

Georgia Department of Community Health

	Facility Name	Roosevelt Warm Springs Re	MCG Health Inc	Appling General	Athens Regional
1	base period report period beginning date	7/1/2008	7/1/2008	9/1/2008	10/1/2008
2	base period report period ending date	6/30/2009	6/30/2009	8/31/2009	9/30/2009
3	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
4	CAH status (1 = yes)	0	0	0	0
5					
6	<u>subject to cost settlement</u>				
7	cost of Medicaid covered services	70,563	9,991,664	385,616	4,748,309
8	covered charges	69,477	21,119,482	1,446,452	19,325,908
9	outpatient Medicaid ratio of costs to charges	1.015631	0.473102	0.266594	0.245697
10	annual cost of Medicaid covered services	70,563	9,991,664	385,616	4,748,309
11	cost settlement rate	100.00%	100.00%	95.77%	95.77%
12	annual Medicaid payments after cost settlement	70,563	9,991,664	369,304	4,547,455
13					
14	<u>subject to fixed fee payment</u>				
15	covered charges	0	1,194,476	68,655	646,570
16	payments	0	91,150	7,550	30,900
17	annual covered charges	0	1,194,476	68,655	646,570
18	annual interim payments	0	91,150	7,550	30,900
19	annual cost of services	-	565,109	18,303	158,860
20					
21	<u>subject to limit of inpatient rate</u>				
22	covered charges	0	2,636,367	0	1,637,859
23	payments	0	663,825	0	209,766
24	annual covered charges	0	2,636,367	0	1,637,859
25	annual interim payments	0	663,825	0	209,766
26	annual cost of services	-	1,247,271	-	402,417
27					
28	Medicaid annual payments	70,563	10,746,639	376,854	4,788,121
29	Cost of services - max annual payments for UPL	70,563	11,804,044	403,919	5,309,586
30					
31	<u>adjustment factor</u>				
32	inflation	1.075321	1.075321	1.069607	1.066773
33					
34	adjusted Medicaid annual payments	75,878	11,556,087	403,086	5,107,838
35	adjusted maximum annual payments for UPL	75,878	12,693,136	432,035	5,664,123
36	annual facility specific UPL amount	0	1,137,049	28,949	556,285
37					
38	annual allocation of charge limit (if applicable)	(1,086)	1,086	0	0
39					
40	annual UPL amount after aggregate limit adjustments	(1,086)	1,138,135	28,949	556,285
41	UPL adjustment available for SFY2012	0	1,138,135	28,949	556,285
42	SFY2012 1st - 3rd quarters UPL adjustment	0	853,601	21,712	417,214
43	Intergovernmental transfer amount	0	288,859	7,347	141,185
44	Net funds amount	0	564,742	14,365	276,029

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	Facility Name	Burke Medical Center	Coffee Regional	Colquitt Regional	Crisp Regional
1	base period report period beginning date	6/1/2008	1/1/2009	10/1/2008	7/1/2008
2	base period report period ending date	5/31/2009	12/31/2009	9/30/2009	6/30/2009
3	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
4	CAH status (1 = yes)	0	0	0	0
5					
6	<u>subject to cost settlement</u>				
7	cost of Medicaid covered services	312,637	1,106,745	1,325,438	910,106
8	covered charges	476,659	4,203,565	3,870,428	2,806,714
9	outpatient Medicaid ratio of costs to charges	0.655892	0.263287	0.342453	0.32426
10	annual cost of Medicaid covered services	312,637	1,106,745	1,325,438	910,106
11	cost settlement rate	95.77%	95.77%	95.77%	95.77%
12	annual Medicaid payments after cost settlement	299,412	1,059,930	1,269,372	871,609
13					
14	<u>subject to fixed fee payment</u>				
15	covered charges	40,197	508,639	211,761	151,929
16	payments	9,920	42,600	22,900	16,050
17	annual covered charges	40,197	508,639	211,761	151,929
18	annual interim payments	9,920	42,600	22,900	16,050
19	annual cost of services	26,365	133,918	72,518	49,264
20					
21	<u>subject to limit of inpatient rate</u>				
22	covered charges	0	20,839	333,687	174,428
23	payments	0	4,606	63,367	64,230
24	annual covered charges	0	20,839	333,687	174,428
25	annual interim payments	0	4,606	63,367	64,230
26	annual cost of services	-	5,487	114,272	56,560
27					
28	Medicaid annual payments	309,332	1,107,136	1,355,639	951,889
29	Cost of services - max annual payments for UPL	339,002	1,246,150	1,512,228	1,015,930
30					
31	<u>adjustment factor</u>				
32	inflation	1.077815	1.055031	1.066773	1.075321
33					
34	adjusted Medicaid annual payments	333,403	1,168,063	1,446,159	1,023,586
35	adjusted maximum annual payments for UPL	365,381	1,314,727	1,613,204	1,092,451
36	annual facility specific UPL amount	31,978	146,664	167,045	68,865
37					
38	annual allocation of charge limit (if applicable)	0	0	0	0
39					
40	annual UPL amount after aggregate limit adjustments	31,978	146,664	167,045	68,865
41	UPL adjustment available for SFY2012	31,978	146,664	167,045	68,865
42	SFY2012 1st - 3rd quarters UPL adjustment	23,984	109,998	125,284	51,649
43	Intergovernmental transfer amount	8,116	37,223	42,396	17,478
44	Net funds amount	15,868	72,775	82,888	34,171

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	Facility Name	Dekalb Medical	Doctors Hospital Inc.	Dodge County	Dorminy Medical
1	base period report period beginning date	7/1/2008	12/3/2008	10/1/2008	8/1/2008
2	base period report period ending date	6/30/2009	6/30/2009	9/30/2009	7/31/2009
3	adjustment factor (if period not equal to 1 year)	1.0000	1.7381	1.0000	1.0000
4	CAH status (1 = yes)	0	0	0	0
5					
6	<u>subject to cost settlement</u>				
7	cost of Medicaid covered services	3,149,108	508,616	617,453	442,377
8	covered charges	11,570,563	2,716,754	2,112,065	1,226,623
9	outpatient Medicaid ratio of costs to charges	0.272165	0.187215	0.292346	0.360646
10	annual cost of Medicaid covered services	3,149,108	884,023	617,453	442,377
11	cost settlement rate	95.77%	95.77%	95.77%	95.77%
12	annual Medicaid payments after cost settlement	3,015,901	846,629	591,335	423,664
13					
14	<u>subject to fixed fee payment</u>				
15	covered charges	794,543	468,605	434,208	132,699
16	payments	51,400	16,950	35,350	16,916
17	annual covered charges	794,543	814,480	434,208	132,699
18	annual interim payments	51,400	29,461	35,350	16,916
19	annual cost of services	216,247	152,483	126,939	47,857
20					
21	<u>subject to limit of inpatient rate</u>				
22	covered charges	2,611,632	474,776	16,649	31,087
23	payments	569,585	71,560	4,333	8,600
24	annual covered charges	2,611,632	825,206	16,649	31,087
25	annual interim payments	569,585	124,379	4,333	8,600
26	annual cost of services	710,795	154,491	4,867	11,211
27					
28	Medicaid annual payments	3,636,886	1,000,469	631,018	449,180
29	Cost of services - max annual payments for UPL	4,076,150	1,190,997	749,259	501,445
30					
31	<u>adjustment factor</u>				
32	inflation	1.075321	1.058916	1.066773	1.072456
33					
34	adjusted Medicaid annual payments	3,910,820	1,059,413	673,153	481,726
35	adjusted maximum annual payments for UPL	4,383,170	1,261,166	799,289	537,778
36	annual facility specific UPL amount	472,350	201,753	126,136	56,052
37					
38	annual allocation of charge limit (if applicable)	0	0	0	0
39					
40	annual UPL amount after aggregate limit adjustments	472,350	201,753	126,136	56,052
41	UPL adjustment available for SFY2012	472,350	201,753	126,136	56,052
42	SFY2012 1st - 3rd quarters UPL adjustment	354,263	151,315	94,602	42,039
43	Intergovernmental transfer amount	119,883	51,205	32,013	14,226
44	Net funds amount	234,380	100,110	62,589	27,813

