

Georgia Department of Community Health

	Facility Name	Roosevelt Warm Springs Rehabilitation & Specialty 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>subject to cost settlement</u>	
10	cost of Medicaid covered services	0
11	covered charges	0
12	outpatient CCR	0.000000
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	0
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	0
18	payments	0
19	annual covered charges	0
20	annual interim payments	0
21	annual cost of services	-
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	0
31	Cost of services - max annual payments for UPL	0
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	0
37	adjusted maximum annual payments for UPL	0
38	annual facility specific UPL amount	0
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	0
43	UPL adjustment available for SFY2016	0
44	SFY2016 UPL 1st quarter - Projected IGT	-
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	-
46	Total Intergovernmental transfer amount	-
47	Net Funds Amount	0

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	9,819,476
11	covered charges	36,924,514
12	outpatient CCR	0.265934
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	9,819,476
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,621,982
18	payments	110,550
19	annual covered charges	1,621,982
20	annual interim payments	110,550
21	annual cost of services	431,340
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	10,860,203
25	payments	1,444,994
26	annual covered charges	10,860,203
27	annual interim payments	1,444,994
28	annual cost of services	2,888,095
29		
30	Medicaid annual payments	11,375,020
31	Cost of services - max annual payments for UPL	13,138,911
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	11,836,243
37	adjusted maximum annual payments for UPL	13,671,655
38	annual facility specific UPL amount	1,835,412
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	1,835,412
43	UPL adjustment available for SFY2016	1,835,412
44	SFY2016 UPL 1st quarter - Projected IGT	151,697
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	446,693
46	Total Intergovernmental transfer amount	598,390
47	Net Funds Amount	1,237,022

Georgia Department of Community Health

	Facility Name	Appling 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>subject to cost settlement</u>	
10	cost of Medicaid covered services	452,768
11	covered charges	1,450,327
12	outpatient CCR	0.312184
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	433,616
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	84,649
18	payments	9,510
19	annual covered charges	84,649
20	annual interim payments	9,510
21	annual cost of services	26,426
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	443,126
31	Cost of services - max annual payments for UPL	479,194
32		
33	<u>adjustment factor</u>	
34	inflation	1.033479
35		
36	adjusted Medicaid annual payments	457,961
37	adjusted maximum annual payments for UPL	495,237
38	annual facility specific UPL amount	37,276
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	37,276
43	UPL adjustment available for SFY2016	37,276
44	SFY2016 UPL 1st quarter - Projected IGT	3,081
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	9,072
46	Total Intergovernmental transfer amount	12,153
47	Net Funds Amount	25,123

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	4,680,015
11	covered charges	24,565,531
12	outpatient CCR	0.190511
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	4,482,050
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,214,279
18	payments	47,997
19	annual covered charges	1,214,279
20	annual interim payments	47,997
21	annual cost of services	231,334
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,920,244
25	payments	618,105
26	annual covered charges	3,920,244
27	annual interim payments	618,105
28	annual cost of services	746,851
29		
30	Medicaid annual payments	5,148,152
31	Cost of services - max annual payments for UPL	5,658,200
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	5,302,499
37	adjusted maximum annual payments for UPL	5,827,838
38	annual facility specific UPL amount	525,339
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	525,339
43	UPL adjustment available for SFY2016	525,339
44	SFY2016 UPL 1st quarter - Projected IGT	43,419
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	127,854
46	Total Intergovernmental transfer amount	171,273
47	Net Funds Amount	354,066

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	304,931
11	covered charges	863,170
12	outpatient CCR	0.353269
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	292,032
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	70,310
18	payments	7,160
19	annual covered charges	70,310
20	annual interim payments	7,160
21	annual cost of services	24,838
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	299,192
31	Cost of services - max annual payments for UPL	329,769
32		
33	<u>adjustment factor</u>	
34	inflation	1.041056
35		
36	adjusted Medicaid annual payments	311,476
37	adjusted maximum annual payments for UPL	343,308
38	annual facility specific UPL amount	31,832
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	31,832
43	UPL adjustment available for SFY2016	31,832
44	SFY2016 UPL 1st quarter - Projected IGT	2,631
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	7,747
46	Total Intergovernmental transfer amount	10,378
47	Net Funds Amount	21,454

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	3,649,047
11	covered charges	14,997,864
12	outpatient CCR	0.243304
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,494,692
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,983,100
18	payments	90,511
19	annual covered charges	1,983,100
20	annual interim payments	90,511
21	annual cost of services	482,497
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	3,585,203
31	Cost of services - max annual payments for UPL	4,131,544
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	3,692,691
37	adjusted maximum annual payments for UPL	4,255,412
38	annual facility specific UPL amount	562,721
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	562,721
43	UPL adjustment available for SFY2016	562,721
44	SFY2016 UPL 1st quarter - Projected IGT	46,509
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	136,952
46	Total Intergovernmental transfer amount	183,461
47	Net Funds Amount	379,260

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,896,494
11	covered charges	8,336,719
12	outpatient CCR	0.227487
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,816,272
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	588,849
18	payments	47,969
19	annual covered charges	588,849
20	annual interim payments	47,969
21	annual cost of services	133,955
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,034,892
25	payments	343,792
26	annual covered charges	2,034,892
27	annual interim payments	343,792
28	annual cost of services	462,911
29		
30	Medicaid annual payments	2,208,033
31	Cost of services - max annual payments for UPL	2,493,360
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	2,274,232
37	adjusted maximum annual payments for UPL	2,568,113
38	annual facility specific UPL amount	293,881
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	293,881
43	UPL adjustment available for SFY2016	293,881
44	SFY2016 UPL 1st quarter - Projected IGT	24,289
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	71,523
46	Total Intergovernmental transfer amount	95,812
47	Net Funds Amount	198,069

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,498,278
11	covered charges	6,132,192
12	outpatient CCR	0.244330
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,434,901
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	239,725
18	payments	20,634
19	annual covered charges	239,725
20	annual interim payments	20,634
21	annual cost of services	58,572
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,295,396
25	payments	215,469
26	annual covered charges	1,295,396
27	annual interim payments	215,469
28	annual cost of services	316,504
29		
30	Medicaid annual payments	1,671,004
31	Cost of services - max annual payments for UPL	1,873,354
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	1,721,102
37	adjusted maximum annual payments for UPL	1,929,519
38	annual facility specific UPL amount	208,417
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	208,417
43	UPL adjustment available for SFY2016	208,417
44	SFY2016 UPL 1st quarter - Projected IGT	17,226
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	50,724
46	Total Intergovernmental transfer amount	67,950
47	Net Funds Amount	140,467

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	259,174
11	covered charges	1,118,779
12	outpatient CCR	0.231658
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	248,211
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	175,233
18	payments	15,476
19	annual covered charges	175,233
20	annual interim payments	15,476
21	annual cost of services	40,594
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	263,687
31	Cost of services - max annual payments for UPL	299,768
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	274,379
37	adjusted maximum annual payments for UPL	311,922
38	annual facility specific UPL amount	37,543
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	37,543
43	UPL adjustment available for SFY2016	37,543
44	SFY2016 UPL 1st quarter - Projected IGT	3,103
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	9,137
46	Total Intergovernmental transfer amount	12,240
47	Net Funds Amount	25,303

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	903,149
11	covered charges	3,561,105
12	outpatient CCR	0.253615
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	864,945
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	209,553
18	payments	18,516
19	annual covered charges	209,553
20	annual interim payments	18,516
21	annual cost of services	53,146
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	615,778
25	payments	24,914
26	annual covered charges	615,778
27	annual interim payments	24,914
28	annual cost of services	156,170
29		
30	Medicaid annual payments	908,375
31	Cost of services - max annual payments for UPL	1,112,465
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	945,207
37	adjusted maximum annual payments for UPL	1,157,572
38	annual facility specific UPL amount	212,365
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	212,365
43	UPL adjustment available for SFY2016	212,365
44	SFY2016 UPL 1st quarter - Projected IGT	17,552
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	51,684
46	Total Intergovernmental transfer amount	69,236
47	Net Funds Amount	143,129

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,981,991
11	covered charges	8,718,707
12	outpatient CCR	0.227326
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,898,153
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,034,333
18	payments	56,276
19	annual covered charges	1,034,333
20	annual interim payments	56,276
21	annual cost of services	235,131
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	201,875
25	payments	23,032
26	annual covered charges	201,875
27	annual interim payments	23,032
28	annual cost of services	45,891
29		
30	Medicaid annual payments	1,977,461
31	Cost of services - max annual payments for UPL	2,263,013
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	2,057,641
37	adjusted maximum annual payments for UPL	2,354,771
38	annual facility specific UPL amount	297,130
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	297,130
43	UPL adjustment available for SFY2016	297,130
44	SFY2016 UPL 1st quarter - Projected IGT	24,558
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	72,314
46	Total Intergovernmental transfer amount	96,872
47	Net Funds Amount	200,258

