

Georgia Department of Community Health

	Facility Name	Roosevelt Warm Springs Rehabilitation Hospital
1	Medicaid Provider ID	000000778A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	3,009,127
11	payments for services	3,197,344
12	annual covered charges	3,009,127
13	annual payments for services	3,197,344
14		
15	Medicare inpatient CCR	1.000
16		
17	annual cost of services (max CCR=1.0)	3,009,127
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	3,112,418
23	adjusted Medicaid payments for services	3,307,096
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,307,096
26	adjusted cost of services	3,112,418
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	3,112,418
35	facility specific UPL amount	(194,678)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	194,678
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	194,678
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	0
43	Original payment made in FY 2014	0
44	difference	0
45	Intergovernmental transfer amount	0
46	Net funds amount	0

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Georgia Health Sciences Medical Center
1	Medicaid Provider ID	000000723A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	116,865,677
11	payments for services	37,147,500
12	annual covered charges	116,865,677
13	annual payments for services	37,147,500
14		
15	Medicare inpatient CCR	0.378
16		
17	annual cost of services (max CCR=1.0)	44,178,596
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	120,877,208
23	adjusted Medicaid payments for services	38,422,625
24	supplemental rate adjustment payments	5,030,954
25	total adjusted Medicaid payments	43,453,579
26	adjusted cost of services	45,695,070
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.688204
32	maximum annual payments (at DRG differential)	64,865,225
33		
34	maximum annual payments	64,865,225
35	facility specific UPL amount	21,411,646
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(194,678)
39	allocation of supplemental payments	(0)
40	total aggregate limit adjustments	(194,678)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	21,216,968
43	Original payment made in FY 2014	21,216,968
44	difference	(0)
45	Intergovernmental transfer amount	0
46	Net funds amount	0

Georgia Department of Community Health

	Facility Name	Applying Hospital
1	Medicaid Provider ID	000000052A
2	base period report period beginning date	09/01/10
3	base period report period ending date	08/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	2,559,076
11	payments for services	1,050,059
12	annual covered charges	2,559,076
13	annual payments for services	1,050,059
14		
15	Medicare inpatient CCR	0.489
16		
17	annual cost of services (max CCR=1.0)	1,252,386
18		
19	<u>adjustment factor</u>	
20	inflation	1.0628
21		
22	adjusted annual charges	2,719,681
23	adjusted Medicaid payments for services	1,115,960
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,115,960
26	adjusted cost of services	1,330,984
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	1,253,874
33		
34	maximum annual payments	1,253,874
35	facility specific UPL amount	137,914
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,649)
39	allocation of supplemental payments	(64,536)
40	total aggregate limit adjustments	(66,185)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	71,729
43	Original payment made in FY 2014	37,071
44	difference	34,658
45	Intergovernmental transfer amount	11,808
46	Net funds amount	22,850

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Athens Regional Medical Center
1	Medicaid Provider ID	000000074A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	52,349,546
11	payments for services	15,279,626
12	annual covered charges	52,349,546
13	annual payments for services	15,279,626
14		
15	Medicare inpatient CCR	0.314
16		
17	annual cost of services (max CCR=1.0)	16,418,243
18		
19	<u>adjustment factor</u>	
20	inflation	1.0573
21		
22	adjusted annual charges	55,347,919
23	adjusted Medicaid payments for services	16,154,782
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	16,154,782
26	adjusted cost of services	17,358,614
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	18,151,241
33		
34	maximum annual payments	18,151,241
35	facility specific UPL amount	1,996,459
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(23,877)
39	allocation of supplemental payments	(934,229)
40	total aggregate limit adjustments	(958,106)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	1,038,353
43	Original payment made in FY 2014	536,640
44	difference	501,713
45	Intergovernmental transfer amount	170,934
46	Net funds amount	330,779

Georgia Department of Community Health

	Facility Name	Berrien County Hospital
1	Medicaid Provider ID	000000173A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	246,260
11	payments for services	114,161
12	annual covered charges	246,260
13	annual payments for services	114,161
14		
15	Medicare inpatient CCR	0.352
16		
17	annual cost of services (max CCR=1.0)	86,782
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	254,713
23	adjusted Medicaid payments for services	118,080
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	118,080
26	adjusted cost of services	89,761
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	132,673
33		
34	maximum annual payments	132,673
35	facility specific UPL amount	14,593
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(175)
39	allocation of supplemental payments	(6,828)
40	total aggregate limit adjustments	(7,003)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	7,590
43	Original payment made in FY 2014	3,922
44	difference	3,668
45	Intergovernmental transfer amount	1,250
46	Net funds amount	2,418

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Burke Medical Center
1	Medicaid Provider ID	000000283A
2	base period report period beginning date	06/01/11
3	base period report period ending date	05/31/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	480,683
11	payments for services	402,404
12	annual covered charges	480,683
13	annual payments for services	402,404
14		
15	Medicare inpatient CCR	0.624
16		
17	annual cost of services (max CCR=1.0)	299,721
18		
19	<u>adjustment factor</u>	
20	inflation	1.0336
21		
22	adjusted annual charges	496,848
23	adjusted Medicaid payments for services	415,937
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	415,937
26	adjusted cost of services	309,801
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	467,340
33		
34	maximum annual payments	467,340
35	facility specific UPL amount	51,403
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(615)
39	allocation of supplemental payments	(24,054)
40	total aggregate limit adjustments	(24,669)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	26,734
43	Original payment made in FY 2014	13,817
44	difference	12,917
45	Intergovernmental transfer amount	4,401
46	Net funds amount	8,516

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	CHOA - Hughes Spalding
1	Medicaid Provider ID	000679808A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	5,354,702
11	payments for services	2,035,953
12	annual covered charges	5,354,702
13	annual payments for services	2,035,953
14		
15	Medicare inpatient CCR	0.260
16		
17	annual cost of services (max CCR=1.0)	1,394,465
18		
19	<u>adjustment factor</u>	
20	inflation	1.0438
21		
22	adjusted annual charges	5,589,291
23	adjusted Medicaid payments for services	2,125,148
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,125,148
26	adjusted cost of services	1,455,557
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	1,455,557
35	facility specific UPL amount	(669,591)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	669,591
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	669,591
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	0
43	Original payment made in FY 2014	0
44	difference	0
45	Intergovernmental transfer amount	0
46	Net funds amount	0

