

Georgia Department of Community Health

	Facility Name	Appling General	Athens Regional	Bacon County Hospital
1	Medicaid Provider ID	000000052A	000000074A	000000118A
2	base period report period beginning date	9/1/2006	10/1/2006	7/1/2006
3	base period report period ending date	8/31/2007	9/30/2007	6/30/2007
4	HS&R processing date for Medicaid data	10/20/2008	9/29/2008	9/29/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	1
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	385,645	3,053,835	212,489
11	covered charges	1,283,487	12,327,136	776,072
12	outpatient Medicaid ratio of costs to charges	0.300467	0.247733	0.273801
13	annual cost of Medicaid covered services	385,645	3,053,835	212,489
14	cost settlement rate	85.60%	85.60%	100.00%
15	annual Medicaid payments after cost settlement	330,112	2,614,083	212,489
16				
17	<u>fee schedule lab only</u>			
18	covered charges	507,277	2,466,322	289,735
19	payments	64,598	398,981	30,392
20	annual covered charges	507,277	2,466,322	289,735
21	annual interim payments	64,598	398,981	30,392
22	annual cost of services if CAH	-	-	79,330
23	annual Medicare payments if not CAH	73,642	454,838	0
24				
25	<u>subject to fixed fee payment</u>			
26	covered charges	63,060	381,047	139,023
27	payments	7,350	22,750	17,208
28	annual covered charges	63,060	381,047	139,023
29	annual interim payments	7,350	22,750	17,208
30	annual cost of services	18,947	94,398	38,065
31				
32	<u>subject to limit of inpatient rate</u>			
33	covered charges	0	1,679,544	52,572
34	payments	0	288,118	21,025
35	annual covered charges	-	1,679,544	52,572
36	annual interim payments	-	288,118	21,025
37	annual cost of services	-	416,078	14,394
38				
39	Medicaid annual payments	402,060	3,323,932	281,114
40	maximum annual payments for UPL	422,701	3,579,397	344,278
41				
42	adjustment factors			
43	inflation	1.036842	1.047253	1.057876
44	volume allowance	1.065844	1.062851	1.071830
45	combined factors	1.105112	1.113074	1.133863
46				
47	adjusted Medicaid annual payments	444,321	3,699,782	318,745
48	adjusted maximum annual payments for UPL	467,132	3,984,134	390,364
49	annual facility specific UPL amount	22,811	284,352	71,619
50				
51	annual allocation of charge limit (if applicable)	227	2,104	144
52				
53	annual UPL amount after aggregate limit adjustments	23,038	286,456	71,763
54	UPL adjustment available for 3Q + 4Q SFY2009			

Georgia Department of Community Health

Facility Name	Banks Jackson Commerce Med Ctr	Bleckley Memorial	Brooks County
1 Medicaid Provider ID	000000151A	000000195A	000000239A
2 base period report period beginning date	7/1/2006	4/1/2006	10/1/2006
3 base period report period ending date	6/30/2007	3/31/2007	9/30/2007
4 HS&R processing date for Medicaid data	9/29/2008	9/29/2008	9/29/2008
5 adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6			
7 CAH status (1 = yes)	0	1	1
8			
9 <u>subject to cost settlement</u>			
10 cost of Medicaid covered services	390,696	325,146	204,579
11 covered charges	1,363,769	307,673	491,014
12 outpatient Medicaid ratio of costs to charges	0.286483	1.056791	0.416646
13 annual cost of Medicaid covered services	390,696	325,146	204,579
14 cost settlement rate	85.60%	100.00%	100.00%
15 annual Medicaid payments after cost settlement	334,436	325,146	204,579
16			
17 <u>fee schedule lab only</u>			
18 covered charges	384,629	183,464	209,934
19 payments	42,557	25,443	27,563
20 annual covered charges	384,629	183,464	209,934
21 annual interim payments	42,557	25,443	27,563
22 annual cost of services if CAH	-	193,883	87,468
23 annual Medicare payments if not CAH	48,515	0	0
24			
25 <u>subject to fixed fee payment</u>			
26 covered charges	95,278	30,310	30,903
27 payments	11,050	6,982	3,603
28 annual covered charges	95,278	30,310	30,903
29 annual interim payments	11,050	6,982	3,603
30 annual cost of services	27,296	32,031	12,876
31			
32 <u>subject to limit of inpatient rate</u>			
33 covered charges	0	0	52,963
34 payments	0	0	18,444
35 annual covered charges	-	-	52,963
36 annual interim payments	-	-	18,444
37 annual cost of services	-	-	22,067
38			
39 Medicaid annual payments	388,043	357,571	254,189
40 maximum annual payments for UPL	410,247	551,060	326,990
41			
42 adjustment factors			
43 inflation	1.057876	1.070006	1.047253
44 volume allowance	1.071830	1.080809	1.062851
45 combined factors	1.133863	1.156472	1.113074
46			
47 adjusted Medicaid annual payments	439,988	413,521	282,931
48 adjusted maximum annual payments for UPL	465,164	637,285	363,964
49 annual facility specific UPL amount	25,176	223,764	81,033
50			
51 annual allocation of charge limit (if applicable)	227	(59,888)	71
52			
53 annual UPL amount after aggregate limit adjustments	25,403	163,876	81,104
54 UPL adjustment available for 3Q + 4Q SFY2009			

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	Facility Name	Burke Medical Center	Calhoun Memorial	Camden Medical Ctr.
1	Medicaid Provider ID	000000283A	000000305A	000000811A
2	base period report period beginning date	6/1/2006	4/1/2006	10/1/2006
3	base period report period ending date	5/31/2007	3/31/2007	9/30/2007
4	HS&R processing date for Medicaid data	9/29/2008	9/29/2008	9/29/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	1	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	563,424	189,233	341,953
11	covered charges	909,860	266,033	1,310,636
12	outpatient Medicaid ratio of costs to charges	0.619243	0.711314	0.260906
13	annual cost of Medicaid covered services	563,424	189,233	341,953
14	cost settlement rate	85.60%	100.00%	85.60%
15	annual Medicaid payments after cost settlement	482,291	189,233	292,712
16				
17	<u>fee schedule lab only</u>			
18	covered charges	108,280	86,928	231,600
19	payments	30,448	11,727	56,324
20	annual covered charges	108,280	86,928	231,600
21	annual interim payments	30,448	11,727	56,324
22	annual cost of services if CAH	-	61,833	-
23	annual Medicare payments if not CAH	34,711	0	64,209
24				
25	<u>subject to fixed fee payment</u>			
26	covered charges	69,327	32,814	106,101
27	payments	17,375	7,600	14,850
28	annual covered charges	69,327	32,814	106,101
29	annual interim payments	17,375	7,600	14,850
30	annual cost of services	42,930	23,341	27,682
31				
32	<u>subject to limit of inpatient rate</u>			
33	covered charges	7,367	12,283	66,575
34	payments	3,328	6,478	20,646
35	annual covered charges	7,367	12,283	66,575
36	annual interim payments	3,328	6,478	20,646
37	annual cost of services	4,562	8,737	17,370
38				
39	Medicaid annual payments	533,442	215,038	384,532
40	maximum annual payments for UPL	564,494	283,144	401,973
41				
42	adjustment factors			
43	inflation	1.046018	1.070006	1.047253
44	volume allowance	1.074823	1.080809	1.062851
45	combined factors	1.124284	1.156472	1.113074
46				
47	adjusted Medicaid annual payments	599,740	248,685	428,013
48	adjusted maximum annual payments for UPL	634,652	327,448	447,426
49	annual facility specific UPL amount	34,912	78,763	19,413
50				
51	annual allocation of charge limit (if applicable)	84	17	208
52				
53	annual UPL amount after aggregate limit adjustments	34,996	78,780	19,621
54	UPL adjustment available for 3Q + 4Q SFY2009			

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	Facility Name	Candler County	Charlton Memorial	Chatuge Regional	Clinch Memorial
1	Medicaid Provider ID	000000316A	000000338A	000001933A	000000415A
2	base period report period beginning date	1/1/2007	7/1/2006	5/1/2006	7/1/2006
3	base period report period ending date	12/31/2007	6/30/2007	4/30/2007	6/30/2007
4	HS&R processing date for Medicaid data	9/29/2008	9/29/2008	9/29/2008	9/29/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	1	1	1	1
8					
9	<u>subject to cost settlement</u>				
10	cost of Medicaid covered services	267,956	201,331	88,124	256,599
11	covered charges	421,938	257,748	221,471	400,515
12	outpatient Medicaid ratio of costs to charges	0.63506	0.781116	0.397903	0.640673
13	annual cost of Medicaid covered services	267,956	201,331	88,124	256,599
14	cost settlement rate	100.00%	100.00%	100.00%	100.00%
15	annual Medicaid payments after cost settlement	267,956	201,331	88,124	256,599
16					
17	<u>fee schedule lab only</u>				
18	covered charges	123,574	174,958	63,931	204,092
19	payments	20,861	24,540	13,064	26,102
20	annual covered charges	123,574	174,958	63,931	204,092
21	annual interim payments	20,861	24,540	13,064	26,102
22	annual cost of services if CAH	78,477	136,662	25,438	130,756
23	annual Medicare payments if not CAH	0	0	0	0
24					
25	<u>subject to fixed fee payment</u>				
26	covered charges	39,156	59,883	35,201	32,657
27	payments	9,690	12,550	4,700	6,518
28	annual covered charges	39,156	59,883	35,201	32,657
29	annual interim payments	9,690	12,550	4,700	6,518
30	annual cost of services	24,866	46,776	14,007	20,922
31					
32	<u>subject to limit of inpatient rate</u>				
33	covered charges	147,934	6,860	0	45,244
34	payments	74,378	3,438	0	23,049
35	annual covered charges	147,934	6,860	-	45,244
36	annual interim payments	74,378	3,438	-	23,049
37	annual cost of services	93,947	5,358	-	28,987
38					
39	Medicaid annual payments	372,885	241,859	105,888	312,268
40	maximum annual payments for UPL	465,246	390,127	127,569	437,264
41					
42	adjustment factors				
43	inflation	1.032615	1.057876	1.057876	1.057876
44	volume allowance	1.053873	1.071830	1.077816	1.071830
45	combined factors	1.088245	1.133863	1.140196	1.133863
46					
47	adjusted Medicaid annual payments	405,790	274,235	120,733	354,069
48	adjusted maximum annual payments for UPL	506,302	442,351	145,454	495,797
49	annual facility specific UPL amount	100,512	168,116	24,721	141,728
50					
51	annual allocation of charge limit (if applicable)	41	14	30	36
52					
53	annual UPL amount after aggregate limit adjustments	100,553	168,130	24,751	141,764
54	UPL adjustment available for 3Q + 4Q SFY2009				

