusted annual charges	214,196
23	adjusted Medicaid payments for services	153,024
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	153,024
26	adjusted cost of services	214,196
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	214,196
35	facility specific UPL amount	61,172
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(303)
39	allocation of supplemental payments	(29,529)
40	total aggregate limit adjustments	(29,832)
41		
42	UPL amount after aggregate limit adjustments	31,340
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net Funds amount	31,340

Georgia Department of Community Health

	Facility Name	Brooks County Hospital
2	base period report period beginning date	10/01/13
3	base period report period ending date	09/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	211,890
11	payments for services	81,706
12	annual covered charges	211,890
13	annual payments for services	81,706
14		
15	inpatient CCR	0.382529
16		
17	annual cost of services	81,054
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	218,243
23	adjusted Medicaid payments for services	84,156
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	84,156
26	adjusted cost of services	83,484
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	83,484
35	facility specific UPL amount	(672)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	672
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	672
41		
42	UPL amount after aggregate limit adjustments	0
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 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	Candler County Hospital
2	base period report period beginning date	01/01/14
3	base period report period ending date	12/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	917,784
11	payments for services	328,250
12	annual covered charges	917,784
13	annual payments for services	328,250
14		
15	inpatient CCR	0.367040
16		
17	annual cost of services	336,864
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	945,300
23	adjusted Medicaid payments for services	338,091
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	338,091
26	adjusted cost of services	346,964
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	346,964
35	facility specific UPL amount	8,873
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(44)
39	allocation of supplemental payments	(4,283)
40	total aggregate limit adjustments	(4,327)
41		
42	UPL amount after aggregate limit adjustments	4,546
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net Funds amount	4,546

Georgia Department of Community Health

	Facility Name	Chatuge Regional Hospital, Inc.
2	base period report period beginning date	05/01/13
3	base period report period ending date	04/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	41,696
11	payments for services	32,795
12	annual covered charges	41,696
13	annual payments for services	32,795
14		
15	inpatient CCR	0.639367
16		
17	annual cost of services	26,659
18		
19	<u>adjustment factor</u>	
20	inflation	1.041565
21		
22	adjusted annual charges	43,429
23	adjusted Medicaid payments for services	34,158
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	34,158
26	adjusted cost of services	27,767
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	27,767
35	facility specific UPL amount	(6,391)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	6,391
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	6,391
41		
42	UPL amount after aggregate limit adjustments	0
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 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	Clinch Memorial Hospital
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	208,378
11	payments for services	125,718
12	annual covered charges	208,378
13	annual payments for services	125,718
14		
15	inpatient CCR	1.000000
16		
17	annual cost of services	208,378
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	216,827
23	adjusted Medicaid payments for services	130,815
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	130,815
26	adjusted cost of services	216,827
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	216,827
35	facility specific UPL amount	86,012
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(426)
39	allocation of supplemental payments	(41,520)
40	total aggregate limit adjustments	(41,946)
41		
42	UPL amount after aggregate limit adjustments	44,066
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net Funds amount	44,066

Georgia Department of Community Health

	Facility Name	Effingham Health System
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	437,770
11	payments for services	179,340
12	annual covered charges	437,770
13	annual payments for services	179,340
14		
15	inpatient CCR	0.433065
16		
17	annual cost of services	189,583
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	455,520
23	adjusted Medicaid payments for services	186,612
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	186,612
26	adjusted cost of services	197,270
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	197,270
35	facility specific UPL amount	10,658
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(53)
39	allocation of supplemental payments	(5,145)
40	total aggregate limit adjustments	(5,198)
41		
42	UPL amount after aggregate limit adjustments	5,460
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net Funds amount	5,460

Georgia Department of Community Health

	Facility Name	Higgins General Hospital
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	844,452
11	payments for services	304,721
12	annual covered charges	844,452
13	annual payments for services	304,721
14		
15	inpatient CCR	0.511033
16		
17	annual cost of services	431,543
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	878,692
23	adjusted Medicaid payments for services	317,077
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	317,077
26	adjusted cost of services	449,041
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	449,041
35	facility specific UPL amount	131,964
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(653)
39	allocation of supplemental payments	(63,703)
40	total aggregate limit adjustments	(64,356)
41		
42	UPL amount after aggregate limit adjustments	67,608
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net Funds amount	67,608