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Coffee Regional Medical Center
1	Medicaid Provider ID	000000448A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	8,889,556
11	payments for services	3,738,763
12	annual covered charges	8,889,556
13	annual payments for services	3,738,763
14		
15	Medicare inpatient CCR	0.360
16		
17	annual cost of services (max CCR=1.0)	3,197,094
18		
19	<u>adjustment factor</u>	
20	inflation	1.0438
21		
22	adjusted annual charges	9,279,007
23	adjusted Medicaid payments for services	3,902,558
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,902,558
26	adjusted cost of services	3,337,159
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	4,384,848
33		
34	maximum annual payments	4,384,848
35	facility specific UPL amount	482,290
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(5,768)
39	allocation of supplemental payments	(225,684)
40	total aggregate limit adjustments	(231,452)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	250,838
43	Original payment made in FY 2014	129,638
44	difference	121,200
45	Intergovernmental transfer amount	41,293
46	Net funds amount	79,907

Adjusted SFY2014 Hospital Inpatient UPL



Georgia Department of Community Health

	Facility Name	Colquitt Regional Medical Center
1	Medicaid Provider ID	000002021A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	7,119,696
11	payments for services	3,259,624
12	annual covered charges	7,119,696
13	annual payments for services	3,259,624
14		
15	Medicare inpatient CCR	0.467
16		
17	annual cost of services (max CCR=1.0)	3,323,977
18		
19	<u>adjustment factor</u>	
20	inflation	1.0573
21		
22	adjusted annual charges	7,527,484
23	adjusted Medicaid payments for services	3,446,322
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,446,322
26	adjusted cost of services	3,514,361
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	3,872,229
33		
34	maximum annual payments	3,872,229
35	facility specific UPL amount	425,907
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(5,094)
39	allocation of supplemental payments	(199,300)
40	total aggregate limit adjustments	(204,394)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	221,513
43	Original payment made in FY 2014	114,482
44	difference	107,031
45	Intergovernmental transfer amount	36,465
46	Net funds amount	70,566

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Cook Medical Center
1	Medicaid Provider ID	000001251A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	1,169,835
11	payments for services	710,481
12	annual covered charges	1,169,835
13	annual payments for services	710,481
14		
15	Medicare inpatient CCR	0.432
16		
17	annual cost of services (max CCR=1.0)	505,223
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	1,209,991
23	adjusted Medicaid payments for services	734,869
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	734,869
26	adjusted cost of services	522,565
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	825,686
33		
34	maximum annual payments	825,686
35	facility specific UPL amount	90,817
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,086)
39	allocation of supplemental payments	(42,497)
40	total aggregate limit adjustments	(43,583)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	47,234
43	Original payment made in FY 2014	24,411
44	difference	22,823
45	Intergovernmental transfer amount	7,776
46	Net funds amount	15,047

Georgia Department of Community Health

	Facility Name	Crisp Regional Medical Center
1	Medicaid Provider ID	000000514A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	6,819,556
11	payments for services	3,006,247
12	annual covered charges	6,819,556
13	annual payments for services	3,006,247
14		
15	Medicare inpatient CCR	0.410
16		
17	annual cost of services (max CCR=1.0)	2,793,565
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	7,053,644
23	adjusted Medicaid payments for services	3,109,439
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,109,439
26	adjusted cost of services	2,889,457
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	3,493,713
33		
34	maximum annual payments	3,493,713
35	facility specific UPL amount	384,274
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4,596)
39	allocation of supplemental payments	(179,818)
40	total aggregate limit adjustments	(184,414)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	199,860
43	Original payment made in FY 2014	103,291
44	difference	96,569
45	Intergovernmental transfer amount	32,901
46	Net funds amount	63,668

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Dekalb Medical Center
1	Medicaid Provider ID	000000536A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	53,123,937
11	payments for services	20,695,683
12	annual covered charges	53,123,937
13	annual payments for services	20,695,683
14		
15	Medicare inpatient CCR	0.360
16		
17	annual cost of services (max CCR=1.0)	19,118,135
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	54,947,469
23	adjusted Medicaid payments for services	21,406,083
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	21,406,083
26	adjusted cost of services	19,774,384
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	24,051,514
33		
34	maximum annual payments	24,051,514
35	facility specific UPL amount	2,645,431
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(31,638)
39	allocation of supplemental payments	(1,237,911)
40	total aggregate limit adjustments	(1,269,549)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	1,375,882
43	Original payment made in FY 2014	711,081
44	difference	664,801
45	Intergovernmental transfer amount	226,498
46	Net funds amount	438,303

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Dekalb Medical Center - Hillandale
1	Medicaid Provider ID	000000536U
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	12,041,744
11	payments for services	4,574,455
12	annual covered charges	12,041,744
13	annual payments for services	4,574,455
14		
15	Medicare inpatient CCR	0.380
16		
17	annual cost of services (max CCR=1.0)	4,574,176
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	12,455,089
23	adjusted Medicaid payments for services	4,731,478
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,731,478
26	adjusted cost of services	4,731,189
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	5,316,209
33		
34	maximum annual payments	5,316,209
35	facility specific UPL amount	584,731
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(6,993)
39	allocation of supplemental payments	(273,621)
40	total aggregate limit adjustments	(280,614)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	304,117
43	Original payment made in FY 2014	157,173
44	difference	146,944
45	Intergovernmental transfer amount	50,064
46	Net funds amount	96,880

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Doctors Hospital - Columbus
1	Medicaid Provider ID	000148233A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	10,034,466
11	payments for services	2,764,744
12	annual covered charges	10,034,466
13	annual payments for services	2,764,744
14		
15	Medicare inpatient CCR	0.274
16		
17	annual cost of services (max CCR=1.0)	2,751,837
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	10,378,909
23	adjusted Medicaid payments for services	2,859,647
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,859,647
26	adjusted cost of services	2,846,297
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	3,213,051
33		
34	maximum annual payments	3,213,051
35	facility specific UPL amount	353,404
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4,227)
39	allocation of supplemental payments	(165,373)
40	total aggregate limit adjustments	(169,600)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	183,804
43	Original payment made in FY 2014	94,993
44	difference	88,811
45	Intergovernmental transfer amount	30,258
46	Net funds amount	58,553