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	Facility Name	Elbert Memorial	Emanuel Medical Ctr.	Evans Memorial	Floyd Medical Center
1	base period report period beginning date	7/1/2008	7/1/2008	10/1/2008	7/1/2008
2	base period report period ending date	6/30/2009	6/30/2009	9/30/2009	6/30/2009
3	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
4	CAH status (1 = yes)	0	0	0	0
5					
6	<u>subject to cost settlement</u>				
7	cost of Medicaid covered services	266,738	558,503	257,871	3,496,390
8	covered charges	777,746	1,936,196	777,098	16,560,949
9	outpatient Medicaid ratio of costs to charges	0.342963	0.288454	0.331838	0.211123
10	annual cost of Medicaid covered services	266,738	558,503	257,871	3,496,390
11	cost settlement rate	95.77%	95.77%	95.77%	95.77%
12	annual Medicaid payments after cost settlement	255,455	534,878	246,963	3,348,493
13					
14	<u>subject to fixed fee payment</u>				
15	covered charges	84,688	252,182	71,860	635,827
16	payments	6,000	16,950	7,800	54,906
17	annual covered charges	84,688	252,182	71,860	635,827
18	annual interim payments	6,000	16,950	7,800	54,906
19	annual cost of services	29,045	72,743	23,846	134,238
20					
21	<u>subject to limit of inpatient rate</u>				
22	covered charges	22,432	0	0	2,382,565
23	payments	4,445	0	0	309,582
24	annual covered charges	22,432	0	0	2,382,565
25	annual interim payments	4,445	0	0	309,582
26	annual cost of services	7,693	-	-	503,014
27					
28	Medicaid annual payments	265,900	551,828	254,763	3,712,981
29	Cost of services - max annual payments for UPL	303,476	631,246	281,717	4,133,642
30					
31	<u>adjustment factor</u>				
32	inflation	1.075321	1.075321	1.066773	1.075321
33					
34	adjusted Medicaid annual payments	285,928	593,392	271,774	3,992,646
35	adjusted maximum annual payments for UPL	326,334	678,792	300,528	4,444,992
36	annual facility specific UPL amount	40,406	85,400	28,754	452,346
37					
38	annual allocation of charge limit (if applicable)	0	0	0	0
39					
40	annual UPL amount after aggregate limit adjustments	40,406	85,400	28,754	452,346
41	UPL adjustment available for SFY2012	40,406	85,400	28,754	452,346
42	SFY2012 1st - 3rd quarters UPL adjustment	30,305	64,050	21,566	339,260
43	Intergovernmental transfer amount	10,255	21,675	7,298	114,806
44	Net funds amount	20,050	42,375	14,268	224,454

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	Facility Name	Grady General	Grady Memorial	Gwinnett Med Ctr - Duluth
1	base period report period beginning date	10/1/2008	1/1/2009	7/1/2008
2	base period report period ending date	9/30/2009	12/31/2009	6/30/2009
3	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
4	CAH status (1 = yes)	0	0	0
5				
6	<u>subject to cost settlement</u>			
7	cost of Medicaid covered services	297,696	9,230,320	584,536
8	covered charges	916,116	29,734,557	2,936,527
9	outpatient Medicaid ratio of costs to charges	0.324954	0.310424	0.199057
10	annual cost of Medicaid covered services	297,696	9,230,320	584,536
11	cost settlement rate	95.77%	95.77%	95.77%
12	annual Medicaid payments after cost settlement	285,103	8,839,877	559,810
13				
14	<u>subject to fixed fee payment</u>			
15	covered charges	47,905	1,367,521	193,634
16	payments	5,100	83,907	8,800
17	annual covered charges	47,905	1,367,521	193,634
18	annual interim payments	5,100	83,907	8,800
19	annual cost of services	15,567	424,511	38,544
20				
21	<u>subject to limit of inpatient rate</u>			
22	covered charges	0	9,579,208	28,161
23	payments	0	2,526,432	5,137
24	annual covered charges	0	9,579,208	28,161
25	annual interim payments	0	2,526,432	5,137
26	annual cost of services	-	2,973,616	5,606
27				
28	Medicaid annual payments	290,203	11,450,216	573,747
29	Cost of services - max annual payments for UPL	313,263	12,628,447	628,686
30				
31	<u>adjustment factor</u>			
32	inflation	1.066773	1.055031	1.075321
33				
34	adjusted Medicaid annual payments	309,581	12,080,333	616,962
35	adjusted maximum annual payments for UPL	334,181	13,323,403	676,039
36	annual facility specific UPL amount	24,600	1,243,070	59,077
37				
38	annual allocation of charge limit (if applicable)	0	0	0
39				
40	annual UPL amount after aggregate limit adjustments	24,600	1,243,070	59,077
41	UPL adjustment available for SFY2012	24,600	1,243,070	59,077
42	SFY2012 1st - 3rd quarters UPL adjustment	18,450	932,303	44,308
43	Intergovernmental transfer amount	6,243	315,491	14,994
44	Net funds amount	12,207	616,812	29,314

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	Facility Name	Gwinnett Med Ctr - Lawrenceville	Habersham Medical Center	Hart County
1	base period report period beginning date	7/1/2008	7/1/2008	1/1/2009
2	base period report period ending date	6/30/2009	6/30/2009	12/31/2009
3	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
4	CAH status (1 = yes)	0	0	0
5				
6	<u>subject to cost settlement</u>			
7	cost of Medicaid covered services	3,084,932	494,165	264,091
8	covered charges	12,446,338	1,425,929	705,988
9	outpatient Medicaid ratio of costs to charges	0.247859	0.346557	0.374073
10	annual cost of Medicaid covered services	3,084,932	494,165	264,091
11	cost settlement rate	95.77%	95.77%	95.77%
12	annual Medicaid payments after cost settlement	2,954,439	473,262	252,920
13				
14	<u>subject to fixed fee payment</u>			
15	covered charges	574,210	131,062	51,252
16	payments	33,140	15,350	5,550
17	annual covered charges	574,210	131,062	51,252
18	annual interim payments	33,140	15,350	5,550
19	annual cost of services	142,323	45,420	19,172
20				
21	<u>subject to limit of inpatient rate</u>			
22	covered charges	483,035	0	0
23	payments	108,232	0	0
24	annual covered charges	483,035	0	0
25	annual interim payments	108,232	0	0
26	annual cost of services	119,725	-	-
27				
28	Medicaid annual payments	3,095,811	488,612	258,470
29	Cost of services - max annual payments for UPL	3,346,980	539,585	283,263
30				
31	<u>adjustment factor</u>			
32	inflation	1.075321	1.075321	1.055031
33				
34	adjusted Medicaid annual payments	3,328,991	525,415	272,694
35	adjusted maximum annual payments for UPL	3,599,078	580,227	298,851
36	annual facility specific UPL amount	270,087	54,812	26,157
37				
38	annual allocation of charge limit (if applicable)	0	0	0
39				
40	annual UPL amount after aggregate limit adjustments	270,087	54,812	26,157
41	UPL adjustment available for SFY2012	270,087	54,812	26,157
42	SFY2012 1st - 3rd quarters UPL adjustment	202,565	41,109	19,618
43	Intergovernmental transfer amount	68,548	13,911	6,639
44	Net funds amount	134,017	27,198	12,979

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	Facility Name	Henry Medical Center	Houston Medical Ctr.	Hughes Spalding C
1	base period report period beginning date	7/1/2008	1/1/2009	1/1/2009
2	base period report period ending date	6/30/2009	12/31/2009	12/31/2009
3	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
4	CAH status (1 = yes)	0	0	0
5				
6	<u>subject to cost settlement</u>			
7	cost of Medicaid covered services	1,450,388	1,925,785	1,927,914
8	covered charges	4,641,429	6,448,694	5,469,186
9	outpatient Medicaid ratio of costs to charges	0.312487	0.298632	0.352505
10	annual cost of Medicaid covered services	1,450,388	1,925,785	1,927,914
11	cost settlement rate	95.77%	95.77%	95.77%
12	annual Medicaid payments after cost settlement	1,389,037	1,844,324	1,846,363
13				
14	<u>subject to fixed fee payment</u>			
15	covered charges	324,641	414,660	660,293
16	payments	29,550	56,322	71,578
17	annual covered charges	324,641	414,660	660,293
18	annual interim payments	29,550	56,322	71,578
19	annual cost of services	101,446	123,831	232,757
20				
21	<u>subject to limit of inpatient rate</u>			
22	covered charges	477,213	758,298	0
23	payments	58,587	262,026	0
24	annual covered charges	477,213	758,298	0
25	annual interim payments	58,587	262,026	0
26	annual cost of services	149,123	226,452	-
27				
28	Medicaid annual payments	1,477,174	2,162,672	1,917,941
29	Cost of services - max annual payments for UPL	1,700,957	2,276,068	2,160,671
30				
31	<u>adjustment factor</u>			
32	inflation	1.075321	1.055031	1.055031
33				
34	adjusted Medicaid annual payments	1,588,436	2,281,686	2,023,487
35	adjusted maximum annual payments for UPL	1,829,075	2,401,322	2,279,575
36	annual facility specific UPL amount	240,639	119,636	256,088
37				
38	annual allocation of charge limit (if applicable)	0	0	0
39				
40	annual UPL amount after aggregate limit adjustments	240,639	119,636	256,088
41	UPL adjustment available for SFY2012	240,639	119,636	256,088
42	SFY2012 1st - 3rd quarters UPL adjustment	180,479	89,727	192,066
43	Intergovernmental transfer amount	61,074	30,364	64,995
44	Net funds amount	119,405	59,363	127,071