Georgia Department of Community Health

	Facility Name	Jasper Memorial Hospital
2	base period report period beginning date	10/01/13
3	base period report period ending date	09/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	27,787
11	payments for services	17,558
12	annual covered charges	27,787
13	annual payments for services	17,558
14		
15	inpatient CCR	0.870112
16		
17	annual cost of services	24,178
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	28,620
23	adjusted Medicaid payments for services	18,084
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	18,084
26	adjusted cost of services	24,903
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	24,903
35	facility specific UPL amount	6,819
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(34)
39	allocation of supplemental payments	(3,292)
40	total aggregate limit adjustments	(3,326)
41		
42	UPL amount after aggregate limit adjustments	3,493
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net Funds amount	3,493

Georgia Department of Community Health

	Facility Name	Jeff Davis Hospital
2	base period report period beginning date	10/01/13
3	base period report period ending date	09/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	937,039
11	payments for services	334,590
12	annual covered charges	937,039
13	annual payments for services	334,590
14		
15	inpatient CCR	0.424046
16		
17	annual cost of services	397,348
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	965,132
23	adjusted Medicaid payments for services	344,621
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	344,621
26	adjusted cost of services	409,261
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	409,261
35	facility specific UPL amount	64,640
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(320)
39	allocation of supplemental payments	(31,204)
40	total aggregate limit adjustments	(31,524)
41		
42	UPL amount after aggregate limit adjustments	33,116
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net Funds amount	33,116

Georgia Department of Community Health

	Facility Name	Liberty Regional Medical Center
2	base period report period beginning date	12/01/13
3	base period report period ending date	11/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,762,164
11	payments for services	698,508
12	annual covered charges	2,762,164
13	annual payments for services	698,508
14		
15	inpatient CCR	0.329679
16		
17	annual cost of services	910,627
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	2,844,976
23	adjusted Medicaid payments for services	719,450
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	719,450
26	adjusted cost of services	937,929
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	937,929
35	facility specific UPL amount	218,479
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,082)
39	allocation of supplemental payments	(105,466)
40	total aggregate limit adjustments	(106,548)
41		
42	UPL amount after aggregate limit adjustments	111,931
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net Funds amount	111,931

Georgia Department of Community Health

	Facility Name	Medical Center of Peach County, Navicent Health
2	base period report period beginning date	10/01/13
3	base period report period ending date	09/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	859,804
11	payments for services	500,046
12	annual covered charges	859,804
13	annual payments for services	500,046
14		
15	inpatient CCR	0.540966
16		
17	annual cost of services	465,125
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	885,582
23	adjusted Medicaid payments for services	515,038
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	515,038
26	adjusted cost of services	479,070
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	479,070
35	facility specific UPL amount	(35,968)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	35,968
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	35,968
41		
42	UPL amount after aggregate limit adjustments	0
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 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	Miller County Hospital
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,019,504
11	payments for services	373,365
12	annual covered charges	1,019,504
13	annual payments for services	373,365
14		
15	inpatient CCR	0.494570
16		
17	annual cost of services	504,216
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	1,060,842
23	adjusted Medicaid payments for services	388,504
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	388,504
26	adjusted cost of services	524,660
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	524,660
35	facility specific UPL amount	136,156
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(674)
39	allocation of supplemental payments	(65,726)
40	total aggregate limit adjustments	(66,400)
41		
42	UPL amount after aggregate limit adjustments	69,756
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net Funds amount	69,756