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Dodge County Hospital
1	Medicaid Provider ID	000000591A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	2,196,154
11	payments for services	1,291,848
12	annual covered charges	2,196,154
13	annual payments for services	1,291,848
14		
15	Medicare inpatient CCR	0.407
16		
17	annual cost of services (max CCR=1.0)	893,029
18		
19	<u>adjustment factor</u>	
20	inflation	1.0573
21		
22	adjusted annual charges	2,321,941
23	adjusted Medicaid payments for services	1,365,840
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,365,840
26	adjusted cost of services	944,178
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	1,534,635
33		
34	maximum annual payments	1,534,635
35	facility specific UPL amount	168,795
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,019)
39	allocation of supplemental payments	(78,986)
40	total aggregate limit adjustments	(81,005)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	87,790
43	Original payment made in FY 2014	45,371
44	difference	42,419
45	Intergovernmental transfer amount	14,452
46	Net funds amount	27,967

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Elbert Memorial Hospital
1	Medicaid Provider ID	000000668A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	728,818
11	payments for services	397,434
12	annual covered charges	728,818
13	annual payments for services	397,434
14		
15	Medicare inpatient CCR	0.455
16		
17	annual cost of services (max CCR=1.0)	331,415
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	753,835
23	adjusted Medicaid payments for services	411,076
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	411,076
26	adjusted cost of services	342,791
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	461,878
33		
34	maximum annual payments	461,878
35	facility specific UPL amount	50,802
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(608)
39	allocation of supplemental payments	(23,772)
40	total aggregate limit adjustments	(24,380)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	26,422
43	Original payment made in FY 2014	13,655
44	difference	12,767
45	Intergovernmental transfer amount	4,350
46	Net funds amount	8,417

Adjusted SFY2014 Hospital Inpatient UPL



Georgia Department of Community Health

	Facility Name	Emanuel Medical Center
1	Medicaid Provider ID	000000701A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	2,084,884
11	payments for services	986,205
12	annual covered charges	2,084,884
13	annual payments for services	986,205
14		
15	Medicare inpatient CCR	0.436
16		
17	annual cost of services (max CCR=1.0)	908,879
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	2,156,450
23	adjusted Medicaid payments for services	1,020,057
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,020,057
26	adjusted cost of services	940,077
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	1,146,119
33		
34	maximum annual payments	1,146,119
35	facility specific UPL amount	126,062
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,508)
39	allocation of supplemental payments	(58,990)
40	total aggregate limit adjustments	(60,498)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	65,564
43	Original payment made in FY 2014	33,885
44	difference	31,679
45	Intergovernmental transfer amount	10,793
46	Net funds amount	20,886

Georgia Department of Community Health

	Facility Name	Erlanger at Hutcheson
1	Medicaid Provider ID	000001075A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	6,688,397
11	payments for services	2,311,896
12	annual covered charges	6,688,397
13	annual payments for services	2,311,896
14		
15	Medicare inpatient CCR	0.364
16		
17	annual cost of services (max CCR=1.0)	2,436,062
18		
19	<u>adjustment factor</u>	
20	inflation	1.0573
21		
22	adjusted annual charges	7,071,482
23	adjusted Medicaid payments for services	2,444,312
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,444,312
26	adjusted cost of services	2,575,590
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	2,746,388
33		
34	maximum annual payments	2,746,388
35	facility specific UPL amount	302,076
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,613)
39	allocation of supplemental payments	(141,354)
40	total aggregate limit adjustments	(144,967)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	157,109
43	Original payment made in FY 2014	81,197
44	difference	75,912
45	Intergovernmental transfer amount	25,863
46	Net funds amount	50,049

Georgia Department of Community Health

	Facility Name	Evans Memorial Hospital
1	Medicaid Provider ID	000000734A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	1,255,610
11	payments for services	471,289
12	annual covered charges	1,255,610
13	annual payments for services	471,289
14		
15	Medicare inpatient CCR	0.348
16		
17	annual cost of services (max CCR=1.0)	436,812
18		
19	<u>adjustment factor</u>	
20	inflation	1.0573
21		
22	adjusted annual charges	1,327,526
23	adjusted Medicaid payments for services	498,283
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	498,283
26	adjusted cost of services	461,831
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	559,862
33		
34	maximum annual payments	559,862
35	facility specific UPL amount	61,579
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(736)
39	allocation of supplemental payments	(28,816)
40	total aggregate limit adjustments	(29,552)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	32,027
43	Original payment made in FY 2014	16,552
44	difference	15,475
45	Intergovernmental transfer amount	5,272
46	Net funds amount	10,203

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Floyd Medical Center
1	Medicaid Provider ID	000000756A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	47,797,367
11	payments for services	13,300,752
12	annual covered charges	47,797,367
13	annual payments for services	13,300,752
14		
15	Medicare inpatient CCR	0.313
16		
17	annual cost of services (max CCR=1.0)	14,964,386
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	49,438,059
23	adjusted Medicaid payments for services	13,757,314
24	supplemental rate adjustment payments	1,321,099
25	total adjusted Medicaid payments	15,078,413
26	adjusted cost of services	15,478,054
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	15,457,486
33		
34	maximum annual payments	15,457,486
35	facility specific UPL amount	379,073
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(20,333)
39	allocation of supplemental payments	525,515
40	total aggregate limit adjustments	505,182
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	884,255
43	Original payment made in FY 2014	457,000
44	difference	427,255
45	Intergovernmental transfer amount	145,566
46	Net funds amount	281,689

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Grady General Hospital
1	Medicaid Provider ID	000000844A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	1,782,907
11	payments for services	873,514
12	annual covered charges	1,782,907
13	annual payments for services	873,514
14		
15	Medicare inpatient CCR	0.429
16		
17	annual cost of services (max CCR=1.0)	764,396
18		
19	<u>adjustment factor</u>	
20	inflation	1.0573
21		
22	adjusted annual charges	1,885,025
23	adjusted Medicaid payments for services	923,545
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	923,545
26	adjusted cost of services	808,178
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	1,037,680
33		
34	maximum annual payments	1,037,680
35	facility specific UPL amount	114,135
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,365)
39	allocation of supplemental payments	(53,409)
40	total aggregate limit adjustments	(54,774)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	59,361
43	Original payment made in FY 2014	30,679
44	difference	28,682
45	Intergovernmental transfer amount	9,772
46	Net funds amount	18,910

