

Georgia Department of Community Health
INTERIM DATA ONLY - SUBJECT TO SETTLEMENT

	Facility Name	Appling Hospital	Athens Regional Medical Center	Bacon County Hospital	BJC Medical Center
1	Medicaid Provider ID	00000052A	00000074A	00000118A	00000151A
2					
3	<u>SFY2006 UPL calculation data</u>				
4	base period report period beginning date	9/1/2003	10/1/2003	7/1/2003	7/1/2003
5	base period report period ending date	8/31/2004	9/30/2004	6/30/2004	6/30/2004
6	CAH status (1 = yes)	0	0	1	0
7	supplemental rate adjustment payments	0	0	0	0
8	adjusted cost of services	2,363,303	25,581,424	1,299,733	1,418,974
9	facility specific UPL amount	432,254	4,764,290	(253,234)	222,266
10	facility specific UPL amount without supplemental payment	432,254	4,764,290	(253,234)	222,266
11					
12	<u>SFY2007 CMO adjustments</u>				
13	portion of annual services attributable to patients eligible for CMO plans	0.56839	0.51786	0.43914	0.39468
14	ratio of patients eligible for CMO plans but not enrolled during 1 + 2Q SFY2007	0.41640	0.41640	0.41640	0.41640
15	portion of services attributable to patients eligible for CMO plans included in UPL calculations for 1 2Q SFY2007	0.23668	0.21564	0.18286	0.16434
16	portion of annual services attributable to patients not eligible for CMO plans	0.43161	0.48214	0.56086	0.60532
17	portion of services included in UPL calculations for 1 2Q SFY2007	0.66829	0.69778	0.74372	0.76966
18	facility specific UPL amount without supplemental payment after CMO adjustment	288,871	3,324,426	(188,335)	171,069
19					
20	<u>SFY2007 cost adjustments for CAH hospitals</u>				
21	estimated rate increase in CAH costs	0.000	0.000	0.046	0.000
22	estimated increase in annual CAH costs	0	0	59,788	0
23	estimated increase in annual CAH costs after CMO adjustment	0	0	44,466	0
24					
25	<u>UPL calculation for 1 +2Q SFY2007</u>				
26	annual facility specific UPL amount without supplemental payment after CMO adjustment and CAH cost increase	288,871	3,324,426	(143,869)	171,069
27	annual allocation of UPL amounts < 0	(2,275)	(26,186)	143,869	(1,347)
28	annual allocation of supplemental payments	(170,122)	(1,957,820)	0	(100,746)
29	annual UPL amount after aggregate limit adjustments	116,474	1,340,420	0	68,976
30	UPL adjustment available for 1Q + 2Q SFY2007	58,237	670,210	0	34,488
31	allocation of CMO reduction impact for June 2006	(3,684)	(40,614)	0	(1,895)
32	interim inpatient UPL payment amount	54,553	629,596	0	32,593

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	Facility Name	Bleckley Memorial Hospital	Brooks County Hospital	Burke Medical Center	Calhoun Memorial Hospital
1	Medicaid Provider ID	00000195A	00000239A	00000283A	00000305A
2					
3	<u>SFY2006 UPL calculation data</u>				
4	base period report period beginning date	4/1/2003	10/1/2003	6/1/2003	4/1/2003
5	base period report period ending date	3/31/2004	9/30/2004	5/31/2004	3/31/2004
6	CAH status (1 = yes)	1	1	0	1
7	supplemental rate adjustment payments	0	0	0	0
8	adjusted cost of services	420,190	323,544	2,732,505	116,221
9	facility specific UPL amount	103,668	(181,589)	535,600	(77,736)
10	facility specific UPL amount without supplemental payment	103,668	(181,589)	535,600	(77,736)
11					
12	<u>SFY2007 CMO adjustments</u>				
13	portion of annual services attributable to patients eligible for CMO plans	0.20289	0.21004	0.63500	0.21665
14	ratio of patients eligible for CMO plans but not enrolled during 1 + 2Q SFY2007	0.05680	0.41640	0.41640	0.41640
15	portion of services attributable to patients eligible for CMO plans included in UPL calculations for 1 2Q SFY2007	0.01152	0.08746	0.26441	0.09021
16	portion of annual services attributable to patients not eligible for CMO plans	0.79711	0.78996	0.36500	0.78335
17	portion of services included in UPL calculations for 1 2Q SFY2007	0.80863	0.87742	0.62941	0.87356
18	facility specific UPL amount without supplemental payment after CMO adjustment	83,829	(159,330)	337,112	(67,907)
19					
20	<u>SFY2007 cost adjustments for CAH hospitals</u>				
21	estimated rate increase in CAH costs	0.046	0.046	0.000	0.046
22	estimated increase in annual CAH costs	19,329	14,883	0	5,346
23	estimated increase in annual CAH costs after CMO adjustment	15,630	13,059	0	4,670
24					
25	<u>UPL calculation for 1 +2Q SFY2007</u>				
26	annual facility specific UPL amount without supplemental payment after CMO adjustment and CAH cost increase	99,459	(146,271)	337,112	(63,237)
27	annual allocation of UPL amounts < 0	(783)	146,271	(2,655)	63,237
28	annual allocation of supplemental payments	(58,574)	0	(198,532)	0
29	annual UPL amount after aggregate limit adjustments	40,102	0	135,925	0
30	UPL adjustment available for 1Q + 2Q SFY2007	20,051	0	67,963	0
31	allocation of CMO reduction impact for June 2006	(1,919)	0	(4,566)	0
32	interim inpatient UPL payment amount	18,132	0	63,397	0

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	Facility Name	Camden Medical Center	Candler County Hospital	Charlton Memorial Hospital	Chatuge Regional Hospital
1	Medicaid Provider ID	00000811A	00000316A	00000338A	00001933A
2					
3	<u>SFY2006 UPL calculation data</u>				
4	base period report period beginning date	10/1/2003	10/1/2003	7/1/2003	5/1/2003
5	base period report period ending date	9/30/2004	9/30/2004	6/30/2004	4/30/2004
6	CAH status (1 = yes)	0	1	1	1
7	supplemental rate adjustment payments	0	0	0	0
8	adjusted cost of services	3,585,517	1,707,784	231,559	86,164
9	facility specific UPL amount	359,309	131,170	6,572	(42,583)
10	facility specific UPL amount without supplemental payment	359,309	131,170	6,572	(42,583)
11					
12	<u>SFY2007 CMO adjustments</u>				
13	portion of annual services attributable to patients eligible for CMO plans	0.75460	0.19394	0.19586	0.10128
14	ratio of patients eligible for CMO plans but not enrolled during 1 + 2Q SFY2007	0.41640	0.41640	0.41640	0.41640
15	portion of services attributable to patients eligible for CMO plans included in UPL calculations for 1 2Q SFY2007	0.31422	0.08076	0.08156	0.04217
16	portion of annual services attributable to patients not eligible for CMO plans	0.24540	0.80606	0.80414	0.89872
17	portion of services included in UPL calculations for 1 2Q SFY2007	0.55962	0.88682	0.88570	0.94089
18	facility specific UPL amount without supplemental payment after CMO adjustment	201,077	116,324	5,821	(40,066)
19					
20	<u>SFY2007 cost adjustments for CAH hospitals</u>				
21	estimated rate increase in CAH costs	0.000	0.046	0.046	0.046
22	estimated increase in annual CAH costs	0	78,558	10,652	3,964
23	estimated increase in annual CAH costs after CMO adjustment	0	69,667	9,434	3,730
24					
25	<u>UPL calculation for 1 +2Q SFY2007</u>				
26	annual facility specific UPL amount without supplemental payment after CMO adjustment and CAH cost increase	201,077	185,991	15,255	(36,336)
27	annual allocation of UPL amounts < 0	(1,584)	(1,465)	(120)	36,336
28	annual allocation of supplemental payments	(118,418)	(109,534)	(8,984)	0
29	annual UPL amount after aggregate limit adjustments	81,075	74,992	6,151	0
30	UPL adjustment available for 1Q + 2Q SFY2007	40,538	37,496	3,076	0
31	allocation of CMO reduction impact for June 2006	(3,063)	(1,119)	(56)	0
32	interim inpatient UPL payment amount	37,475	36,377	3,020	0