Georgia Department of Community Health

	Facility Name	Mitchell County Hospital
2	base period report period beginning date	10/01/13
3	base period report period ending date	09/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	89,546
11	payments for services	56,638
12	annual covered charges	89,546
13	annual payments for services	56,638
14		
15	inpatient CCR	0.545448
16		
17	annual cost of services	48,843
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	92,231
23	adjusted Medicaid payments for services	58,336
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	58,336
26	adjusted cost of services	50,307
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	50,307
35	facility specific UPL amount	(8,029)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	8,029
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	8,029
41		
42	UPL amount after aggregate limit adjustments	0
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 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	Monroe County Hospital
2	base period report period beginning date	10/01/13
3	base period report period ending date	09/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	306,875
11	payments for services	144,939
12	annual covered charges	306,875
13	annual payments for services	144,939
14		
15	inpatient CCR	0.790441
16		
17	annual cost of services	242,566
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	316,075
23	adjusted Medicaid payments for services	149,284
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	149,284
26	adjusted cost of services	249,838
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	249,838
35	facility specific UPL amount	100,554
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(498)
39	allocation of supplemental payments	(48,540)
40	total aggregate limit adjustments	(49,038)
41		
42	UPL amount after aggregate limit adjustments	51,516
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net Funds amount	51,516

Georgia Department of Community Health

	Facility Name	Morgan Memorial Hospital
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	136,600
11	payments for services	87,214
12	annual covered charges	136,600
13	annual payments for services	87,214
14		
15	inpatient CCR	0.622611
16		
17	annual cost of services	85,049
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	142,139
23	adjusted Medicaid payments for services	90,750
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	90,750
26	adjusted cost of services	88,497
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	88,497
35	facility specific UPL amount	(2,253)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	2,253
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	2,253
41		
42	UPL amount after aggregate limit adjustments	0
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 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	Pioneer Community Hospital of Early
2	base period report period beginning date	10/01/13
3	base period report period ending date	09/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	284,848
11	payments for services	156,496
12	annual covered charges	284,848
13	annual payments for services	156,496
14		
15	inpatient CCR	0.546093
16		
17	annual cost of services	155,553
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	293,388
23	adjusted Medicaid payments for services	161,188
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	161,188
26	adjusted cost of services	160,217
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	160,217
35	facility specific UPL amount	(971)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	971
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	971
41		
42	UPL amount after aggregate limit adjustments	0
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 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	Floyd Polk Medical Center
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	75,048
11	payments for services	26,226
12	annual covered charges	75,048
13	annual payments for services	26,226
14		
15	inpatient CCR	0.690859
16		
17	annual cost of services	51,848
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	78,091
23	adjusted Medicaid payments for services	27,289
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	27,289
26	adjusted cost of services	53,950
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	53,950
35	facility specific UPL amount	26,661
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(132)
39	allocation of supplemental payments	(12,870)
40	total aggregate limit adjustments	(13,002)
41		
42	UPL amount after aggregate limit adjustments	13,659
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net Funds amount	13,659

Georgia Department of Community Health

	Facility Name	Putnam General Hospital
2	base period report period beginning date	10/01/13
3	base period report period ending date	09/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	467,154
11	payments for services	319,764
12	annual covered charges	467,154
13	annual payments for services	319,764
14		
15	inpatient CCR	0.661868
16		
17	annual cost of services	309,194
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	481,160
23	adjusted Medicaid payments for services	329,351
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	329,351
26	adjusted cost of services	318,464
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	318,464
35	facility specific UPL amount	(10,887)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	10,887
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	10,887
41		
42	UPL amount after aggregate limit adjustments	0
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 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	South Georgia Medical Center Lanier Campus
2	base period report period beginning date	10/01/13
3	base period report period ending date	09/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	289,749
11	payments for services	113,920
12	annual covered charges	289,749
13	annual payments for services	113,920
14		
15	inpatient CCR	0.548198
16		
17	annual cost of services	158,840
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	298,436
23	adjusted Medicaid payments for services	117,335
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	117,335
26	adjusted cost of services	163,602
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	163,602
35	facility specific UPL amount	46,267
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(229)
39	allocation of supplemental payments	(22,334)
40	total aggregate limit adjustments	(22,563)
41		
42	UPL amount after aggregate limit adjustments	23,704
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net Funds amount	23,704