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	Facility Name	Cobb Hosp. & Med. Ctr.	Coffee Regional	Colquitt Regional
1	Medicaid Provider ID	000000426A	000000448A	000002021A
2	base period report period beginning date	7/1/2006	1/1/2007	10/1/2006
3	base period report period ending date	6/30/2007	12/31/2007	9/30/2007
4	HS&R processing date for Medicaid data	9/29/2008	9/29/2008	9/29/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	2,243,380	1,000,281	1,344,624
11	covered charges	9,016,639	3,725,402	3,482,633
12	outpatient Medicaid ratio of costs to charges	0.248804	0.268503	0.386094
13	annual cost of Medicaid covered services	2,243,380	1,000,281	1,344,624
14	cost settlement rate	85.60%	85.60%	85.60%
15	annual Medicaid payments after cost settlement	1,920,333	856,241	1,150,998
16				
17	<u>fee schedule lab only</u>			
18	covered charges	1,515,169	897,363	703,005
19	payments	136,829	108,921	202,222
20	annual covered charges	1,515,169	897,363	703,005
21	annual interim payments	136,829	108,921	202,222
22	annual cost of services if CAH	-	-	-
23	annual Medicare payments if not CAH	155,985	124,170	230,533
24				
25	<u>subject to fixed fee payment</u>			
26	covered charges	438,484	435,320	165,558
27	payments	40,678	40,250	20,703
28	annual covered charges	438,484	435,320	165,558
29	annual interim payments	40,678	40,250	20,703
30	annual cost of services	109,097	116,885	63,921
31				
32	<u>subject to limit of inpatient rate</u>			
33	covered charges	2,739,965	59,852	181,089
34	payments	359,472	14,100	46,564
35	annual covered charges	2,739,965	59,852	181,089
36	annual interim payments	359,472	14,100	46,564
37	annual cost of services	681,714	16,070	69,917
38				
39	Medicaid annual payments	2,457,312	1,019,512	1,420,487
40	maximum annual payments for UPL	2,867,129	1,113,366	1,515,369
41				
42	adjustment factors			
43	inflation	1.057876	1.032615	1.047253
44	volume allowance	1.071830	1.053873	1.062851
45	combined factors	1.133863	1.088245	1.113074
46				
47	adjusted Medicaid annual payments	2,786,255	1,109,479	1,581,107
48	adjusted maximum annual payments for UPL	3,250,931	1,211,615	1,686,718
49	annual facility specific UPL amount	464,676	102,136	105,611
50				
51	annual allocation of charge limit (if applicable)	1,713	635	477
52				
53	annual UPL amount after aggregate limit adjustments	466,389	102,771	106,088
54	UPL adjustment available for 3Q + 4Q SFY2009			

Georgia Department of Community Health

	Facility Name	Crisp Regional	Dekalb Hillandale	DeKalb Medical Center
1	Medicaid Provider ID	000000514A	000000536U	000000536A
2	base period report period beginning date	7/1/2006	7/1/2006	7/1/2006
3	base period report period ending date	6/30/2007	6/30/2007	6/30/2007
4	HS&R processing date for Medicaid data	9/29/2008	9/29/2008	9/29/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	965,286	1,226,099	2,209,263
11	covered charges	2,795,945	3,237,944	7,495,092
12	outpatient Medicaid ratio of costs to charges	0.345245	0.378666	0.294761
13	annual cost of Medicaid covered services	965,286	1,226,099	2,209,263
14	cost settlement rate	85.60%	85.60%	85.60%
15	annual Medicaid payments after cost settlement	826,285	1,049,541	1,891,129
16				
17	<u>fee schedule lab only</u>			
18	covered charges	1,034,443	734,145	2,673,295
19	payments	167,935	101,480	475,815
20	annual covered charges	1,034,443	734,145	2,673,295
21	annual interim payments	167,935	101,480	475,815
22	annual cost of services if CAH	-	-	-
23	annual Medicare payments if not CAH	191,446	115,687	542,429
24				
25	<u>subject to fixed fee payment</u>			
26	covered charges	131,087	539,814	787,222
27	payments	18,055	44,455	56,471
28	annual covered charges	131,087	539,814	787,222
29	annual interim payments	18,055	44,455	56,471
30	annual cost of services	45,257	204,409	232,042
31				
32	<u>subject to limit of inpatient rate</u>			
33	covered charges	140,521	118,328	3,272,158
34	payments	30,378	31,955	676,204
35	annual covered charges	140,521	118,328	3,272,158
36	annual interim payments	30,378	31,955	676,204
37	annual cost of services	48,514	44,807	964,505
38				
39	Medicaid annual payments	1,042,653	1,227,431	3,099,619
40	maximum annual payments for UPL	1,111,502	1,414,444	3,630,105
41				
42	adjustment factors			
43	inflation	1.057876	1.057876	1.057876
44	volume allowance	1.071830	1.071830	1.071830
45	combined factors	1.133863	1.133863	1.133863
46				
47	adjusted Medicaid annual payments	1,182,226	1,391,739	3,514,543
48	adjusted maximum annual payments for UPL	1,260,291	1,603,786	4,116,042
49	annual facility specific UPL amount	78,065	212,047	601,499
50				
51	annual allocation of charge limit (if applicable)	473	507	1,672
52				
53	annual UPL amount after aggregate limit adjustments	78,538	212,554	603,171
54	UPL adjustment available for 3Q + 4Q SFY2009			

Georgia Department of Community Health

	Facility Name	Doctors Hospital Columbus	Dodge County	Dorminy Medical Ctr.
1	Medicaid Provider ID	000148233A	000000591A	000000613A
2	base period report period beginning date	1/1/2007	10/1/2006	8/1/2006
3	base period report period ending date	12/31/2007	9/30/2007	7/31/2007
4	HS&R processing date for Medicaid data	9/29/2008	9/29/2008	9/29/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	709,574	649,347	456,051
11	covered charges	3,401,449	1,596,795	986,502
12	outpatient Medicaid ratio of costs to charges	0.208609	0.406656	0.462291
13	annual cost of Medicaid covered services	709,574	649,347	456,051
14	cost settlement rate	85.60%	85.60%	85.60%
15	annual Medicaid payments after cost settlement	607,395	555,841	390,380
16				
17	<u>fee schedule lab only</u>			
18	covered charges	902,483	442,294	300,831
19	payments	67,120	53,062	44,439
20	annual covered charges	902,483	442,294	300,831
21	annual interim payments	67,120	53,062	44,439
22	annual cost of services if CAH	-	-	-
23	annual Medicare payments if not CAH	76,517	60,491	50,660
24				
25	<u>subject to fixed fee payment</u>			
26	covered charges	632,160	159,675	114,116
27	payments	37,900	20,484	21,045
28	annual covered charges	632,160	159,675	114,116
29	annual interim payments	37,900	20,484	21,045
30	annual cost of services	131,874	64,933	52,755
31				
32	<u>subject to limit of inpatient rate</u>			
33	covered charges	910,096	13,045	84,676
34	payments	129,709	3,334	23,570
35	annual covered charges	910,096	13,045	84,676
36	annual interim payments	129,709	3,334	23,570
37	annual cost of services	189,854	5,305	39,145
38				
39	Medicaid annual payments	842,124	632,721	479,434
40	maximum annual payments for UPL	1,005,640	686,570	532,940
41				
42	adjustment factors			
43	inflation	1.032615	1.047253	1.047253
44	volume allowance	1.053873	1.062851	1.068837
45	combined factors	1.088245	1.113074	1.119343
46				
47	adjusted Medicaid annual payments	916,437	704,265	536,651
48	adjusted maximum annual payments for UPL	1,094,383	764,203	596,543
49	annual facility specific UPL amount	177,946	59,938	59,892
50				
51	annual allocation of charge limit (if applicable)	766	241	150
52				
53	annual UPL amount after aggregate limit adjustments	178,712	60,179	60,042
54	UPL adjustment available for 3Q + 4Q SFY2009			

Georgia Department of Community Health

	Facility Name	Douglas	Early Memorial	Effingham County	Elbert Memorial
1	Medicaid Provider ID	000000624A	000000635A	000000657A	000000668A
2	base period report period beginning date	7/1/2006	10/1/2006	7/1/2006	7/1/2006
3	base period report period ending date	6/30/2007	9/30/2007	6/30/2007	6/30/2007
4	HS&R processing date for Medicaid data	9/29/2008	9/29/2008	9/29/2008	9/29/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	0	1	1	0
8					
9	<u>subject to cost settlement</u>				
10	cost of Medicaid covered services	940,506	191,140	219,217	273,169
11	covered charges	4,014,149	379,334	486,808	798,627
12	outpatient Medicaid ratio of costs to charges	0.234298	0.503883	0.450315	0.342048
13	annual cost of Medicaid covered services	940,506	191,140	219,217	273,169
14	cost settlement rate	85.60%	100.00%	100.00%	85.60%
15	annual Medicaid payments after cost settlement	805,073	191,140	219,217	233,833
16					
17	<u>fee schedule lab only</u>				
18	covered charges	964,071	216,076	152,815	288,207
19	payments	98,264	32,250	21,648	24,808
20	annual covered charges	964,071	216,076	152,815	288,207
21	annual interim payments	98,264	32,250	21,648	24,808
22	annual cost of services if CAH	-	108,877	68,815	-
23	annual Medicare payments if not CAH	112,021	0	0	28,281
24					
25	<u>subject to fixed fee payment</u>				
26	covered charges	281,943	53,583	95,176	154,430
27	payments	26,644	9,223	14,750	15,161
28	annual covered charges	281,943	53,583	95,176	154,430
29	annual interim payments	26,644	9,223	14,750	15,161
30	annual cost of services	66,059	27,000	42,859	52,822
31					
32	<u>subject to limit of inpatient rate</u>				
33	covered charges	141,512	78,048	10,453	0
34	payments	26,923	34,115	2,873	0
35	annual covered charges	141,512	78,048	10,453	-
36	annual interim payments	26,923	34,115	2,873	-
37	annual cost of services	33,156	39,327	4,707	-
38					
39	Medicaid annual payments	956,904	266,728	258,488	273,802
40	maximum annual payments for UPL	1,016,309	366,344	335,598	314,936
41					
42	adjustment factors				
43	inflation	1.057876	1.047253	1.057876	1.057876
44	volume allowance	1.071830	1.062851	1.071830	1.071830
45	combined factors	1.133863	1.113074	1.133863	1.133863
46					
47	adjusted Medicaid annual payments	1,084,998	296,888	293,090	310,454
48	adjusted maximum annual payments for UPL	1,152,355	407,768	380,522	357,094
49	annual facility specific UPL amount	67,357	110,880	87,432	46,640
50					
51	annual allocation of charge limit (if applicable)	695	55	63	146
52					
53	annual UPL amount after aggregate limit adjustments	68,052	110,935	87,495	46,786
54	UPL adjustment available for 3Q + 4Q SFY2009				