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	Facility Name	Clinch Healthcare Center	Coffee Regional Medical Center	Colquitt Regional Medical Center	Crisp Regional Hospital
1	Medicaid Provider ID	00000415A	00000448A	00002021A	00000514A
2					
3	<u>SFY2006 UPL calculation data</u>				
4	base period report period beginning date	7/1/2003	1/1/2004	10/1/2003	7/1/2003
5	base period report period ending date	6/30/2004	12/31/2004	9/30/2004	6/30/2004
6	CAH status (1 = yes)	1	0	0	0
7	supplemental rate adjustment payments	0	0	0	0
8	adjusted cost of services	350,543	8,303,178	6,264,959	4,797,309
9	facility specific UPL amount	19,010	1,483,671	1,228,040	896,696
10	facility specific UPL amount without supplemental payment	19,010	1,483,671	1,228,040	896,696
11					
12	<u>SFY2007 CMO adjustments</u>				
13	portion of annual services attributable to patients eligible for CMO plans	0.22883	0.51716	0.53084	0.46963
14	ratio of patients eligible for CMO plans but not enrolled during 1 + 2Q SFY2007	0.41640	0.41640	0.41640	0.05680
15	portion of services attributable to patients eligible for CMO plans included in UPL calculations for 1 2Q SFY2007	0.09528	0.21535	0.22104	0.02667
16	portion of annual services attributable to patients not eligible for CMO plans	0.77117	0.48284	0.46916	0.53037
17	portion of services included in UPL calculations for 1 2Q SFY2007	0.86645	0.69819	0.69020	0.55704
18	facility specific UPL amount without supplemental payment after CMO adjustment	16,471	1,035,884	847,593	499,496
19					
20	<u>SFY2007 cost adjustments for CAH hospitals</u>				
21	estimated rate increase in CAH costs	0.046	0.000	0.000	0.000
22	estimated increase in annual CAH costs	16,125	0	0	0
23	estimated increase in annual CAH costs after CMO adjustment	13,972	0	0	0
24					
25	<u>UPL calculation for 1 +2Q SFY2007</u>				
26	annual facility specific UPL amount without supplemental payment after CMO adjustment and CAH cost increase	30,443	1,035,884	847,593	499,496
27	annual allocation of UPL amounts < 0	(240)	(8,160)	(6,676)	(3,934)
28	annual allocation of supplemental payments	(17,928)	(610,052)	(499,165)	(294,163)
29	annual UPL amount after aggregate limit adjustments	12,275	417,672	341,752	201,399
30	UPL adjustment available for 1Q + 2Q SFY2007	6,138	208,836	170,876	100,700
31	allocation of CMO reduction impact for June 2006	(162)	(12,648)	(10,468)	(28,365)
32	interim inpatient UPL payment amount	5,976	196,188	160,408	72,335

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	Facility Name	DeKalb Medical Center	Dodge County Hospital	Dorminy Medical Center	Early Memorial Hospital
1	Medicaid Provider ID	00000536A	00000591A	00000613A	00000635A
2					
3	<u>SFY2006 UPL calculation data</u>				
4	base period report period beginning date	7/1/2003	10/1/2003	8/1/2003	10/1/2003
5	base period report period ending date	6/30/2004	9/30/2004	7/31/2004	9/30/2004
6	CAH status (1 = yes)	0	0	0	1
7	supplemental rate adjustment payments	0	0	0	0
8	adjusted cost of services	48,425,598	4,153,769	2,649,005	706,955
9	facility specific UPL amount	6,991,320	643,548	512,096	105,607
10	facility specific UPL amount without supplemental payment	6,991,320	643,548	512,096	105,607
11					
12	<u>SFY2007 CMO adjustments</u>				
13	portion of annual services attributable to patients eligible for CMO plans	0.66173	0.50393	0.53422	0.64755
14	ratio of patients eligible for CMO plans but not enrolled during 1 + 2Q SFY2007	0.05680	0.05680	0.41640	0.41640
15	portion of services attributable to patients eligible for CMO plans included in UPL calculations for 1 2Q SFY2007	0.03759	0.02862	0.22245	0.26964
16	portion of annual services attributable to patients not eligible for CMO plans	0.33827	0.49607	0.46578	0.35245
17	portion of services included in UPL calculations for 1 2Q SFY2007	0.37586	0.52469	0.68823	0.62209
18	facility specific UPL amount without supplemental payment after CMO adjustment	2,627,758	337,663	352,440	65,697
19					
20	<u>SFY2007 cost adjustments for CAH hospitals</u>				
21	estimated rate increase in CAH costs	0.000	0.000	0.000	0.046
22	estimated increase in annual CAH costs	0	0	0	32,520
23	estimated increase in annual CAH costs after CMO adjustment	0	0	0	20,230
24					
25	<u>UPL calculation for 1 +2Q SFY2007</u>				
26	annual facility specific UPL amount without supplemental payment after CMO adjustment and CAH cost increase	2,627,758	337,663	352,440	85,927
27	annual allocation of UPL amounts < 0	(20,699)	(2,660)	(2,776)	(677)
28	annual allocation of supplemental payments	(1,547,539)	(198,856)	(207,559)	(50,604)
29	annual UPL amount after aggregate limit adjustments	1,059,520	136,147	142,105	34,646
30	UPL adjustment available for 1Q + 2Q SFY2007	529,760	68,074	71,053	17,323
31	allocation of CMO reduction impact for June 2006	(287,209)	(21,443)	(4,366)	(901)
32	interim inpatient UPL payment amount	242,551	46,631	66,687	16,422

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	Facility Name	Effingham Hospital	Elbert Memorial Hospital	Emanuel Medical Center	Evans Memorial Hospital
1	Medicaid Provider ID	00000657A	00000668A	00000701A	00000734A
2					
3	<u>SFY2006 UPL calculation data</u>				
4	base period report period beginning date	7/1/2003	7/1/2003	7/1/2003	10/1/2003
5	base period report period ending date	6/30/2004	6/30/2004	6/30/2004	9/30/2004
6	CAH status (1 = yes)	1	0	0	0
7	supplemental rate adjustment payments	0	0	0	0
8	adjusted cost of services	37,812	1,906,772	2,678,471	2,224,684
9	facility specific UPL amount	9,532	289,144	561,171	299,329
10	facility specific UPL amount without supplemental payment	9,532	289,144	561,171	299,329
11					
12	<u>SFY2007 CMO adjustments</u>				
13	portion of annual services attributable to patients eligible for CMO plans	0.09824	0.51009	0.47720	0.51211
14	ratio of patients eligible for CMO plans but not enrolled during 1 + 2Q SFY2007	0.41640	0.41640	0.41640	0.41640
15	portion of services attributable to patients eligible for CMO plans included in UPL calculations for 1 2Q SFY2007	0.04091	0.21240	0.19871	0.21324
16	portion of annual services attributable to patients not eligible for CMO plans	0.90176	0.48991	0.52280	0.48789
17	portion of services included in UPL calculations for 1 2Q SFY2007	0.94267	0.70231	0.72151	0.70113
18	facility specific UPL amount without supplemental payment after CMO adjustment	8,986	203,069	404,890	209,869
19					
20	<u>SFY2007 cost adjustments for CAH hospitals</u>				
21	estimated rate increase in CAH costs	0.046	0.000	0.000	0.000
22	estimated increase in annual CAH costs	1,739	0	0	0
23	estimated increase in annual CAH costs after CMO adjustment	1,639	0	0	0
24					
25	<u>UPL calculation for 1 +2Q SFY2007</u>				
26	annual facility specific UPL amount without supplemental payment after CMO adjustment and CAH cost increase	10,625	203,069	404,890	209,869
27	annual allocation of UPL amounts < 0	(84)	(1,600)	(3,189)	(1,653)
28	annual allocation of supplemental payments	(6,257)	(119,591)	(238,449)	(123,595)
29	annual UPL amount after aggregate limit adjustments	4,284	81,878	163,252	84,621
30	UPL adjustment available for 1Q + 2Q SFY2007	2,142	40,939	81,626	42,311
31	allocation of CMO reduction impact for June 2006	(82)	(2,465)	(4,784)	(2,552)
32	interim inpatient UPL payment amount	2,060	38,474	76,842	39,759