Georgia Department of Community Health

	Facility Name	Southwest Georgia Regional Hospital
2	base period report period beginning date	08/01/13
3	base period report period ending date	07/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	183,817
11	payments for services	80,259
12	annual covered charges	183,817
13	annual payments for services	80,259
14		
15	inpatient CCR	0.567903
16		
17	annual cost of services	104,390
18		
19	<u>adjustment factor</u>	
20	inflation	1.037001
21		
22	adjusted annual charges	190,618
23	adjusted Medicaid payments for services	83,229
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	83,229
26	adjusted cost of services	108,253
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	108,253
35	facility specific UPL amount	25,024
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(124)
39	allocation of supplemental payments	(12,080)
40	total aggregate limit adjustments	(12,204)
41		
42	UPL amount after aggregate limit adjustments	12,820
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net Funds amount	12,820

Georgia Department of Community Health

	Facility Name	Sylvan Grove Hospital
2	base period report period beginning date	01/01/14
3	base period report period ending date	12/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	111,537
11	payments for services	21,102
12	annual covered charges	111,537
13	annual payments for services	21,102
14		
15	inpatient CCR	0.238793
16		
17	annual cost of services	26,634
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	114,881
23	adjusted Medicaid payments for services	21,735
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	21,735
26	adjusted cost of services	27,433
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	27,433
35	facility specific UPL amount	5,698
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(28)
39	allocation of supplemental payments	(2,751)
40	total aggregate limit adjustments	(2,779)
41		
42	UPL amount after aggregate limit adjustments	2,919
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net Funds amount	2,919

Georgia Department of Community Health

	Facility Name	Warm Springs Medical Center
2	base period report period beginning date	01/01/14
3	base period report period ending date	12/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	202,116
11	payments for services	97,123
12	annual covered charges	202,116
13	annual payments for services	97,123
14		
15	inpatient CCR	0.546262
16		
17	annual cost of services	110,408
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	208,176
23	adjusted Medicaid payments for services	100,035
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	100,035
26	adjusted cost of services	113,718
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	113,718
35	facility specific UPL amount	13,683
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(68)
39	allocation of supplemental payments	(6,605)
40	total aggregate limit adjustments	(6,673)
41		
42	UPL amount after aggregate limit adjustments	7,010
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net Funds amount	7,010

Georgia Department of Community Health

	Facility Name	Wills Memorial Hospital
2	base period report period beginning date	05/01/13
3	base period report period ending date	04/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	252,086
11	payments for services	154,421
12	annual covered charges	252,086
13	annual payments for services	154,421
14		
15	inpatient CCR	0.721163
16		
17	annual cost of services	181,795
18		
19	<u>adjustment factor</u>	
20	inflation	1.041565
21		
22	adjusted annual charges	262,564
23	adjusted Medicaid payments for services	160,840
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	160,840
26	adjusted cost of services	189,351
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	189,351
35	facility specific UPL amount	28,511
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(141)
39	allocation of supplemental payments	(13,763)
40	total aggregate limit adjustments	(13,904)
41		
42	UPL amount after aggregate limit adjustments	14,607
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net Funds amount	14,607

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	Facility Name	St. Mary's Good Samaritan Hospital
2	base period report period beginning date	07/01/13
3	base period report period ending date	06/30/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	211,075
11	payments for services	98,125
12	annual covered charges	211,075
13	annual payments for services	98,125
14		
15	inpatient CCR	0.559944
16		
17	annual cost of services	118,190
18		
19	<u>adjustment factor</u>	
20	inflation	1.040547
21		
22	adjusted annual charges	219,633
23	adjusted Medicaid payments for services	102,104
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	102,104
26	adjusted cost of services	122,982
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	122,982
35	facility specific UPL amount	20,878
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(5,837)
39	allocation of supplemental payments	(6,119)
40	total aggregate limit adjustments	(11,956)
41		
42	UPL amount after aggregate limit adjustments	8,922
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net Funds amount	8,922