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	3,719,195
11	covered charges	15,600,863
12	outpatient CCR	0.238397
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,561,873
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,073,860
18	payments	47,941
19	annual covered charges	1,073,860
20	annual interim payments	47,941
21	annual cost of services	256,005
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,836,149
25	payments	304,760
26	annual covered charges	1,836,149
27	annual interim payments	304,760
28	annual cost of services	437,732
29		
30	Medicaid annual payments	3,914,574
31	Cost of services - max annual payments for UPL	4,412,932
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	4,073,298
37	adjusted maximum annual payments for UPL	4,591,863
38	annual facility specific UPL amount	518,565
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	518,565
43	UPL adjustment available for SFY2016	518,565
44	SFY2016 UPL 1st quarter - Projected IGT	42,859
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	126,206
46	Total Intergovernmental transfer amount	169,065
47	Net Funds Amount	349,500

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	423,689
11	covered charges	1,713,169
12	outpatient CCR	0.247313
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	405,767
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	0
18	payments	0
19	annual covered charges	0
20	annual interim payments	0
21	annual cost of services	-
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	502,272
25	payments	88,473
26	annual covered charges	502,272
27	annual interim payments	88,473
28	annual cost of services	124,218
29		
30	Medicaid annual payments	494,240
31	Cost of services - max annual payments for UPL	547,907
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	514,280
37	adjusted maximum annual payments for UPL	570,123
38	annual facility specific UPL amount	55,843
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	55,843
43	UPL adjustment available for SFY2016	55,843
44	SFY2016 UPL 1st quarter - Projected IGT	4,616
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	13,591
46	Total Intergovernmental transfer amount	18,207
47	Net Funds Amount	37,636

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	717,788
11	covered charges	3,010,345
12	outpatient CCR	0.238440
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	687,425
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	197,688
18	payments	14,321
19	annual covered charges	197,688
20	annual interim payments	14,321
21	annual cost of services	47,137
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	701,746
31	Cost of services - max annual payments for UPL	764,925
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	722,785
37	adjusted maximum annual payments for UPL	787,858
38	annual facility specific UPL amount	65,073
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	65,073
43	UPL adjustment available for SFY2016	65,073
44	SFY2016 UPL 1st quarter - Projected IGT	5,378
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	15,837
46	Total Intergovernmental transfer amount	21,215
47	Net Funds Amount	43,858

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	615,687
11	covered charges	1,559,279
12	outpatient CCR	0.394854
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	589,644
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	310,050
18	payments	28,418
19	annual covered charges	310,050
20	annual interim payments	28,418
21	annual cost of services	122,424
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	49,512
25	payments	16,085
26	annual covered charges	49,512
27	annual interim payments	16,085
28	annual cost of services	19,550
29		
30	Medicaid annual payments	634,147
31	Cost of services - max annual payments for UPL	757,661
32		
33	<u>adjustment factor</u>	
34	inflation	1.037001
35		
36	adjusted Medicaid annual payments	657,611
37	adjusted maximum annual payments for UPL	785,695
38	annual facility specific UPL amount	128,084
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	128,084
43	UPL adjustment available for SFY2016	128,084
44	SFY2016 UPL 1st quarter - Projected IGT	10,586
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	31,172
46	Total Intergovernmental transfer amount	41,758
47	Net Funds Amount	86,326

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	307,308
11	covered charges	979,755
12	outpatient CCR	0.313658
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	294,309
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	50,715
18	payments	3,524
19	annual covered charges	50,715
20	annual interim payments	3,524
21	annual cost of services	15,907
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	297,833
31	Cost of services - max annual payments for UPL	323,215
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	309,909
37	adjusted maximum annual payments for UPL	336,320
38	annual facility specific UPL amount	26,411
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	26,411
43	UPL adjustment available for SFY2016	26,411
44	SFY2016 UPL 1st quarter - Projected IGT	2,183
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	6,428
46	Total Intergovernmental transfer amount	8,611
47	Net Funds Amount	17,800

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	555,471
11	covered charges	3,575,013
12	outpatient CCR	0.155376
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	531,975
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	397,431
18	payments	16,167
19	annual covered charges	397,431
20	annual interim payments	16,167
21	annual cost of services	61,751
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	23,105
25	payments	4,824
26	annual covered charges	23,105
27	annual interim payments	4,824
28	annual cost of services	3,590
29		
30	Medicaid annual payments	552,966
31	Cost of services - max annual payments for UPL	620,812
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	575,387
37	adjusted maximum annual payments for UPL	645,984
38	annual facility specific UPL amount	70,597
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	70,597
43	UPL adjustment available for SFY2016	70,597
44	SFY2016 UPL 1st quarter - Projected IGT	5,835
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	17,182
46	Total Intergovernmental transfer amount	23,017
47	Net Funds Amount	47,580

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	4,770,943
11	covered charges	24,723,497
12	outpatient CCR	0.192972
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	4,569,133
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,627,147
18	payments	61,750
19	annual covered charges	1,627,147
20	annual interim payments	61,750
21	annual cost of services	313,994
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	4,263,114
25	payments	647,580
26	annual covered charges	4,263,114
27	annual interim payments	647,580
28	annual cost of services	822,662
29		
30	Medicaid annual payments	5,278,463
31	Cost of services - max annual payments for UPL	5,907,599
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	5,492,489
37	adjusted maximum annual payments for UPL	6,147,135
38	annual facility specific UPL amount	654,646
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	654,646
43	UPL adjustment available for SFY2016	654,646
44	SFY2016 UPL 1st quarter - Projected IGT	54,107
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	159,324
46	Total Intergovernmental transfer amount	213,431
47	Net Funds Amount	441,215

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	578,131
11	covered charges	1,865,426
12	outpatient CCR	0.309919
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	553,676
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	89,578
18	payments	10,461
19	annual covered charges	89,578
20	annual interim payments	10,461
21	annual cost of services	27,762
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	61,445
25	payments	15,943
26	annual covered charges	61,445
27	annual interim payments	15,943
28	annual cost of services	19,043
29		
30	Medicaid annual payments	580,080
31	Cost of services - max annual payments for UPL	624,936
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	597,471
37	adjusted maximum annual payments for UPL	643,672
38	annual facility specific UPL amount	46,201
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	46,201
43	UPL adjustment available for SFY2016	46,201
44	SFY2016 UPL 1st quarter - Projected IGT	3,818
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	11,244
46	Total Intergovernmental transfer amount	15,062
47	Net Funds Amount	31,139

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	16,049,922
11	covered charges	83,145,533
12	outpatient CCR	0.193034
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	15,371,010
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	2,660,002
18	payments	73,673
19	annual covered charges	2,660,002
20	annual interim payments	73,673
21	annual cost of services	513,471
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	16,825,298
25	payments	2,962,610
26	annual covered charges	16,825,298
27	annual interim payments	2,962,610
28	annual cost of services	3,247,856
29		
30	Medicaid annual payments	18,407,293
31	Cost of services - max annual payments for UPL	19,811,249
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	18,959,162
37	adjusted maximum annual payments for UPL	20,405,210
38	annual facility specific UPL amount	1,446,048
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	1,446,048
43	UPL adjustment available for SFY2016	1,446,048
44	SFY2016 UPL 1st quarter - Projected IGT	119,516
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	351,932
46	Total Intergovernmental transfer amount	471,448
47	Net Funds Amount	974,600

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	5,334,957
11	covered charges	25,097,294
12	outpatient CCR	0.212571
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	5,109,289
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,122,572
18	payments	57,898
19	annual covered charges	1,122,572
20	annual interim payments	57,898
21	annual cost of services	238,626
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,656,425
25	payments	777,156
26	annual covered charges	3,656,425
27	annual interim payments	777,156
28	annual cost of services	777,250
29		
30	Medicaid annual payments	5,944,343
31	Cost of services - max annual payments for UPL	6,350,833
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	6,185,368
37	adjusted maximum annual payments for UPL	6,608,341
38	annual facility specific UPL amount	422,973
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	422,973
43	UPL adjustment available for SFY2016	422,973
44	SFY2016 UPL 1st quarter - Projected IGT	34,959
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	102,941
46	Total Intergovernmental transfer amount	137,900
47	Net Funds Amount	285,073

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	713,373
11	covered charges	2,598,288
12	outpatient CCR	0.274555
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	683,197
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	139,834
18	payments	13,314
19	annual covered charges	139,834
20	annual interim payments	13,314
21	annual cost of services	38,392
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	696,511
31	Cost of services - max annual payments for UPL	751,765
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	724,752
37	adjusted maximum annual payments for UPL	782,247
38	annual facility specific UPL amount	57,495
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	57,495
43	UPL adjustment available for SFY2016	57,495
44	SFY2016 UPL 1st quarter - Projected IGT	4,752
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	13,993
46	Total Intergovernmental transfer amount	18,745
47	Net Funds Amount	38,750