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	Facility Name	Hughston Hospital Inc.	Hutcheson Medical Ctr.	Irwin County Hospital
1	base period report period beginning date	7/1/2008	10/1/2008	12/1/2008
2	base period report period ending date	6/30/2009	9/30/2009	11/30/2009
3	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
4	CAH status (1 = yes)	0	0	0
5				
6	<u>subject to cost settlement</u>			
7	cost of Medicaid covered services	40,647	1,543,210	444,197
8	covered charges	174,828	6,421,058	1,604,438
9	outpatient Medicaid ratio of costs to charges	0.232497	0.240336	0.276855
10	annual cost of Medicaid covered services	40,647	1,543,210	444,197
11	cost settlement rate	95.77%	95.77%	95.77%
12	annual Medicaid payments after cost settlement	38,928	1,477,932	425,407
13				
14	<u>subject to fixed fee payment</u>			
15	covered charges	0	544,758	32,837
16	payments	0	38,140	4,650
17	annual covered charges	0	544,758	32,837
18	annual interim payments	0	38,140	4,650
19	annual cost of services	-	130,925	9,091
20				
21	<u>subject to limit of inpatient rate</u>			
22	covered charges	28,534	379,526	199,099
23	payments	4,756	60,005	40,109
24	annual covered charges	28,534	379,526	199,099
25	annual interim payments	4,756	60,005	40,109
26	annual cost of services	6,634	91,214	55,122
27				
28	Medicaid annual payments	43,684	1,576,077	470,166
29	Cost of services - max annual payments for UPL	47,281	1,765,349	508,410
30				
31	<u>adjustment factor</u>			
32	inflation	1.075321	1.066773	1.058916
33				
34	adjusted Medicaid annual payments	46,974	1,681,316	497,866
35	adjusted maximum annual payments for UPL	50,842	1,883,227	538,363
36	annual facility specific UPL amount	3,868	201,911	40,497
37				
38	annual allocation of charge limit (if applicable)	0	0	0
39				
40	annual UPL amount after aggregate limit adjustments	3,868	201,911	40,497
41	UPL adjustment available for SFY2012	3,868	201,911	40,497
42	SFY2012 1st - 3rd quarters UPL adjustment	2,901	151,433	30,373
43	Intergovernmental transfer amount	982	51,245	10,278
44	Net funds amount	1,919	100,188	20,095

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	Facility Name	Jefferson	McDuffie Regional M	Meadows Regional
1	base period report period beginning date	1/1/2009	10/1/2008	7/1/2008
2	base period report period ending date	12/31/2009	9/30/2009	6/30/2009
3	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
4	CAH status (1 = yes)	0	0	0
5				
6	<u>subject to cost settlement</u>			
7	cost of Medicaid covered services	234,315	435,818	1,178,023
8	covered charges	598,536	1,332,149	6,978,959
9	outpatient Medicaid ratio of costs to charges	0.39148	0.327154	0.168796
10	annual cost of Medicaid covered services	234,315	435,818	1,178,023
11	cost settlement rate	95.77%	95.77%	95.77%
12	annual Medicaid payments after cost settlement	224,403	417,383	1,128,193
13				
14	<u>subject to fixed fee payment</u>			
15	covered charges	55,008	97,643	738,081
16	payments	7,700	9,615	43,850
17	annual covered charges	55,008	97,643	738,081
18	annual interim payments	7,700	9,615	43,850
19	annual cost of services	21,535	31,944	124,585
20				
21	<u>subject to limit of inpatient rate</u>			
22	covered charges	0	17,901	51,873
23	payments	0	4,550	9,192
24	annual covered charges	0	17,901	51,873
25	annual interim payments	0	4,550	9,192
26	annual cost of services	-	5,856	8,756
27				
28	Medicaid annual payments	232,103	431,548	1,181,235
29	Cost of services - max annual payments for UPL	255,850	473,618	1,311,364
30				
31	<u>adjustment factor</u>			
32	inflation	1.055031	1.066773	1.075321
33				
34	adjusted Medicaid annual payments	244,876	460,364	1,270,207
35	adjusted maximum annual payments for UPL	269,930	505,243	1,410,137
36	annual facility specific UPL amount	25,054	44,879	139,930
37				
38	annual allocation of charge limit (if applicable)	0	0	0
39				
40	annual UPL amount after aggregate limit adjustments	25,054	44,879	139,930
41	UPL adjustment available for SFY2012	25,054	44,879	139,930
42	SFY2012 1st - 3rd quarters UPL adjustment	18,791	33,659	104,948
43	Intergovernmental transfer amount	6,359	11,390	35,514
44	Net funds amount	12,432	22,269	69,434

Georgia Department of Community Health

	Facility Name	Medical Center of Central GA	Memorial Health Univ. N
1	base period report period beginning date	10/1/2008	1/1/2009
2	base period report period ending date	9/30/2009	12/31/2009
3	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
4	CAH status (1 = yes)	0	0
5			
6	<u>subject to cost settlement</u>		
7	cost of Medicaid covered services	7,691,641	5,341,898
8	covered charges	24,844,820	22,537,235
9	outpatient Medicaid ratio of costs to charges	0.309587	0.237025
10	annual cost of Medicaid covered services	7,691,641	5,341,898
11	cost settlement rate	95.77%	95.77%
12	annual Medicaid payments after cost settlement	7,366,285	5,115,936
13			
14	<u>subject to fixed fee payment</u>		
15	covered charges	1,145,651	539,582
16	payments	51,808	40,700
17	annual covered charges	1,145,651	539,582
18	annual interim payments	51,808	40,700
19	annual cost of services	354,679	127,894
20			
21	<u>subject to limit of inpatient rate</u>		
22	covered charges	6,017,024	5,567,696
23	payments	975,621	930,716
24	annual covered charges	6,017,024	5,567,696
25	annual interim payments	975,621	930,716
26	annual cost of services	1,862,792	1,319,683
27			
28	Medicaid annual payments	8,393,714	6,087,352
29	Cost of services - max annual payments for UPL	9,909,112	6,789,475
30			
31	<u>adjustment factor</u>		
32	inflation	1.066773	1.055031
33			
34	adjusted Medicaid annual payments	8,954,187	6,422,345
35	adjusted maximum annual payments for UPL	10,570,773	7,163,107
36	annual facility specific UPL amount	1,616,586	740,762
37			
38	annual allocation of charge limit (if applicable)	0	0
39			
40	annual UPL amount after aggregate limit adjustments	1,616,586	740,762
41	UPL adjustment available for SFY2012	1,616,586	740,762
42	SFY2012 1st - 3rd quarters UPL adjustment	1,212,440	555,572
43	Intergovernmental transfer amount	410,290	188,006
44	Net funds amount	802,150	367,566

Georgia Department of Community Health

	Facility Name	Memorial Hospital - Bainbridge	Murray Medical Ctr.	Newton Medical
1	base period report period beginning date	4/1/2008	10/1/2008	1/1/2009
2	base period report period ending date	3/31/2009	9/30/2009	12/31/2009
3	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
4	CAH status (1 = yes)	0	0	0
5				
6	<u>subject to cost settlement</u>			
7	cost of Medicaid covered services	464,039	402,995	1,402,483
8	covered charges	1,237,240	1,496,180	5,510,430
9	outpatient Medicaid ratio of costs to charges	0.37506	0.269349	0.254514
10	annual cost of Medicaid covered services	464,039	402,995	1,402,483
11	cost settlement rate	95.77%	95.77%	95.77%
12	annual Medicaid payments after cost settlement	444,410	385,948	1,343,158
13				
14	<u>subject to fixed fee payment</u>			
15	covered charges	84,260	142,239	548,008
16	payments	13,769	14,922	30,420
17	annual covered charges	84,260	142,239	548,008
18	annual interim payments	13,769	14,922	30,420
19	annual cost of services	31,603	38,312	139,476
20				
21	<u>subject to limit of inpatient rate</u>			
22	covered charges	28,001	0	84,909
23	payments	4,448	0	17,770
24	annual covered charges	28,001	0	84,909
25	annual interim payments	4,448	0	17,770
26	annual cost of services	10,502	-	21,611
27				
28	Medicaid annual payments	462,627	400,870	1,391,348
29	Cost of services - max annual payments for UPL	506,144	441,307	1,563,570
30				
31	<u>adjustment factor</u>			
32	inflation	1.08284	1.066773	1.055031
33				
34	adjusted Medicaid annual payments	500,951	427,637	1,467,915
35	adjusted maximum annual payments for UPL	548,073	470,774	1,649,615
36	annual facility specific UPL amount	47,122	43,137	181,700
37				
38	annual allocation of charge limit (if applicable)	0	0	0
39				
40	annual UPL amount after aggregate limit adjustments	47,122	43,137	181,700
41	UPL adjustment available for SFY2012	47,122	43,137	181,700
42	SFY2012 1st - 3rd quarters UPL adjustment	35,342	32,353	136,275
43	Intergovernmental transfer amount	11,960	10,948	46,115
44	Net funds amount	23,382	21,405	90,160