Georgia Department of Community Health

	Facility Name	Mountain Lakes Medical Center
2	base period report period beginning date	01/01/14
3	base period report period ending date	12/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	338,116
11	payments for services	137,967
12	annual covered charges	338,116
13	annual payments for services	137,967
14		
15	inpatient CCR	0.636714
16		
17	annual cost of services	215,283
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	348,253
23	adjusted Medicaid payments for services	142,103
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	142,103
26	adjusted cost of services	221,737
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	221,737
35	facility specific UPL amount	79,634
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(22,262)
39	allocation of supplemental payments	(23,339)
40	total aggregate limit adjustments	(45,601)
41		
42	UPL amount after aggregate limit adjustments	34,033
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net Funds amount	34,033

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	Facility Name	Optim Medical Center-Jenkins
2	base period report period beginning date	01/01/14
3	base period report period ending date	12/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	215,923
11	payments for services	141,142
12	annual covered charges	215,923
13	annual payments for services	141,142
14		
15	inpatient CCR	0.737059
16		
17	annual cost of services	159,148
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	222,397
23	adjusted Medicaid payments for services	145,374
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	145,374
26	adjusted cost of services	163,919
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	163,919
35	facility specific UPL amount	18,545
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(5,184)
39	allocation of supplemental payments	(5,435)
40	total aggregate limit adjustments	(10,619)
41		
42	UPL amount after aggregate limit adjustments	7,926
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net Funds amount	7,926

Georgia Department of Community Health

	Facility Name	Optim Medical Center-Screven
2	base period report period beginning date	01/01/14
3	base period report period ending date	12/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	175,717
11	payments for services	97,108
12	annual covered charges	175,717
13	annual payments for services	97,108
14		
15	inpatient CCR	0.715392
16		
17	annual cost of services	125,706
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	180,985
23	adjusted Medicaid payments for services	100,019
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	100,019
26	adjusted cost of services	129,475
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	129,475
35	facility specific UPL amount	29,456
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(8,235)
39	allocation of supplemental payments	(8,633)
40	total aggregate limit adjustments	(16,868)
41		
42	UPL amount after aggregate limit adjustments	12,588
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net Funds amount	12,588

Georgia Department of Community Health

	Facility Name	Optim Medical Center-Tattnall
2	base period report period beginning date	01/01/14
3	base period report period ending date	12/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	4,613,469
11	payments for services	449,426
12	annual covered charges	4,613,469
13	annual payments for services	449,426
14		
15	inpatient CCR	0.113816
16		
17	annual cost of services	525,085
18		
19	<u>adjustment factor</u>	
20	inflation	1.029981
21		
22	adjusted annual charges	4,751,785
23	adjusted Medicaid payments for services	462,900
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	462,900
26	adjusted cost of services	540,828
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	540,828
35	facility specific UPL amount	77,928
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(21,785)
39	allocation of supplemental payments	(22,839)
40	total aggregate limit adjustments	(44,624)
41		
42	UPL amount after aggregate limit adjustments	33,304
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net Funds amount	33,304

Georgia Department of Community Health

	Facility Name	Phoebe Worth Medical Center
2	base period report period beginning date	08/01/13
3	base period report period ending date	07/31/14
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	353,420
11	payments for services	191,239
12	annual covered charges	353,420
13	annual payments for services	191,239
14		
15	inpatient CCR	0.523257
16		
17	annual cost of services	184,930
18		
19	<u>adjustment factor</u>	
20	inflation	1.037001
21		
22	adjusted annual charges	366,497
23	adjusted Medicaid payments for services	198,315
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	198,315
26	adjusted cost of services	191,773
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	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	191,773
35	facility specific UPL amount	(6,542)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	6,542
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	6,542
41		
42	UPL amount after aggregate limit adjustments	0
43	SFY2016 UPL 1st quarter - Projected IGT	0
44	SFY2016 UPL 2nd - 4th quarters- Projected IGT	0
45	Total Intergovernmental transfer amount	0
46	Net Funds amount	0