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	Facility Name	Fannin Regional Hospital	Floyd Medical Center	Grady General Hospital	Grady Memorial Hospital
1	Medicaid Provider ID	00134406A	00000756A	00000844A	00000855A
2					
3	<u>SFY2006 UPL calculation data</u>				
4	base period report period beginning date	1/1/2004	7/1/2003	10/1/2003	1/1/2004
5	base period report period ending date	12/31/2004	6/30/2004	9/30/2004	12/31/2004
6	CAH status (1 = yes)	0	0	0	0
7	supplemental rate adjustment payments	0	1,075,952	0	40,433,829
8	adjusted cost of services	3,145,138	26,133,678	2,014,881	146,171,688
9	facility specific UPL amount	553,701	2,472,519	325,674	(21,178,150)
10	facility specific UPL amount without supplemental payment	553,701	3,548,471	325,674	19,255,679
11					
12	<u>SFY2007 CMO adjustments</u>				
13	portion of annual services attributable to patients eligible for CMO plans	0.55852	0.50687	0.61164	0.40418
14	ratio of patients eligible for CMO plans but not enrolled during 1 + 2Q SFY2007	0.41640	0.41640	0.41640	0.05680
15	portion of services attributable to patients eligible for CMO plans included in UPL calculations for 1 2Q SFY2007	0.23257	0.21106	0.25469	0.02296
16	portion of annual services attributable to patients not eligible for CMO plans	0.44148	0.49313	0.38836	0.59582
17	portion of services included in UPL calculations for 1 2Q SFY2007	0.67405	0.70419	0.64305	0.61878
18	facility specific UPL amount without supplemental payment after CMO adjustment	373,222	2,498,798	209,425	11,915,029
19					
20	<u>SFY2007 cost adjustments for CAH hospitals</u>				
21	estimated rate increase in CAH costs	0.000	0.000	0.000	0.000
22	estimated increase in annual CAH costs	0	0	0	0
23	estimated increase in annual CAH costs after CMO adjustment	0	0	0	0
24					
25	<u>UPL calculation for 1 +2Q SFY2007</u>				
26	annual facility specific UPL amount without supplemental payment after CMO adjustment and CAH cost increase	373,222	2,498,798	209,425	11,915,029
27	annual allocation of UPL amounts < 0	(2,940)	(19,683)	(1,650)	(93,853)
28	annual allocation of supplemental payments	(219,798)	(1,471,592)	(123,334)	(7,016,997)
29	annual UPL amount after aggregate limit adjustments	150,484	1,007,523	84,441	4,804,179
30	UPL adjustment available for 1Q + 2Q SFY2007	75,242	503,762	42,221	2,402,090
31	allocation of CMO reduction impact for June 2006	(4,720)	(30,250)	(2,777)	(547,075)
32	interim inpatient UPL payment amount	70,522	473,512	39,444	1,855,015

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	Facility Name	Gwinnett Medical Center	Habersham County Medical Center	Hart County Hospital	Henry Medical Center
1	Medicaid Provider ID	00000294A	00000877A	00000921A	00182388A
2					
3	<u>SFY2006 UPL calculation data</u>				
4	base period report period beginning date	7/1/2003	7/1/2003	1/1/2004	7/1/2003
5	base period report period ending date	6/30/2004	6/30/2004	12/31/2004	6/30/2004
6	CAH status (1 = yes)	0	0	0	0
7	supplemental rate adjustment payments	0	0	0	0
8	adjusted cost of services	37,111,584	2,971,863	518,280	12,250,792
9	facility specific UPL amount	5,273,996	501,370	117,773	2,019,003
10	facility specific UPL amount without supplemental payment	5,273,996	501,370	117,773	2,019,003
11					
12	<u>SFY2007 CMO adjustments</u>				
13	portion of annual services attributable to patients eligible for CMO plans	0.56895	0.51855	0.29517	0.68983
14	ratio of patients eligible for CMO plans but not enrolled during 1 + 2Q SFY2007	0.05680	0.41640	0.41640	0.05680
15	portion of services attributable to patients eligible for CMO plans included in UPL calculations for 1 2Q SFY2007	0.03232	0.21592	0.12291	0.03918
16	portion of annual services attributable to patients not eligible for CMO plans	0.43105	0.48145	0.70483	0.31017
17	portion of services included in UPL calculations for 1 2Q SFY2007	0.46337	0.69737	0.82774	0.34935
18	facility specific UPL amount without supplemental payment after CMO adjustment	2,443,812	349,640	97,485	705,339
19					
20	<u>SFY2007 cost adjustments for CAH hospitals</u>				
21	estimated rate increase in CAH costs	0.000	0.000	0.000	0.000
22	estimated increase in annual CAH costs	0	0	0	0
23	estimated increase in annual CAH costs after CMO adjustment	0	0	0	0
24					
25	<u>UPL calculation for 1 +2Q SFY2007</u>				
26	annual facility specific UPL amount without supplemental payment after CMO adjustment and CAH cost increase	2,443,812	349,640	97,485	705,339
27	annual allocation of UPL amounts < 0	(19,250)	(2,754)	(768)	(5,556)
28	annual allocation of supplemental payments	(1,439,209)	(205,911)	(57,411)	(415,388)
29	annual UPL amount after aggregate limit adjustments	985,353	140,975	39,306	284,395
30	UPL adjustment available for 1Q + 2Q SFY2007	492,677	70,488	19,653	142,198
31	allocation of CMO reduction impact for June 2006	(192,586)	(4,275)	(1,004)	(85,731)
32	interim inpatient UPL payment amount	300,091	66,213	18,649	56,467

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	Facility Name	Higgins General Hospital	Houston Medical Center	Hughes Spalding Children's Hospital	Hutcheson Medical Center
1	Medicaid Provider ID	00000954A	00000976A	00679808A	00001075A
2					
3	<u>SFY2006 UPL calculation data</u>				
4	base period report period beginning date	7/1/2003	3/1/2003	1/1/2004	10/1/2003
5	base period report period ending date	6/30/2004	2/29/2004	12/31/2004	9/30/2004
6	CAH status (1 = yes)	1	0	0	0
7	supplemental rate adjustment payments	0	0	0	0
8	adjusted cost of services	688,195	12,884,822	8,086,892	10,518,494
9	facility specific UPL amount	213,136	1,878,892	1,807,317	1,724,176
10	facility specific UPL amount without supplemental payment	213,136	1,878,892	1,807,317	1,724,176
11					
12	<u>SFY2007 CMO adjustments</u>				
13	portion of annual services attributable to patients eligible for CMO plans	0.18596	0.56331	0.67334	0.49930
14	ratio of patients eligible for CMO plans but not enrolled during 1 + 2Q SFY2007	0.05680	0.05680	0.05680	0.41640
15	portion of services attributable to patients eligible for CMO plans included in UPL calculations for 1 2Q SFY2007	0.01056	0.03200	0.03825	0.20791
16	portion of annual services attributable to patients not eligible for CMO plans	0.81404	0.43669	0.32666	0.50070
17	portion of services included in UPL calculations for 1 2Q SFY2007	0.82460	0.46869	0.36491	0.70861
18	facility specific UPL amount without supplemental payment after CMO adjustment	175,752	880,618	659,508	1,221,768
19					
20	<u>SFY2007 cost adjustments for CAH hospitals</u>				
21	estimated rate increase in CAH costs	0.046	0.000	0.000	0.000
22	estimated increase in annual CAH costs	31,657	0	0	0
23	estimated increase in annual CAH costs after CMO adjustment	26,104	0	0	0
24					
25	<u>UPL calculation for 1 +2Q SFY2007</u>				
26	annual facility specific UPL amount without supplemental payment after CMO adjustment and CAH cost increase	201,856	880,618	659,508	1,221,768
27	annual allocation of UPL amounts < 0	(1,590)	(6,937)	(5,195)	(9,624)
28	annual allocation of supplemental payments	(118,877)	(518,613)	(388,397)	(719,523)
29	annual UPL amount after aggregate limit adjustments	81,389	355,068	265,916	492,621
30	UPL adjustment available for 1Q + 2Q SFY2007	40,695	177,534	132,958	246,311
31	allocation of CMO reduction impact for June 2006	(3,767)	(68,086)	(75,277)	(14,699)
32	interim inpatient UPL payment amount	36,928	109,448	57,681	231,612

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	Facility Name	Irwin County Hospital	Jasper Memorial Hospital	Jeff Davis Hospital	Jefferson Hospital
1	Medicaid Provider ID	00000987A	00000998A	00001009A	00001031A
2					
3	<u>SFY2006 UPL calculation data</u>				
4	base period report period beginning date	12/1/2003	10/1/2003	10/1/2003	1/1/2004
5	base period report period ending date	11/30/2004	9/30/2004	9/30/2004	12/31/2004
6	CAH status (1 = yes)	0	1	1	0
7	supplemental rate adjustment payments	0	0	0	0
8	adjusted cost of services	3,979,055	115,976	1,257,422	447,515
9	facility specific UPL amount	695,363	(11,841)	164,935	110,316
10	facility specific UPL amount without supplemental payment	695,363	(11,841)	164,935	110,316
11					
12	<u>SFY2007 CMO adjustments</u>				
13	portion of annual services attributable to patients eligible for CMO plans	0.76209	0.19796	0.36514	0.14249
14	ratio of patients eligible for CMO plans but not enrolled during 1 + 2Q SFY2007	0.41640	0.05680	0.41640	0.41640
15	portion of services attributable to patients eligible for CMO plans included in UPL calculations for 1 2Q SFY2007	0.31733	0.01124	0.15204	0.05933
16	portion of annual services attributable to patients not eligible for CMO plans	0.23791	0.80204	0.63486	0.85751
17	portion of services included in UPL calculations for 1 2Q SFY2007	0.55524	0.81328	0.78690	0.91684
18	facility specific UPL amount without supplemental payment after CMO adjustment	386,093	(9,630)	129,787	101,142
19					
20	<u>SFY2007 cost adjustments for CAH hospitals</u>				
21	estimated rate increase in CAH costs	0.000	0.046	0.046	0.000
22	estimated increase in annual CAH costs	0	5,335	57,841	0
23	estimated increase in annual CAH costs after CMO adjustment	0	4,339	45,515	0
24					
25	<u>UPL calculation for 1 +2Q SFY2007</u>				
26	annual facility specific UPL amount without supplemental payment after CMO adjustment and CAH cost increase	386,093	(5,291)	175,302	101,142
27	annual allocation of UPL amounts < 0	(3,041)	5,291	(1,381)	(797)
28	annual allocation of supplemental payments	(227,378)	0	(103,239)	(59,564)
29	annual UPL amount after aggregate limit adjustments	155,674	0	70,682	40,781
30	UPL adjustment available for 1Q + 2Q SFY2007	77,837	0	35,341	20,391
31	allocation of CMO reduction impact for June 2006	(5,927)	0	(1,406)	(940)
32	interim inpatient UPL payment amount	71,910	0	33,935	19,451