Georgia Department of Community Health

	Facility Name	Northeast GA Medical Ctr.	Northside	Northside - Cherokee
1	base period report period beginning date	10/1/2008	10/1/2008	10/1/2008
2	base period report period ending date	9/30/2009	9/30/2009	9/30/2009
3	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
4	CAH status (1 = yes)	0	0	0
5				
6	<u>subject to cost settlement</u>			
7	cost of Medicaid covered services	3,618,972	1,846,802	601,409
8	covered charges	15,608,221	7,551,234	3,196,315
9	outpatient Medicaid ratio of costs to charges	0.231863	0.24457	0.188157
10	annual cost of Medicaid covered services	3,618,972	1,846,802	601,409
11	cost settlement rate	95.77%	95.77%	95.77%
12	annual Medicaid payments after cost settlement	3,465,890	1,768,682	575,969
13				
14	<u>subject to fixed fee payment</u>			
15	covered charges	592,000	326,202	315,102
16	payments	33,439	11,600	15,000
17	annual covered charges	592,000	326,202	315,102
18	annual interim payments	33,439	11,600	15,000
19	annual cost of services	137,263	79,779	59,289
20				
21	<u>subject to limit of inpatient rate</u>			
22	covered charges	2,127,682	1,001,144	391,803
23	payments	319,503	154,063	58,230
24	annual covered charges	2,127,682	1,001,144	391,803
25	annual interim payments	319,503	154,063	58,230
26	annual cost of services	493,331	244,850	73,720
27				
28	Medicaid annual payments	3,818,832	1,934,345	649,199
29	Cost of services - max annual payments for UPL	4,249,566	2,171,431	734,418
30				
31	<u>adjustment factor</u>			
32	inflation	1.066773	1.066773	1.066773
33				
34	adjusted Medicaid annual payments	4,073,827	2,063,507	692,548
35	adjusted maximum annual payments for UPL	4,533,323	2,316,424	783,457
36	annual facility specific UPL amount	459,496	252,917	90,909
37				
38	annual allocation of charge limit (if applicable)	0	0	0
39				
40	annual UPL amount after aggregate limit adjustments	459,496	252,917	90,909
41	UPL adjustment available for SFY2012	459,496	252,917	90,909
42	SFY2012 1st - 3rd quarters UPL adjustment	344,622	189,688	68,182
43	Intergovernmental transfer amount	116,620	64,190	23,073
44	Net funds amount	228,002	125,498	45,109

Georgia Department of Community Health

	Facility Name	Northside - Forsyth	Oconee Regional	Perry	Phoebe Putney
1	base period report period beginning date	10/1/2008	10/1/2008	1/1/2009	8/1/2008
2	base period report period ending date	9/30/2009	9/30/2009	12/31/2009	7/31/2009
3	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
4	CAH status (1 = yes)	0	0	0	0
5					
6	<u>subject to cost settlement</u>				
7	cost of Medicaid covered services	800,947	850,442	288,687	6,282,909
8	covered charges	4,551,417	2,976,801	1,123,997	21,807,722
9	outpatient Medicaid ratio of costs to charges	0.175977	0.28569	0.256839	0.288105
10	annual cost of Medicaid covered services	800,947	850,442	288,687	6,282,909
11	cost settlement rate	95.77%	95.77%	95.77%	95.77%
12	annual Medicaid payments after cost settlement	767,067	814,468	276,475	6,017,141
13					
14	<u>subject to fixed fee payment</u>				
15	covered charges	413,426	216,357	39,733	651,823
16	payments	18,150	21,550	4,930	28,959
17	annual covered charges	413,426	216,357	39,733	651,823
18	annual interim payments	18,150	21,550	4,930	28,959
19	annual cost of services	72,753	61,811	10,205	187,793
20					
21	<u>subject to limit of inpatient rate</u>				
22	covered charges	1,124,097	266,404	0	4,914,708
23	payments	186,758	40,588	0	774,562
24	annual covered charges	1,124,097	266,404	0	4,914,708
25	annual interim payments	186,758	40,588	0	774,562
26	annual cost of services	197,815	76,109	-	1,415,952
27					
28	Medicaid annual payments	971,975	876,606	281,405	6,820,662
29	Cost of services - max annual payments for UPL	1,071,515	988,362	298,892	7,886,654
30					
31	<u>adjustment factor</u>				
32	inflation	1.066773	1.066773	1.055031	1.072456
33					
34	adjusted Medicaid annual payments	1,036,877	935,140	296,891	7,314,860
35	adjusted maximum annual payments for UPL	1,143,063	1,054,358	315,340	8,458,089
36	annual facility specific UPL amount	106,186	119,218	18,449	1,143,229
37					
38	annual allocation of charge limit (if applicable)	0	0	0	0
39					
40	annual UPL amount after aggregate limit adjustments	106,186	119,218	18,449	1,143,229
41	UPL adjustment available for SFY2012	106,186	119,218	18,449	1,143,229
42	SFY2012 1st - 3rd quarters UPL adjustment	79,640	89,414	13,837	857,422
43	Intergovernmental transfer amount	26,950	30,258	4,682	290,152
44	Net funds amount	52,690	59,156	9,155	567,270

Georgia Department of Community Health

	Facility Name	Phoebe Sumter Medical C	Satilla Regional	South Georgia Medical C
1	base period report period beginning date	10/1/2008	1/1/2009	10/1/2008
2	base period report period ending date	9/30/2009	12/31/2009	9/30/2009
3	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
4	CAH status (1 = yes)	0	0	0
5				
6	<u>subject to cost settlement</u>			
7	cost of Medicaid covered services	1,177,298	3,034,947	3,157,086
8	covered charges	3,291,167	10,335,975	6,015,491
9	outpatient Medicaid ratio of costs to charges	0.357714	0.293629	0.524826
10	annual cost of Medicaid covered services	1,177,298	3,034,947	3,157,086
11	cost settlement rate	95.77%	95.77%	95.77%
12	annual Medicaid payments after cost settlement	1,127,498	2,906,569	3,023,541
13				
14	<u>subject to fixed fee payment</u>			
15	covered charges	378,324	582,455	390,359
16	payments	28,845	50,311	44,800
17	annual covered charges	378,324	582,455	390,359
18	annual interim payments	28,845	50,311	44,800
19	annual cost of services	135,332	171,026	204,871
20				
21	<u>subject to limit of inpatient rate</u>			
22	covered charges	378,736	794,295	2,990,031
23	payments	80,437	148,864	466,485
24	annual covered charges	378,736	794,295	2,990,031
25	annual interim payments	80,437	148,864	466,485
26	annual cost of services	135,479	233,228	1,569,246
27				
28	Medicaid annual payments	1,236,780	3,105,744	3,534,826
29	Cost of services - max annual payments for UPL	1,448,109	3,439,201	4,931,203
30				
31	<u>adjustment factor</u>			
32	inflation	1.066773	1.055031	1.066773
33				
34	adjusted Medicaid annual payments	1,319,364	3,276,656	3,770,857
35	adjusted maximum annual payments for UPL	1,544,804	3,628,464	5,260,474
36	annual facility specific UPL amount	225,440	351,808	1,489,617
37				
38	annual allocation of charge limit (if applicable)	0	0	0
39				
40	annual UPL amount after aggregate limit adjustments	225,440	351,808	1,489,617
41	UPL adjustment available for SFY2012	225,440	351,808	1,489,617
42	SFY2012 1st - 3rd quarters UPL adjustment	169,080	263,856	1,117,213
43	Intergovernmental transfer amount	57,217	89,289	378,065
44	Net funds amount	111,863	174,567	739,148

Georgia Department of Community Health

	Facility Name	Southeast GA - Brunswick	Southeast GA - Camden	Southern Regional
1	base period report period beginning date	10/1/2008	10/1/2008	7/1/2008
2	base period report period ending date	4/30/2009	4/30/2009	6/30/2009
3	adjustment factor (if period not equal to 1 year)	1.7217	1.7217	1.0000
4	CAH status (1 = yes)	0	0	0
5				
6	<u>subject to cost settlement</u>			
7	cost of Medicaid covered services	1,184,386	236,686	3,764,800
8	covered charges	3,469,434	854,269	13,783,424
9	outpatient Medicaid ratio of costs to charges	0.341377	0.277063	0.27314
10	annual cost of Medicaid covered services	2,039,156	407,503	3,764,800
11	cost settlement rate	95.77%	95.77%	95.77%
12	annual Medicaid payments after cost settlement	1,952,899	390,265	3,605,549
13				
14	<u>subject to fixed fee payment</u>			
15	covered charges	262,826	88,655	1,151,055
16	payments	21,950	7,400	78,750
17	annual covered charges	452,507	152,637	1,151,055
18	annual interim payments	37,791	12,741	78,750
19	annual cost of services	154,475	42,290	314,399
20				
21	<u>subject to limit of inpatient rate</u>			
22	covered charges	157,981	0	1,046,125
23	payments	32,461	0	201,483
24	annual covered charges	271,995	0	1,046,125
25	annual interim payments	55,888	0	201,483
26	annual cost of services	92,853	-	285,739
27				
28	Medicaid annual payments	2,046,578	403,006	3,885,782
29	Cost of services - max annual payments for UPL	2,286,484	449,793	4,364,938
30				
31	<u>adjustment factor</u>			
32	inflation	1.066773	1.066773	1.075321
33				
34	adjusted Medicaid annual payments	2,183,234	429,916	4,178,463
35	adjusted maximum annual payments for UPL	2,439,159	479,827	4,693,710
36	annual facility specific UPL amount	255,925	49,911	515,247
37				
38	annual allocation of charge limit (if applicable)	0	0	0
39				
40	annual UPL amount after aggregate limit adjustments	255,925	49,911	515,247
41	UPL adjustment available for SFY2012	255,925	49,911	515,247
42	SFY2012 1st - 3rd quarters UPL adjustment	191,944	37,433	386,435
43	Intergovernmental transfer amount	64,954	12,667	130,770
44	Net funds amount	126,990	24,766	255,665