Georgia Department of Community Health

	Facility Name	Grady Memorial Hospital
1	Medicaid Provider ID	000000855A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	287,264,627
11	payments for services	97,652,784
12	annual covered charges	287,264,627
13	annual payments for services	97,652,784
14		
15	Medicare inpatient CCR	0.260
16		
17	annual cost of services (max CCR=1.0)	74,809,097
18		
19	<u>adjustment factor</u>	
20	inflation	1.0438
21		
22	adjusted annual charges	299,849,690
23	adjusted Medicaid payments for services	101,930,952
24	supplemental rate adjustment payments	14,592,086
25	total adjusted Medicaid payments	116,523,038
26	adjusted cost of services	78,086,484
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	114,527,899
33		
34	maximum annual payments	114,527,899
35	facility specific UPL amount	(1,995,139)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(150,652)
39	allocation of supplemental payments	8,697,432
40	total aggregate limit adjustments	8,546,780
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	6,551,641
43	Original payment made in FY 2014	3,386,010
44	difference	3,165,631
45	Intergovernmental transfer amount	1,078,531
46	Net funds amount	2,087,100

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Gwinnett Medical Center - Duluth
1	Medicaid Provider ID	000001064A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	9,910,671
11	payments for services	4,070,426
12	annual covered charges	9,910,671
13	annual payments for services	4,070,426
14		
15	Medicare inpatient CCR	0.381
16		
17	annual cost of services (max CCR=1.0)	3,780,920
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	10,250,865
23	adjusted Medicaid payments for services	4,210,147
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,210,147
26	adjusted cost of services	3,910,704
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	4,730,450
33		
34	maximum annual payments	4,730,450
35	facility specific UPL amount	520,303
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(6,223)
39	allocation of supplemental payments	(243,472)
40	total aggregate limit adjustments	(249,695)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	270,608
43	Original payment made in FY 2014	139,855
44	difference	130,753
45	Intergovernmental transfer amount	44,548
46	Net funds amount	86,205

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Gwinnett Medical Center - Lawrenceville
1	Medicaid Provider ID	000000294A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	51,094,261
11	payments for services	20,918,279
12	annual covered charges	51,094,261
13	annual payments for services	20,918,279
14		
15	Medicare inpatient CCR	0.381
16		
17	annual cost of services (max CCR=1.0)	19,492,454
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	52,848,123
23	adjusted Medicaid payments for services	21,636,320
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	21,636,320
26	adjusted cost of services	20,161,552
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	24,310,204
33		
34	maximum annual payments	24,310,204
35	facility specific UPL amount	2,673,884
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(31,978)
39	allocation of supplemental payments	(1,251,225)
40	total aggregate limit adjustments	(1,283,203)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	1,390,681
43	Original payment made in FY 2014	718,730
44	difference	671,951
45	Intergovernmental transfer amount	228,934
46	Net funds amount	443,017



Georgia Department of Community Health

	Facility Name	Habersham Medical Center
1	Medicaid Provider ID	000000877A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	2,335,047
11	payments for services	1,280,943
12	annual covered charges	2,335,047
13	annual payments for services	1,280,943
14		
15	Medicare inpatient CCR	0.479
16		
17	annual cost of services (max CCR=1.0)	1,118,272
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	2,415,200
23	adjusted Medicaid payments for services	1,324,913
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,324,913
26	adjusted cost of services	1,156,658
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	1,488,650
33		
34	maximum annual payments	1,488,650
35	facility specific UPL amount	163,737
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,958)
39	allocation of supplemental payments	(76,620)
40	total aggregate limit adjustments	(78,578)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	85,159
43	Original payment made in FY 2014	44,012
44	difference	41,147
45	Intergovernmental transfer amount	14,019
46	Net funds amount	27,128

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Houston Medical Center
1	Medicaid Provider ID	000000976A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	17,538,989
11	payments for services	6,858,061
12	annual covered charges	17,538,989
13	annual payments for services	6,858,061
14		
15	Medicare inpatient CCR	0.398
16		
17	annual cost of services (max CCR=1.0)	6,986,474
18		
19	<u>adjustment factor</u>	
20	inflation	1.0438
21		
22	adjusted annual charges	18,307,372
23	adjusted Medicaid payments for services	7,158,513
24	supplemental rate adjustment payments	485,924
25	total adjusted Medicaid payments	7,644,437
26	adjusted cost of services	7,292,551
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	8,043,185
33		
34	maximum annual payments	8,043,185
35	facility specific UPL amount	398,748
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(10,580)
39	allocation of supplemental payments	71,948
40	total aggregate limit adjustments	61,368
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	460,116
43	Original payment made in FY 2014	237,796
44	difference	222,320
45	Intergovernmental transfer amount	75,744
46	Net funds amount	146,576

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Hughston Hospital Inc.
1	Medicaid Provider ID	000315642A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	1,887,510
11	payments for services	501,504
12	annual covered charges	1,887,510
13	annual payments for services	501,504
14		
15	Medicare inpatient CCR	0.358
16		
17	annual cost of services (max CCR=1.0)	676,142
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	1,952,301
23	adjusted Medicaid payments for services	518,719
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	518,719
26	adjusted cost of services	699,351
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	699,351
35	facility specific UPL amount	180,632
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,160)
39	allocation of supplemental payments	(84,526)
40	total aggregate limit adjustments	(86,686)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	93,946
43	Original payment made in FY 2014	48,553
44	difference	45,393
45	Intergovernmental transfer amount	15,465
46	Net funds amount	29,928

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Irwin County Hospital
1	Medicaid Provider ID	000000987A
2	base period report period beginning date	12/01/10
3	base period report period ending date	11/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	1,987,877
11	payments for services	1,098,265
12	annual covered charges	1,987,877
13	annual payments for services	1,098,265
14		
15	Medicare inpatient CCR	0.564
16		
17	annual cost of services (max CCR=1.0)	1,121,159
18		
19	<u>adjustment factor</u>	
20	inflation	1.0483
21		
22	adjusted annual charges	2,083,814
23	adjusted Medicaid payments for services	1,151,268
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,151,268
26	adjusted cost of services	1,175,267
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	1,293,545
33		
34	maximum annual payments	1,293,545
35	facility specific UPL amount	142,277
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,702)
39	allocation of supplemental payments	(66,577)
40	total aggregate limit adjustments	(68,279)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	73,998
43	Original payment made in FY 2014	38,243
44	difference	35,755
45	Intergovernmental transfer amount	12,182
46	Net funds amount	23,573