Georgia Department of Community Health

	Facility Name	Emanuel Medical Ctr.	Evans Memorial	Floyd Medical Center
1	Medicaid Provider ID	000000701A	000000734A	000000756A
2	base period report period beginning date	7/1/2006	10/1/2006	7/1/2006
3	base period report period ending date	6/30/2007	9/30/2007	6/30/2007
4	HS&R processing date for Medicaid data	9/29/2008	9/29/2008	9/29/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	619,486	306,111	3,287,770
11	covered charges	2,048,016	929,563	16,235,211
12	outpatient Medicaid ratio of costs to charges	0.302481	0.329306	0.202509
13	annual cost of Medicaid covered services	619,486	306,111	3,287,770
14	cost settlement rate	85.60%	85.60%	85.60%
15	annual Medicaid payments after cost settlement	530,280	262,031	2,814,331
16				
17	<u>fee schedule lab only</u>			
18	covered charges	543,037	326,292	3,819,259
19	payments	52,825	41,914	393,045
20	annual covered charges	543,037	326,292	3,819,259
21	annual interim payments	52,825	41,914	393,045
22	annual cost of services if CAH	-	-	-
23	annual Medicare payments if not CAH	60,221	47,782	448,071
24				
25	<u>subject to fixed fee payment</u>			
26	covered charges	124,758	57,161	1,332,855
27	payments	14,000	6,033	103,102
28	annual covered charges	124,758	57,161	1,332,855
29	annual interim payments	14,000	6,033	103,102
30	annual cost of services	37,737	18,823	269,915
31				
32	<u>subject to limit of inpatient rate</u>			
33	covered charges	29,498	0	2,853,066
34	payments	6,948	0	396,654
35	annual covered charges	29,498	-	2,853,066
36	annual interim payments	6,948	-	396,654
37	annual cost of services	8,923	-	577,772
38				
39	Medicaid annual payments	604,053	309,978	3,707,132
40	maximum annual payments for UPL	637,161	328,636	4,110,089
41				
42	adjustment factors			
43	inflation	1.057876	1.047253	1.057876
44	volume allowance	1.071830	1.062851	1.071830
45	combined factors	1.133863	1.113074	1.133863
46				
47	adjusted Medicaid annual payments	684,913	345,028	4,203,380
48	adjusted maximum annual payments for UPL	722,453	365,796	4,660,278
49	annual facility specific UPL amount	37,540	20,768	456,898
50				
51	annual allocation of charge limit (if applicable)	334	156	3,188
52				
53	annual UPL amount after aggregate limit adjustments	37,874	20,924	460,086
54	UPL adjustment available for 3Q + 4Q SFY2009			

Georgia Department of Community Health

	Facility Name	Grady General	Grady Memorial	Gwinnett	Habersham County
1	Medicaid Provider ID	000000844A	000000855A	000000294A	000000877A
2	base period report period beginning date	10/1/2006	1/1/2007	7/1/2006	7/1/2006
3	base period report period ending date	9/30/2007	12/31/2007	6/30/2007	6/30/2007
4	HS&R processing date for Medicaid data	10/1/2008	10/1/2008	10/1/2008	10/1/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	0	0	0	0
8					
9	<u>subject to cost settlement</u>				
10	cost of Medicaid covered services	349,643	14,574,490	2,721,275	437,780
11	covered charges	977,269	23,888,735	9,233,423	1,404,642
12	outpatient Medicaid ratio of costs to charges	0.357776	0.610099	0.29472	0.311667
13	annual cost of Medicaid covered services	349,643	14,574,490	2,721,275	437,780
14	cost settlement rate	85.60%	85.60%	85.60%	85.60%
15	annual Medicaid payments after cost settlement	299,294	12,475,763	2,329,411	374,740
16					
17	<u>fee schedule lab only</u>				
18	covered charges	270,247	8,667,830	2,168,415	393,381
19	payments	34,072	2,701,245	288,429	51,508
20	annual covered charges	270,247	8,667,830	2,168,415	393,381
21	annual interim payments	34,072	2,701,245	288,429	51,508
22	annual cost of services if CAH	-	-	-	-
23	annual Medicare payments if not CAH	38,842	3,079,419	328,809	58,719
24					
25	<u>subject to fixed fee payment</u>				
26	covered charges	47,651	856,330	530,468	114,948
27	payments	5,995	75,382	36,950	15,984
28	annual covered charges	47,651	856,330	530,468	114,948
29	annual interim payments	5,995	75,382	36,950	15,984
30	annual cost of services	17,048	522,446	156,340	35,825
31					
32	<u>subject to limit of inpatient rate</u>				
33	covered charges	25,966	4,764,907	1,551,074	0
34	payments	6,607	1,525,234	308,612	0
35	annual covered charges	25,966	4,764,907	1,551,074	-
36	annual interim payments	6,607	1,525,234	308,612	-
37	annual cost of services	9,290	2,907,065	457,133	-
38					
39	Medicaid annual payments	345,968	16,777,624	2,963,402	442,232
40	maximum annual payments for UPL	364,474	18,984,693	3,271,693	469,284
41					
42	adjustment factors				
43	inflation	1.047253	1.032615	1.057876	1.057876
44	volume allowance	1.062851	1.053873	1.071830	1.071830
45	combined factors	1.113074	1.088245	1.133863	1.133863
46					
47	adjusted Medicaid annual payments	385,088	18,258,165	3,360,092	501,431
48	adjusted maximum annual payments for UPL	405,687	20,659,997	3,709,652	532,104
49	annual facility specific UPL amount	20,599	2,401,832	349,560	30,673
50					
51	annual allocation of charge limit (if applicable)	152	3,017	1,615	229
52					
53	annual UPL amount after aggregate limit adjustments	20,751	2,404,849	351,175	30,902
54	UPL adjustment available for 3Q + 4Q SFY2009				

Georgia Department of Community Health

	Facility Name	Hart County	Henry Medical Center	Higgins General
1	Medicaid Provider ID	000000921A	000182388A	000000954A
2	base period report period beginning date	1/1/2007	7/1/2006	7/1/2006
3	base period report period ending date	12/31/2007	6/30/2007	6/30/2007
4	HS&R processing date for Medicaid data	10/1/2008	10/1/2008	10/1/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	1
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	216,622	1,016,944	428,000
11	covered charges	614,645	3,055,467	1,333,474
12	outpatient Medicaid ratio of costs to charges	0.352434	0.332828	0.320966
13	annual cost of Medicaid covered services	216,622	1,016,944	428,000
14	cost settlement rate	85.60%	85.60%	100.00%
15	annual Medicaid payments after cost settlement	185,428	870,504	428,000
16				
17	<u>fee schedule lab only</u>			
18	covered charges	161,779	866,457	369,985
19	payments	24,804	75,742	44,399
20	annual covered charges	161,779	866,457	369,985
21	annual interim payments	24,804	75,742	44,399
22	annual cost of services if CAH	-	-	118,753
23	annual Medicare payments if not CAH	28,277	86,346	0
24				
25	<u>subject to fixed fee payment</u>			
26	covered charges	66,207	274,707	151,376
27	payments	8,401	3,126	20,160
28	annual covered charges	66,207	274,707	151,376
29	annual interim payments	8,401	3,126	20,160
30	annual cost of services	23,334	91,430	48,587
31				
32	<u>subject to limit of inpatient rate</u>			
33	covered charges	0	494,280	109,024
34	payments	0	42,603	24,114
35	annual covered charges	-	494,280	109,024
36	annual interim payments	-	42,603	24,114
37	annual cost of services	-	164,510	34,993
38				
39	Medicaid annual payments	218,633	991,975	516,673
40	maximum annual payments for UPL	237,039	1,212,790	630,333
41				
42	adjustment factors			
43	inflation	1.032615	1.057876	1.057876
44	volume allowance	1.053873	1.071830	1.071830
45	combined factors	1.088245	1.133863	1.133863
46				
47	adjusted Medicaid annual payments	237,926	1,124,764	585,836
48	adjusted maximum annual payments for UPL	257,957	1,375,138	714,711
49	annual facility specific UPL amount	20,031	250,374	128,875
50				
51	annual allocation of charge limit (if applicable)	96	548	209
52				
53	annual UPL amount after aggregate limit adjustments	20,127	250,922	129,084
54	UPL adjustment available for 3Q + 4Q SFY2009			

Georgia Department of Community Health

	Facility Name	Houston Medical Center	Hughes Spalding Child.	Hughston Sports Med.
1	Medicaid Provider ID	000000976A	000679808A	000315642A
2	base period report period beginning date	3/1/2006	1/1/2007	10/1/2006
3	base period report period ending date	2/28/2007	12/31/2007	9/30/2007
4	HS&R processing date for Medicaid data	10/1/2008	10/1/2008	10/1/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	2,793,051	2,174,417	54,316
11	covered charges	7,517,303	4,572,006	313,592
12	outpatient Medicaid ratio of costs to charges	0.37155	0.475594	0.173206
13	annual cost of Medicaid covered services	2,793,051	2,174,417	54,316
14	cost settlement rate	85.60%	85.60%	85.60%
15	annual Medicaid payments after cost settlement	2,390,852	1,861,301	46,494
16				
17	<u>fee schedule lab only</u>			
18	covered charges	1,488,090	607,999	8,899
19	payments	215,689	106,385	692
20	annual covered charges	1,488,090	607,999	8,899
21	annual interim payments	215,689	106,385	692
22	annual cost of services if CAH	-	-	-
23	annual Medicare payments if not CAH	245,885	121,279	789
24				
25	<u>subject to fixed fee payment</u>			
26	covered charges	552,165	690,451	0
27	payments	70,540	85,546	0
28	annual covered charges	552,165	690,451	-
29	annual interim payments	70,540	85,546	-
30	annual cost of services	205,157	328,374	-
31				
32	<u>subject to limit of inpatient rate</u>			
33	covered charges	987,408	110,815	62,861
34	payments	259,795	48,405	7,357
35	annual covered charges	987,408	110,815	62,861
36	annual interim payments	259,795	48,405	7,357
37	annual cost of services	366,871	52,703	10,888
38				
39	Medicaid annual payments	2,936,876	2,101,637	54,543
40	maximum annual payments for UPL	3,208,765	2,363,657	58,171
41				
42	adjustment factors			
43	inflation	1.060407	1.032615	1.047253
44	volume allowance	1.083802	1.053873	1.062851
45	combined factors	1.149271	1.088245	1.113074
46				
47	adjusted Medicaid annual payments	3,375,266	2,287,096	60,710
48	adjusted maximum annual payments for UPL	3,687,741	2,572,238	64,749
49	annual facility specific UPL amount	312,475	285,142	4,039
50				
51	annual allocation of charge limit (if applicable)	1,159	571	52
52				
53	annual UPL amount after aggregate limit adjustments	313,634	285,713	4,091
54	UPL adjustment available for 3Q + 4Q SFY2009			