Georgia Department of Community Health

	Facility Name	Stephens County	Tanner - Carrollton	Tanner - Villa Rica	The Medical Center
1	base period report period beginning date	10/1/2008	7/1/2008	7/1/2008	7/1/2008
2	base period report period ending date	9/30/2009	6/30/2009	6/30/2009	6/30/2009
3	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
4	CAH status (1 = yes)	0	0	0	0
5					
6	<u>subject to cost settlement</u>				
7	cost of Medicaid covered services	852,796	2,327,624	1,804,045	3,743,874
8	covered charges	2,038,387	8,796,953	4,263,300	11,522,106
9	outpatient Medicaid ratio of costs to charges	0.418368	0.264594	0.423157	0.32493
10	annual cost of Medicaid covered services	852,796	2,327,624	1,804,045	3,743,874
11	cost settlement rate	95.77%	95.77%	95.77%	95.77%
12	annual Medicaid payments after cost settlement	816,723	2,229,166	1,727,734	3,585,508
13					
14	<u>subject to fixed fee payment</u>				
15	covered charges	176,052	273,287	310,642	425,169
16	payments	22,000	28,014	32,842	389,819
17	annual covered charges	176,052	273,287	310,642	425,169
18	annual interim payments	22,000	28,014	32,842	389,819
19	annual cost of services	73,655	72,310	131,450	138,150
20					
21	<u>subject to limit of inpatient rate</u>				
22	covered charges	37,348	792,550	102,914	3,532,110
23	payments	8,899	149,921	25,564	799,300
24	annual covered charges	37,348	792,550	102,914	3,532,110
25	annual interim payments	8,899	149,921	25,564	799,300
26	annual cost of services	15,625	209,704	43,549	1,147,689
27					
28	Medicaid annual payments	847,622	2,407,101	1,786,140	4,774,627
29	Cost of services - max annual payments for UPL	942,076	2,609,638	1,979,044	5,029,713
30					
31	<u>adjustment factor</u>				
32	inflation	1.066773	1.075321	1.075321	1.075321
33					
34	adjusted Medicaid annual payments	904,220	2,588,406	1,920,674	5,134,257
35	adjusted maximum annual payments for UPL	1,004,981	2,806,199	2,128,108	5,408,556
36	annual facility specific UPL amount	100,761	217,793	207,434	274,299
37					
38	annual allocation of charge limit (if applicable)	0	0	0	0
39					
40	annual UPL amount after aggregate limit adjustments	100,761	217,793	207,434	274,299
41	UPL adjustment available for SFY2012	100,761	217,793	207,434	274,299
42	SFY2012 1st - 3rd quarters UPL adjustment	75,571	163,345	155,576	205,724
43	Intergovernmental transfer amount	25,573	55,276	52,647	69,617
44	Net funds amount	49,998	108,069	102,929	136,107

Georgia Department of Community Health

	Facility Name	Tift Regional	Union General	University	Upson Regional	Washington County
1	base period report period beginning date	10/1/2008	5/1/2008	1/1/2009	1/1/2009	9/1/2008
2	base period report period ending date	9/30/2009	4/30/2009	12/31/2009	12/31/2009	8/31/2009
3	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000	1.0000
4	CAH status (1 = yes)	0	0	0	0	0
5						
6	<u>subject to cost settlement</u>					
7	cost of Medicaid covered services	2,244,618	322,100	2,978,792	1,356,528	395,116
8	covered charges	8,320,122	842,165	8,913,876	6,290,396	1,005,666
9	outpatient Medicaid ratio of costs to charges	0.269782	0.382467	0.334175	0.215651	0.39289
10	annual cost of Medicaid covered services	2,244,618	322,100	2,978,792	1,356,528	395,116
11	cost settlement rate	95.77%	95.77%	95.77%	95.77%	95.77%
12	annual Medicaid payments after cost settlement	2,149,671	308,475	2,852,789	1,299,146	378,403
13						
14	<u>subject to fixed fee payment</u>					
15	covered charges	493,724	84,353	376,069	482,437	35,555
16	payments	37,122	8,475	29,548	31,100	5,624
17	annual covered charges	493,724	84,353	376,069	482,437	35,555
18	annual interim payments	37,122	8,475	29,548	31,100	5,624
19	annual cost of services	133,198	32,262	125,673	104,038	13,969
20						
21	<u>subject to limit of inpatient rate</u>					
22	covered charges	2,287,363	0	1,165,268	162,599	0
23	payments	322,605	0	105,019	31,598	0
24	annual covered charges	2,287,363	0	1,165,268	162,599	0
25	annual interim payments	322,605	0	105,019	31,598	0
26	annual cost of services	617,089	-	389,403	35,065	-
27						
28	Medicaid annual payments	2,509,398	316,950	2,987,356	1,361,844	384,027
29	Cost of services - max annual payments for UPL	2,994,905	354,362	3,493,868	1,495,631	409,085
30						
31	<u>adjustment factor</u>					
32	inflation	1.066773	1.080322	1.055031	1.055031	1.069607
33						
34	adjusted Medicaid annual payments	2,676,958	342,408	3,151,753	1,436,788	410,758
35	adjusted maximum annual payments for UPL	3,194,884	382,825	3,686,139	1,577,937	437,560
36	annual facility specific UPL amount	517,926	40,417	534,386	141,149	26,802
37						
38	annual allocation of charge limit (if applicable)	0	0	0	0	0
39						
40	annual UPL amount after aggregate limit adjustments	517,926	40,417	534,386	141,149	26,802
41	UPL adjustment available for SFY2012	517,926	40,417	534,386	141,149	26,802
42	SFY2012 1st - 3rd quarters UPL adjustment	388,445	30,313	400,790	105,862	20,102
43	Intergovernmental transfer amount	131,450	10,258	135,627	35,824	6,803
44	Net funds amount	256,995	20,055	265,163	70,038	13,299

Georgia Department of Community Health

	Facility Name	Wayne Memorial	WellStar Cobb	Wellstar Douglas	WellStar Kennestone
1	base period report period beginning date	7/1/2008	7/1/2008	7/1/2008	7/1/2008
2	base period report period ending date	6/30/2009	6/30/2009	6/30/2009	6/30/2009
3	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
4	CAH status (1 = yes)	0	0	0	0
5					
6	<u>subject to cost settlement</u>				
7	cost of Medicaid covered services	968,191	2,600,784	1,107,044	2,760,911
8	covered charges	2,913,189	11,588,413	5,581,524	13,357,856
9	outpatient Medicaid ratio of costs to charges	0.332347	0.22443	0.198341	0.206688
10	annual cost of Medicaid covered services	968,191	2,600,784	1,107,044	2,760,911
11	cost settlement rate	95.77%	95.77%	95.77%	95.77%
12	annual Medicaid payments after cost settlement	927,237	2,490,771	1,060,216	2,644,124
13					
14	<u>subject to fixed fee payment</u>				
15	covered charges	411,760	729,093	299,721	375,045
16	payments	38,871	63,704	29,760	30,602
17	annual covered charges	411,760	729,093	299,721	375,045
18	annual interim payments	38,871	63,704	29,760	30,602
19	annual cost of services	136,847	163,630	59,447	77,517
20					
21	<u>subject to limit of inpatient rate</u>				
22	covered charges	118,434	854,797	496,960	2,888,942
23	payments	27,255	153,410	82,785	385,149
24	annual covered charges	118,434	854,797	496,960	2,888,942
25	annual interim payments	27,255	153,410	82,785	385,149
26	annual cost of services	39,361	191,842	98,568	597,110
27					
28	Medicaid annual payments	993,363	2,707,885	1,172,761	3,059,875
29	Cost of services - max annual payments for UPL	1,144,399	2,956,256	1,265,059	3,435,538
30					
31	<u>adjustment factor</u>				
32	inflation	1.075321	1.075321	1.075321	1.075321
33					
34	adjusted Medicaid annual payments	1,068,184	2,911,846	1,261,095	3,290,348
35	adjusted maximum annual payments for UPL	1,230,596	3,178,924	1,360,345	3,694,306
36	annual facility specific UPL amount	162,412	267,078	99,250	403,958
37					
38	annual allocation of charge limit (if applicable)	0	0	0	0
39					
40	annual UPL amount after aggregate limit adjustments	162,412	267,078	99,250	403,958
41	UPL adjustment available for SFY2012	162,412	267,078	99,250	403,958
42	SFY2012 1st - 3rd quarters UPL adjustment	121,809	200,309	74,438	302,969
43	Intergovernmental transfer amount	41,220	67,785	25,190	102,525
44	Net funds amount	80,589	132,524	49,248	200,444