Georgia Department of Community Health

	Facility Name	Jefferson Hospital
1	Medicaid Provider ID	000001031A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	492,433
11	payments for services	452,330
12	annual covered charges	492,433
13	annual payments for services	452,330
14		
15	Medicare inpatient CCR	0.527
16		
17	annual cost of services (max CCR=1.0)	259,702
18		
19	<u>adjustment factor</u>	
20	inflation	1.0438
21		
22	adjusted annual charges	514,006
23	adjusted Medicaid payments for services	472,147
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	472,147
26	adjusted cost of services	271,080
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	530,496
33		
34	maximum annual payments	530,496
35	facility specific UPL amount	58,349
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(698)
39	allocation of supplemental payments	(27,304)
40	total aggregate limit adjustments	(28,002)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	30,347
43	Original payment made in FY 2014	15,684
44	difference	14,663
45	Intergovernmental transfer amount	4,996
46	Net funds amount	9,667

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Mayo Clinic Health System in Waycross, Inc.
1	Medicaid Provider ID	000001229A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	16,938,260
11	payments for services	6,647,897
12	annual covered charges	16,938,260
13	annual payments for services	6,647,897
14		
15	Medicare inpatient CCR	0.375
16		
17	annual cost of services (max CCR=1.0)	6,353,948
18		
19	<u>adjustment factor</u>	
20	inflation	1.0438
21		
22	adjusted annual charges	17,680,325
23	adjusted Medicaid payments for services	6,939,141
24	supplemental rate adjustment payments	355,835
25	total adjusted Medicaid payments	7,294,976
26	adjusted cost of services	6,632,314
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	7,796,702
33		
34	maximum annual payments	7,796,702
35	facility specific UPL amount	501,726
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(10,256)
39	allocation of supplemental payments	(45,455)
40	total aggregate limit adjustments	(55,711)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	446,015
43	Original payment made in FY 2014	230,509
44	difference	215,506
45	Intergovernmental transfer amount	73,423
46	Net funds amount	142,083

Georgia Department of Community Health

	Facility Name	Meadows Regional Medical Center
1	Medicaid Provider ID	000001086A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	14,179,628
11	payments for services	4,267,772
12	annual covered charges	14,179,628
13	annual payments for services	4,267,772
14		
15	Medicare inpatient CCR	0.303
16		
17	annual cost of services (max CCR=1.0)	4,301,449
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	14,666,358
23	adjusted Medicaid payments for services	4,414,268
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,414,268
26	adjusted cost of services	4,449,101
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	4,959,797
33		
34	maximum annual payments	4,959,797
35	facility specific UPL amount	545,529
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(6,524)
39	allocation of supplemental payments	(255,277)
40	total aggregate limit adjustments	(261,801)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	283,728
43	Original payment made in FY 2014	146,636
44	difference	137,092
45	Intergovernmental transfer amount	46,707
46	Net funds amount	90,385

Georgia Department of Community Health

	Facility Name	Medical Center of Central GA
1	Medicaid Provider ID	000001207A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	140,284,735
11	payments for services	42,938,349
12	annual covered charges	140,284,735
13	annual payments for services	42,938,349
14		
15	Medicare inpatient CCR	0.311
16		
17	annual cost of services (max CCR=1.0)	43,639,194
18		
19	<u>adjustment factor</u>	
20	inflation	1.0573
21		
22	adjusted annual charges	148,319,683
23	adjusted Medicaid payments for services	45,397,686
24	supplemental rate adjustment payments	5,027,311
25	total adjusted Medicaid payments	50,424,997
26	adjusted cost of services	46,138,672
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	51,008,075
33		
34	maximum annual payments	51,008,075
35	facility specific UPL amount	583,078
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(67,097)
39	allocation of supplemental payments	2,401,969
40	total aggregate limit adjustments	2,334,872
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	2,917,950
43	Original payment made in FY 2014	1,508,051
44	difference	1,409,899
45	Intergovernmental transfer amount	480,353
46	Net funds amount	929,546



Georgia Department of Community Health

	Facility Name	Memorial Health Univ. Med Ctr
1	Medicaid Provider ID	000001273A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	96,230,741
11	payments for services	30,058,773
12	annual covered charges	96,230,741
13	annual payments for services	30,058,773
14		
15	Medicare inpatient CCR	0.271
16		
17	annual cost of services (max CCR=1.0)	26,082,306
18		
19	<u>adjustment factor</u>	
20	inflation	1.0438
21		
22	adjusted annual charges	100,446,610
23	adjusted Medicaid payments for services	31,375,648
24	supplemental rate adjustment payments	4,412,841
25	total adjusted Medicaid payments	35,788,489
26	adjusted cost of services	27,224,972
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	35,253,149
33		
34	maximum annual payments	35,253,149
35	facility specific UPL amount	(535,340)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(46,373)
39	allocation of supplemental payments	2,598,392
40	total aggregate limit adjustments	2,552,019
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	2,016,679
43	Original payment made in FY 2014	1,042,257
44	difference	974,422
45	Intergovernmental transfer amount	331,986
46	Net funds amount	642,436

Georgia Department of Community Health

	Facility Name	Memorial Hospital - Bainbridge
1	Medicaid Provider ID	000001262A
2	base period report period beginning date	04/01/11
3	base period report period ending date	03/31/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	2,029,696
11	payments for services	901,121
12	annual covered charges	2,029,696
13	annual payments for services	901,121
14		
15	Medicare inpatient CCR	0.489
16		
17	annual cost of services (max CCR=1.0)	991,774
18		
19	<u>adjustment factor</u>	
20	inflation	1.0322
21		
22	adjusted annual charges	2,095,137
23	adjusted Medicaid payments for services	930,175
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	930,175
26	adjusted cost of services	1,023,751
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	1,045,129
33		
34	maximum annual payments	1,045,129
35	facility specific UPL amount	114,954
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,375)
39	allocation of supplemental payments	(53,792)
40	total aggregate limit adjustments	(55,167)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	59,787
43	Original payment made in FY 2014	30,899
44	difference	28,888
45	Intergovernmental transfer amount	9,842
46	Net funds amount	19,046