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	Facility Name	Jenkins County Hospital	Joan Glancy Memorial Hospital	John D. Archbold Memorial Hospital	Liberty Regional Medical Center
1	Medicaid Provider ID	00001042A	00001064A	00000063A	00001152A
2					
3	<u>SFY2006 UPL calculation data</u>				
4	base period report period beginning date	7/1/2003	7/1/2003	10/1/2003	12/1/2003
5	base period report period ending date	6/30/2004	6/30/2004	9/30/2004	9/29/2004
6	CAH status (1 = yes)	1	0	0	1
7	supplemental rate adjustment payments	0	0	0	0
8	adjusted cost of services	272,644	2,578,229	11,885,719	3,519,444
9	facility specific UPL amount	(56,450)	270,094	2,084,954	291,897
10	facility specific UPL amount without supplemental payment	(56,450)	270,094	2,084,954	291,897
11					
12	<u>SFY2007 CMO adjustments</u>				
13	portion of annual services attributable to patients eligible for CMO plans	0.22833	0.07736	0.41762	0.74337
14	ratio of patients eligible for CMO plans but not enrolled during 1 + 2Q SFY2007	0.41640	0.05680	0.41640	0.41640
15	portion of services attributable to patients eligible for CMO plans included in UPL calculations for 1 2Q SFY2007	0.09508	0.00439	0.17390	0.30954
16	portion of annual services attributable to patients not eligible for CMO plans	0.77167	0.92264	0.58238	0.25663
17	portion of services included in UPL calculations for 1 2Q SFY2007	0.86675	0.92703	0.75628	0.56617
18	facility specific UPL amount without supplemental payment after CMO adjustment	(48,928)	250,385	1,576,809	165,263
19					
20	<u>SFY2007 cost adjustments for CAH hospitals</u>				
21	estimated rate increase in CAH costs	0.046	0.000	0.000	0.046
22	estimated increase in annual CAH costs	12,542	0	0	161,894
23	estimated increase in annual CAH costs after CMO adjustment	10,871	0	0	91,660
24					
25	<u>UPL calculation for 1 +2Q SFY2007</u>				
26	annual facility specific UPL amount without supplemental payment after CMO adjustment and CAH cost increase	(38,057)	250,385	1,576,809	256,923
27	annual allocation of UPL amounts < 0	38,057	(1,972)	(12,420)	(2,024)
28	annual allocation of supplemental payments	0	(147,457)	(928,614)	(151,307)
29	annual UPL amount after aggregate limit adjustments	0	100,956	635,775	103,592
30	UPL adjustment available for 1Q + 2Q SFY2007	0	50,478	317,888	51,796
31	allocation of CMO reduction impact for June 2006	0	(3,331)	(17,774)	(2,488)
32	interim inpatient UPL payment amount	0	47,147	300,114	49,308

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	Facility Name	Louis Smith Memorial Hospital	McDuffie Regional Medical Center	Meadows Regional Medical Center	Medical Center of Central Georgia
1	Medicaid Provider ID	00001163A	00001185A	00001086A	00001207A
2					
3	<u>SFY2006 UPL calculation data</u>				
4	base period report period beginning date	10/1/2003	10/1/2003	7/1/2003	10/1/2003
5	base period report period ending date	9/30/2004	9/30/2004	6/30/2004	9/30/2004
6	CAH status (1 = yes)	1	0	0	0
7	supplemental rate adjustment payments	0	0	0	4,364,545
8	adjusted cost of services	460,154	1,018,423	6,321,406	70,549,806
9	facility specific UPL amount	(137,174)	176,271	1,086,434	7,551,752
10	facility specific UPL amount without supplemental payment	(137,174)	176,271	1,086,434	11,916,297
11					
12	<u>SFY2007 CMO adjustments</u>				
13	portion of annual services attributable to patients eligible for CMO plans	0.26699	0.18233	0.47876	0.51569
14	ratio of patients eligible for CMO plans but not enrolled during 1 + 2Q SFY2007	0.41640	0.41640	0.41640	0.05680
15	portion of services attributable to patients eligible for CMO plans included in UPL calculations for 1 2Q SFY2007	0.11117	0.07592	0.19936	0.02929
16	portion of annual services attributable to patients not eligible for CMO plans	0.73301	0.81767	0.52124	0.48431
17	portion of services included in UPL calculations for 1 2Q SFY2007	0.84418	0.89359	0.72060	0.51360
18	facility specific UPL amount without supplemental payment after CMO adjustment	(115,800)	157,514	782,884	6,120,210
19					
20	<u>SFY2007 cost adjustments for CAH hospitals</u>				
21	estimated rate increase in CAH costs	0.046	0.000	0.000	0.000
22	estimated increase in annual CAH costs	21,167	0	0	0
23	estimated increase in annual CAH costs after CMO adjustment	17,869	0	0	0
24					
25	<u>UPL calculation for 1 +2Q SFY2007</u>				
26	annual facility specific UPL amount without supplemental payment after CMO adjustment and CAH cost increase	(97,931)	157,514	782,884	6,120,210
27	annual allocation of UPL amounts < 0	97,931	(1,241)	(6,167)	(48,208)
28	annual allocation of supplemental payments	0	(92,763)	(461,056)	(3,604,313)
29	annual UPL amount after aggregate limit adjustments	0	63,510	315,661	2,467,689
30	UPL adjustment available for 1Q + 2Q SFY2007	0	31,755	157,831	1,233,845
31	allocation of CMO reduction impact for June 2006	0	(1,503)	(9,261)	(403,923)
32	interim inpatient UPL payment amount	0	30,252	148,570	829,922

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	Facility Name	Medical College of Georgia Hospitals and Clinics	Memorial Health University Medical Center	Memorial Hospital of Bainbridge	Miller County Hospital
1	Medicaid Provider ID	00000723A	00001273A	00001262A	00001317A
2					
3	<u>SFY2006 UPL calculation data</u>				
4	base period report period beginning date	7/1/2003	1/1/2004	4/1/2003	7/1/2003
5	base period report period ending date	6/30/2004	12/31/2004	3/31/2004	6/30/2004
6	CAH status (1 = yes)	0	0	0	1
7	supplemental rate adjustment payments	4,696,414	3,173,071	0	0
8	adjusted cost of services	72,210,625	60,314,448	3,564,502	692,224
9	facility specific UPL amount	8,984,161	9,221,457	643,837	(6,243)
10	facility specific UPL amount without supplemental payment	13,680,575	12,394,528	643,837	(6,243)
11					
12	<u>SFY2007 CMO adjustments</u>				
13	portion of annual services attributable to patients eligible for CMO plans	0.48534	0.60970	0.60964	0.43295
14	ratio of patients eligible for CMO plans but not enrolled during 1 + 2Q SFY2007	0.41640	0.41640	0.41640	0.41640
15	portion of services attributable to patients eligible for CMO plans included in UPL calculations for 1 2Q SFY2007	0.20210	0.25388	0.25385	0.18028
16	portion of annual services attributable to patients not eligible for CMO plans	0.51466	0.39030	0.39036	0.56705
17	portion of services included in UPL calculations for 1 2Q SFY2007	0.71676	0.64418	0.64421	0.74733
18	facility specific UPL amount without supplemental payment after CMO adjustment	9,805,689	7,984,307	414,766	(4,666)
19					
20	<u>SFY2007 cost adjustments for CAH hospitals</u>				
21	estimated rate increase in CAH costs	0.000	0.000	0.000	0.046
22	estimated increase in annual CAH costs	0	0	0	31,842
23	estimated increase in annual CAH costs after CMO adjustment	0	0	0	23,796
24					
25	<u>UPL calculation for 1 +2Q SFY2007</u>				
26	annual facility specific UPL amount without supplemental payment after CMO adjustment and CAH cost increase	9,805,689	7,984,307	414,766	19,130
27	annual allocation of UPL amounts < 0	0	(62,891)	(3,267)	(151)
28	annual allocation of supplemental payments	(4,453,210)	(4,702,117)	(244,264)	(11,266)
29	annual UPL amount after aggregate limit adjustments	5,352,479	3,219,299	167,235	7,713
30	UPL adjustment available for 1Q + 2Q SFY2007	2,676,240	1,609,650	83,618	3,857
31	allocation of CMO reduction impact for June 2006	(917)	(105,659)	(5,489)	0
32	interim inpatient UPL payment amount	2,675,323	1,503,991	78,129	3,857