Georgia Department of Community Health

	Facility Name	Hutcheson Med. Ctr.	Irwin County	Jasper Memorial	Jeff Davis
1	Medicaid Provider ID	000001075A	000000987A	000000998A	000001009A
2	base period report period beginning date	10/1/2006	12/1/2006	10/1/2006	10/1/2006
3	base period report period ending date	9/30/2007	11/30/2007	9/30/2007	9/30/2007
4	HS&R processing date for Medicaid data	10/1/2008	10/1/2008	10/1/2008	10/1/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	0	0	1	1
8					
9	<u>subject to cost settlement</u>				
10	cost of Medicaid covered services	1,457,028	448,421	183,189	239,083
11	covered charges	5,430,442	1,248,189	189,545	491,085
12	outpatient Medicaid ratio of costs to charges	0.268307	0.359257	0.966467	0.486846
13	annual cost of Medicaid covered services	1,457,028	448,421	183,189	239,083
14	cost settlement rate	85.60%	85.60%	100.00%	100.00%
15	annual Medicaid payments after cost settlement	1,247,216	383,848	183,189	239,083
16					
17	<u>fee schedule lab only</u>				
18	covered charges	2,079,531	222,473	99,585	190,491
19	payments	304,966	26,168	13,045	24,197
20	annual covered charges	2,079,531	222,473	99,585	190,491
21	annual interim payments	304,966	26,168	13,045	24,197
22	annual cost of services if CAH	-	-	96,246	92,740
23	annual Medicare payments if not CAH	347,661	29,832	0	0
24					
25	<u>subject to fixed fee payment</u>				
26	covered charges	252,911	45,877	39,394	57,077
27	payments	16,380	6,100	7,635	8,679
28	annual covered charges	252,911	45,877	39,394	57,077
29	annual interim payments	16,380	6,100	7,635	8,679
30	annual cost of services	67,858	16,482	38,073	27,788
31					
32	<u>subject to limit of inpatient rate</u>				
33	covered charges	474,326	878,217	18,022	13,353
34	payments	98,489	187,463	14,912	6,691
35	annual covered charges	474,326	878,217	18,022	13,353
36	annual interim payments	98,489	187,463	14,912	6,691
37	annual cost of services	127,265	315,506	17,418	6,501
38					
39	Medicaid annual payments	1,667,051	603,579	218,781	278,650
40	maximum annual payments for UPL	1,790,000	745,668	334,926	366,112
41					
42	adjustment factors				
43	inflation	1.047253	1.018380	1.047253	1.047253
44	volume allowance	1.062851	1.056866	1.062851	1.062851
45	combined factors	1.113074	1.076291	1.113074	1.113074
46					
47	adjusted Medicaid annual payments	1,855,551	649,627	243,519	310,158
48	adjusted maximum annual payments for UPL	1,992,402	802,556	372,797	407,510
49	annual facility specific UPL amount	136,851	152,929	129,278	97,352
50					
51	annual allocation of charge limit (if applicable)	1,022	260	(1,513)	60
52					
53	annual UPL amount after aggregate limit adjustments	137,873	153,189	127,765	97,412
54	UPL adjustment available for 3Q + 4Q SFY2009				

Georgia Department of Community Health

	Facility Name	Jefferson	Jenkins County	Joan Glancey	Kennestone
1	Medicaid Provider ID	000001031A	000001042A	000001064A	000001119A
2	base period report period beginning date	1/1/2007	7/1/2006	7/1/2006	7/1/2006
3	base period report period ending date	12/31/2007	6/30/2007	6/30/2007	6/30/2007
4	HS&R processing date for Medicaid data	10/1/2008	10/1/2008	10/1/2008	10/1/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	0	1	0	0
8					
9	<u>subject to cost settlement</u>				
10	cost of Medicaid covered services	270,580	122,860	338,733	2,907,789
11	covered charges	658,099	245,405	1,456,423	11,758,430
12	outpatient Medicaid ratio of costs to charges	0.411154	0.500642	0.232579	0.247294
13	annual cost of Medicaid covered services	270,580	122,860	338,733	2,907,789
14	cost settlement rate	85.60%	100.00%	85.60%	85.60%
15	annual Medicaid payments after cost settlement	231,616	122,860	289,955	2,489,067
16					
17	<u>fee schedule lab only</u>				
18	covered charges	226,165	100,360	265,885	2,094,944
19	payments	47,889	20,852	31,290	214,593
20	annual covered charges	226,165	100,360	265,885	2,094,944
21	annual interim payments	47,889	20,852	31,290	214,593
22	annual cost of services if CAH	-	50,244	-	-
23	annual Medicare payments if not CAH	54,593	0	35,671	244,636
24					
25	<u>subject to fixed fee payment</u>				
26	covered charges	54,319	42,332	81,482	530,032
27	payments	8,205	11,650	5,250	45,600
28	annual covered charges	54,319	42,332	81,482	530,032
29	annual interim payments	8,205	11,650	5,250	45,600
30	annual cost of services	22,333	21,193	18,951	131,074
31					
32	<u>subject to limit of inpatient rate</u>				
33	covered charges	27,449	17,107	56,119	3,445,680
34	payments	10,051	6,705	13,755	466,500
35	annual covered charges	27,449	17,107	56,119	3,445,680
36	annual interim payments	10,051	6,705	13,755	466,500
37	annual cost of services	11,286	8,564	13,052	852,096
38					
39	Medicaid annual payments	297,761	162,067	340,250	3,215,760
40	maximum annual payments for UPL	319,828	202,861	357,629	3,716,873
41					
42	adjustment factors				
43	inflation	1.032615	1.057876	1.057876	1.057876
44	volume allowance	1.053873	1.071830	1.071830	1.071830
45	combined factors	1.088245	1.133863	1.133863	1.133863
46					
47	adjusted Medicaid annual payments	324,037	183,762	385,797	3,646,231
48	adjusted maximum annual payments for UPL	348,051	230,017	405,502	4,214,425
49	annual facility specific UPL amount	24,014	46,255	19,705	568,194
50					
51	annual allocation of charge limit (if applicable)	102	31	238	2,230
52					
53	annual UPL amount after aggregate limit adjustments	24,116	46,286	19,943	570,424
54	UPL adjustment available for 3Q + 4Q SFY2009				

Georgia Department of Community Health

Facility Name	Liberty Regional Med.	Louis Smith Memorial
1 Medicaid Provider ID	000001152A	000001163A
2 base period report period beginning date	12/1/2006	10/1/2006
3 base period report period ending date	11/30/2007	9/30/2007
4 HS&R processing date for Medicaid data	10/1/2008	10/1/2008
5 adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6		
7 CAH status (1 = yes)	1	1
8		
9 <u>subject to cost settlement</u>		
10 cost of Medicaid covered services	589,157	141,935
11 covered charges	1,861,139	269,433
12 outpatient Medicaid ratio of costs to charges	0.316557	0.526791
13 annual cost of Medicaid covered services	589,157	141,935
14 cost settlement rate	100.00%	100.00%
15 annual Medicaid payments after cost settlement	589,157	141,935
16		
17 <u>fee schedule lab only</u>		
18 covered charges	646,548	71,646
19 payments	97,975	19,089
20 annual covered charges	646,548	71,646
21 annual interim payments	97,975	19,089
22 annual cost of services if CAH	204,669	37,742
23 annual Medicare payments if not CAH	0	0
24		
25 <u>subject to fixed fee payment</u>		
26 covered charges	175,190	64,199
27 payments	18,405	9,729
28 annual covered charges	175,190	64,199
29 annual interim payments	18,405	9,729
30 annual cost of services	55,458	33,819
31		
32 <u>subject to limit of inpatient rate</u>		
33 covered charges	110,279	68,620
34 payments	34,765	31,760
35 annual covered charges	110,279	68,620
36 annual interim payments	34,765	31,760
37 annual cost of services	34,910	36,148
38		
39 Medicaid annual payments	740,302	202,513
40 maximum annual payments for UPL	884,194	249,644
41		
42 adjustment factors		
43 inflation	1.018380	1.047253
44 volume allowance	1.056866	1.062851
45 combined factors	1.076291	1.113074
46		
47 adjusted Medicaid annual payments	796,780	225,412
48 adjusted maximum annual payments for UPL	951,650	277,872
49 annual facility specific UPL amount	154,870	52,460
50		
51 annual allocation of charge limit (if applicable)	301	35
52		
53 annual UPL amount after aggregate limit adjustments	155,171	52,495
54 UPL adjustment available for 3Q + 4Q SFY2009		

Georgia Department of Community Health

Facility Name	Lower Oconee Community	McDuffie Regional	Meadows Reg. Med.
1 Medicaid Provider ID	000002076A	000001185A	000001086A
2 base period report period beginning date	10/1/2006	10/1/2006	7/1/2006
3 base period report period ending date	9/30/2007	9/30/2007	6/30/2007
4 HS&R processing date for Medicaid data	12/9/2008	10/1/2008	10/1/2008
5 adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6			
7 CAH status (1 = yes)	1	0	0
8			
9 <u>subject to cost settlement</u>			
10 cost of Medicaid covered services	151,873	486,621	1,335,396
11 covered charges	346,304	1,441,486	6,325,690
12 outpatient Medicaid ratio of costs to charges	0.438554	0.337583	0.211107
13 annual cost of Medicaid covered services	151,873	486,621	1,335,396
14 cost settlement rate	100.00%	85.60%	85.60%
15 annual Medicaid payments after cost settlement	151,873	416,548	1,143,099
16			
17 <u>fee schedule lab only</u>			
18 covered charges	108,045	136,658	885,148
19 payments	11,468	29,147	110,129
20 annual covered charges	108,045	136,658	885,148
21 annual interim payments	11,468	29,147	110,129
22 annual cost of services if CAH	47,384	-	-
23 annual Medicare payments if not CAH	0	33,228	125,547
24			
25 <u>subject to fixed fee payment</u>			
26 covered charges	64,493	67,729	586,393
27 payments	4,800	7,140	44,920
28 annual covered charges	64,493	67,729	586,393
29 annual interim payments	4,800	7,140	44,920
30 annual cost of services	28,284	22,864	123,792
31			
32 <u>subject to limit of inpatient rate</u>			
33 covered charges	42,737	33,679	238,656
34 payments	12,907	7,042	43,683
35 annual covered charges	42,737	33,679	238,656
36 annual interim payments	12,907	7,042	43,683
37 annual cost of services	18,742	11,369	50,382
38			
39 Medicaid annual payments	181,048	459,877	1,341,831
40 maximum annual payments for UPL	246,283	484,009	1,442,820
41			
42 adjustment factors			
43 inflation	1.047253	1.047253	1.057876
44 volume allowance	1.062851	1.062851	1.071830
45 combined factors	1.113074	1.113074	1.133863
46			
47 adjusted Medicaid annual payments	201,520	511,877	1,521,453
48 adjusted maximum annual payments for UPL	274,131	538,738	1,635,960
49 annual facility specific UPL amount	72,611	26,861	114,507
50			
51 annual allocation of charge limit (if applicable)	49	189	1,045
52			
53 annual UPL amount after aggregate limit adjustments	72,660	27,050	115,552
54 UPL adjustment available for 3Q + 4Q SFY2009			