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Murray Medical Center
1	Medicaid Provider ID	000001383A
2	base period report period beginning date	10/01/09
3	base period report period ending date	09/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	866,511
11	payments for services	360,585
12	annual covered charges	866,511
13	annual payments for services	360,585
14		
15	Medicare inpatient CCR	0.351
16		
17	annual cost of services (max CCR=1.0)	303,921
18		
19	<u>adjustment factor</u>	
20	inflation	1.1022
21		
22	adjusted annual charges	955,073
23	adjusted Medicaid payments for services	397,439
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	397,439
26	adjusted cost of services	334,983
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	446,556
33		
34	maximum annual payments	446,556
35	facility specific UPL amount	49,117
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(587)
39	allocation of supplemental payments	(22,984)
40	total aggregate limit adjustments	(23,571)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	25,546
43	Original payment made in FY 2014	13,203
44	difference	12,343
45	Intergovernmental transfer amount	4,205
46	Net funds amount	8,138

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Newton Medical Center
1	Medicaid Provider ID	000001394A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	6,816,628
11	payments for services	2,435,472
12	annual covered charges	6,816,628
13	annual payments for services	2,435,472
14		
15	Medicare inpatient CCR	0.313
16		
17	annual cost of services (max CCR=1.0)	2,136,739
18		
19	<u>adjustment factor</u>	
20	inflation	1.0438
21		
22	adjusted annual charges	7,115,264
23	adjusted Medicaid payments for services	2,542,170
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,542,170
26	adjusted cost of services	2,230,350
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	2,856,339
33		
34	maximum annual payments	2,856,339
35	facility specific UPL amount	314,169
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,757)
39	allocation of supplemental payments	(147,013)
40	total aggregate limit adjustments	(150,770)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	163,399
43	Original payment made in FY 2014	84,447
44	difference	78,952
45	Intergovernmental transfer amount	26,899
46	Net funds amount	52,053

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Northeast GA Medical Center
1	Medicaid Provider ID	000000888A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	77,563,981
11	payments for services	24,399,193
12	annual covered charges	77,563,981
13	annual payments for services	24,399,193
14		
15	Medicare inpatient CCR	0.272
16		
17	annual cost of services (max CCR=1.0)	21,097,653
18		
19	<u>adjustment factor</u>	
20	inflation	1.0573
21		
22	adjusted annual charges	82,006,536
23	adjusted Medicaid payments for services	25,796,681
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	25,796,681
26	adjusted cost of services	22,306,042
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	28,984,716
33		
34	maximum annual payments	28,984,716
35	facility specific UPL amount	3,188,035
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(38,127)
39	allocation of supplemental payments	(1,491,819)
40	total aggregate limit adjustments	(1,529,946)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	1,658,089
43	Original payment made in FY 2014	856,931
44	difference	801,158
45	Intergovernmental transfer amount	272,955
46	Net funds amount	528,203

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Northside - Cherokee
1	Medicaid Provider ID	000001108A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	11,089,538
11	payments for services	3,550,612
12	annual covered charges	11,089,538
13	annual payments for services	3,550,612
14		
15	Medicare inpatient CCR	0.260
16		
17	annual cost of services (max CCR=1.0)	2,879,505
18		
19	<u>adjustment factor</u>	
20	inflation	1.0573
21		
22	adjusted annual charges	11,724,702
23	adjusted Medicaid payments for services	3,753,977
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,753,977
26	adjusted cost of services	3,044,432
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	4,217,905
33		
34	maximum annual payments	4,217,905
35	facility specific UPL amount	463,928
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(5,548)
39	allocation of supplemental payments	(217,092)
40	total aggregate limit adjustments	(222,640)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	241,288
43	Original payment made in FY 2014	124,702
44	difference	116,586
45	Intergovernmental transfer amount	39,721
46	Net funds amount	76,865

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Northside - Forsyth
1	Medicaid Provider ID	000000767A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	20,154,505
11	payments for services	5,215,234
12	annual covered charges	20,154,505
13	annual payments for services	5,215,234
14		
15	Medicare inpatient CCR	0.279
16		
17	annual cost of services (max CCR=1.0)	5,627,429
18		
19	<u>adjustment factor</u>	
20	inflation	1.0573
21		
22	adjusted annual charges	21,308,874
23	adjusted Medicaid payments for services	5,513,942
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,513,942
26	adjusted cost of services	5,949,746
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	6,195,372
33		
34	maximum annual payments	6,195,372
35	facility specific UPL amount	681,430
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(8,150)
39	allocation of supplemental payments	(318,870)
40	total aggregate limit adjustments	(327,020)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	354,410
43	Original payment made in FY 2014	183,166
44	difference	171,244
45	Intergovernmental transfer amount	58,343
46	Net funds amount	112,901

Georgia Department of Community Health

	Facility Name	Northside Hospital
1	Medicaid Provider ID	000001405A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	65,844,207
11	payments for services	18,571,609
12	annual covered charges	65,844,207
13	annual payments for services	18,571,609
14		
15	Medicare inpatient CCR	0.276
16		
17	annual cost of services (max CCR=1.0)	18,159,011
18		
19	<u>adjustment factor</u>	
20	inflation	1.0573
21		
22	adjusted annual charges	69,615,500
23	adjusted Medicaid payments for services	19,635,316
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	19,635,316
26	adjusted cost of services	19,199,087
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	22,061,910
33		
34	maximum annual payments	22,061,910
35	facility specific UPL amount	2,426,594
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(29,021)
39	allocation of supplemental payments	(1,135,508)
40	total aggregate limit adjustments	(1,164,529)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	1,262,065
43	Original payment made in FY 2014	652,259
44	difference	609,806
45	Intergovernmental transfer amount	207,761
46	Net funds amount	402,045

Adjusted SFY2014 Hospital Inpatient UPL



Georgia Department of Community Health

	Facility Name	Oconee Regional Medical Center
1	Medicaid Provider ID	000000129A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	6,125,528
11	payments for services	2,349,380
12	annual covered charges	6,125,528
13	annual payments for services	2,349,380
14		
15	Medicare inpatient CCR	0.384
16		
17	annual cost of services (max CCR=1.0)	2,349,941
18		
19	<u>adjustment factor</u>	
20	inflation	1.0573
21		
22	adjusted annual charges	6,476,374
23	adjusted Medicaid payments for services	2,483,943
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,483,943
26	adjusted cost of services	2,484,536
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	2,790,916
33		
34	maximum annual payments	2,790,916
35	facility specific UPL amount	306,973
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,671)
39	allocation of supplemental payments	(143,646)
40	total aggregate limit adjustments	(147,317)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	159,656
43	Original payment made in FY 2014	82,513
44	difference	77,143
45	Intergovernmental transfer amount	26,283
46	Net funds amount	50,860