Georgia Department of Community Health

	Facility Name	WellStar Paulding	WellStar Windy Hill	West Georgia Medical Center
1	base period report period beginning date	7/1/2008	7/1/2008	10/1/2008
2	base period report period ending date	6/30/2009	6/30/2009	9/30/2009
3	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
4	CAH status (1 = yes)	0	0	0
5				
6	<u>subject to cost settlement</u>			
7	cost of Medicaid covered services	653,131	310,238	1,367,799
8	covered charges	3,003,844	806,366	6,037,499
9	outpatient Medicaid ratio of costs to charges	0.217432	0.384735	0.226551
10	annual cost of Medicaid covered services	653,131	310,238	1,367,799
11	cost settlement rate	95.77%	95.77%	95.77%
12	annual Medicaid payments after cost settlement	625,504	297,115	1,309,941
13				
14	<u>subject to fixed fee payment</u>			
15	covered charges	207,005	0	573,205
16	payments	21,749	0	54,100
17	annual covered charges	207,005	0	573,205
18	annual interim payments	21,749	0	54,100
19	annual cost of services	45,010	-	129,860
20				
21	<u>subject to limit of inpatient rate</u>			
22	covered charges	0	195,000	415,456
23	payments	0	46,592	84,660
24	annual covered charges	0	195,000	415,456
25	annual interim payments	0	46,592	84,660
26	annual cost of services	-	75,023	94,122
27				
28	Medicaid annual payments	647,253	343,707	1,448,701
29	Cost of services - max annual payments for UPL	698,141	385,261	1,591,781
30				
31	<u>adjustment factor</u>			
32	inflation	1.075321	1.075321	1.066773
33				
34	adjusted Medicaid annual payments	696,005	369,595	1,545,435
35	adjusted maximum annual payments for UPL	750,726	414,279	1,698,069
36	annual facility specific UPL amount	54,721	44,684	152,634
37				
38	annual allocation of charge limit (if applicable)	0	0	0
39				
40	annual UPL amount after aggregate limit adjustments	54,721	44,684	152,634
41	UPL adjustment available for SFY2012	54,721	44,684	152,634
42	SFY2012 1st - 3rd quarters UPL adjustment	41,041	33,513	114,476
43	Intergovernmental transfer amount	13,888	11,341	38,739
44	Net funds amount	27,153	22,172	75,737

Georgia Department of Community Health

	Facility Name	Bleckley Memorial	Brooks County	Calhoun Memorial	Candler County
1	base period report period beginning date	4/1/2008	10/1/2008	4/1/2008	1/1/2009
2	base period report period ending date	3/31/2009	9/30/2009	3/31/2009	12/31/2009
3	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
4	CAH status (1 = yes)	1	1	1	1
5					
6	<u>subject to cost settlement</u>				
7	cost of Medicaid covered services	193,458	230,475	125,250	312,755
8	covered charges	200,977	919,143	230,000	602,266
9	outpatient Medicaid ratio of costs to charges	0.962588	0.25075	0.544565	0.519297
10	annual cost of Medicaid covered services	193,458	230,475	125,250	312,755
11	cost settlement rate	100.00%	100.00%	100.00%	100.00%
12	annual Medicaid payments after cost settlement	193,458	230,475	125,250	312,755
13					
14	<u>subject to fixed fee payment</u>				
15	covered charges	46,718	41,257	18,142	50,112
16	payments	7,760	3,360	3,300	10,350
17	annual covered charges	46,718	41,257	18,142	50,112
18	annual interim payments	7,760	3,360	3,300	10,350
19	annual cost of services	44,970	10,345	9,879	26,023
20					
21	<u>subject to limit of inpatient rate</u>				
22	covered charges	0	91,440	27,273	130,549
23	payments	0	17,121	12,850	58,158
24	annual covered charges	0	91,440	27,273	130,549
25	annual interim payments	0	17,121	12,850	58,158
26	annual cost of services	-	22,929	14,852	67,794
27					
28	Medicaid annual payments	201,218	250,956	141,400	381,263
29	Cost of services - max annual payments for UPL	238,428	263,749	149,981	406,572
30					
31	<u>adjustment factor</u>				
32	inflation	1.08284	1.066773	1.08284	1.055031
33					
34	adjusted Medicaid annual payments	217,887	267,713	153,114	402,244
35	adjusted maximum annual payments for UPL	258,179	281,360	162,405	428,946
36	annual facility specific UPL amount	40,292	13,647	9,291	26,702
37					
38	annual allocation of charge limit (if applicable)	0	0	0	0
39					
40	annual UPL amount after aggregate limit adjustments	40,292	13,647	9,291	26,702
41	UPL adjustment available for SFY2012	40,292	13,647	9,291	26,702
42	SFY2012 1st - 3rd quarters UPL adjustment	30,219	10,235	6,968	20,027
43	Intergovernmental transfer amount	0	0	0	0
44	Net funds amount	30,219	10,235	6,968	20,027

Georgia Department of Community Health

	Facility Name	Charlton Memorial	Chatuge Regional	Clinch Memorial	Early Memorial
1	base period report period beginning date	7/1/2008	5/1/2008	7/1/2008	10/1/2008
2	base period report period ending date	6/30/2009	4/30/2009	6/30/2009	9/30/2009
3	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
4	CAH status (1 = yes)	1	1	1	1
5					
6	<u>subject to cost settlement</u>				
7	cost of Medicaid covered services	181,155	84,634	256,118	286,015
8	covered charges	369,302	226,948	343,373	667,578
9	outpatient Medicaid ratio of costs to charges	0.490533	0.372922	0.745889	0.428437
10	annual cost of Medicaid covered services	181,155	84,634	256,118	286,015
11	cost settlement rate	100.00%	100.00%	100.00%	100.00%
12	annual Medicaid payments after cost settlement	181,155	84,634	256,118	286,015
13					
14	<u>subject to fixed fee payment</u>				
15	covered charges	59,455	23,027	19,911	44,931
16	payments	6,550	2,750	2,250	5,173
17	annual covered charges	59,455	23,027	19,911	44,931
18	annual interim payments	6,550	2,750	2,250	5,173
19	annual cost of services	29,165	8,587	14,851	19,250
20					
21	<u>subject to limit of inpatient rate</u>				
22	covered charges	8,209	0	13,268	9,782
23	payments	4,433	0	4,242	4,358
24	annual covered charges	8,209	0	13,268	9,782
25	annual interim payments	4,433	0	4,242	4,358
26	annual cost of services	4,027	-	9,896	4,191
27					
28	Medicaid annual payments	192,138	87,384	262,610	295,546
29	Cost of services - max annual payments for UPL	214,347	93,221	280,865	309,456
30					
31	<u>adjustment factor</u>				
32	inflation	1.075321	1.080322	1.075321	1.066773
33					
34	adjusted Medicaid annual payments	206,610	94,403	282,390	315,280
35	adjusted maximum annual payments for UPL	230,492	100,709	302,020	330,119
36	annual facility specific UPL amount	23,882	6,306	19,630	14,839
37					
38	annual allocation of charge limit (if applicable)	0	0	0	0
39					
40	annual UPL amount after aggregate limit adjustments	23,882	6,306	19,630	14,839
41	UPL adjustment available for SFY2012	23,882	6,306	19,630	14,839
42	SFY2012 1st - 3rd quarters UPL adjustment	17,912	4,730	14,723	11,129
43	Intergovernmental transfer amount	0	0	0	0
44	Net funds amount	17,912	4,730	14,723	11,129