Georgia Department of Community Health

	Facility Name	Medical College of GA	Medical Ctr. Central GA	Memorial - Bainbridge
1	Medicaid Provider ID	000000723A	000001207A	000001262A
2	base period report period beginning date	7/1/2006	10/1/2006	4/1/2006
3	base period report period ending date	6/30/2007	9/30/2007	3/31/2007
4	HS&R processing date for Medicaid data	10/1/2008	10/1/2008	10/1/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	10,503,357	6,981,775	743,587
11	covered charges	19,918,025	18,879,282	1,712,746
12	outpatient Medicaid ratio of costs to charges	0.527329	0.369811	0.434149
13	annual cost of Medicaid covered services	10,503,357	6,981,775	743,587
14	cost settlement rate	100.00%	85.60%	85.60%
15	annual Medicaid payments after cost settlement	10,503,357	5,976,399	636,510
16				
17	<u>fee schedule lab only</u>			
18	covered charges	6,641,004	7,828,168	692,353
19	payments	1,631,019	1,611,091	111,443
20	annual covered charges	6,641,004	7,828,168	692,353
21	annual interim payments	1,631,019	1,611,091	111,443
22	annual cost of services if CAH	-	-	-
23	annual Medicare payments if not CAH	1,859,362	1,836,644	127,045
24				
25	<u>subject to fixed fee payment</u>			
26	covered charges	1,191,732	678,432	130,425
27	payments	128,562	38,131	23,097
28	annual covered charges	1,191,732	678,432	130,425
29	annual interim payments	128,562	38,131	23,097
30	annual cost of services	628,435	250,892	56,624
31				
32	<u>subject to limit of inpatient rate</u>			
33	covered charges	2,412,955	8,642,982	0
34	payments	664,807	1,977,465	0
35	annual covered charges	2,412,955	8,642,982	-
36	annual interim payments	664,807	1,977,465	-
37	annual cost of services	1,272,421	3,196,270	-
38				
39	Medicaid annual payments	12,927,745	9,603,086	771,050
40	maximum annual payments for UPL	14,263,575	11,260,205	820,179
41				
42	adjustment factors			
43	inflation	1.057876	1.047253	1.070006
44	volume allowance	1.071830	1.062851	1.080809
45	combined factors	1.133863	1.113074	1.156472
46				
47	adjusted Medicaid annual payments	14,658,292	10,688,945	891,698
48	adjusted maximum annual payments for UPL	16,172,940	12,533,441	948,514
49	annual facility specific UPL amount	1,514,648	1,844,496	56,816
50				
51	annual allocation of charge limit (if applicable)	2,497	3,904	271
52				
53	annual UPL amount after aggregate limit adjustments	1,517,145	1,848,400	57,087
54	UPL adjustment available for 3Q + 4Q SFY2009			

Georgia Department of Community Health

	Facility Name	Memorial Medical Ctr.	Miller County	Minnie G. Boswell
1	Medicaid Provider ID	000001273A	000001317A	000001328A
2	base period report period beginning date	1/1/2007	7/1/2006	1/1/2007
3	base period report period ending date	12/31/2007	6/30/2007	12/31/2007
4	HS&R processing date for Medicaid data	10/1/2008	10/1/2008	10/1/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	1	1
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	4,600,513	503,320	195,421
11	covered charges	15,846,660	1,366,533	334,157
12	outpatient Medicaid ratio of costs to charges	0.290314	0.368319	0.584818
13	annual cost of Medicaid covered services	4,600,513	503,320	195,421
14	cost settlement rate	85.60%	100.00%	100.00%
15	annual Medicaid payments after cost settlement	3,938,039	503,320	195,421
16				
17	<u>fee schedule lab only</u>			
18	covered charges	3,213,741	237,941	110,298
19	payments	627,580	38,637	13,290
20	annual covered charges	3,213,741	237,941	110,298
21	annual interim payments	627,580	38,637	13,290
22	annual cost of services if CAH	-	87,638	64,504
23	annual Medicare payments if not CAH	715,441	0	0
24				
25	<u>subject to fixed fee payment</u>			
26	covered charges	596,802	98,828	74,056
27	payments	53,030	12,444	7,395
28	annual covered charges	596,802	98,828	74,056
29	annual interim payments	53,030	12,444	7,395
30	annual cost of services	173,260	36,400	43,309
31				
32	<u>subject to limit of inpatient rate</u>			
33	covered charges	4,218,365	210,292	29,129
34	payments	810,205	60,174	13,570
35	annual covered charges	4,218,365	210,292	29,129
36	annual interim payments	810,205	60,174	13,570
37	annual cost of services	1,224,650	77,455	17,035
38				
39	Medicaid annual payments	5,428,854	614,575	229,676
40	maximum annual payments for UPL	6,051,390	704,813	320,269
41				
42	adjustment factors			
43	inflation	1.032615	1.057876	1.032615
44	volume allowance	1.053873	1.071830	1.053873
45	combined factors	1.088245	1.133863	1.088245
46				
47	adjusted Medicaid annual payments	5,907,923	696,844	249,944
48	adjusted maximum annual payments for UPL	6,585,395	799,161	348,531
49	annual facility specific UPL amount	677,472	102,317	98,587
50				
51	annual allocation of charge limit (if applicable)	2,822	190	35
52				
53	annual UPL amount after aggregate limit adjustments	680,294	102,507	98,622
54	UPL adjustment available for 3Q + 4Q SFY2009			

Georgia Department of Community Health

	Facility Name	Mitchell County	Monroe County	Morgan Memorial
1	Medicaid Provider ID	000001339A	000001361A	000694229A
2	base period report period beginning date	10/1/2006	10/1/2006	7/1/2006
3	base period report period ending date	9/30/2007	9/30/2007	6/30/2007
4	HS&R processing date for Medicaid data	10/1/2008	10/1/2008	10/1/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	1
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	566,688	166,827	194,961
11	covered charges	1,557,487	302,403	328,253
12	outpatient Medicaid ratio of costs to charges	0.363848	0.551671	0.593935
13	annual cost of Medicaid covered services	566,688	166,827	194,961
14	cost settlement rate	100.00%	100.00%	100.00%
15	annual Medicaid payments after cost settlement	566,688	166,827	194,961
16				
17	<u>fee schedule lab only</u>			
18	covered charges	396,500	80,055	67,272
19	payments	46,420	16,068	7,390
20	annual covered charges	396,500	80,055	67,272
21	annual interim payments	46,420	16,068	7,390
22	annual cost of services if CAH	144,266	44,164	39,955
23	annual Medicare payments if not CAH	0	0	0
24				
25	<u>subject to fixed fee payment</u>			
26	covered charges	48,523	68,136	33,053
27	payments	8,493	14,158	5,768
28	annual covered charges	48,523	68,136	33,053
29	annual interim payments	8,493	14,158	5,768
30	annual cost of services	17,655	37,589	19,631
31				
32	<u>subject to limit of inpatient rate</u>			
33	covered charges	111,949	17,017	50,148
34	payments	49,068	6,628	21,303
35	annual covered charges	111,949	17,017	50,148
36	annual interim payments	49,068	6,628	21,303
37	annual cost of services	40,732	9,388	29,785
38				
39	Medicaid annual payments	670,669	203,681	229,422
40	maximum annual payments for UPL	769,341	257,968	284,332
41				
42	adjustment factors			
43	inflation	1.047253	1.047253	1.057876
44	volume allowance	1.062851	1.062851	1.071830
45	combined factors	1.113074	1.113074	1.133863
46				
47	adjusted Medicaid annual payments	746,504	226,712	260,133
48	adjusted maximum annual payments for UPL	856,333	287,137	322,394
49	annual facility specific UPL amount	109,829	60,425	62,261
50				
51	annual allocation of charge limit (if applicable)	212	32	30
52				
53	annual UPL amount after aggregate limit adjustments	110,041	60,457	62,291
54	UPL adjustment available for 3Q + 4Q SFY2009			

Georgia Department of Community Health

Facility Name	Mountain Lakes Med.	Murray Medical Ctr.	Newton General
1 Medicaid Provider ID	000001559A	000001383A	000001394A
2 base period report period beginning date	1/1/2007	10/1/2006	1/1/2007
3 base period report period ending date	12/31/2007	9/30/2007	12/31/2007
4 HS&R processing date for Medicaid data	10/1/2008	10/1/2008	10/1/2008
5 adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6			
7 CAH status (1 = yes)	1	0	0
8			
9 <u>subject to cost settlement</u>			
10 cost of Medicaid covered services	179,465	284,406	1,203,034
11 covered charges	279,163	928,331	4,153,834
12 outpatient Medicaid ratio of costs to charges	0.642868	0.306363	0.28962
13 annual cost of Medicaid covered services	179,465	284,406	1,203,034
14 cost settlement rate	100.00%	85.60%	85.60%
15 annual Medicaid payments after cost settlement	179,465	243,452	1,029,797
16			
17 <u>fee schedule lab only</u>			
18 covered charges	100,519	575,629	821,242
19 payments	12,420	44,126	110,506
20 annual covered charges	100,519	575,629	821,242
21 annual interim payments	12,420	44,126	110,506
22 annual cost of services if CAH	64,620	-	-
23 annual Medicare payments if not CAH	0	50,304	125,977
24			
25 <u>subject to fixed fee payment</u>			
26 covered charges	12,261	143,048	439,566
27 payments	2,500	13,210	27,417
28 annual covered charges	12,261	143,048	439,566
29 annual interim payments	2,500	13,210	27,417
30 annual cost of services	7,882	43,825	127,307
31			
32 <u>subject to limit of inpatient rate</u>			
33 covered charges	8,707	0	193,933
34 payments	3,388	0	43,095
35 annual covered charges	8,707	-	193,933
36 annual interim payments	3,388	-	43,095
37 annual cost of services	5,597	-	56,167
38			
39 Medicaid annual payments	197,773	300,788	1,210,815
40 maximum annual payments for UPL	257,564	337,581	1,339,248
41			
42 adjustment factors			
43 inflation	1.032615	1.047253	1.032615
44 volume allowance	1.053873	1.062851	1.053873
45 combined factors	1.088245	1.113074	1.088245
46			
47 adjusted Medicaid annual payments	215,225	334,799	1,317,663
48 adjusted maximum annual payments for UPL	280,293	375,753	1,457,430
49 annual facility specific UPL amount	65,068	40,954	139,767
50			
51 annual allocation of charge limit (if applicable)	22	207	676
52			
53 annual UPL amount after aggregate limit adjustments	65,090	41,161	140,443
54 UPL adjustment available for 3Q + 4Q SFY2009			