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Perry Hospital
1	Medicaid Provider ID	000001471A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	1,070,151
11	payments for services	509,116
12	annual covered charges	1,070,151
13	annual payments for services	509,116
14		
15	Medicare inpatient CCR	0.451
16		
17	annual cost of services (max CCR=1.0)	482,357
18		
19	<u>adjustment factor</u>	
20	inflation	1.0438
21		
22	adjusted annual charges	1,117,034
23	adjusted Medicaid payments for services	531,420
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	531,420
26	adjusted cost of services	503,489
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	597,095
33		
34	maximum annual payments	597,095
35	facility specific UPL amount	65,675
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(785)
39	allocation of supplemental payments	(30,732)
40	total aggregate limit adjustments	(31,517)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	34,158
43	Original payment made in FY 2014	17,653
44	difference	16,505
45	Intergovernmental transfer amount	5,623
46	Net funds amount	10,882

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Phoebe Dorminy Medical Center
1	Medicaid Provider ID	000000613A
2	base period report period beginning date	08/01/10
3	base period report period ending date	07/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	1,931,927
11	payments for services	886,052
12	annual covered charges	1,931,927
13	annual payments for services	886,052
14		
15	Medicare inpatient CCR	0.488
16		
17	annual cost of services (max CCR=1.0)	943,266
18		
19	<u>adjustment factor</u>	
20	inflation	1.0683
21		
22	adjusted annual charges	2,063,878
23	adjusted Medicaid payments for services	946,569
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	946,569
26	adjusted cost of services	1,007,691
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	1,063,549
33		
34	maximum annual payments	1,063,549
35	facility specific UPL amount	116,980
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,399)
39	allocation of supplemental payments	(54,740)
40	total aggregate limit adjustments	(56,139)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	60,841
43	Original payment made in FY 2014	31,444
44	difference	29,397
45	Intergovernmental transfer amount	10,016
46	Net funds amount	19,381

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Phoebe North
1	Medicaid Provider ID	000001416A
2	base period report period beginning date	05/01/09
3	base period report period ending date	04/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	8,265,132
11	payments for services	2,330,579
12	annual covered charges	8,265,132
13	annual payments for services	2,330,579
14		
15	Medicare inpatient CCR	0.319
16		
17	annual cost of services (max CCR=1.0)	2,637,382
18		
19	<u>adjustment factor</u>	
20	inflation	1.1267
21		
22	adjusted annual charges	9,311,911
23	adjusted Medicaid payments for services	2,625,747
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,625,747
26	adjusted cost of services	2,971,406
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	2,950,245
33		
34	maximum annual payments	2,950,245
35	facility specific UPL amount	324,498
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,881)
39	allocation of supplemental payments	(151,846)
40	total aggregate limit adjustments	(155,727)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	168,771
43	Original payment made in FY 2014	87,224
44	difference	81,547
45	Intergovernmental transfer amount	27,783
46	Net funds amount	53,764

Georgia Department of Community Health

	Facility Name	Phoebe Putney
1	Medicaid Provider ID	000001482A
2	base period report period beginning date	08/01/10
3	base period report period ending date	07/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	66,605,641
11	payments for services	20,778,312
12	annual covered charges	66,605,641
13	annual payments for services	20,778,312
14		
15	Medicare inpatient CCR	0.352
16		
17	annual cost of services (max CCR=1.0)	23,423,214
18		
19	<u>adjustment factor</u>	
20	inflation	1.0683
21		
22	adjusted annual charges	71,154,806
23	adjusted Medicaid payments for services	22,197,471
24	supplemental rate adjustment payments	2,849,484
25	total adjusted Medicaid payments	25,046,955
26	adjusted cost of services	25,023,020
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	24,940,704
33		
34	maximum annual payments	24,940,704
35	facility specific UPL amount	(106,251)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(32,807)
39	allocation of supplemental payments	1,565,807
40	total aggregate limit adjustments	1,533,000
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	1,426,749
43	Original payment made in FY 2014	737,370
44	difference	689,379
45	Intergovernmental transfer amount	234,872
46	Net funds amount	454,507

Georgia Department of Community Health

	Facility Name	Phoebe Sumter Medical Center, Inc.
1	Medicaid Provider ID	000000019A
2	base period report period beginning date	08/01/10
3	base period report period ending date	07/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	4,083,750
11	payments for services	1,692,891
12	annual covered charges	4,083,750
13	annual payments for services	1,692,891
14		
15	Medicare inpatient CCR	0.563
16		
17	annual cost of services (max CCR=1.0)	2,298,396
18		
19	<u>adjustment factor</u>	
20	inflation	1.0683
21		
22	adjusted annual charges	4,362,670
23	adjusted Medicaid payments for services	1,808,515
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,808,515
26	adjusted cost of services	2,455,376
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	2,032,017
33		
34	maximum annual payments	2,032,017
35	facility specific UPL amount	223,502
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,673)
39	allocation of supplemental payments	(104,586)
40	total aggregate limit adjustments	(107,259)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	116,243
43	Original payment made in FY 2014	60,076
44	difference	56,167
45	Intergovernmental transfer amount	19,136
46	Net funds amount	37,031

Georgia Department of Community Health

	Facility Name	Piedmont Henry Hospital
1	Medicaid Provider ID	000182388A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	23,380,175
11	payments for services	6,834,006
12	annual covered charges	23,380,175
13	annual payments for services	6,834,006
14		
15	Medicare inpatient CCR	0.244
16		
17	annual cost of services (max CCR=1.0)	5,699,951
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	24,182,723
23	adjusted Medicaid payments for services	7,068,590
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	7,068,590
26	adjusted cost of services	5,895,608
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	7,942,149
33		
34	maximum annual payments	7,942,149
35	facility specific UPL amount	873,559
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(10,447)
39	allocation of supplemental payments	(408,776)
40	total aggregate limit adjustments	(419,223)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	454,336
43	Original payment made in FY 2014	234,809
44	difference	219,527
45	Intergovernmental transfer amount	74,793
46	Net funds amount	144,734