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	Facility Name	Minnie G. Boswell Memorial Hospital	Mitchell County Hospital	Monroe County Hospital	Morgan Memorial Hospital
1	Medicaid Provider ID	00001328A	00001339A	00001361A	00694229A
2					
3	<u>SFY2006 UPL calculation data</u>				
4	base period report period beginning date	8/1/2003	10/1/2003	10/1/2003	7/1/2003
5	base period report period ending date	7/31/2004	9/30/2004	9/30/2004	6/30/2004
6	CAH status (1 = yes)	1	1	1	1
7	supplemental rate adjustment payments	0	0	0	0
8	adjusted cost of services	750,929	1,233,761	248,932	90,759
9	facility specific UPL amount	(37,039)	72,508	(29,952)	(15,296)
10	facility specific UPL amount without supplemental payment	(37,039)	72,508	(29,952)	(15,296)
11					
12	<u>SFY2007 CMO adjustments</u>				
13	portion of annual services attributable to patients eligible for CMO plans	0.61876	0.73294	0.12008	0.22794
14	ratio of patients eligible for CMO plans but not enrolled during 1 + 2Q SFY2007	0.41640	0.41640	0.05680	0.41640
15	portion of services attributable to patients eligible for CMO plans included in UPL calculations for 1 2Q SFY2007	0.25765	0.30520	0.00682	0.09491
16	portion of annual services attributable to patients not eligible for CMO plans	0.38124	0.26706	0.87992	0.77206
17	portion of services included in UPL calculations for 1 2Q SFY2007	0.63889	0.57226	0.88674	0.86697
18	facility specific UPL amount without supplemental payment after CMO adjustment	(23,664)	41,493	(26,560)	(13,261)
19					
20	<u>SFY2007 cost adjustments for CAH hospitals</u>				
21	estimated rate increase in CAH costs	0.046	0.046	0.046	0.046
22	estimated increase in annual CAH costs	34,543	56,753	11,451	4,175
23	estimated increase in annual CAH costs after CMO adjustment	22,069	32,477	10,154	3,620
24					
25	<u>UPL calculation for 1 +2Q SFY2007</u>				
26	annual facility specific UPL amount without supplemental payment after CMO adjustment and CAH cost increase	(1,595)	73,970	(16,406)	(9,641)
27	annual allocation of UPL amounts < 0	1,595	(583)	16,406	9,641
28	annual allocation of supplemental payments	0	(43,563)	0	0
29	annual UPL amount after aggregate limit adjustments	0	29,824	0	0
30	UPL adjustment available for 1Q + 2Q SFY2007	0	14,912	0	0
31	allocation of CMO reduction impact for June 2006	0	(617)	0	0
32	interim inpatient UPL payment amount	0	14,295	0	0

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	Facility Name	Mountain Lakes Medical Center	Murray Medical Center	Newton General Hospital	Northeast Georgia Medical Center
1	Medicaid Provider ID	00001559A	00001383A	00001394A	00000888A
2					
3	<u>SFY2006 UPL calculation data</u>				
4	base period report period beginning date	7/1/2003	10/1/2003	1/1/2004	10/1/2003
5	base period report period ending date	6/30/2004	9/30/2004	12/31/2004	9/30/2004
6	CAH status (1 = yes)	1	0	0	0
7	supplemental rate adjustment payments	0	0	0	0
8	adjusted cost of services	431,631	593,962	5,788,486	34,860,692
9	facility specific UPL amount	(47,454)	131,138	1,013,119	5,099,022
10	facility specific UPL amount without supplemental payment	(47,454)	131,138	1,013,119	5,099,022
11					
12	<u>SFY2007 CMO adjustments</u>				
13	portion of annual services attributable to patients eligible for CMO plans	0.23363	0.17517	0.54274	0.53270
14	ratio of patients eligible for CMO plans but not enrolled during 1 + 2Q SFY2007	0.41640	0.41640	0.05680	0.41640
15	portion of services attributable to patients eligible for CMO plans included in UPL calculations for 1 2Q SFY2007	0.09728	0.07294	0.03083	0.22182
16	portion of annual services attributable to patients not eligible for CMO plans	0.76637	0.82483	0.45726	0.46730
17	portion of services included in UPL calculations for 1 2Q SFY2007	0.86365	0.89777	0.48809	0.68912
18	facility specific UPL amount without supplemental payment after CMO adjustment	(40,984)	117,732	494,493	3,513,838
19					
20	<u>SFY2007 cost adjustments for CAH hospitals</u>				
21	estimated rate increase in CAH costs	0.046	0.000	0.000	0.000
22	estimated increase in annual CAH costs	19,855	0	0	0
23	estimated increase in annual CAH costs after CMO adjustment	17,148	0	0	0
24					
25	<u>UPL calculation for 1 +2Q SFY2007</u>				
26	annual facility specific UPL amount without supplemental payment after CMO adjustment and CAH cost increase	(23,836)	117,732	494,493	3,513,838
27	annual allocation of UPL amounts < 0	23,836	(927)	(3,895)	(27,678)
28	annual allocation of supplemental payments	0	(69,335)	(291,217)	(2,069,369)
29	annual UPL amount after aggregate limit adjustments	0	47,470	199,381	1,416,791
30	UPL adjustment available for 1Q + 2Q SFY2007	0	23,735	99,691	708,396
31	allocation of CMO reduction impact for June 2006	0	(1,118)	(35,688)	(43,468)
32	interim inpatient UPL payment amount	0	22,617	64,003	664,928

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	Facility Name	Northside Hospital	Northside Hospital- Cherokee	Northside- Forsyth	Oconee Regional Medical Center
1	Medicaid Provider ID	00001405A	00001108A	00000767A	00000129A
2					
3	<u>SFY2006 UPL calculation data</u>				
4	base period report period beginning date	10/1/2003	10/1/2003	10/1/2003	10/1/2003
5	base period report period ending date	9/30/2004	9/30/2004	9/30/2004	9/30/2004
6	CAH status (1 = yes)	0	0	0	0
7	supplemental rate adjustment payments	0	0	0	0
8	adjusted cost of services	47,399,464	5,447,793	1,654,346	8,025,146
9	facility specific UPL amount	7,729,239	893,834	305,201	1,135,126
10	facility specific UPL amount without supplemental payment	7,729,239	893,834	305,201	1,135,126
11					
12	<u>SFY2007 CMO adjustments</u>				
13	portion of annual services attributable to patients eligible for CMO plans	0.74080	0.58080	0.18492	0.56844
14	ratio of patients eligible for CMO plans but not enrolled during 1 + 2Q SFY2007	0.05680	0.05680	0.05680	0.05680
15	portion of services attributable to patients eligible for CMO plans included in UPL calculations for 1 2Q SFY2007	0.04208	0.03299	0.01050	0.03229
16	portion of annual services attributable to patients not eligible for CMO plans	0.25920	0.41920	0.81508	0.43156
17	portion of services included in UPL calculations for 1 2Q SFY2007	0.30128	0.45219	0.82558	0.46385
18	facility specific UPL amount without supplemental payment after CMO adjustment	2,328,665	404,183	251,968	526,528
19					
20	<u>SFY2007 cost adjustments for CAH hospitals</u>				
21	estimated rate increase in CAH costs	0.000	0.000	0.000	0.000
22	estimated increase in annual CAH costs	0	0	0	0
23	estimated increase in annual CAH costs after CMO adjustment	0	0	0	0
24					
25	<u>UPL calculation for 1 +2Q SFY2007</u>				
26	annual facility specific UPL amount without supplemental payment after CMO adjustment and CAH cost increase	2,328,665	404,183	251,968	526,528
27	annual allocation of UPL amounts < 0	(18,343)	(3,184)	(1,985)	(4,147)
28	annual allocation of supplemental payments	(1,371,397)	(238,031)	(148,389)	(310,083)
29	annual UPL amount after aggregate limit adjustments	938,925	162,968	101,594	212,298
30	UPL adjustment available for 1Q + 2Q SFY2007	469,463	81,484	50,797	106,149
31	allocation of CMO reduction impact for June 2006	(347,595)	(33,161)	(5,379)	(41,421)
32	interim inpatient UPL payment amount	121,868	48,323	45,418	64,728