Georgia Department of Community Health

	Facility Name	Northeast GA Med.	Northside	Northside - Cherokee
1	Medicaid Provider ID	000000888A	000001405A	000001108A
2	base period report period beginning date	10/1/2006	10/1/2006	10/1/2006
3	base period report period ending date	9/30/2007	9/30/2007	9/30/2007
4	HS&R processing date for Medicaid data	10/1/2008	10/1/2008	10/1/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	2,804,503	1,457,234	523,966
11	covered charges	11,810,889	5,279,219	2,799,052
12	outpatient Medicaid ratio of costs to charges	0.237451	0.276032	0.187194
13	annual cost of Medicaid covered services	2,804,503	1,457,234	523,966
14	cost settlement rate	85.60%	85.60%	85.60%
15	annual Medicaid payments after cost settlement	2,400,655	1,247,392	448,515
16				
17	<u>fee schedule lab only</u>			
18	covered charges	2,636,387	1,216,585	599,246
19	payments	371,140	148,659	49,491
20	annual covered charges	2,636,387	1,216,585	599,246
21	annual interim payments	371,140	148,659	49,491
22	annual cost of services if CAH	-	-	-
23	annual Medicare payments if not CAH	423,100	169,471	56,420
24				
25	<u>subject to fixed fee payment</u>			
26	covered charges	575,188	296,829	468,280
27	payments	40,000	14,893	21,145
28	annual covered charges	575,188	296,829	468,280
29	annual interim payments	40,000	14,893	21,145
30	annual cost of services	136,579	81,934	87,659
31				
32	<u>subject to limit of inpatient rate</u>			
33	covered charges	2,217,883	1,250,376	114,215
34	payments	328,943	201,585	21,457
35	annual covered charges	2,217,883	1,250,376	114,215
36	annual interim payments	328,943	201,585	21,457
37	annual cost of services	526,639	345,144	21,380
38				
39	Medicaid annual payments	3,140,738	1,612,529	540,608
40	maximum annual payments for UPL	3,486,973	1,843,941	613,974
41				
42	adjustment factors			
43	inflation	1.047253	1.047253	1.047253
44	volume allowance	1.062851	1.062851	1.062851
45	combined factors	1.113074	1.113074	1.113074
46				
47	adjusted Medicaid annual payments	3,495,874	1,794,864	601,737
48	adjusted maximum annual payments for UPL	3,881,259	2,052,443	683,398
49	annual facility specific UPL amount	385,385	257,579	81,661
50				
51	annual allocation of charge limit (if applicable)	2,178	980	533
52				
53	annual UPL amount after aggregate limit adjustments	387,563	258,559	82,194
54	UPL adjustment available for 3Q + 4Q SFY2009			

Georgia Department of Community Health

Facility Name	Northside - Forsyth	Oconee Regional Ctr.	Paulding Medical Ctr.
1 Medicaid Provider ID	000000767A	000000129A	000001438A
2 base period report period beginning date	10/1/2006	10/1/2006	7/1/2006
3 base period report period ending date	9/30/2007	9/30/2007	6/30/2007
4 HS&R processing date for Medicaid data	10/1/2008	10/1/2008	10/1/2008
5 adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6			
7 CAH status (1 = yes)	0	0	0
8			
9 <u>subject to cost settlement</u>			
10 cost of Medicaid covered services	501,917	1,001,743	576,843
11 covered charges	2,469,702	2,703,171	2,128,399
12 outpatient Medicaid ratio of costs to charges	0.20323	0.370581	0.271022
13 annual cost of Medicaid covered services	501,917	1,001,743	576,843
14 cost settlement rate	85.60%	85.60%	85.60%
15 annual Medicaid payments after cost settlement	429,641	857,492	493,778
16			
17 <u>fee schedule lab only</u>			
18 covered charges	551,347	1,214,276	568,730
19 payments	59,644	243,412	49,199
20 annual covered charges	551,347	1,214,276	568,730
21 annual interim payments	59,644	243,412	49,199
22 annual cost of services if CAH	-	-	-
23 annual Medicare payments if not CAH	67,994	277,490	56,087
24			
25 <u>subject to fixed fee payment</u>			
26 covered charges	260,508	242,790	174,409
27 payments	15,090	27,174	18,650
28 annual covered charges	260,508	242,790	174,409
29 annual interim payments	15,090	27,174	18,650
30 annual cost of services	52,943	89,973	47,269
31			
32 <u>subject to limit of inpatient rate</u>			
33 covered charges	326,833	180,117	0
34 payments	47,452	39,256	0
35 annual covered charges	326,833	180,117	-
36 annual interim payments	47,452	39,256	-
37 annual cost of services	66,422	66,748	-
38			
39 Medicaid annual payments	551,827	1,167,334	561,627
40 maximum annual payments for UPL	617,000	1,291,703	597,134
41			
42 adjustment factors			
43 inflation	1.047253	1.047253	1.057876
44 volume allowance	1.062851	1.062851	1.071830
45 combined factors	1.113074	1.113074	1.133863
46			
47 adjusted Medicaid annual payments	614,224	1,299,329	636,808
48 adjusted maximum annual payments for UPL	686,767	1,437,761	677,068
49 annual facility specific UPL amount	72,543	138,432	40,260
50			
51 annual allocation of charge limit (if applicable)	474	482	360
52			
53 annual UPL amount after aggregate limit adjustments	73,017	138,914	40,620
54 UPL adjustment available for 3Q + 4Q SFY2009			

Georgia Department of Community Health

	Facility Name	Peach Regional	Perry General	Phoebe Putney Mem.
1	Medicaid Provider ID	000001449A	000001471A	000001482A
2	base period report period beginning date	11/1/2006	3/1/2006	8/1/2006
3	base period report period ending date	10/31/2007	2/28/2007	7/31/2007
4	HS&R processing date for Medicaid data	10/1/2008	11/25/2008	10/2/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	524,726	328,635	7,533,390
11	covered charges	1,236,149	942,305	21,926,292
12	outpatient Medicaid ratio of costs to charges	0.424484	0.348757	0.343578
13	annual cost of Medicaid covered services	524,726	328,635	7,533,390
14	cost settlement rate	100.00%	85.60%	85.60%
15	annual Medicaid payments after cost settlement	524,726	281,312	6,448,582
16				
17	<u>fee schedule lab only</u>			
18	covered charges	457,615	299,630	3,202,811
19	payments	70,369	43,042	733,227
20	annual covered charges	457,615	299,630	3,202,811
21	annual interim payments	70,369	43,042	733,227
22	annual cost of services if CAH	194,250	-	-
23	annual Medicare payments if not CAH	0	49,068	835,879
24				
25	<u>subject to fixed fee payment</u>			
26	covered charges	122,111	116,878	691,704
27	payments	26,099	19,326	47,150
28	annual covered charges	122,111	116,878	691,704
29	annual interim payments	26,099	19,326	47,150
30	annual cost of services	51,834	40,762	237,654
31				
32	<u>subject to limit of inpatient rate</u>			
33	covered charges	10,649	115,312	4,085,726
34	payments	4,393	33,796	858,991
35	annual covered charges	10,649	115,312	4,085,726
36	annual interim payments	4,393	33,796	858,991
37	annual cost of services	4,520	40,216	1,403,766
38				
39	Medicaid annual payments	625,587	377,476	8,087,950
40	maximum annual payments for UPL	775,330	411,358	8,925,881
41				
42	adjustment factors			
43	inflation	1.032615	1.060407	1.047253
44	volume allowance	1.059859	1.083802	1.068837
45	combined factors	1.094426	1.149271	1.119343
46				
47	adjusted Medicaid annual payments	684,659	433,822	9,053,190
48	adjusted maximum annual payments for UPL	848,541	472,762	9,991,122
49	annual facility specific UPL amount	163,882	38,940	937,932
50				
51	annual allocation of charge limit (if applicable)	165	168	3,316
52				
53	annual UPL amount after aggregate limit adjustments	164,047	39,108	941,248
54	UPL adjustment available for 3Q + 4Q SFY2009			

Georgia Department of Community Health

	Facility Name	Phoebe Worth Medical	Polk General	Putnam General
1	Medicaid Provider ID	000002109A	000001526A	000001537A
2	base period report period beginning date	8/1/2006	10/1/2006	10/1/2006
3	base period report period ending date	7/31/2007	9/30/2007	9/30/2007
4	HS&R processing date for Medicaid data	10/2/2008	10/2/2008	10/2/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	1
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	484,247	516,177	200,507
11	covered charges	864,580	1,667,777	295,219
12	outpatient Medicaid ratio of costs to charges	0.560095	0.3095	0.679181
13	annual cost of Medicaid covered services	484,247	516,177	200,507
14	cost settlement rate	100.00%	100.00%	100.00%
15	annual Medicaid payments after cost settlement	484,247	516,177	200,507
16				
17	<u>fee schedule lab only</u>			
18	covered charges	234,123	548,617	107,827
19	payments	26,559	47,438	20,383
20	annual covered charges	234,123	548,617	107,827
21	annual interim payments	26,559	47,438	20,383
22	annual cost of services if CAH	131,131	169,797	73,234
23	annual Medicare payments if not CAH	0	0	0
24				
25	<u>subject to fixed fee payment</u>			
26	covered charges	159,146	424,323	25,190
27	payments	19,560	31,123	5,829
28	annual covered charges	159,146	424,323	25,190
29	annual interim payments	19,560	31,123	5,829
30	annual cost of services	89,137	131,328	17,109
31				
32	<u>subject to limit of inpatient rate</u>			
33	covered charges	75,047	11,899	32,365
34	payments	24,570	3,494	13,867
35	annual covered charges	75,047	11,899	32,365
36	annual interim payments	24,570	3,494	13,867
37	annual cost of services	42,033	3,683	21,982
38				
39	Medicaid annual payments	554,936	598,232	240,586
40	maximum annual payments for UPL	746,548	820,985	312,832
41				
42	adjustment factors			
43	inflation	1.047253	1.047253	1.047253
44	volume allowance	1.068837	1.062851	1.062851
45	combined factors	1.119343	1.113074	1.113074
46				
47	adjusted Medicaid annual payments	621,164	665,876	267,790
48	adjusted maximum annual payments for UPL	835,643	913,817	348,205
49	annual facility specific UPL amount	214,479	247,941	80,415
50				
51	annual allocation of charge limit (if applicable)	89	287	22
52				
53	annual UPL amount after aggregate limit adjustments	214,568	248,228	80,437
54	UPL adjustment available for 3Q + 4Q SFY2009			