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	2,878,546
11	covered charges	12,162,969
12	outpatient CCR	0.236665
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,756,783
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	395,070
18	payments	30,655
19	annual covered charges	395,070
20	annual interim payments	30,655
21	annual cost of services	93,499
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	381,947
25	payments	100,928
26	annual covered charges	381,947
27	annual interim payments	100,928
28	annual cost of services	90,393
29		
30	Medicaid annual payments	2,888,366
31	Cost of services - max annual payments for UPL	3,062,438
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	2,974,962
37	adjusted maximum annual payments for UPL	3,154,253
38	annual facility specific UPL amount	179,291
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	179,291
43	UPL adjustment available for SFY2016	179,291
44	SFY2016 UPL 1st quarter - Projected IGT	14,818
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	43,635
46	Total Intergovernmental transfer amount	58,453
47	Net Funds Amount	120,838

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,228,509
11	covered charges	6,417,007
12	outpatient CCR	0.191446
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,176,543
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	746,308
18	payments	36,641
19	annual covered charges	746,308
20	annual interim payments	36,641
21	annual cost of services	142,878
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,589,151
25	payments	207,310
26	annual covered charges	1,589,151
27	annual interim payments	207,310
28	annual cost of services	304,236
29		
30	Medicaid annual payments	1,420,494
31	Cost of services - max annual payments for UPL	1,675,623
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	1,463,082
37	adjusted maximum annual payments for UPL	1,725,860
38	annual facility specific UPL amount	262,778
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	262,778
43	UPL adjustment available for SFY2016	262,778
44	SFY2016 UPL 1st quarter - Projected IGT	21,719
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	63,953
46	Total Intergovernmental transfer amount	85,672
47	Net Funds Amount	177,106

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	425,016
11	covered charges	1,798,939
12	outpatient CCR	0.236259
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	407,038
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	79,672
18	payments	6,377
19	annual covered charges	79,672
20	annual interim payments	6,377
21	annual cost of services	18,823
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	179,775
25	payments	37,125
26	annual covered charges	179,775
27	annual interim payments	37,125
28	annual cost of services	42,473
29		
30	Medicaid annual payments	450,540
31	Cost of services - max annual payments for UPL	486,312
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	464,048
37	adjusted maximum annual payments for UPL	500,892
38	annual facility specific UPL amount	36,844
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	36,844
43	UPL adjustment available for SFY2016	36,844
44	SFY2016 UPL 1st quarter - Projected IGT	3,045
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	8,967
46	Total Intergovernmental transfer amount	12,012
47	Net Funds Amount	24,832

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	233,142
11	covered charges	521,432
12	outpatient CCR	0.447119
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	223,280
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	66,218
18	payments	6,993
19	annual covered charges	66,218
20	annual interim payments	6,993
21	annual cost of services	29,607
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	13,297
25	payments	5,384
26	annual covered charges	13,297
27	annual interim payments	5,384
28	annual cost of services	5,945
29		
30	Medicaid annual payments	235,657
31	Cost of services - max annual payments for UPL	268,694
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	242,722
37	adjusted maximum annual payments for UPL	276,750
38	annual facility specific UPL amount	34,028
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	34,028
43	UPL adjustment available for SFY2016	34,028
44	SFY2016 UPL 1st quarter - Projected IGT	2,812
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	8,282
46	Total Intergovernmental transfer amount	11,094
47	Net Funds Amount	22,934

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	4,076,428
11	covered charges	13,467,487
12	outpatient CCR	0.302687
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,903,995
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	869,770
18	payments	60,527
19	annual covered charges	869,770
20	annual interim payments	60,527
21	annual cost of services	263,268
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	907,682
25	payments	172,474
26	annual covered charges	907,682
27	annual interim payments	172,474
28	annual cost of services	274,743
29		
30	Medicaid annual payments	4,136,996
31	Cost of services - max annual payments for UPL	4,614,439
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	4,261,027
37	adjusted maximum annual payments for UPL	4,752,784
38	annual facility specific UPL amount	491,757
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	491,757
43	UPL adjustment available for SFY2016	491,757
44	SFY2016 UPL 1st quarter - Projected IGT	40,644
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	119,681
46	Total Intergovernmental transfer amount	160,325
47	Net Funds Amount	331,432

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,726,178
11	covered charges	11,042,924
12	outpatient CCR	0.156315
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,653,161
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	817,276
18	payments	34,291
19	annual covered charges	817,276
20	annual interim payments	34,291
21	annual cost of services	127,753
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,902,605
25	payments	388,484
26	annual covered charges	1,902,605
27	annual interim payments	388,484
28	annual cost of services	297,406
29		
30	Medicaid annual payments	2,075,936
31	Cost of services - max annual payments for UPL	2,151,337
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	2,160,109
37	adjusted maximum annual payments for UPL	2,238,567
38	annual facility specific UPL amount	78,458
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	78,458
43	UPL adjustment available for SFY2016	78,458
44	SFY2016 UPL 1st quarter - Projected IGT	6,485
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	19,095
46	Total Intergovernmental transfer amount	25,580
47	Net Funds Amount	52,878

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	8,159,885
11	covered charges	35,087,530
12	outpatient CCR	0.232558
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	7,814,722
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,197,416
18	payments	59,324
19	annual covered charges	1,197,416
20	annual interim payments	59,324
21	annual cost of services	278,469
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	10,392,156
25	payments	1,573,683
26	annual covered charges	10,392,156
27	annual interim payments	1,573,683
28	annual cost of services	2,416,779
29		
30	Medicaid annual payments	9,447,729
31	Cost of services - max annual payments for UPL	10,855,133
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	9,730,981
37	adjusted maximum annual payments for UPL	11,180,581
38	annual facility specific UPL amount	1,449,600
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	1,449,600
43	UPL adjustment available for SFY2016	1,449,600
44	SFY2016 UPL 1st quarter - Projected IGT	119,809
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	352,796
46	Total Intergovernmental transfer amount	472,605
47	Net Funds Amount	976,995

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	609,393
11	covered charges	2,392,395
12	outpatient CCR	0.254721
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	583,616
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	153,587
18	payments	18,713
19	annual covered charges	153,587
20	annual interim payments	18,713
21	annual cost of services	39,122
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	61,423
25	payments	15,298
26	annual covered charges	61,423
27	annual interim payments	15,298
28	annual cost of services	15,646
29		
30	Medicaid annual payments	617,627
31	Cost of services - max annual payments for UPL	664,161
32		
33	<u>adjustment factor</u>	
34	inflation	1.042074
35		
36	adjusted Medicaid annual payments	643,613
37	adjusted maximum annual payments for UPL	692,105
38	annual facility specific UPL amount	48,492
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	48,492
43	UPL adjustment available for SFY2016	48,492
44	SFY2016 UPL 1st quarter - Projected IGT	4,008
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	11,802
46	Total Intergovernmental transfer amount	15,810
47	Net Funds Amount	32,682

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	5,512,674
11	covered charges	32,076,290
12	outpatient CCR	0.171861
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	5,279,488
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	965,954
18	payments	47,661
19	annual covered charges	965,954
20	annual interim payments	47,661
21	annual cost of services	166,010
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	6,396,623
25	payments	665,240
26	annual covered charges	6,396,623
27	annual interim payments	665,240
28	annual cost of services	1,099,332
29		
30	Medicaid annual payments	5,992,389
31	Cost of services - max annual payments for UPL	6,778,016
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	6,172,047
37	adjusted maximum annual payments for UPL	6,981,228
38	annual facility specific UPL amount	809,181
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	809,181
43	UPL adjustment available for SFY2016	809,181
44	SFY2016 UPL 1st quarter - Projected IGT	66,879
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	196,935
46	Total Intergovernmental transfer amount	263,814
47	Net Funds Amount	545,367

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	6,335,176
11	covered charges	17,382,276
12	outpatient CCR	0.364462
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	6,067,198
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,209,429
18	payments	77,253
19	annual covered charges	1,209,429
20	annual interim payments	77,253
21	annual cost of services	440,791
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	5,541,040
25	payments	1,034,061
26	annual covered charges	5,541,040
27	annual interim payments	1,034,061
28	annual cost of services	2,019,498
29		
30	Medicaid annual payments	7,178,512
31	Cost of services - max annual payments for UPL	8,795,465
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	7,469,579
37	adjusted maximum annual payments for UPL	9,152,095
38	annual facility specific UPL amount	1,682,516
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	1,682,516
43	UPL adjustment available for SFY2016	1,682,516
44	SFY2016 UPL 1st quarter - Projected IGT	139,060
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	409,482
46	Total Intergovernmental transfer amount	548,542
47	Net Funds Amount	1,133,974

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	372,970
11	covered charges	1,598,743
12	outpatient CCR	0.233290
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	357,193
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	290,931
18	payments	19,915
19	annual covered charges	290,931
20	annual interim payments	19,915
21	annual cost of services	67,871
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	377,108
31	Cost of services - max annual payments for UPL	440,841
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	388,414
37	adjusted maximum annual payments for UPL	454,058
38	annual facility specific UPL amount	65,644
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	65,644
43	UPL adjustment available for SFY2016	65,644
44	SFY2016 UPL 1st quarter - Projected IGT	5,425
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	15,976
46	Total Intergovernmental transfer amount	21,401
47	Net Funds Amount	44,243