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	Facility Name	Peach Regional Medical Center	Perry Hospital	Phoebe Putney Memorial Hospital	Phoebe Worth Medical Center
1	Medicaid Provider ID	00001449A	00001471A	00001482A	00002109A
2					
3	<u>SFY2006 UPL calculation data</u>				
4	base period report period beginning date	11/1/2003	3/1/2003	8/1/2003	8/1/2003
5	base period report period ending date	10/31/2004	2/29/2004	7/31/2004	7/31/2004
6	CAH status (1 = yes)	1	0	0	1
7	supplemental rate adjustment payments	0	0	2,600,598	0
8	adjusted cost of services	510,877	2,014,938	54,856,180	1,160,726
9	facility specific UPL amount	(93,187)	243,484	6,058,138	334,963
10	facility specific UPL amount without supplemental payment	(93,187)	243,484	8,658,736	334,963
11					
12	<u>SFY2007 CMO adjustments</u>				
13	portion of annual services attributable to patients eligible for CMO plans	0.13226	0.36067	0.51647	0.49433
14	ratio of patients eligible for CMO plans but not enrolled during 1 + 2Q SFY2007	0.05680	0.05680	0.41640	0.41640
15	portion of services attributable to patients eligible for CMO plans included in UPL calculations for 1 2Q SFY2007	0.00751	0.02049	0.21506	0.20584
16	portion of annual services attributable to patients not eligible for CMO plans	0.86774	0.63933	0.48353	0.50567
17	portion of services included in UPL calculations for 1 2Q SFY2007	0.87525	0.65982	0.69859	0.71151
18	facility specific UPL amount without supplemental payment after CMO adjustment	(81,562)	160,656	6,048,906	238,330
19					
20	<u>SFY2007 cost adjustments for CAH hospitals</u>				
21	estimated rate increase in CAH costs	0.046	0.000	0.000	0.046
22	estimated increase in annual CAH costs	23,500	0	0	53,393
23	estimated increase in annual CAH costs after CMO adjustment	20,568	0	0	37,990
24					
25	<u>UPL calculation for 1 +2Q SFY2007</u>				
26	annual facility specific UPL amount without supplemental payment after CMO adjustment and CAH cost increase	(60,994)	160,656	6,048,906	276,320
27	annual allocation of UPL amounts < 0	60,994	(1,265)	(47,647)	(144,741)
28	annual allocation of supplemental payments	0	(94,614)	(3,562,321)	(20,166)
29	annual UPL amount after aggregate limit adjustments	0	64,777	2,438,938	111,413
30	UPL adjustment available for 1Q + 2Q SFY2007	0	32,389	1,219,469	55,707
31	allocation of CMO reduction impact for June 2006	0	(6,397)	(73,814)	(2,854)
32	interim inpatient UPL payment amount	0	25,992	1,145,655	52,853

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	Facility Name	Polk Medical Center	Putnam General Hospital	Rockdale Hospital & Health Systems	Roosevelt Warm Springs Institute for Rehabilitation
1	Medicaid Provider ID	00001526A	00001537A	00001603A	00000778A
2					
3	<u>SFY2006 UPL calculation data</u>				
4	base period report period beginning date	10/1/2003	10/1/2003	10/1/2003	7/1/2003
5	base period report period ending date	9/30/2004	9/30/2004	9/30/2004	6/30/2004
6	CAH status (1 = yes)	1	1	0	0
7	supplemental rate adjustment payments	0	0	0	0
8	adjusted cost of services	252,705	445,119	14,662,490	3,691,134
9	facility specific UPL amount	53,978	(64,710)	2,181,221	571,513
10	facility specific UPL amount without supplemental payment	53,978	(64,710)	2,181,221	571,513
11					
12	<u>SFY2007 CMO adjustments</u>				
13	portion of annual services attributable to patients eligible for CMO plans	0.09503	0.29850	0.61123	0.06677
14	ratio of patients eligible for CMO plans but not enrolled during 1 + 2Q SFY2007	0.41640	0.41640	0.05680	0.05680
15	portion of services attributable to patients eligible for CMO plans included in UPL calculations for 1 2Q SFY2007	0.03957	0.12430	0.03472	0.00379
16	portion of annual services attributable to patients not eligible for CMO plans	0.90497	0.70150	0.38877	0.93323
17	portion of services included in UPL calculations for 1 2Q SFY2007	0.94454	0.82580	0.42349	0.93702
18	facility specific UPL amount without supplemental payment after CMO adjustment	50,984	(53,438)	923,725	535,519
19					
20	<u>SFY2007 cost adjustments for CAH hospitals</u>				
21	estimated rate increase in CAH costs	0.046	0.046	0.000	0.000
22	estimated increase in annual CAH costs	11,624	20,475	0	0
23	estimated increase in annual CAH costs after CMO adjustment	10,979	16,908	0	0
24					
25	<u>UPL calculation for 1 +2Q SFY2007</u>				
26	annual facility specific UPL amount without supplemental payment after CMO adjustment and CAH cost increase	61,963	(36,530)	923,725	535,519
27	annual allocation of UPL amounts < 0	(488)	36,530	(7,276)	0
28	annual allocation of supplemental payments	(36,492)	0	(544,000)	(243,204)
29	annual UPL amount after aggregate limit adjustments	24,983	0	372,449	292,315
30	UPL adjustment available for 1Q + 2Q SFY2007	12,492	0	186,225	146,158
31	allocation of CMO reduction impact for June 2006	(461)	0	(84,190)	(1,980)
32	interim inpatient UPL payment amount	12,031	0	102,035	144,178

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	Facility Name	Satilla Regional Medical Center	Screven County Hospital	South Georgia Medical Center	Southeast Georgia Regional Medical Center
1	Medicaid Provider ID	00001229A	00001647A	00001724A	00000822A
2					
3	<u>SFY2006 UPL calculation data</u>				
4	base period report period beginning date	1/1/2004	7/1/2003	10/1/2003	10/1/2003
5	base period report period ending date	12/31/2004	6/30/2004	9/30/2004	9/30/2004
6	CAH status (1 = yes)	0	1	0	0
7	supplemental rate adjustment payments	52,955	0	0	0
8	adjusted cost of services	11,300,546	186,406	23,018,039	15,346,346
9	facility specific UPL amount	1,893,481	(68,606)	3,536,573	2,805,061
10	facility specific UPL amount without supplemental payment	1,946,436	(68,606)	3,536,573	2,805,061
11					
12	<u>SFY2007 CMO adjustments</u>				
13	portion of annual services attributable to patients eligible for CMO plans	0.42150	0.18354	0.48993	0.50182
14	ratio of patients eligible for CMO plans but not enrolled during 1 + 2Q SFY2007	0.41640	0.41640	0.41640	0.41640
15	portion of services attributable to patients eligible for CMO plans included in UPL calculations for 1 2Q SFY2007	0.17551	0.07643	0.20401	0.20896
16	portion of annual services attributable to patients not eligible for CMO plans	0.57850	0.81646	0.51007	0.49818
17	portion of services included in UPL calculations for 1 2Q SFY2007	0.75401	0.89289	0.71408	0.70714
18	facility specific UPL amount without supplemental payment after CMO adjustment	1,467,632	(61,258)	2,525,396	1,983,571
19					
20	<u>SFY2007 cost adjustments for CAH hospitals</u>				
21	estimated rate increase in CAH costs	0.000	0.046	0.000	0.000
22	estimated increase in annual CAH costs	0	8,575	0	0
23	estimated increase in annual CAH costs after CMO adjustment	0	7,657	0	0
24					
25	<u>UPL calculation for 1 +2Q SFY2007</u>				
26	annual facility specific UPL amount without supplemental payment after CMO adjustment and CAH cost increase	1,467,632	(53,601)	2,525,396	1,983,571
27	annual allocation of UPL amounts < 0	(11,560)	53,601	(19,892)	(15,624)
28	annual allocation of supplemental payments	(864,318)	0	(1,487,256)	(1,168,165)
29	annual UPL amount after aggregate limit adjustments	591,754	0	1,018,248	799,782
30	UPL adjustment available for 1Q + 2Q SFY2007	295,877	0	509,124	399,891
31	allocation of CMO reduction impact for June 2006	(16,593)	0	(30,148)	(23,912)
32	interim inpatient UPL payment amount	279,284	0	478,976	375,979