Georgia Department of Community Health

	Facility Name	Roosevelt Warm Springs	Satilla Regional	Screven County
1	Medicaid Provider ID	000000778A	000001229A	000001647A
2	base period report period beginning date	7/1/2006	1/1/2007	7/1/2006
3	base period report period ending date	6/30/2007	12/31/2007	6/30/2007
4	HS&R processing date for Medicaid data	10/2/2008	10/2/2008	10/2/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	1
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	82,396	2,487,978	283,528
11	covered charges	94,255	7,899,169	515,468
12	outpatient Medicaid ratio of costs to charges	0.874182	0.314967	0.55004
13	annual cost of Medicaid covered services	82,396	2,487,978	283,528
14	cost settlement rate	100.00%	85.60%	100.00%
15	annual Medicaid payments after cost settlement	82,396	2,129,709	283,528
16				
17	<u>fee schedule lab only</u>			
18	covered charges	1,416	1,132,189	125,405
19	payments	296	236,098	27,522
20	annual covered charges	1,416	1,132,189	125,405
21	annual interim payments	296	236,098	27,522
22	annual cost of services if CAH	-	-	68,978
23	annual Medicare payments if not CAH	337	269,152	0
24				
25	<u>subject to fixed fee payment</u>			
26	covered charges	0	545,428	91,920
27	payments	0	49,313	12,134
28	annual covered charges	-	545,428	91,920
29	annual interim payments	-	49,313	12,134
30	annual cost of services	-	171,792	50,560
31				
32	<u>subject to limit of inpatient rate</u>			
33	covered charges	0	311,349	5,388
34	payments	0	53,916	3,411
35	annual covered charges	-	311,349	5,388
36	annual interim payments	-	53,916	3,411
37	annual cost of services	-	98,065	2,964
38				
39	Medicaid annual payments	82,692	2,469,036	326,595
40	maximum annual payments for UPL	82,733	2,668,718	406,030
41				
42	adjustment factors			
43	inflation	1.057876	1.032615	1.057876
44	volume allowance	1.071830	1.053873	1.071830
45	combined factors	1.133863	1.088245	1.133863
46				
47	adjusted Medicaid annual payments	93,761	2,686,916	370,314
48	adjusted maximum annual payments for UPL	93,808	2,904,219	460,382
49	annual facility specific UPL amount	47	217,303	90,068
50				
51	annual allocation of charge limit (if applicable)	2	1,144	51
52				
53	annual UPL amount after aggregate limit adjustments	49	218,447	90,119
54	UPL adjustment available for 3Q + 4Q SFY2009			

Georgia Department of Community Health

Facility Name	South Georgia Medical	Southeast Georgia Medical	Southern Regional
1 Medicaid Provider ID	000001724A	000000822A	000000404A
2 base period report period beginning date	10/1/2006	10/1/2006	7/1/2006
3 base period report period ending date	9/30/2007	9/30/2007	6/30/2007
4 HS&R processing date for Medicaid data	10/2/2008	10/2/2008	10/2/2008
5 adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6			
7 CAH status (1 = yes)	0	0	0
8			
9 <u>subject to cost settlement</u>			
10 cost of Medicaid covered services	3,142,623	1,656,637	3,665,513
11 covered charges	6,526,628	4,891,495	13,250,265
12 outpatient Medicaid ratio of costs to charges	0.481508	0.338677	0.276637
13 annual cost of Medicaid covered services	3,142,623	1,656,637	3,665,513
14 cost settlement rate	85.60%	85.60%	85.60%
15 annual Medicaid payments after cost settlement	2,690,085	1,418,081	3,137,679
16			
17 <u>fee schedule lab only</u>			
18 covered charges	1,270,998	497,070	3,001,374
19 payments	296,324	125,906	378,457
20 annual covered charges	1,270,998	497,070	3,001,374
21 annual interim payments	296,324	125,906	378,457
22 annual cost of services if CAH	-	-	-
23 annual Medicare payments if not CAH	337,809	143,533	431,441
24			
25 <u>subject to fixed fee payment</u>			
26 covered charges	367,442	278,238	869,098
27 payments	26,638	39,550	79,808
28 annual covered charges	367,442	278,238	869,098
29 annual interim payments	26,638	39,550	79,808
30 annual cost of services	176,926	94,233	240,425
31			
32 <u>subject to limit of inpatient rate</u>			
33 covered charges	1,921,690	296,233	2,172,466
34 payments	312,817	57,036	323,878
35 annual covered charges	1,921,690	296,233	2,172,466
36 annual interim payments	312,817	57,036	323,878
37 annual cost of services	925,309	100,327	600,984
38			
39 Medicaid annual payments	3,325,864	1,640,573	3,919,822
40 maximum annual payments for UPL	4,130,129	1,756,174	4,410,529
41			
42 adjustment factors			
43 inflation	1.047253	1.047253	1.057876
44 volume allowance	1.062851	1.062851	1.071830
45 combined factors	1.113074	1.113074	1.133863
46			
47 adjusted Medicaid annual payments	3,701,933	1,826,079	4,444,541
48 adjusted maximum annual payments for UPL	4,597,139	1,954,752	5,000,936
49 annual facility specific UPL amount	895,206	128,673	556,395
50			
51 annual allocation of charge limit (if applicable)	932	666	2,353
52			
53 annual UPL amount after aggregate limit adjustments	896,138	129,339	558,748
54 UPL adjustment available for 3Q + 4Q SFY2009			

Georgia Department of Community Health

	Facility Name	Southwest GA Reg. Med. Ctr.	Stephens County	Stewart Webster
1	Medicaid Provider ID	000001427A	000001834A	000001845A
2	base period report period beginning date	7/1/2006	10/1/2006	10/1/2006
3	base period report period ending date	6/30/2007	9/30/2007	9/30/2007
4	HS&R processing date for Medicaid data	10/2/2008	10/2/2008	10/2/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	0	1
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	287,681	678,464	112,160
11	covered charges	650,512	1,568,339	180,052
12	outpatient Medicaid ratio of costs to charges	0.442238	0.4326	0.622931
13	annual cost of Medicaid covered services	287,681	678,464	112,160
14	cost settlement rate	100.00%	85.60%	100.00%
15	annual Medicaid payments after cost settlement	287,681	580,765	112,160
16				
17	<u>fee schedule lab only</u>			
18	covered charges	175,876	252,270	36,267
19	payments	26,357	56,077	6,849
20	annual covered charges	175,876	252,270	36,267
21	annual interim payments	26,357	56,077	6,849
22	annual cost of services if CAH	77,779	-	22,592
23	annual Medicare payments if not CAH	0	63,928	0
24				
25	<u>subject to fixed fee payment</u>			
26	covered charges	137,292	124,513	18,341
27	payments	13,602	19,400	3,350
28	annual covered charges	137,292	124,513	18,341
29	annual interim payments	13,602	19,400	3,350
30	annual cost of services	60,716	53,864	11,425
31				
32	<u>subject to limit of inpatient rate</u>			
33	covered charges	189,629	61,852	29,880
34	payments	85,629	20,726	10,363
35	annual covered charges	189,629	61,852	29,880
36	annual interim payments	85,629	20,726	10,363
37	annual cost of services	83,861	26,757	18,613
38				
39	Medicaid annual payments	413,269	676,968	132,722
40	maximum annual payments for UPL	510,037	725,314	164,790
41				
42	adjustment factors			
43	inflation	1.057876	1.047253	1.047253
44	volume allowance	1.071830	1.062851	1.062851
45	combined factors	1.133863	1.113074	1.113074
46				
47	adjusted Medicaid annual payments	468,590	753,515	147,729
48	adjusted maximum annual payments for UPL	578,312	807,328	183,423
49	annual facility specific UPL amount	109,722	53,813	35,694
50				
51	annual allocation of charge limit (if applicable)	100	203	15
52				
53	annual UPL amount after aggregate limit adjustments	109,822	54,016	35,709
54	UPL adjustment available for 3Q + 4Q SFY2009			

Georgia Department of Community Health

Facility Name	Sumter Regional	Sylvan Grove	Tanner Med. -Villa Rica
1 Medicaid Provider ID	000000019A	000001856A	000002032A
2 base period report period beginning date	10/1/2006	1/1/2007	7/1/2006
3 base period report period ending date	9/30/2007	12/31/2007	6/30/2007
4 HS&R processing date for Medicaid data	10/2/2008	11/5/2008	10/2/2008
5 adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6			
7 CAH status (1 = yes)	0	1	0
8			
9 <u>subject to cost settlement</u>			
10 cost of Medicaid covered services	1,146,225	195,069	1,302,436
11 covered charges	2,191,633	921,224	3,302,568
12 outpatient Medicaid ratio of costs to charges	0.523	0.21175	0.394371
13 annual cost of Medicaid covered services	1,146,225	195,069	1,302,436
14 cost settlement rate	85.60%	100.00%	85.60%
15 annual Medicaid payments after cost settlement	981,169	195,069	1,114,885
16			
17 <u>fee schedule lab only</u>			
18 covered charges	762,565	312,161	675,035
19 payments	147,761	22,297	75,392
20 annual covered charges	762,565	312,161	675,035
21 annual interim payments	147,761	22,297	75,392
22 annual cost of services if CAH	-	66,100	-
23 annual Medicare payments if not CAH	168,448	0	85,947
24			
25 <u>subject to fixed fee payment</u>			
26 covered charges	316,499	197,077	247,722
27 payments	31,517	12,736	35,457
28 annual covered charges	316,499	197,077	247,722
29 annual interim payments	31,517	12,736	35,457
30 annual cost of services	165,529	41,731	97,694
31			
32 <u>subject to limit of inpatient rate</u>			
33 covered charges	745,362	10,185	278,052
34 payments	135,643	3,551	76,002
35 annual covered charges	745,362	10,185	278,052
36 annual interim payments	135,643	3,551	76,002
37 annual cost of services	389,824	2,157	109,656
38			
39 Medicaid annual payments	1,296,090	233,653	1,301,736
40 maximum annual payments for UPL	1,704,970	305,057	1,408,182
41			
42 adjustment factors			
43 inflation	1.047253	1.032615	1.057876
44 volume allowance	1.062851	1.053873	1.071830
45 combined factors	1.113074	1.088245	1.133863
46			
47 adjusted Medicaid annual payments	1,442,644	254,272	1,475,990
48 adjusted maximum annual payments for UPL	1,897,758	331,977	1,596,685
49 annual facility specific UPL amount	455,114	77,705	120,695
50			
51 annual allocation of charge limit (if applicable)	360	179	489
52			
53 annual UPL amount after aggregate limit adjustments	455,474	77,884	121,184
54 UPL adjustment available for 3Q + 4Q SFY2009			