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,458,557
11	covered charges	6,517,385
12	outpatient CCR	0.223795
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,396,860
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	945,973
18	payments	44,257
19	annual covered charges	945,973
20	annual interim payments	44,257
21	annual cost of services	211,704
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	209,369
25	payments	53,984
26	annual covered charges	209,369
27	annual interim payments	53,984
28	annual cost of services	46,856
29		
30	Medicaid annual payments	1,495,101
31	Cost of services - max annual payments for UPL	1,717,117
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	1,539,926
37	adjusted maximum annual payments for UPL	1,768,598
38	annual facility specific UPL amount	228,672
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	228,672
43	UPL adjustment available for SFY2016	228,672
44	SFY2016 UPL 1st quarter - Projected IGT	18,900
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	55,653
46	Total Intergovernmental transfer amount	74,553
47	Net Funds Amount	154,119

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	5,052,762
11	covered charges	30,997,316
12	outpatient CCR	0.163006
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	4,839,030
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,715,483
18	payments	68,415
19	annual covered charges	1,715,483
20	annual interim payments	68,415
21	annual cost of services	279,635
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	6,574,480
25	payments	1,012,578
26	annual covered charges	6,574,480
27	annual interim payments	1,012,578
28	annual cost of services	1,071,683
29		
30	Medicaid annual payments	5,920,023
31	Cost of services - max annual payments for UPL	6,404,080
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	6,097,511
37	adjusted maximum annual payments for UPL	6,596,081
38	annual facility specific UPL amount	498,570
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	498,570
43	UPL adjustment available for SFY2016	498,570
44	SFY2016 UPL 1st quarter - Projected IGT	41,207
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	121,339
46	Total Intergovernmental transfer amount	162,546
47	Net Funds Amount	336,024

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	3,511,119
11	covered charges	17,482,538
12	outpatient CCR	0.200836
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,362,598
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	546,883
18	payments	17,453
19	annual covered charges	546,883
20	annual interim payments	17,453
21	annual cost of services	109,834
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	7,263,156
25	payments	1,436,023
26	annual covered charges	7,263,156
27	annual interim payments	1,436,023
28	annual cost of services	1,458,701
29		
30	Medicaid annual payments	4,816,074
31	Cost of services - max annual payments for UPL	5,079,654
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	4,960,465
37	adjusted maximum annual payments for UPL	5,231,947
38	annual facility specific UPL amount	271,482
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	271,482
43	UPL adjustment available for SFY2016	271,482
44	SFY2016 UPL 1st quarter - Projected IGT	22,438
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	66,072
46	Total Intergovernmental transfer amount	88,510
47	Net Funds Amount	182,972

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,637,435
11	covered charges	9,302,690
12	outpatient CCR	0.176017
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,568,171
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	642,415
18	payments	22,600
19	annual covered charges	642,415
20	annual interim payments	22,600
21	annual cost of services	113,076
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,584,731
25	payments	238,720
26	annual covered charges	1,584,731
27	annual interim payments	238,720
28	annual cost of services	278,940
29		
30	Medicaid annual payments	1,829,491
31	Cost of services - max annual payments for UPL	2,029,451
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	1,884,341
37	adjusted maximum annual payments for UPL	2,090,296
38	annual facility specific UPL amount	205,955
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	205,955
43	UPL adjustment available for SFY2016	205,955
44	SFY2016 UPL 1st quarter - Projected IGT	17,022
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	50,124
46	Total Intergovernmental transfer amount	67,146
47	Net Funds Amount	138,809

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,801,509
11	covered charges	10,458,377
12	outpatient CCR	0.172255
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,725,305
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	496,645
18	payments	18,125
19	annual covered charges	496,645
20	annual interim payments	18,125
21	annual cost of services	85,550
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,029,800
25	payments	274,672
26	annual covered charges	2,029,800
27	annual interim payments	274,672
28	annual cost of services	349,644
29		
30	Medicaid annual payments	2,018,102
31	Cost of services - max annual payments for UPL	2,236,703
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	2,078,607
37	adjusted maximum annual payments for UPL	2,303,762
38	annual facility specific UPL amount	225,155
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	225,155
43	UPL adjustment available for SFY2016	225,155
44	SFY2016 UPL 1st quarter - Projected IGT	18,609
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	54,797
46	Total Intergovernmental transfer amount	73,406
47	Net Funds Amount	151,749

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	25,508
11	covered charges	125,563
12	outpatient CCR	0.203150
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	24,429
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	0
18	payments	0
19	annual covered charges	0
20	annual interim payments	0
21	annual cost of services	-
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	24,429
31	Cost of services - max annual payments for UPL	25,508
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	25,420
37	adjusted maximum annual payments for UPL	26,542
38	annual facility specific UPL amount	1,122
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	1,122
43	UPL adjustment available for SFY2016	1,122
44	SFY2016 UPL 1st quarter - Projected IGT	93
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	273
46	Total Intergovernmental transfer amount	366
47	Net Funds Amount	756

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,144,406
11	covered charges	4,557,111
12	outpatient CCR	0.251125
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,095,997
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	371,415
18	payments	25,877
19	annual covered charges	371,415
20	annual interim payments	25,877
21	annual cost of services	93,272
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	76,551
25	payments	16,626
26	annual covered charges	76,551
27	annual interim payments	16,626
28	annual cost of services	19,224
29		
30	Medicaid annual payments	1,138,500
31	Cost of services - max annual payments for UPL	1,256,902
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	1,172,633
37	adjusted maximum annual payments for UPL	1,294,585
38	annual facility specific UPL amount	121,952
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	121,952
43	UPL adjustment available for SFY2016	121,952
44	SFY2016 UPL 1st quarter - Projected IGT	10,079
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	29,680
46	Total Intergovernmental transfer amount	39,759
47	Net Funds Amount	82,193

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	332,008
11	covered charges	1,807,020
12	outpatient CCR	0.183732
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	317,964
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	66,912
18	payments	5,818
19	annual covered charges	66,912
20	annual interim payments	5,818
21	annual cost of services	12,294
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	323,782
31	Cost of services - max annual payments for UPL	344,302
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	333,489
37	adjusted maximum annual payments for UPL	354,625
38	annual facility specific UPL amount	21,136
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	21,136
43	UPL adjustment available for SFY2016	21,136
44	SFY2016 UPL 1st quarter - Projected IGT	1,747
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	5,144
46	Total Intergovernmental transfer amount	6,891
47	Net Funds Amount	14,245

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	9,000,876
11	covered charges	34,307,100
12	outpatient CCR	0.262362
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	8,620,139
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,750,210
18	payments	111,377
19	annual covered charges	1,750,210
20	annual interim payments	111,377
21	annual cost of services	459,188
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	8,151,030
25	payments	1,123,770
26	annual covered charges	8,151,030
27	annual interim payments	1,123,770
28	annual cost of services	2,138,520
29		
30	Medicaid annual payments	9,855,286
31	Cost of services - max annual payments for UPL	11,598,584
32		
33	<u>adjustment factor</u>	
34	inflation	1.037001
35		
36	adjusted Medicaid annual payments	10,219,941
37	adjusted maximum annual payments for UPL	12,027,743
38	annual facility specific UPL amount	1,807,802
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	1,807,802
43	UPL adjustment available for SFY2016	1,807,802
44	SFY2016 UPL 1st quarter - Projected IGT	149,415
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	439,974
46	Total Intergovernmental transfer amount	589,389
47	Net Funds Amount	1,218,413

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,883,265
11	covered charges	5,638,264
12	outpatient CCR	0.334015
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,803,603
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	407,829
18	payments	33,238
19	annual covered charges	407,829
20	annual interim payments	33,238
21	annual cost of services	136,221
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	869,014
25	payments	194,462
26	annual covered charges	869,014
27	annual interim payments	194,462
28	annual cost of services	290,264
29		
30	Medicaid annual payments	2,031,303
31	Cost of services - max annual payments for UPL	2,309,750
32		
33	<u>adjustment factor</u>	
34	inflation	1.037001
35		
36	adjusted Medicaid annual payments	2,106,463
37	adjusted maximum annual payments for UPL	2,395,213
38	annual facility specific UPL amount	288,750
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	288,750
43	UPL adjustment available for SFY2016	288,750
44	SFY2016 UPL 1st quarter - Projected IGT	23,865
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	70,274
46	Total Intergovernmental transfer amount	94,139
47	Net Funds Amount	194,611

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,997,984
11	covered charges	11,224,637
12	outpatient CCR	0.178000
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,913,470
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	750,162
18	payments	43,507
19	annual covered charges	750,162
20	annual interim payments	43,507
21	annual cost of services	133,529
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,341,322
25	payments	324,888
26	annual covered charges	2,341,322
27	annual interim payments	324,888
28	annual cost of services	416,755
29		
30	Medicaid annual payments	2,281,865
31	Cost of services - max annual payments for UPL	2,548,268
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	2,374,388
37	adjusted maximum annual payments for UPL	2,651,593
38	annual facility specific UPL amount	277,205
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	277,205
43	UPL adjustment available for SFY2016	277,205
44	SFY2016 UPL 1st quarter - Projected IGT	22,911
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	67,465
46	Total Intergovernmental transfer amount	90,376
47	Net Funds Amount	186,829