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	Facility Name	Southern Regional Health Center	Southwest Georgia Regional Medical Center	Stephens County Hospital	Stewart Webster Hospital
1	Medicaid Provider ID	00000404A	00001427A	00001834A	00001845A
2					
3	<u>SFY2006 UPL calculation data</u>				
4	base period report period beginning date	7/1/2003	7/1/2003	10/1/2003	10/1/2003
5	base period report period ending date	6/30/2004	6/30/2004	9/30/2004	9/30/2004
6	CAH status (1 = yes)	0	1	0	1
7	supplemental rate adjustment payments	0	0	0	0
8	adjusted cost of services	38,934,380	198,151	5,148,766	344,355
9	facility specific UPL amount	6,387,625	(19,215)	693,573	(63,446)
10	facility specific UPL amount without supplemental payment	6,387,625	(19,215)	693,573	(63,446)
11					
12	<u>SFY2007 CMO adjustments</u>				
13	portion of annual services attributable to patients eligible for CMO plans	0.55969	0.26253	0.65620	0.35590
14	ratio of patients eligible for CMO plans but not enrolled during 1 + 2Q SFY2007	0.05680	0.41640	0.41640	0.41640
15	portion of services attributable to patients eligible for CMO plans included in UPL calculations for 1 2Q SFY2007	0.03179	0.10932	0.27324	0.14820
16	portion of annual services attributable to patients not eligible for CMO plans	0.44031	0.73747	0.34380	0.64410
17	portion of services included in UPL calculations for 1 2Q SFY2007	0.47210	0.84679	0.61704	0.79230
18	facility specific UPL amount without supplemental payment after CMO adjustment	3,015,598	(16,271)	427,962	(50,268)
19					
20	<u>SFY2007 cost adjustments for CAH hospitals</u>				
21	estimated rate increase in CAH costs	0.000	0.046	0.000	0.046
22	estimated increase in annual CAH costs	0	9,115	0	15,840
23	estimated increase in annual CAH costs after CMO adjustment	0	7,718	0	12,550
24					
25	<u>UPL calculation for 1 +2Q SFY2007</u>				
26	annual facility specific UPL amount without supplemental payment after CMO adjustment and CAH cost increase	3,015,598	(8,553)	427,962	(37,718)
27	annual allocation of UPL amounts < 0	(23,753)	8,553	(3,371)	37,718
28	annual allocation of supplemental payments	(1,775,945)	0	(252,036)	0
29	annual UPL amount after aggregate limit adjustments	1,215,900	0	172,555	0
30	UPL adjustment available for 1Q + 2Q SFY2007	607,950	0	86,278	0
31	allocation of CMO reduction impact for June 2006	(230,352)	0	(5,912)	0
32	interim inpatient UPL payment amount	377,598	0	80,366	0

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	Facility Name	Sumter Regional Hospital, Inc.	Sylvan Grove Hospital	Tanner Medical Center/Carrollt on	Tanner Medical Center/Villa Rica
1	Medicaid Provider ID	00000019A	00001856A	00001867A	00002032A
2					
3	<u>SFY2006 UPL calculation data</u>				
4	base period report period beginning date	10/1/2003	1/1/2004	7/1/2003	7/1/2003
5	base period report period ending date	9/30/2004	12/31/2004	6/30/2004	6/30/2004
6	CAH status (1 = yes)	0	1	0	0
7	supplemental rate adjustment payments	0	0	0	0
8	adjusted cost of services	9,714,251	113,635	10,960,361	3,967,943
9	facility specific UPL amount	1,351,976	(27,431)	1,768,847	454,592
10	facility specific UPL amount without supplemental payment	1,351,976	(27,431)	1,768,847	454,592
11					
12	<u>SFY2007 CMO adjustments</u>				
13	portion of annual services attributable to patients eligible for CMO plans	0.64606	0.11342	0.55047	0.55156
14	ratio of patients eligible for CMO plans but not enrolled during 1 + 2Q SFY2007	0.41640	0.05680	0.05680	0.05680
15	portion of services attributable to patients eligible for CMO plans included in UPL calculations for 1 2Q SFY2007	0.26902	0.00644	0.03127	0.03133
16	portion of annual services attributable to patients not eligible for CMO plans	0.35394	0.88658	0.44953	0.44844
17	portion of services included in UPL calculations for 1 2Q SFY2007	0.62296	0.89302	0.48080	0.47977
18	facility specific UPL amount without supplemental payment after CMO adjustment	842,227	(24,496)	850,462	218,100
19					
20	<u>SFY2007 cost adjustments for CAH hospitals</u>				
21	estimated rate increase in CAH costs	0.000	0.046	0.000	0.000
22	estimated increase in annual CAH costs	0	5,227	0	0
23	estimated increase in annual CAH costs after CMO adjustment	0	4,668	0	0
24					
25	<u>UPL calculation for 1 +2Q SFY2007</u>				
26	annual facility specific UPL amount without supplemental payment after CMO adjustment and CAH cost increase	842,227	(19,828)	850,462	218,100
27	annual allocation of UPL amounts < 0	(6,634)	19,828	(6,699)	(1,718)
28	annual allocation of supplemental payments	(496,004)	0	(500,854)	(128,443)
29	annual UPL amount after aggregate limit adjustments	339,589	0	342,909	87,939
30	UPL adjustment available for 1Q + 2Q SFY2007	169,795	0	171,455	43,970
31	allocation of CMO reduction impact for June 2006	(11,525)	0	(62,986)	(16,211)
32	interim inpatient UPL payment amount	158,270	0	108,469	27,759

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	Facility Name	Tattnall Community Hospital	Taylor Telfair Regional Hospital	The Medical Center	Tift Regional Medical Center
1	Medicaid Provider ID	00001878A	00001889A	00001196A	00001922A
2					
3	<u>SFY2006 UPL calculation data</u>				
4	base period report period beginning date	1/1/2004	4/1/2003	7/1/2003	10/1/2003
5	base period report period ending date	12/31/2004	3/31/2004	6/30/2004	9/30/2004
6	CAH status (1 = yes)	1	1	0	0
7	supplemental rate adjustment payments	0	0	3,367,381	0
8	adjusted cost of services	315,743	457,218	36,712,182	14,348,377
9	facility specific UPL amount	(89,967)	(149,935)	3,277,367	2,487,470
10	facility specific UPL amount without supplemental payment	(89,967)	(149,935)	6,644,748	2,487,470
11					
12	<u>SFY2007 CMO adjustments</u>				
13	portion of annual services attributable to patients eligible for CMO plans	0.12471	0.18310	0.62325	0.59643
14	ratio of patients eligible for CMO plans but not enrolled during 1 + 2Q SFY2007	0.41640	0.05680	0.05680	0.41640
15	portion of services attributable to patients eligible for CMO plans included in UPL calculations for 1 2Q SFY2007	0.05193	0.01040	0.03540	0.24835
16	portion of annual services attributable to patients not eligible for CMO plans	0.87529	0.81690	0.37675	0.40357
17	portion of services included in UPL calculations for 1 2Q SFY2007	0.92722	0.82730	0.41215	0.65192
18	facility specific UPL amount without supplemental payment after CMO adjustment	(83,419)	(124,041)	2,738,633	1,621,631
19					
20	<u>SFY2007 cost adjustments for CAH hospitals</u>				
21	estimated rate increase in CAH costs	0.046	0.046	0.000	0.000
22	estimated increase in annual CAH costs	14,524	21,032	0	0
23	estimated increase in annual CAH costs after CMO adjustment	13,467	17,400	0	0
24					
25	<u>UPL calculation for 1 +2Q SFY2007</u>				
26	annual facility specific UPL amount without supplemental payment after CMO adjustment and CAH cost increase	(69,952)	(106,641)	2,738,633	1,621,631
27	annual allocation of UPL amounts < 0	69,952	106,641	(21,572)	(12,773)
28	annual allocation of supplemental payments	0	0	(1,612,835)	(955,011)
29	annual UPL amount after aggregate limit adjustments	0	0	1,104,226	653,847
30	UPL adjustment available for 1Q + 2Q SFY2007	0	0	552,113	326,924
31	allocation of CMO reduction impact for June 2006	0	0	(260,391)	(21,204)
32	interim inpatient UPL payment amount	0	0	291,722	305,720

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	Facility Name	Union General Hospital	University Hospital	Upson Regional Medical Center	Warm Springs Medical Center
1	Medicaid Provider ID	00001966A	00001977A	00001988A	00001284A
2					
3	<u>SFY2006 UPL calculation data</u>				
4	base period report period beginning date	5/1/2003	1/1/2004	1/1/2004	1/1/2004
5	base period report period ending date	4/30/2004	12/31/2004	12/31/2004	12/31/2004
6	CAH status (1 = yes)	0	0	0	1
7	supplemental rate adjustment payments	0	0	0	0
8	adjusted cost of services	1,077,101	28,783,606	8,900,690	1,492,774
9	facility specific UPL amount	212,969	4,372,301	1,295,474	579,228
10	facility specific UPL amount without supplemental payment	212,969	4,372,301	1,295,474	579,228
11					
12	<u>SFY2007 CMO adjustments</u>				
13	portion of annual services attributable to patients eligible for CMO plans	0.62754	0.50041	0.58473	0.39320
14	ratio of patients eligible for CMO plans but not enrolled during 1 + 2Q SFY2007	0.41640	0.41640	0.05680	0.05680
15	portion of services attributable to patients eligible for CMO plans included in UPL calculations for 1 2Q SFY2007	0.26131	0.20837	0.03321	0.02233
16	portion of annual services attributable to patients not eligible for CMO plans	0.37246	0.49959	0.41527	0.60680
17	portion of services included in UPL calculations for 1 2Q SFY2007	0.63377	0.70796	0.44848	0.62913
18	facility specific UPL amount without supplemental payment after CMO adjustment	134,973	3,095,414	580,994	364,410
19					
20	<u>SFY2007 cost adjustments for CAH hospitals</u>				
21	estimated rate increase in CAH costs	0.000	0.000	0.000	0.046
22	estimated increase in annual CAH costs	0	0	0	68,668
23	estimated increase in annual CAH costs after CMO adjustment	0	0	0	43,201
24					
25	<u>UPL calculation for 1 +2Q SFY2007</u>				
26	annual facility specific UPL amount without supplemental payment after CMO adjustment and CAH cost increase	134,973	3,095,414	580,994	407,611
27	annual allocation of UPL amounts < 0	(1,063)	(24,382)	(4,576)	(3,211)
28	annual allocation of supplemental payments	(79,489)	(1,822,951)	(342,159)	(240,050)
29	annual UPL amount after aggregate limit adjustments	54,421	1,248,081	234,259	164,350
30	UPL adjustment available for 1Q + 2Q SFY2007	27,211	624,041	117,130	82,175
31	allocation of CMO reduction impact for June 2006	(1,815)	(37,273)	(48,314)	(16,145)
32	interim inpatient UPL payment amount	25,396	586,768	68,816	66,030