Georgia Department of Community Health

	Facility Name	Tanner Medical Center	Tattnall Community	The Medical Center
1	Medicaid Provider ID	000001867A	000001878A	000001196A
2	base period report period beginning date	7/1/2006	1/1/2007	7/1/2006
3	base period report period ending date	6/30/2007	12/31/2007	6/30/2007
4	HS&R processing date for Medicaid data	10/2/2008	10/2/2008	10/2/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	1	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	2,171,106	334,688	3,386,325
11	covered charges	6,454,796	937,442	8,651,329
12	outpatient Medicaid ratio of costs to charges	0.336355	0.357023	0.391423
13	annual cost of Medicaid covered services	2,171,106	334,688	3,386,325
14	cost settlement rate	85.60%	100.00%	85.60%
15	annual Medicaid payments after cost settlement	1,858,467	334,688	2,898,694
16				
17	<u>fee schedule lab only</u>			
18	covered charges	1,153,721	348,192	3,019,316
19	payments	149,524	29,453	603,623
20	annual covered charges	1,153,721	348,192	3,019,316
21	annual interim payments	149,524	29,453	603,623
22	annual cost of services if CAH	-	124,313	-
23	annual Medicare payments if not CAH	170,457	0	688,130
24				
25	<u>subject to fixed fee payment</u>			
26	covered charges	305,777	111,251	318,803
27	payments	34,353	11,300	25,020
28	annual covered charges	305,777	111,251	318,803
29	annual interim payments	34,353	11,300	25,020
30	annual cost of services	102,850	39,719	124,787
31				
32	<u>subject to limit of inpatient rate</u>			
33	covered charges	899,382	116,004	3,363,420
34	payments	170,154	33,864	821,187
35	annual covered charges	899,382	116,004	3,363,420
36	annual interim payments	170,154	33,864	821,187
37	annual cost of services	302,512	41,416	1,316,520
38				
39	Medicaid annual payments	2,212,498	409,305	4,348,524
40	maximum annual payments for UPL	2,434,286	540,136	5,028,131
41				
42	adjustment factors			
43	inflation	1.057876	1.032615	1.057876
44	volume allowance	1.071830	1.053873	1.071830
45	combined factors	1.133863	1.088245	1.133863
46				
47	adjusted Medicaid annual payments	2,508,670	445,424	4,930,630
48	adjusted maximum annual payments for UPL	2,760,147	587,800	5,701,212
49	annual facility specific UPL amount	251,477	142,376	770,582
50				
51	annual allocation of charge limit (if applicable)	1,008	153	1,625
52				
53	annual UPL amount after aggregate limit adjustments	252,485	142,529	772,207
54	UPL adjustment available for 3Q + 4Q SFY2009			

Georgia Department of Community Health

	Facility Name	Tift Regional	Union General	University	Upson Regional
1	Medicaid Provider ID	000001922A	000001966A	000001977A	000001988A
2	base period report period beginning date	10/1/2006	5/1/2006	1/1/2007	1/1/2007
3	base period report period ending date	9/30/2007	4/30/2007	12/31/2007	12/31/2007
4	HS&R processing date for Medicaid data	10/2/2008	10/2/2008	10/2/2008	10/2/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	0	0	0	0
8					
9	<u>subject to cost settlement</u>				
10	cost of Medicaid covered services	1,570,983	436,580	2,978,340	1,306,548
11	covered charges	5,748,809	940,263	7,246,923	4,841,047
12	outpatient Medicaid ratio of costs to charges	0.273271	0.464317	0.41098	0.26989
13	annual cost of Medicaid covered services	1,570,983	436,580	2,978,340	1,306,548
14	cost settlement rate	85.60%	85.60%	85.60%	85.60%
15	annual Medicaid payments after cost settlement	1,344,761	373,712	2,549,459	1,118,405
16					
17	<u>fee schedule lab only</u>				
18	covered charges	2,262,358	199,342	1,646,867	1,142,560
19	payments	345,453	40,438	321,966	140,081
20	annual covered charges	2,262,358	199,342	1,646,867	1,142,560
21	annual interim payments	345,453	40,438	321,966	140,081
22	annual cost of services if CAH	-	-	-	-
23	annual Medicare payments if not CAH	393,816	46,099	367,041	159,692
24					
25	<u>subject to fixed fee payment</u>				
26	covered charges	495,006	96,489	333,880	326,284
27	payments	40,841	13,664	32,025	26,474
28	annual covered charges	495,006	96,489	333,880	326,284
29	annual interim payments	40,841	13,664	32,025	26,474
30	annual cost of services	135,271	44,801	137,218	88,061
31					
32	<u>subject to limit of inpatient rate</u>				
33	covered charges	1,789,659	0	1,632,797	376,090
34	payments	265,571	0	199,371	80,091
35	annual covered charges	1,789,659	-	1,632,797	376,090
36	annual interim payments	265,571	-	199,371	80,091
37	annual cost of services	489,062	-	671,047	101,503
38					
39	Medicaid annual payments	1,996,626	427,814	3,102,821	1,365,051
40	maximum annual payments for UPL	2,362,910	464,612	3,724,765	1,467,661
41					
42	adjustment factors				
43	inflation	1.047253	1.057876	1.032615	1.032615
44	volume allowance	1.062851	1.077816	1.053873	1.053873
45	combined factors	1.113074	1.140196	1.088245	1.088245
46					
47	adjusted Medicaid annual payments	2,222,392	487,792	3,376,629	1,485,510
48	adjusted maximum annual payments for UPL	2,630,094	529,749	4,053,457	1,597,175
49	annual facility specific UPL amount	407,702	41,957	676,828	111,665
50					
51	annual allocation of charge limit (if applicable)	1,253	122	1,124	827
52					
53	annual UPL amount after aggregate limit adjustments	408,955	42,079	677,952	112,492
54	UPL adjustment available for 3Q + 4Q SFY2009				

Georgia Department of Community Health

	Facility Name	Warm Springs Med Ctr	Washington County Reg	Wayne Memorial
1	Medicaid Provider ID	000001284A	000001218A	000002054A
2	base period report period beginning date	1/1/2007	9/1/2006	7/1/2006
3	base period report period ending date	12/31/2007	8/31/2007	6/30/2007
4	HS&R processing date for Medicaid data	10/2/2008	10/2/2008	10/2/2008
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	190,729	292,892	812,828
11	covered charges	393,299	808,836	2,508,293
12	outpatient Medicaid ratio of costs to charges	0.484947	0.362115	0.324056
13	annual cost of Medicaid covered services	190,729	292,892	812,828
14	cost settlement rate	100.00%	85.60%	85.60%
15	annual Medicaid payments after cost settlement	190,729	250,716	695,781
16				
17	<u>fee schedule lab only</u>			
18	covered charges	114,250	205,499	503,179
19	payments	13,046	40,295	87,738
20	annual covered charges	114,250	205,499	503,179
21	annual interim payments	13,046	40,295	87,738
22	annual cost of services if CAH	55,405	-	-
23	annual Medicare payments if not CAH	0	45,936	100,021
24				
25	<u>subject to fixed fee payment</u>			
26	covered charges	43,833	52,390	166,418
27	payments	6,000	8,985	25,261
28	annual covered charges	43,833	52,390	166,418
29	annual interim payments	6,000	8,985	25,261
30	annual cost of services	21,257	18,971	53,929
31				
32	<u>subject to limit of inpatient rate</u>			
33	covered charges	0	37,288	487,580
34	payments	0	10,301	97,747
35	annual covered charges	-	37,288	487,580
36	annual interim payments	-	10,301	97,747
37	annual cost of services	-	13,503	158,003
38				
39	Medicaid annual payments	209,775	310,297	906,527
40	maximum annual payments for UPL	267,391	329,126	1,007,734
41				
42	adjustment factors			
43	inflation	1.032615	1.036842	1.057876
44	volume allowance	1.053873	1.065844	1.071830
45	combined factors	1.088245	1.105112	1.133863
46				
47	adjusted Medicaid annual payments	228,287	342,913	1,027,877
48	adjusted maximum annual payments for UPL	290,987	363,721	1,142,632
49	annual facility specific UPL amount	62,700	20,808	114,755
50				
51	annual allocation of charge limit (if applicable)	44	123	420
52				
53	annual UPL amount after aggregate limit adjustments	62,744	20,931	115,175
54	UPL adjustment available for 3Q + 4Q SFY2009			

Georgia Department of Community Health

Facility Name	West Georgia Medical	Wills Memorial	Windy Hill	
1 Medicaid Provider ID	000002065A	000002087A	000001999A	
2 base period report period beginning date	10/1/2006	5/1/2006	7/1/2006	
3 base period report period ending date	9/30/2007	4/30/2007	6/30/2007	
4 HS&R processing date for Medicaid data	10/2/2008	10/2/2008	10/2/2008	
5 adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	
6				
7 CAH status (1 = yes)	0	1	0	
8				
9 <u>subject to cost settlement</u>				
10 cost of Medicaid covered services	1,233,546	322,019	176,366	
11 covered charges	3,343,776	536,350	438,678	
12 outpatient Medicaid ratio of costs to charges	0.368908	0.60039	0.40204	
13 annual cost of Medicaid covered services	1,233,546	322,019	176,366	
14 cost settlement rate	85.60%	100.00%	85.60%	
15 annual Medicaid payments after cost settlement	1,055,915	322,019	150,969	
16				
17 <u>fee schedule lab only</u>				
18 covered charges	595,811	129,688	14,747	
19 payments	137,447	26,429	1,507	
20 annual covered charges	595,811	129,688	14,747	
21 annual interim payments	137,447	26,429	1,507	
22 annual cost of services if CAH	-	77,863	-	
23 annual Medicare payments if not CAH	156,690	0	1,718	
24				
25 <u>subject to fixed fee payment</u>				
26 covered charges	213,765	42,442	0	
27 payments	33,837	11,150	0	
28 annual covered charges	213,765	42,442	-	
29 annual interim payments	33,837	11,150	-	
30 annual cost of services	78,860	25,482	-	
31				
32 <u>subject to limit of inpatient rate</u>				
33 covered charges	60,760	22,352	173,256	
34 payments	16,949	13,468	25,962	
35 annual covered charges	60,760	22,352	173,256	
36 annual interim payments	16,949	13,468	25,962	
37 annual cost of services	22,415	13,420	69,656	
38				
39 Medicaid annual payments	1,244,148	373,066	178,438	
40 maximum annual payments for UPL	1,313,880	438,784	222,343	
41				
42 adjustment factors				
43 inflation	1.047253	1.057876	1.057876	
44 volume allowance	1.062851	1.077816	1.071830	
45 combined factors	1.113074	1.140196	1.133863	
46				
47 adjusted Medicaid annual payments	1,384,829	425,368	202,324	
48 adjusted maximum annual payments for UPL	1,462,446	500,300	252,107	
49 annual facility specific UPL amount	77,617	74,932	49,783	
50				
51 annual allocation of charge limit (if applicable)	459	45	63	
52				
53 annual UPL amount after aggregate limit adjustments	78,076	74,977	49,846	22,341,433
54 UPL adjustment available for 3Q + 4Q SFY2009				