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	4,808,323
11	covered charges	15,400,176
12	outpatient CCR	0.312225
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	4,604,931
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	288,765
18	payments	29,033
19	annual covered charges	288,765
20	annual interim payments	29,033
21	annual cost of services	90,160
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,564,311
25	payments	436,453
26	annual covered charges	2,564,311
27	annual interim payments	436,453
28	annual cost of services	800,643
29		
30	Medicaid annual payments	5,070,417
31	Cost of services - max annual payments for UPL	5,699,126
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	5,222,433
37	adjusted maximum annual payments for UPL	5,869,992
38	annual facility specific UPL amount	647,559
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	647,559
43	UPL adjustment available for SFY2016	647,559
44	SFY2016 UPL 1st quarter - Projected IGT	53,521
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	157,600
46	Total Intergovernmental transfer amount	211,121
47	Net Funds Amount	436,438

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	258,538
11	covered charges	657,439
12	outpatient CCR	0.393250
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	247,602
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	93,735
18	payments	13,873
19	annual covered charges	88,406
20	annual interim payments	13,084
21	annual cost of services	34,766
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	260,686
31	Cost of services - max annual payments for UPL	293,304
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	268,502
37	adjusted maximum annual payments for UPL	302,098
38	annual facility specific UPL amount	33,596
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	33,596
43	UPL adjustment available for SFY2016	33,596
44	SFY2016 UPL 1st quarter - Projected IGT	2,777
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	8,176
46	Total Intergovernmental transfer amount	10,953
47	Net Funds Amount	22,643

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	2,277,753
11	covered charges	8,898,458
12	outpatient CCR	0.255972
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,181,404
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	601,347
18	payments	46,262
19	annual covered charges	601,347
20	annual interim payments	46,262
21	annual cost of services	153,928
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,088,885
25	payments	169,624
26	annual covered charges	1,088,885
27	annual interim payments	169,624
28	annual cost of services	278,724
29		
30	Medicaid annual payments	2,397,290
31	Cost of services - max annual payments for UPL	2,710,405
32		
33	<u>adjustment factor</u>	
34	inflation	1.041565
35		
36	adjusted Medicaid annual payments	2,496,933
37	adjusted maximum annual payments for UPL	2,823,063
38	annual facility specific UPL amount	326,130
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	326,130
43	UPL adjustment available for SFY2016	326,130
44	SFY2016 UPL 1st quarter - Projected IGT	26,955
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	79,372
46	Total Intergovernmental transfer amount	106,327
47	Net Funds Amount	219,803

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	746,121
11	covered charges	2,069,330
12	outpatient CCR	0.360562
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	714,561
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	199,064
18	payments	19,138
19	annual covered charges	199,064
20	annual interim payments	19,138
21	annual cost of services	71,775
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	72,529
25	payments	19,841
26	annual covered charges	72,529
27	annual interim payments	19,841
28	annual cost of services	26,151
29		
30	Medicaid annual payments	753,540
31	Cost of services - max annual payments for UPL	844,047
32		
33	<u>adjustment factor</u>	
34	inflation	1.041565
35		
36	adjusted Medicaid annual payments	784,861
37	adjusted maximum annual payments for UPL	879,130
38	annual facility specific UPL amount	94,269
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	94,269
43	UPL adjustment available for SFY2016	94,269
44	SFY2016 UPL 1st quarter - Projected IGT	7,791
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	22,943
46	Total Intergovernmental transfer amount	30,734
47	Net Funds Amount	63,535

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,075,054
11	covered charges	2,221,924
12	outpatient CCR	0.483839
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,029,579
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	214,741
18	payments	28,865
19	annual covered charges	214,741
20	annual interim payments	28,865
21	annual cost of services	103,900
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	313,545
25	payments	92,649
26	annual covered charges	313,545
27	annual interim payments	92,649
28	annual cost of services	151,705
29		
30	Medicaid annual payments	1,151,093
31	Cost of services - max annual payments for UPL	1,330,659
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	1,185,604
37	adjusted maximum annual payments for UPL	1,370,554
38	annual facility specific UPL amount	184,950
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	184,950
43	UPL adjustment available for SFY2016	184,950
44	SFY2016 UPL 1st quarter - Projected IGT	15,286
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	45,012
46	Total Intergovernmental transfer amount	60,298
47	Net Funds Amount	124,652

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	3,359,126
11	covered charges	13,258,692
12	outpatient CCR	0.253353
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,217,035
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,030,514
18	payments	42,626
19	annual covered charges	1,030,514
20	annual interim payments	42,626
21	annual cost of services	261,084
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,406,226
25	payments	565,820
26	annual covered charges	3,406,226
27	annual interim payments	565,820
28	annual cost of services	862,977
29		
30	Medicaid annual payments	3,825,481
31	Cost of services - max annual payments for UPL	4,483,187
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	3,980,593
37	adjusted maximum annual payments for UPL	4,664,966
38	annual facility specific UPL amount	684,373
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	684,373
43	UPL adjustment available for SFY2016	684,373
44	SFY2016 UPL 1st quarter - Projected IGT	56,563
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	166,559
46	Total Intergovernmental transfer amount	223,122
47	Net Funds Amount	461,251

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	2,412,986
11	covered charges	8,433,736
12	outpatient CCR	0.286111
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,310,917
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	454,917
18	payments	26,068
19	annual covered charges	454,917
20	annual interim payments	26,068
21	annual cost of services	130,157
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	542,591
25	payments	141,103
26	annual covered charges	542,591
27	annual interim payments	141,103
28	annual cost of services	155,241
29		
30	Medicaid annual payments	2,478,088
31	Cost of services - max annual payments for UPL	2,698,384
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	2,578,567
37	adjusted maximum annual payments for UPL	2,807,796
38	annual facility specific UPL amount	229,229
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	229,229
43	UPL adjustment available for SFY2016	229,229
44	SFY2016 UPL 1st quarter - Projected IGT	18,946
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	55,789
46	Total Intergovernmental transfer amount	74,735
47	Net Funds Amount	154,494

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	2,872,511
11	covered charges	15,112,081
12	outpatient CCR	0.190080
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,751,003
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,100,290
18	payments	53,655
19	annual covered charges	1,100,290
20	annual interim payments	53,655
21	annual cost of services	209,144
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,249,928
25	payments	475,775
26	annual covered charges	3,249,928
27	annual interim payments	475,775
28	annual cost of services	617,748
29		
30	Medicaid annual payments	3,280,433
31	Cost of services - max annual payments for UPL	3,699,403
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	3,378,784
37	adjusted maximum annual payments for UPL	3,810,314
38	annual facility specific UPL amount	431,530
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	431,530
43	UPL adjustment available for SFY2016	431,530
44	SFY2016 UPL 1st quarter - Projected IGT	35,666
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	105,023
46	Total Intergovernmental transfer amount	140,689
47	Net Funds Amount	290,841

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	405,588
11	covered charges	1,526,233
12	outpatient CCR	0.265744
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	388,431
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	135,508
18	payments	11,691
19	annual covered charges	135,508
20	annual interim payments	11,691
21	annual cost of services	36,010
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	400,122
31	Cost of services - max annual payments for UPL	441,598
32		
33	<u>adjustment factor</u>	
34	inflation	1.041565
35		
36	adjusted Medicaid annual payments	416,753
37	adjusted maximum annual payments for UPL	459,953
38	annual facility specific UPL amount	43,200
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	43,200
43	UPL adjustment available for SFY2016	43,200
44	SFY2016 UPL 1st quarter - Projected IGT	3,570
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	10,514
46	Total Intergovernmental transfer amount	14,084
47	Net Funds Amount	29,116

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	2,956,317
11	covered charges	13,190,935
12	outpatient CCR	0.224117
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,831,265
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	315,705
18	payments	27,486
19	annual covered charges	315,705
20	annual interim payments	27,486
21	annual cost of services	70,755
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	986,976
25	payments	231,654
26	annual covered charges	986,976
27	annual interim payments	231,654
28	annual cost of services	221,198
29		
30	Medicaid annual payments	3,090,405
31	Cost of services - max annual payments for UPL	3,248,270
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	3,183,058
37	adjusted maximum annual payments for UPL	3,345,656
38	annual facility specific UPL amount	162,598
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	162,598
43	UPL adjustment available for SFY2016	162,598
44	SFY2016 UPL 1st quarter - Projected IGT	13,439
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	39,572
46	Total Intergovernmental transfer amount	53,011
47	Net Funds Amount	109,587

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	555,854
11	covered charges	1,884,616
12	outpatient CCR	0.294943
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	532,341
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	129,997
18	payments	10,181
19	annual covered charges	129,997
20	annual interim payments	10,181
21	annual cost of services	38,342
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	34,799
25	payments	10,721
26	annual covered charges	34,799
27	annual interim payments	10,721
28	annual cost of services	10,264
29		
30	Medicaid annual payments	553,243
31	Cost of services - max annual payments for UPL	604,460
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	569,830
37	adjusted maximum annual payments for UPL	622,582
38	annual facility specific UPL amount	52,752
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	52,752
43	UPL adjustment available for SFY2016	52,752
44	SFY2016 UPL 1st quarter - Projected IGT	4,360
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	12,839
46	Total Intergovernmental transfer amount	17,199
47	Net Funds Amount	35,553