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	Facility Name	Washington County Regional Medical Center	Wayne Memorial Hospital	WellStar Cobb Hospital	WellStar Douglas Hospital
1	Medicaid Provider ID	00001218A	00002054A	00000426A	00000624A
2					
3	<u>SFY2006 UPL calculation data</u>				
4	base period report period beginning date	9/1/2003	7/1/2003	7/1/2003	7/1/2003
5	base period report period ending date	8/31/2004	6/30/2004	6/30/2004	6/30/2004
6	CAH status (1 = yes)	0	0	0	0
7	supplemental rate adjustment payments	0	0	0	0
8	adjusted cost of services	3,228,070	4,933,951	36,159,679	4,460,620
9	facility specific UPL amount	469,698	762,081	5,099,770	718,391
10	facility specific UPL amount without supplemental payment	469,698	762,081	5,099,770	718,391
11					
12	<u>SFY2007 CMO adjustments</u>				
13	portion of annual services attributable to patients eligible for CMO plans	0.40266	0.54601	0.60951	0.45999
14	ratio of patients eligible for CMO plans but not enrolled during 1 + 2Q SFY2007	0.41640	0.41640	0.05680	0.05680
15	portion of services attributable to patients eligible for CMO plans included in UPL calculations for 1 2Q SFY2007	0.16767	0.22736	0.03462	0.02613
16	portion of annual services attributable to patients not eligible for CMO plans	0.59734	0.45399	0.39049	0.54001
17	portion of services included in UPL calculations for 1 2Q SFY2007	0.76501	0.68135	0.42511	0.56614
18	facility specific UPL amount without supplemental payment after CMO adjustment	359,324	519,244	2,167,963	406,710
19					
20	<u>SFY2007 cost adjustments for CAH hospitals</u>				
21	estimated rate increase in CAH costs	0.000	0.000	0.000	0.000
22	estimated increase in annual CAH costs	0	0	0	0
23	estimated increase in annual CAH costs after CMO adjustment	0	0	0	0
24					
25	<u>UPL calculation for 1 +2Q SFY2007</u>				
26	annual facility specific UPL amount without supplemental payment after CMO adjustment and CAH cost increase	359,324	519,244	2,167,963	406,710
27	annual allocation of UPL amounts < 0	(2,830)	(4,090)	(17,077)	(3,204)
28	annual allocation of supplemental payments	(211,613)	(305,793)	(1,276,756)	(239,519)
29	annual UPL amount after aggregate limit adjustments	144,881	209,361	874,130	163,987
30	UPL adjustment available for 1Q + 2Q SFY2007	72,441	104,681	437,065	81,994
31	allocation of CMO reduction impact for June 2006	(4,004)	(6,496)	(196,409)	(22,380)
32	interim inpatient UPL payment amount	68,437	98,185	240,656	59,614

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	Facility Name	WellStar Kennestone Hospital	WellStar Paulding Hospital	WellStar Windy Hill Hospital	West Georgia Medical Center
1	Medicaid Provider ID	00001119A	00001438A	00001999A	00002065A
2					
3	<u>SFY2006 UPL calculation data</u>				
4	base period report period beginning date	7/1/2003	7/1/2003	7/1/2003	10/1/2003
5	base period report period ending date	6/30/2004	6/30/2004	6/30/2004	9/30/2004
6	CAH status (1 = yes)	0	0	0	0
7	supplemental rate adjustment payments	0	0	0	0
8	adjusted cost of services	39,334,792	1,223,813	210,658	12,784,716
9	facility specific UPL amount	5,854,868	216,744	41,512	1,861,627
10	facility specific UPL amount without supplemental payment	5,854,868	216,744	41,512	1,861,627
11					
12	<u>SFY2007 CMO adjustments</u>				
13	portion of annual services attributable to patients eligible for CMO plans	0.50865	0.22217	0.63278	0.53235
14	ratio of patients eligible for CMO plans but not enrolled during 1 + 2Q SFY2007	0.05680	0.05680	0.05680	0.05680
15	portion of services attributable to patients eligible for CMO plans included in UPL calculations for 1 2Q SFY2007	0.02889	0.01262	0.03594	0.03024
16	portion of annual services attributable to patients not eligible for CMO plans	0.49135	0.77783	0.36722	0.46765
17	portion of services included in UPL calculations for 1 2Q SFY2007	0.52024	0.79045	0.40316	0.49789
18	facility specific UPL amount without supplemental payment after CMO adjustment	3,045,937	171,325	16,736	926,885
19					
20	<u>SFY2007 cost adjustments for CAH hospitals</u>				
21	estimated rate increase in CAH costs	0.000	0.000	0.000	0.000
22	estimated increase in annual CAH costs	0	0	0	0
23	estimated increase in annual CAH costs after CMO adjustment	0	0	0	0
24					
25	<u>UPL calculation for 1 +2Q SFY2007</u>				
26	annual facility specific UPL amount without supplemental payment after CMO adjustment and CAH cost increase	3,045,937	171,325	16,736	926,885
27	annual allocation of UPL amounts < 0	(23,992)	(1,350)	(132)	(7,301)
28	annual allocation of supplemental payments	(1,793,812)	(100,896)	(9,856)	(545,862)
29	annual UPL amount after aggregate limit adjustments	1,228,133	69,079	6,748	373,722
30	UPL adjustment available for 1Q + 2Q SFY2007	614,067	34,540	3,374	186,861
31	allocation of CMO reduction impact for June 2006	(196,448)	(4,217)	(1,647)	(64,623)
32	interim inpatient UPL payment amount	417,619	30,323	1,727	122,238

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	Facility Name	Wheeler County Hospital	Wills Memorial Hospital
1	Medicaid Provider ID	00002076A	00002087A
2			
3	<u>SFY2006 UPL calculation data</u>		
4	base period report period beginning date	10/1/2003	5/1/2003
5	base period report period ending date	9/30/2004	4/30/2004
6	CAH status (1 = yes)	1	1
7	supplemental rate adjustment payments	0	0
8	adjusted cost of services	845,243	1,058,897
9	facility specific UPL amount	155,009	(16,891)
10	facility specific UPL amount without supplemental payment	155,009	(16,891)
11			
12	<u>SFY2007 CMO adjustments</u>		
13	portion of annual services attributable to patients eligible for CMO plans	0.19044	0.33977
14	ratio of patients eligible for CMO plans but not enrolled during 1 + 2Q SFY2007	0.05680	0.41640
15	portion of services attributable to patients eligible for CMO plans included in UPL calculations for 1 2Q SFY2007	0.01082	0.14148
16	portion of annual services attributable to patients not eligible for CMO plans	0.80956	0.66023
17	portion of services included in UPL calculations for 1 2Q SFY2007	0.82038	0.80171
18	facility specific UPL amount without supplemental payment after CMO adjustment	127,166	(13,542)
19			
20	<u>SFY2007 cost adjustments for CAH hospitals</u>		
21	estimated rate increase in CAH costs	0.046	0.046
22	estimated increase in annual CAH costs	38,881	48,709
23	estimated increase in annual CAH costs after CMO adjustment	31,897	39,050
24			
25	<u>UPL calculation for 1 +2Q SFY2007</u>		
26	annual facility specific UPL amount without supplemental payment after CMO adjustment and CAH cost increase	159,063	25,508
27	annual allocation of UPL amounts < 0	(83,321)	(201)
28	annual allocation of supplemental payments	(11,608)	(15,023)
29	annual UPL amount after aggregate limit adjustments	64,134	10,284
30	UPL adjustment available for 1Q + 2Q SFY2007	32,067	5,142
31	allocation of CMO reduction impact for June 2006	(2,774)	0
32	interim inpatient UPL payment amount	29,293	5,142