Georgia Department of Community Health

	Facility Name	Effingham	Higgins General Hospital	Jasper Memorial	Jeff Davis
1	base period report period beginning date	7/1/2008	7/1/2008	10/1/2008	10/1/2008
2	base period report period ending date	6/30/2009	6/30/2009	9/30/2009	9/30/2009
3	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
4	CAH status (1 = yes)	1	1	1	1
5					
6	<u>subject to cost settlement</u>				
7	cost of Medicaid covered services	250,287	699,855	164,004	265,154
8	covered charges	620,129	2,077,776	193,417	721,585
9	outpatient Medicaid ratio of costs to charges	0.403605	0.336829	0.84793	0.367461
10	annual cost of Medicaid covered services	250,287	699,855	164,004	265,154
11	cost settlement rate	100.00%	100.00%	100.00%	100.00%
12	annual Medicaid payments after cost settlement	250,287	699,855	164,004	265,154
13					
14	<u>subject to fixed fee payment</u>				
15	covered charges	86,192	167,431	27,245	109,096
16	payments	6,950	18,009	4,400	8,914
17	annual covered charges	86,192	167,431	27,245	109,096
18	annual interim payments	6,950	18,009	4,400	8,914
19	annual cost of services	34,788	56,396	23,102	40,089
20					
21	<u>subject to limit of inpatient rate</u>				
22	covered charges	0	63,974	0	21,983
23	payments	0	23,170	0	8,912
24	annual covered charges	0	63,974	0	21,983
25	annual interim payments	0	23,170	0	8,912
26	annual cost of services	-	21,548	-	8,078
27					
28	Medicaid annual payments	257,237	741,034	168,404	282,980
29	Cost of services - max annual payments for UPL	285,075	777,799	187,106	313,321
30					
31	<u>adjustment factor</u>				
32	inflation	1.075321	1.075321	1.066773	1.066773
33					
34	adjusted Medicaid annual payments	276,612	796,849	179,649	301,875
35	adjusted maximum annual payments for UPL	306,547	836,384	199,600	334,242
36	annual facility specific UPL amount	29,935	39,535	19,951	32,367
37					
38	annual allocation of charge limit (if applicable)	0	0	0	0
39					
40	annual UPL amount after aggregate limit adjustments	29,935	39,535	19,951	32,367
41	UPL adjustment available for SFY2012	29,935	39,535	19,951	32,367
42	SFY2012 1st - 3rd quarters UPL adjustment	22,451	29,651	14,963	24,275
43	Intergovernmental transfer amount	0	0	0	0
44	Net funds amount	22,451	29,651	14,963	24,275

Georgia Department of Community Health

	Facility Name	Jenkins County	Liberty Regional	Louis Smith Memorial	Miller County
1	base period report period beginning date	7/1/2008	12/1/2008	10/1/2008	7/1/2008
2	base period report period ending date	6/30/2009	11/30/2009	9/30/2009	6/30/2009
3	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
4	CAH status (1 = yes)	1	1	1	1
5					
6	<u>subject to cost settlement</u>				
7	cost of Medicaid covered services	90,389	476,959	181,840	284,018
8	covered charges	190,810	1,767,303	419,374	676,168
9	outpatient Medicaid ratio of costs to charges	0.473712	0.26988	0.433599	0.420041
10	annual cost of Medicaid covered services	90,389	476,959	181,840	284,018
11	cost settlement rate	100.00%	100.00%	100.00%	100.00%
12	annual Medicaid payments after cost settlement	90,389	476,959	181,840	284,018
13					
14	<u>subject to fixed fee payment</u>				
15	covered charges	32,621	304,838	87,886	58,797
16	payments	7,050	28,730	11,150	5,789
17	annual covered charges	32,621	304,838	87,886	58,797
18	annual interim payments	7,050	28,730	11,150	5,789
19	annual cost of services	15,453	82,270	38,107	24,697
20					
21	<u>subject to limit of inpatient rate</u>				
22	covered charges	0	14,914	410,875	9,006
23	payments	0	4,556	48,260	4,308
24	annual covered charges	0	14,914	410,875	9,006
25	annual interim payments	0	4,556	48,260	4,308
26	annual cost of services	-	4,025	178,155	3,783
27					
28	Medicaid annual payments	97,439	510,245	241,250	294,115
29	Cost of services - max annual payments for UPL	105,842	563,254	398,102	312,498
30					
31	<u>adjustment factor</u>				
32	inflation	1.075321	1.058916	1.066773	1.075321
33					
34	adjusted Medicaid annual payments	104,778	540,307	257,359	316,268
35	adjusted maximum annual payments for UPL	113,814	596,439	424,684	336,036
36	annual facility specific UPL amount	9,036	56,132	167,325	19,768
37					
38	annual allocation of charge limit (if applicable)	0	0	0	0
39					
40	annual UPL amount after aggregate limit adjustments	9,036	56,132	167,325	19,768
41	UPL adjustment available for SFY2012	9,036	56,132	167,325	19,768
42	SFY2012 1st - 3rd quarters UPL adjustment	6,777	42,099	125,494	14,826
43	Intergovernmental transfer amount	0	0	0	0
44	Net funds amount	6,777	42,099	125,494	14,826

Georgia Department of Community Health

	Facility Name	Mitchell County	Monroe County	Morgan Memorial	Peach Regional Medical C
1	base period report period beginning date	10/1/2008	10/1/2008	7/1/2008	11/1/2008
2	base period report period ending date	9/30/2009	9/30/2009	6/30/2009	10/31/2009
3	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
4	CAH status (1 = yes)	1	1	1	1
5					
6	<u>subject to cost settlement</u>				
7	cost of Medicaid covered services	356,170	182,392	191,955	412,924
8	covered charges	1,263,431	454,651	369,005	1,048,974
9	outpatient Medicaid ratio of costs to charges	0.281907	0.40117	0.520196	0.393646
10	annual cost of Medicaid covered services	356,170	182,392	191,955	412,924
11	cost settlement rate	100.00%	100.00%	100.00%	100.00%
12	annual Medicaid payments after cost settlement	356,170	182,392	191,955	412,924
13					
14	<u>subject to fixed fee payment</u>				
15	covered charges	35,846	74,472	27,111	103,544
16	payments	4,578	11,730	3,118	19,021
17	annual covered charges	35,846	74,472	27,111	103,544
18	annual interim payments	4,578	11,730	3,118	19,021
19	annual cost of services	10,105	29,876	14,103	40,760
20					
21	<u>subject to limit of inpatient rate</u>				
22	covered charges	0	52,283	56,234	0
23	payments	0	21,913	25,801	0
24	annual covered charges	0	52,283	56,234	0
25	annual interim payments	0	21,913	25,801	0
26	annual cost of services	-	20,974	29,253	-
27					
28	Medicaid annual payments	360,748	216,035	220,874	431,945
29	Cost of services - max annual payments for UPL	366,275	233,242	235,311	453,684
30					
31	<u>adjustment factor</u>				
32	inflation	1.066773	1.066773	1.075321	1.06283
33					
34	adjusted Medicaid annual payments	384,836	230,460	237,510	459,084
35	adjusted maximum annual payments for UPL	390,732	248,817	253,035	482,189
36	annual facility specific UPL amount	5,896	18,357	15,525	23,105
37					
38	annual allocation of charge limit (if applicable)	0	0	0	0
39					
40	annual UPL amount after aggregate limit adjustments	5,896	18,357	15,525	23,105
41	UPL adjustment available for SFY2012	5,896	18,357	15,525	23,105
42	SFY2012 1st - 3rd quarters UPL adjustment	4,422	13,768	11,644	17,329
43	Intergovernmental transfer amount	0	0	0	0
44	Net funds amount	4,422	13,768	11,644	17,329

Georgia Department of Community Health

	Facility Name	Polk Medical	Putnam General	Screven County	Southwest GA Regional
1	base period report period beginning date	10/1/2008	10/1/2008	7/1/2008	7/1/2008
2	base period report period ending date	9/30/2009	9/30/2009	6/30/2009	6/30/2009
3	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
4	CAH status (1 = yes)	1	1	1	1
5					
6	<u>subject to cost settlement</u>				
7	cost of Medicaid covered services	528,206	237,415	207,626	262,734
8	covered charges	1,792,007	398,804	524,919	693,669
9	outpatient Medicaid ratio of costs to charges	0.294756	0.595317	0.39554	0.378759
10	annual cost of Medicaid covered services	528,206	237,415	207,626	262,734
11	cost settlement rate	100.00%	100.00%	100.00%	100.00%
12	annual Medicaid payments after cost settlement	528,206	237,415	207,626	262,734
13					
14	<u>subject to fixed fee payment</u>				
15	covered charges	442,882	39,798	104,462	104,904
16	payments	26,800	5,425	9,832	8,200
17	annual covered charges	442,882	39,798	104,462	104,904
18	annual interim payments	26,800	5,425	9,832	8,200
19	annual cost of services	130,542	23,692	41,319	39,733
20					
21	<u>subject to limit of inpatient rate</u>				
22	covered charges	87,358	0	11,409	89,248
23	payments	13,729	0	4,432	30,620
24	annual covered charges	87,358	0	11,409	89,248
25	annual interim payments	13,729	0	4,432	30,620
26	annual cost of services	25,749	-	4,513	33,803
27					
28	Medicaid annual payments	568,735	242,840	221,890	301,554
29	Cost of services - max annual payments for UPL	684,497	261,107	253,458	336,270
30					
31	<u>adjustment factor</u>				
32	inflation	1.066773	1.066773	1.075321	1.075321
33					
34	adjusted Medicaid annual payments	606,711	259,055	238,603	324,267
35	adjusted maximum annual payments for UPL	730,203	278,542	272,549	361,598
36	annual facility specific UPL amount	123,492	19,487	33,946	37,331
37					
38	annual allocation of charge limit (if applicable)	0	0	3,669	0
39					
40	annual UPL amount after aggregate limit adjustments	123,492	19,487	37,615	37,331
41	UPL adjustment available for SFY2012	123,492	19,487	37,615	37,331
42	SFY2012 1st - 3rd quarters UPL adjustment	92,619	14,615	28,211	27,998
43	Intergovernmental transfer amount	0	0	0	0
44	Net funds amount	92,619	14,615	28,211	27,998