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,514,619
11	covered charges	8,325,392
12	outpatient CCR	0.181928
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,450,550
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	838,581
18	payments	41,060
19	annual covered charges	838,581
20	annual interim payments	41,060
21	annual cost of services	152,561
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	775,397
25	payments	112,266
26	annual covered charges	775,397
27	annual interim payments	112,266
28	annual cost of services	141,066
29		
30	Medicaid annual payments	1,603,876
31	Cost of services - max annual payments for UPL	1,808,246
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	1,651,962
37	adjusted maximum annual payments for UPL	1,862,459
38	annual facility specific UPL amount	210,497
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	210,497
43	UPL adjustment available for SFY2016	210,497
44	SFY2016 UPL 1st quarter - Projected IGT	17,397
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	51,230
46	Total Intergovernmental transfer amount	68,627
47	Net Funds Amount	141,870

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	493,990
11	covered charges	1,266,081
12	outpatient CCR	0.390173
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	473,094
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	31,704
18	payments	5,993
19	annual covered charges	31,704
20	annual interim payments	5,993
21	annual cost of services	12,370
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	455,589
25	payments	75,193
26	annual covered charges	455,589
27	annual interim payments	75,193
28	annual cost of services	177,758
29		
30	Medicaid annual payments	554,280
31	Cost of services - max annual payments for UPL	684,118
32		
33	<u>adjustment factor</u>	
34	inflation	1.033479
35		
36	adjusted Medicaid annual payments	572,837
37	adjusted maximum annual payments for UPL	707,022
38	annual facility specific UPL amount	134,185
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	134,185
43	UPL adjustment available for SFY2016	134,185
44	SFY2016 UPL 1st quarter - Projected IGT	11,090
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	32,657
46	Total Intergovernmental transfer amount	43,747
47	Net Funds Amount	90,438

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,041,806
11	covered charges	3,807,254
12	outpatient CCR	0.273637
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	997,738
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	319,116
18	payments	30,208
19	annual covered charges	319,116
20	annual interim payments	30,208
21	annual cost of services	87,322
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	141,164
25	payments	31,273
26	annual covered charges	141,164
27	annual interim payments	31,273
28	annual cost of services	38,628
29		
30	Medicaid annual payments	1,059,219
31	Cost of services - max annual payments for UPL	1,167,756
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	1,102,167
37	adjusted maximum annual payments for UPL	1,215,105
38	annual facility specific UPL amount	112,938
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	112,938
43	UPL adjustment available for SFY2016	112,938
44	SFY2016 UPL 1st quarter - Projected IGT	9,334
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	27,486
46	Total Intergovernmental transfer amount	36,820
47	Net Funds Amount	76,118

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	2,891,410
11	covered charges	17,687,631
12	outpatient CCR	0.163471
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,769,103
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	2,337,475
18	payments	83,128
19	annual covered charges	2,337,475
20	annual interim payments	83,128
21	annual cost of services	382,109
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,573,609
25	payments	376,549
26	annual covered charges	2,573,609
27	annual interim payments	376,549
28	annual cost of services	420,710
29		
30	Medicaid annual payments	3,228,780
31	Cost of services - max annual payments for UPL	3,694,229
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	3,359,697
37	adjusted maximum annual payments for UPL	3,844,019
38	annual facility specific UPL amount	484,322
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	484,322
43	UPL adjustment available for SFY2016	484,322
44	SFY2016 UPL 1st quarter - Projected IGT	40,029
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	117,872
46	Total Intergovernmental transfer amount	157,901
47	Net Funds Amount	326,421

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,510,711
11	covered charges	10,053,857
12	outpatient CCR	0.150262
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,446,807
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,385,912
18	payments	52,416
19	annual covered charges	1,385,912
20	annual interim payments	52,416
21	annual cost of services	208,250
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	262,166
25	payments	53,978
26	annual covered charges	262,166
27	annual interim payments	53,978
28	annual cost of services	39,394
29		
30	Medicaid annual payments	1,553,201
31	Cost of services - max annual payments for UPL	1,758,355
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	1,616,179
37	adjusted maximum annual payments for UPL	1,829,651
38	annual facility specific UPL amount	213,472
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	213,472
43	UPL adjustment available for SFY2016	213,472
44	SFY2016 UPL 1st quarter - Projected IGT	17,643
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	51,954
46	Total Intergovernmental transfer amount	69,597
47	Net Funds Amount	143,875

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	3,068,426
11	covered charges	20,908,875
12	outpatient CCR	0.146752
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,938,631
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,424,542
18	payments	42,763
19	annual covered charges	1,424,542
20	annual interim payments	42,763
21	annual cost of services	209,055
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,910,001
25	payments	441,726
26	annual covered charges	3,910,001
27	annual interim payments	441,726
28	annual cost of services	573,802
29		
30	Medicaid annual payments	3,423,120
31	Cost of services - max annual payments for UPL	3,851,283
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	3,561,917
37	adjusted maximum annual payments for UPL	4,007,441
38	annual facility specific UPL amount	445,524
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	445,524
43	UPL adjustment available for SFY2016	445,524
44	SFY2016 UPL 1st quarter - Projected IGT	36,823
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	108,429
46	Total Intergovernmental transfer amount	145,252
47	Net Funds Amount	300,272

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	883,684
11	covered charges	6,131,942
12	outpatient CCR	0.144112
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	846,304
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	730,109
18	payments	24,893
19	annual covered charges	730,109
20	annual interim payments	24,893
21	annual cost of services	105,217
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	451,908
25	payments	48,176
26	annual covered charges	451,908
27	annual interim payments	48,176
28	annual cost of services	65,125
29		
30	Medicaid annual payments	919,373
31	Cost of services - max annual payments for UPL	1,054,026
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	956,651
37	adjusted maximum annual payments for UPL	1,096,763
38	annual facility specific UPL amount	140,112
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	140,112
43	UPL adjustment available for SFY2016	140,112
44	SFY2016 UPL 1st quarter - Projected IGT	11,580
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	34,100
46	Total Intergovernmental transfer amount	45,680
47	Net Funds Amount	94,432

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	168,542
11	covered charges	798,836
12	outpatient CCR	0.210985
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	161,413
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	0
18	payments	0
19	annual covered charges	0
20	annual interim payments	0
21	annual cost of services	-
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	81,300
25	payments	14,969
26	annual covered charges	81,300
27	annual interim payments	14,969
28	annual cost of services	17,153
29		
30	Medicaid annual payments	176,382
31	Cost of services - max annual payments for UPL	185,695
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	183,534
37	adjusted maximum annual payments for UPL	193,224
38	annual facility specific UPL amount	9,690
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	9,690
43	UPL adjustment available for SFY2016	9,690
44	SFY2016 UPL 1st quarter - Projected IGT	801
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	2,358
46	Total Intergovernmental transfer amount	3,159
47	Net Funds Amount	6,531

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	2,323,968
11	covered charges	11,146,959
12	outpatient CCR	0.208484
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,225,664
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	829,926
18	payments	52,996
19	annual covered charges	829,926
20	annual interim payments	52,996
21	annual cost of services	173,027
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,934,432
25	payments	454,196
26	annual covered charges	1,934,432
27	annual interim payments	454,196
28	annual cost of services	403,299
29		
30	Medicaid annual payments	2,732,856
31	Cost of services - max annual payments for UPL	2,900,294
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	2,814,790
37	adjusted maximum annual payments for UPL	2,987,247
38	annual facility specific UPL amount	172,457
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	172,457
43	UPL adjustment available for SFY2016	172,457
44	SFY2016 UPL 1st quarter - Projected IGT	14,253
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	41,972
46	Total Intergovernmental transfer amount	56,225
47	Net Funds Amount	116,232

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	362,638
11	covered charges	1,054,600
12	outpatient CCR	0.343863
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	362,638
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	137,576
18	payments	10,800
19	annual covered charges	137,576
20	annual interim payments	10,800
21	annual cost of services	47,307
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	69,119
25	payments	13,430
26	annual covered charges	69,119
27	annual interim payments	13,430
28	annual cost of services	23,767
29		
30	Medicaid annual payments	386,868
31	Cost of services - max annual payments for UPL	433,712
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	402,554
37	adjusted maximum annual payments for UPL	451,298
38	annual facility specific UPL amount	48,744
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	48,744
43	UPL adjustment available for SFY2016	48,744
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	48,744