Georgia Department of Community Health

	Facility Name	Warm Springs Med.	Wills Memorial Hospital	Bacon County
1	base period report period beginning date	1/1/2009	5/1/2008	7/1/2008
2	base period report period ending date	12/31/2009	4/30/2009	6/30/2009
3	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
4	CAH status (1 = yes)	1	1	1
5				
6	<u>subject to cost settlement</u>			
7	cost of Medicaid covered services	213,073	216,342	329,893
8	covered charges	563,556	353,661	968,816
9	outpatient Medicaid ratio of costs to charges	0.378087	0.611721	0.340511
10	annual cost of Medicaid covered services	213,073	216,342	329,893
11	cost settlement rate	100.00%	100.00%	100.00%
12	annual Medicaid payments after cost settlement	213,073	216,342	329,893
13				
14	<u>subject to fixed fee payment</u>			
15	covered charges	118,607	17,993	182,000
16	payments	10,300	4,550	14,770
17	annual covered charges	118,607	17,993	182,000
18	annual interim payments	10,300	4,550	14,770
19	annual cost of services	44,844	11,007	61,973
20				
21	<u>subject to limit of inpatient rate</u>			
22	covered charges	13,625	0	22,047
23	payments	4,543	0	4,477
24	annual covered charges	13,625	0	22,047
25	annual interim payments	4,543	0	4,477
26	annual cost of services	5,151	-	7,507
27				
28	Medicaid annual payments	227,916	220,892	349,140
29	Cost of services - max annual payments for UPL	263,068	227,349	399,373
30				
31	<u>adjustment factor</u>			
32	inflation	1.055031	1.080322	1.075321
33				
34	adjusted Medicaid annual payments	240,458	238,634	375,438
35	adjusted maximum annual payments for UPL	277,545	245,610	429,454
36	annual facility specific UPL amount	37,087	6,976	54,016
37				
38	annual allocation of charge limit (if applicable)	0	0	0
39				
40	annual UPL amount after aggregate limit adjustments	37,087	6,976	54,016
41	UPL adjustment available for SFY2012	37,087	6,976	54,016
42	SFY2012 1st - 3rd quarters UPL adjustment	27,815	5,232	40,512
43	Intergovernmental transfer amount	0	0	0
44	Net funds amount	27,815	5,232	40,512

Georgia Department of Community Health

	Facility Name	Lower Oconee Comm.	Phoebe Worth	St. Joseph of East GA (Minnie G)
1	base period report period beginning date	1/1/2009	8/1/2008	1/1/2009
2	base period report period ending date	12/31/2009	7/31/2009	12/31/2009
3	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
4	CAH status (1 = yes)	1	1	1
5				
6	<u>subject to cost settlement</u>			
7	cost of Medicaid covered services	472,690	245,170	232,209
8	covered charges	1,284,295	568,359	396,106
9	outpatient Medicaid ratio of costs to charges	0.368054	0.431365	0.586229
10	annual cost of Medicaid covered services	472,690	245,170	232,209
11	cost settlement rate	100.00%	100.00%	100.00%
12	annual Medicaid payments after cost settlement	472,690	245,170	232,209
13				
14	<u>subject to fixed fee payment</u>			
15	covered charges	66,832	151,594	70,821
16	payments	4,750	13,650	8,015
17	annual covered charges	66,832	151,594	70,821
18	annual interim payments	4,750	13,650	8,015
19	annual cost of services	24,598	65,392	41,517
20				
21	<u>subject to limit of inpatient rate</u>			
22	covered charges	0	0	26,821
23	payments	0	0	13,123
24	annual covered charges	0	0	26,821
25	annual interim payments	0	0	13,123
26	annual cost of services	-	-	15,723
27				
28	Medicaid annual payments	477,440	258,820	253,347
29	Cost of services - max annual payments for UPL	497,288	310,562	289,449
30				
31	<u>adjustment factor</u>			
32	inflation	1.055031	1.072456	1.055031
33				
34	adjusted Medicaid annual payments	503,714	277,573	267,289
35	adjusted maximum annual payments for UPL	524,654	333,064	305,378
36	annual facility specific UPL amount	20,940	55,491	38,089
37				
38	annual allocation of charge limit (if applicable)	8,126	3,866	1,928
39				
40	annual UPL amount after aggregate limit adjustments	29,066	59,357	40,017
41	UPL adjustment available for SFY2012	29,066	59,357	40,017
42	SFY2012 1st - 3rd quarters UPL adjustment	21,800	44,518	30,013
43	Intergovernmental transfer amount	0	0	0
44	Net funds amount	21,800	44,518	30,013

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	Facility Name	Stewart Webster	Sylvan Grove	Doctors Hospital - Tattnal	Mountain Lakes
1	base period report period beginning date	10/1/2008	1/1/2009	1/1/2009	1/1/2009
2	base period report period ending date	9/30/2009	12/31/2009	12/31/2009	12/31/2009
3	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
4	CAH status (1 = yes)	1	1	1	1
5					
6	<u>subject to cost settlement</u>				
7	cost of Medicaid covered services	152,781	177,273	332,731	140,612
8	covered charges	289,117	898,991	1,449,820	357,675
9	outpatient Medicaid ratio of costs to charges	0.52844	0.197191	0.229498	0.393128
10	annual cost of Medicaid covered services	152,781	177,273	332,731	140,612
11	cost settlement rate	100.00%	100.00%	100.00%	100.00%
12	annual Medicaid payments after cost settlement	152,781	177,273	332,731	140,612
13					
14	<u>subject to fixed fee payment</u>				
15	covered charges	22,902	209,083	118,055	27,874
16	payments	2,750	13,750	7,850	2,750
17	annual covered charges	22,902	209,083	118,055	27,874
18	annual interim payments	2,750	13,750	7,850	2,750
19	annual cost of services	12,102	41,229	27,093	10,958
20					
21	<u>subject to limit of inpatient rate</u>				
22	covered charges	32,634	15,849	2,183,869	40,686
23	payments	13,021	4,415	304,958	9,127
24	annual covered charges	32,634	15,849	2,183,869	40,686
25	annual interim payments	13,021	4,415	304,958	9,127
26	annual cost of services	17,245	3,125	501,194	15,995
27					
28	Medicaid annual payments	168,552	195,438	645,539	152,489
29	Cost of services - max annual payments for UPL	182,128	221,627	861,018	167,565
30					
31	<u>adjustment factor</u>				
32	inflation	1.066773	1.055031	1.055031	1.055031
33					
34	adjusted Medicaid annual payments	179,807	206,193	681,064	160,881
35	adjusted maximum annual payments for UPL	194,289	233,823	908,401	176,786
36	annual facility specific UPL amount	14,482	27,630	227,337	15,905
37					
38	annual allocation of charge limit (if applicable)	1,540	0	27,435	2,457
39					
40	annual UPL amount after aggregate limit adjustments	16,022	27,630	254,772	18,362
41	UPL adjustment available for SFY2012	16,022	27,630	254,772	18,362
42	SFY2012 1st - 3rd quarters UPL adjustment	12,017	20,723	191,079	13,772
43	Intergovernmental transfer amount	0	0	0	0
44	Net funds amount	12,017	20,723	191,079	13,772

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	Facility Name	Dekalb Hillandale
1	base period report period beginning date	7/1/2008
2	base period report period ending date	6/30/2009
3	adjustment factor (if period not equal to 1 year)	1.0000
4	CAH status (1 = yes)	0
5		
6	<u>subject to cost settlement</u>	
7	cost of Medicaid covered services	1,163,776
8	covered charges	4,055,857
9	outpatient Medicaid ratio of costs to charges	0.286937
10	annual cost of Medicaid covered services	1,163,776
11	cost settlement rate	95.77%
12	annual Medicaid payments after cost settlement	1,114,548
13		
14	<u>subject to fixed fee payment</u>	
15	covered charges	571,675
16	payments	40,650
17	annual covered charges	571,675
18	annual interim payments	40,650
19	annual cost of services	164,035
20		
21	<u>subject to limit of inpatient rate</u>	
22	covered charges	36,083
23	payments	9,230
24	annual covered charges	36,083
25	annual interim payments	9,230
26	annual cost of services	10,354
27		
28	Medicaid annual payments	1,164,428
29	Cost of services - max annual payments for UPL	1,338,165
30		
31	<u>adjustment factor</u>	
32	inflation	1.075321
33		
34	adjusted Medicaid annual payments	1,252,134
35	adjusted maximum annual payments for UPL	1,438,957
36	annual facility specific UPL amount	186,823
37		
38	annual allocation of charge limit (if applicable)	0
39		
40	annual UPL amount after aggregate limit adjustments	186,823
41	UPL adjustment available for SFY2012	186,823
42	SFY2012 1st - 3rd quarters UPL adjustment	140,117
43	Intergovernmental transfer amount	47,416
44	Net funds amount	92,701