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	248,638
11	covered charges	293,971
12	outpatient CCR	0.845790
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	248,638
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	28,161
18	payments	4,900
19	annual covered charges	28,161
20	annual interim payments	4,900
21	annual cost of services	23,818
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	11,955
25	payments	4,275
26	annual covered charges	11,955
27	annual interim payments	4,275
28	annual cost of services	10,111
29		
30	Medicaid annual payments	257,813
31	Cost of services - max annual payments for UPL	282,567
32		
33	<u>adjustment factor</u>	
34	inflation	1.042074
35		
36	adjusted Medicaid annual payments	268,660
37	adjusted maximum annual payments for UPL	294,455
38	annual facility specific UPL amount	25,795
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	25,795
43	UPL adjustment available for SFY2016	25,795
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	25,795

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	259,107
11	covered charges	754,731
12	outpatient CCR	0.343311
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	259,107
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	45,779
18	payments	4,650
19	annual covered charges	45,779
20	annual interim payments	4,650
21	annual cost of services	15,716
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	68,322
25	payments	13,791
26	annual covered charges	68,322
27	annual interim payments	13,791
28	annual cost of services	23,456
29		
30	Medicaid annual payments	277,548
31	Cost of services - max annual payments for UPL	298,279
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	285,869
37	adjusted maximum annual payments for UPL	307,222
38	annual facility specific UPL amount	21,353
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	21,353
43	UPL adjustment available for SFY2016	21,353
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	21,353

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	466,307
11	covered charges	1,779,389
12	outpatient CCR	0.262060
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	466,307
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	164,080
18	payments	7,800
19	annual covered charges	164,080
20	annual interim payments	7,800
21	annual cost of services	42,999
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	474,107
31	Cost of services - max annual payments for UPL	509,306
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	488,321
37	adjusted maximum annual payments for UPL	524,575
38	annual facility specific UPL amount	36,254
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	36,254
43	UPL adjustment available for SFY2016	36,254
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	36,254

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	82,697
11	covered charges	215,382
12	outpatient CCR	0.383953
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	82,697
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	19,429
18	payments	1,900
19	annual covered charges	19,429
20	annual interim payments	1,900
21	annual cost of services	7,460
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	84,597
31	Cost of services - max annual payments for UPL	90,157
32		
33	<u>adjustment factor</u>	
34	inflation	1.041565
35		
36	adjusted Medicaid annual payments	88,113
37	adjusted maximum annual payments for UPL	93,904
38	annual facility specific UPL amount	5,791
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	5,791
43	UPL adjustment available for SFY2016	5,791
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	5,791

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	300,771
11	covered charges	353,914
12	outpatient CCR	0.849842
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	300,771
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	72,537
18	payments	11,245
19	annual covered charges	72,537
20	annual interim payments	11,245
21	annual cost of services	61,645
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	312,016
31	Cost of services - max annual payments for UPL	362,416
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	324,667
37	adjusted maximum annual payments for UPL	377,111
38	annual facility specific UPL amount	52,444
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	52,444
43	UPL adjustment available for SFY2016	52,444
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	52,444

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	533,491
11	covered charges	1,773,524
12	outpatient CCR	0.300808
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	533,491
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	221,272
18	payments	11,100
19	annual covered charges	221,272
20	annual interim payments	11,100
21	annual cost of services	66,560
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	544,591
31	Cost of services - max annual payments for UPL	600,051
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	566,673
37	adjusted maximum annual payments for UPL	624,381
38	annual facility specific UPL amount	57,708
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	57,708
43	UPL adjustment available for SFY2016	57,708
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	57,708

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	913,052
11	covered charges	4,168,616
12	outpatient CCR	0.219030
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	913,052
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	278,863
18	payments	13,850
19	annual covered charges	278,863
20	annual interim payments	13,850
21	annual cost of services	61,079
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	170,550
25	payments	23,574
26	annual covered charges	170,550
27	annual interim payments	23,574
28	annual cost of services	37,356
29		
30	Medicaid annual payments	950,476
31	Cost of services - max annual payments for UPL	1,011,487
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	989,015
37	adjusted maximum annual payments for UPL	1,052,499
38	annual facility specific UPL amount	63,484
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	63,484
43	UPL adjustment available for SFY2016	63,484
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	63,484

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	150,400
11	covered charges	198,530
12	outpatient CCR	0.757566
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	150,400
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	21,253
18	payments	2,900
19	annual covered charges	21,253
20	annual interim payments	2,900
21	annual cost of services	16,101
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	153,300
31	Cost of services - max annual payments for UPL	166,501
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	157,896
37	adjusted maximum annual payments for UPL	171,492
38	annual facility specific UPL amount	13,596
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	13,596
43	UPL adjustment available for SFY2016	13,596
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	13,596

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	254,049
11	covered charges	664,720
12	outpatient CCR	0.382190
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	254,049
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	116,848
18	payments	10,550
19	annual covered charges	116,848
20	annual interim payments	10,550
21	annual cost of services	44,658
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	264,599
31	Cost of services - max annual payments for UPL	298,707
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	272,532
37	adjusted maximum annual payments for UPL	307,663
38	annual facility specific UPL amount	35,131
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	35,131
43	UPL adjustment available for SFY2016	35,131
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	35,131

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	696,253
11	covered charges	2,956,030
12	outpatient CCR	0.235537
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	696,253
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	364,476
18	payments	22,250
19	annual covered charges	364,476
20	annual interim payments	22,250
21	annual cost of services	85,847
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	227,969
25	payments	28,919
26	annual covered charges	227,969
27	annual interim payments	28,919
28	annual cost of services	53,695
29		
30	Medicaid annual payments	747,422
31	Cost of services - max annual payments for UPL	835,795
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	769,830
37	adjusted maximum annual payments for UPL	860,853
38	annual facility specific UPL amount	91,023
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	91,023
43	UPL adjustment available for SFY2016	91,023
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	91,023

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	407,435
11	covered charges	928,970
12	outpatient CCR	0.438587
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	407,435
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	114,049
18	payments	14,764
19	annual covered charges	114,049
20	annual interim payments	14,764
21	annual cost of services	50,020
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	12,436
25	payments	4,853
26	annual covered charges	12,436
27	annual interim payments	4,853
28	annual cost of services	5,454
29		
30	Medicaid annual payments	427,052
31	Cost of services - max annual payments for UPL	462,909
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	439,855
37	adjusted maximum annual payments for UPL	476,787
38	annual facility specific UPL amount	36,932
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	36,932
43	UPL adjustment available for SFY2016	36,932
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	36,932

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	800,298
11	covered charges	1,319,866
12	outpatient CCR	0.606348
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	800,298
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	38,942
18	payments	4,306
19	annual covered charges	38,942
20	annual interim payments	4,306
21	annual cost of services	23,612
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	88,083
25	payments	22,055
26	annual covered charges	88,083
27	annual interim payments	22,055
28	annual cost of services	53,409
29		
30	Medicaid annual payments	826,659
31	Cost of services - max annual payments for UPL	877,319
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	860,178
37	adjusted maximum annual payments for UPL	912,892
38	annual facility specific UPL amount	52,714
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	52,714
43	UPL adjustment available for SFY2016	52,714
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	52,714

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	394,637
11	covered charges	1,501,767
12	outpatient CCR	0.262782
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	394,637
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	117,764
18	payments	9,500
19	annual covered charges	117,764
20	annual interim payments	9,500
21	annual cost of services	30,946
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	450,150
25	payments	55,332
26	annual covered charges	450,150
27	annual interim payments	55,332
28	annual cost of services	118,291
29		
30	Medicaid annual payments	459,469
31	Cost of services - max annual payments for UPL	543,874
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	473,244
37	adjusted maximum annual payments for UPL	560,180
38	annual facility specific UPL amount	86,936
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	86,936
43	UPL adjustment available for SFY2016	86,936
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	86,936

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	188,129
11	covered charges	393,662
12	outpatient CCR	0.477895
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	188,129
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	58,273
18	payments	7,900
19	annual covered charges	58,273
20	annual interim payments	7,900
21	annual cost of services	27,848
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	196,029
31	Cost of services - max annual payments for UPL	215,977
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	201,906
37	adjusted maximum annual payments for UPL	222,452
38	annual facility specific UPL amount	20,546
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	20,546
43	UPL adjustment available for SFY2016	20,546
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	20,546

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	301,137
11	covered charges	637,942
12	outpatient CCR	0.472044
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	301,137
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	36,993
18	payments	4,100
19	annual covered charges	36,993
20	annual interim payments	4,100
21	annual cost of services	17,462
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	305,237
31	Cost of services - max annual payments for UPL	318,599
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	317,613
37	adjusted maximum annual payments for UPL	331,517
38	annual facility specific UPL amount	13,904
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	13,904
43	UPL adjustment available for SFY2016	13,904
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	13,904

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	196,674
11	covered charges	433,578
12	outpatient CCR	0.453606
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	196,674
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	64,612
18	payments	5,250
19	annual covered charges	64,612
20	annual interim payments	5,250
21	annual cost of services	29,308
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	35,698
25	payments	9,724
26	annual covered charges	35,698
27	annual interim payments	9,724
28	annual cost of services	16,193
29		
30	Medicaid annual payments	211,648
31	Cost of services - max annual payments for UPL	242,175
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	217,993
37	adjusted maximum annual payments for UPL	249,435
38	annual facility specific UPL amount	31,442
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	31,442
43	UPL adjustment available for SFY2016	31,442
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	31,442

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	818,901
11	covered charges	3,411,459
12	outpatient CCR	0.240044
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	818,901
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	618,104
18	payments	25,870
19	annual covered charges	618,104
20	annual interim payments	25,870
21	annual cost of services	148,372
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	26,158
25	payments	4,959
26	annual covered charges	26,158
27	annual interim payments	4,959
28	annual cost of services	6,279
29		
30	Medicaid annual payments	849,730
31	Cost of services - max annual payments for UPL	973,552
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	884,184
37	adjusted maximum annual payments for UPL	1,013,026
38	annual facility specific UPL amount	128,842
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	128,842
43	UPL adjustment available for SFY2016	128,842
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	128,842

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	281,675
11	covered charges	659,199
12	outpatient CCR	0.427299
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	281,675
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	79,099
18	payments	6,844
19	annual covered charges	79,099
20	annual interim payments	6,844
21	annual cost of services	33,799
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	24,013
25	payments	5,023
26	annual covered charges	24,013
27	annual interim payments	5,023
28	annual cost of services	10,261
29		
30	Medicaid annual payments	293,542
31	Cost of services - max annual payments for UPL	325,735
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	302,343
37	adjusted maximum annual payments for UPL	335,501
38	annual facility specific UPL amount	33,158
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	33,158
43	UPL adjustment available for SFY2016	33,158
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	33,158

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	277,196
11	covered charges	559,447
12	outpatient CCR	0.495483
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	277,196
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	39,920
18	payments	3,650
19	annual covered charges	39,920
20	annual interim payments	3,650
21	annual cost of services	19,780
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	280,846
31	Cost of services - max annual payments for UPL	296,976
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	289,266
37	adjusted maximum annual payments for UPL	305,880
38	annual facility specific UPL amount	16,614
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	16,614
43	UPL adjustment available for SFY2016	16,614
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	16,614

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	223,682
11	covered charges	531,664
12	outpatient CCR	0.420721
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	223,682
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	106,141
18	payments	8,128
19	annual covered charges	106,141
20	annual interim payments	8,128
21	annual cost of services	44,656
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	62,008
25	payments	18,484
26	annual covered charges	62,008
27	annual interim payments	18,484
28	annual cost of services	26,088
29		
30	Medicaid annual payments	250,294
31	Cost of services - max annual payments for UPL	294,426
32		
33	<u>adjustment factor</u>	
34	inflation	1.037001
35		
36	adjusted Medicaid annual payments	259,555
37	adjusted maximum annual payments for UPL	305,320
38	annual facility specific UPL amount	45,765
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	45,765
43	UPL adjustment available for SFY2016	45,765
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	45,765

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	250,322
11	covered charges	1,878,313
12	outpatient CCR	0.133269
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	250,322
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	266,898
18	payments	12,500
19	annual covered charges	266,898
20	annual interim payments	12,500
21	annual cost of services	35,569
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	262,822
31	Cost of services - max annual payments for UPL	285,891
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	270,702
37	adjusted maximum annual payments for UPL	294,462
38	annual facility specific UPL amount	23,760
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	23,760
43	UPL adjustment available for SFY2016	23,760
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	23,760

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	177,067
11	covered charges	478,638
12	outpatient CCR	0.369940
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	177,067
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	62,061
18	payments	7,650
19	annual covered charges	62,061
20	annual interim payments	7,650
21	annual cost of services	22,959
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	184,717
31	Cost of services - max annual payments for UPL	200,026
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	190,255
37	adjusted maximum annual payments for UPL	206,023
38	annual facility specific UPL amount	15,768
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	15,768
43	UPL adjustment available for SFY2016	15,768
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	15,768

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	199,665
11	covered charges	325,275
12	outpatient CCR	0.613836
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	199,665
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	11,877
18	payments	1,975
19	annual covered charges	11,877
20	annual interim payments	1,975
21	annual cost of services	7,291
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	201,640
31	Cost of services - max annual payments for UPL	206,956
32		
33	<u>adjustment factor</u>	
34	inflation	1.041565
35		
36	adjusted Medicaid annual payments	210,021
37	adjusted maximum annual payments for UPL	215,558
38	annual facility specific UPL amount	5,537
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	5,537
43	UPL adjustment available for SFY2016	5,537
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	5,537

Georgia Department of Community Health

	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>subject to cost settlement</u>	
10	cost of Medicaid covered services	332,923
11	covered charges	722,017
12	outpatient CCR	0.461101
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	332,923
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	107,915
18	payments	9,250
19	annual covered charges	107,915
20	annual interim payments	9,250
21	annual cost of services	49,760
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	56,590
25	payments	24,665
26	annual covered charges	56,590
27	annual interim payments	24,665
28	annual cost of services	26,094
29		
30	Medicaid annual payments	366,838
31	Cost of services - max annual payments for UPL	408,777
32		
33	<u>adjustment factor</u>	
34	inflation	1.040547
35		
36	adjusted Medicaid annual payments	381,712
37	adjusted maximum annual payments for UPL	425,351
38	annual facility specific UPL amount	43,639
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(1,013)
	annual UPL amount after aggregate limit adjustments	42,626
42		
43	UPL adjustment available for SFY2016	42,626
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	42,626

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	218,772
11	covered charges	544,591
12	outpatient CCR	0.401719
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	218,772
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	31,332
18	payments	1,900
19	annual covered charges	31,332
20	annual interim payments	1,900
21	annual cost of services	12,587
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	33,839
25	payments	14,382
26	annual covered charges	33,839
27	annual interim payments	14,382
28	annual cost of services	13,594
29		
30	Medicaid annual payments	235,054
31	Cost of services - max annual payments for UPL	244,953
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	242,101
37	adjusted maximum annual payments for UPL	252,297
38	annual facility specific UPL amount	10,196
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(237)
42	annual UPL amount after aggregate limit adjustments	9,959
43	UPL adjustment available for SFY2016	9,959
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	9,959

Georgia Department of Community Health

	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>subject to cost settlement</u>	
10	cost of Medicaid covered services	260,640
11	covered charges	750,486
12	outpatient CCR	0.347296
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	260,640
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	66,671
18	payments	8,000
19	annual covered charges	66,671
20	annual interim payments	8,000
21	annual cost of services	23,155
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	268,640
31	Cost of services - max annual payments for UPL	283,795
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	276,694
37	adjusted maximum annual payments for UPL	292,304
38	annual facility specific UPL amount	15,610
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(362)
42	annual UPL amount after aggregate limit adjustments	15,248
43	UPL adjustment available for SFY2016	15,248
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	15,248

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	269,785
11	covered charges	540,187
12	outpatient CCR	0.499429
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	269,785
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	75,445
18	payments	7,700
19	annual covered charges	75,445
20	annual interim payments	7,700
21	annual cost of services	37,679
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	58,395
25	payments	19,322
26	annual covered charges	58,395
27	annual interim payments	19,322
28	annual cost of services	29,164
29		
30	Medicaid annual payments	296,807
31	Cost of services - max annual payments for UPL	336,628
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	305,706
37	adjusted maximum annual payments for UPL	346,721
38	annual facility specific UPL amount	41,015
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(952)
42	annual UPL amount after aggregate limit adjustments	40,063
43	UPL adjustment available for SFY2016	40,063
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	40,063

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	645,216
11	covered charges	6,487,676
12	outpatient CCR	0.099453
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	645,216
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	91,177
18	payments	6,600
19	annual covered charges	91,177
20	annual interim payments	6,600
21	annual cost of services	9,068
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,450,682
25	payments	138,584
26	annual covered charges	1,450,682
27	annual interim payments	138,584
28	annual cost of services	144,274
29		
30	Medicaid annual payments	790,400
31	Cost of services - max annual payments for UPL	798,558
32		
33	<u>adjustment factor</u>	
34	inflation	1.029981
35		
36	adjusted Medicaid annual payments	814,097
37	adjusted maximum annual payments for UPL	822,499
38	annual facility specific UPL amount	8,402
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(195)
42	annual UPL amount after aggregate limit adjustments	8,207
43	UPL adjustment available for SFY2016	8,207
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	8,207

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>subject to cost settlement</u>	
10	cost of Medicaid covered services	361,061
11	covered charges	926,591
12	outpatient CCR	0.389665
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	361,061
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	126,977
18	payments	9,100
19	annual covered charges	126,977
20	annual interim payments	9,100
21	annual cost of services	49,479
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	370,161
31	Cost of services - max annual payments for UPL	410,540
32		
33	<u>adjustment factor</u>	
34	inflation	1.037001
35		
36	adjusted Medicaid annual payments	383,857
37	adjusted maximum annual payments for UPL	425,730
38	annual facility specific UPL amount	41,873
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(972)
42	annual UPL amount after aggregate limit adjustments	40,901
43	UPL adjustment available for SFY2016	40,901
44	SFY2016 UPL 1st quarter - Projected IGT	0
45	SFY2016 UPL 2nd -4th quarters - Projected IGT	0
46	Total Intergovernmental transfer amount	0
47	Net Funds Amount	40,901