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Smith Northview Hospital
1	Medicaid Provider ID	000001691A
2	base period report period beginning date	
3	base period report period ending date	
4		
5	adjustment factor (if period not equal to 1 year)	
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	0
11	payments for services	0
12	annual covered charges	0
13	annual payments for services	0
14		
15	Medicare inpatient CCR	0.313
16		
17	annual cost of services (max CCR=1.0)	0
18		
19	<u>adjustment factor</u>	
20	inflation	0.0000
21		
22	adjusted annual charges	0
23	adjusted Medicaid payments for services	0
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	0
26	adjusted cost of services	0
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	0
35	facility specific UPL amount	0
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	0
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	0
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	0
43	Original payment made in FY 2014	0
44	difference	0
45	Intergovernmental transfer amount	0
46	Net funds amount	0

Adjusted SFY2014 Hospital Inpatient UPL



Georgia Department of Community Health

	Facility Name	South Georgia Medical Center
1	Medicaid Provider ID	000001724A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	27,991,304
11	payments for services	11,806,840
12	annual covered charges	27,991,304
13	annual payments for services	11,806,840
14		
15	Medicare inpatient CCR	0.403
16		
17	annual cost of services (max CCR=1.0)	11,266,966
18		
19	<u>adjustment factor</u>	
20	inflation	1.0573
21		
22	adjusted annual charges	29,594,534
23	adjusted Medicaid payments for services	12,483,089
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	12,483,089
26	adjusted cost of services	11,912,293
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	14,025,788
33		
34	maximum annual payments	14,025,788
35	facility specific UPL amount	1,542,699
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(18,450)
39	allocation of supplemental payments	(721,895)
40	total aggregate limit adjustments	(740,345)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	802,354
43	Original payment made in FY 2014	414,671
44	difference	387,683
45	Intergovernmental transfer amount	132,084
46	Net funds amount	255,599

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Southeast GA Health System - Brunswick
1	Medicaid Provider ID	000000822A
2	base period report period beginning date	05/01/11
3	base period report period ending date	04/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	23,348,161
11	payments for services	8,254,622
12	annual covered charges	23,348,161
13	annual payments for services	8,254,622
14		
15	Medicare inpatient CCR	0.388
16		
17	annual cost of services (max CCR=1.0)	9,049,465
18		
19	<u>adjustment factor</u>	
20	inflation	1.0329
21		
22	adjusted annual charges	24,117,156
23	adjusted Medicaid payments for services	8,526,496
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	8,526,496
26	adjusted cost of services	9,347,518
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	9,580,227
33		
34	maximum annual payments	9,580,227
35	facility specific UPL amount	1,053,731
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(12,602)
39	allocation of supplemental payments	(493,086)
40	total aggregate limit adjustments	(505,688)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	548,043
43	Original payment made in FY 2014	283,239
44	difference	264,804
45	Intergovernmental transfer amount	90,219
46	Net funds amount	174,585

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Southeast GA Health System - Camden
1	Medicaid Provider ID	000000811A
2	base period report period beginning date	05/01/11
3	base period report period ending date	04/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	1,235,632
11	payments for services	590,578
12	annual covered charges	1,235,632
13	annual payments for services	590,578
14		
15	Medicare inpatient CCR	0.522
16		
17	annual cost of services (max CCR=1.0)	645,470
18		
19	<u>adjustment factor</u>	
20	inflation	1.0329
21		
22	adjusted annual charges	1,276,329
23	adjusted Medicaid payments for services	610,029
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	610,029
26	adjusted cost of services	666,729
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	685,418
33		
34	maximum annual payments	685,418
35	facility specific UPL amount	75,389
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(902)
39	allocation of supplemental payments	(35,278)
40	total aggregate limit adjustments	(36,180)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	39,209
43	Original payment made in FY 2014	20,264
44	difference	18,945
45	Intergovernmental transfer amount	6,455
46	Net funds amount	12,490

Georgia Department of Community Health

	Facility Name	Southern Regional Medical Center
1	Medicaid Provider ID	000000404A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	50,180,942
11	payments for services	15,055,351
12	annual covered charges	50,180,942
13	annual payments for services	15,055,351
14		
15	Medicare inpatient CCR	0.303
16		
17	annual cost of services (max CCR=1.0)	15,198,158
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	51,903,453
23	adjusted Medicaid payments for services	15,572,141
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	15,572,141
26	adjusted cost of services	15,719,850
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	17,496,595
33		
34	maximum annual payments	17,496,595
35	facility specific UPL amount	1,924,454
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(23,015)
39	allocation of supplemental payments	(900,535)
40	total aggregate limit adjustments	(923,550)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	1,000,904
43	Original payment made in FY 2014	517,286
44	difference	483,618
45	Intergovernmental transfer amount	164,769
46	Net funds amount	318,849

Georgia Department of Community Health

	Facility Name	Stephens County Hospital
1	Medicaid Provider ID	000001834A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	5,319,864
11	payments for services	1,873,502
12	annual covered charges	5,319,864
13	annual payments for services	1,873,502
14		
15	Medicare inpatient CCR	0.464
16		
17	annual cost of services (max CCR=1.0)	2,466,747
18		
19	<u>adjustment factor</u>	
20	inflation	1.0573
21		
22	adjusted annual charges	5,624,565
23	adjusted Medicaid payments for services	1,980,809
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,980,809
26	adjusted cost of services	2,608,032
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	2,225,604
33		
34	maximum annual payments	2,225,604
35	facility specific UPL amount	244,795
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,928)
39	allocation of supplemental payments	(114,550)
40	total aggregate limit adjustments	(117,478)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	127,317
43	Original payment made in FY 2014	65,800
44	difference	61,517
45	Intergovernmental transfer amount	20,959
46	Net funds amount	40,558

Georgia Department of Community Health

	Facility Name	Tanner Med Ctr - Carrollton
1	Medicaid Provider ID	000001867A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	15,126,286
11	payments for services	4,856,345
12	annual covered charges	15,126,286
13	annual payments for services	4,856,345
14		
15	Medicare inpatient CCR	0.323
16		
17	annual cost of services (max CCR=1.0)	4,878,777
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	15,645,511
23	adjusted Medicaid payments for services	5,023,044
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,023,044
26	adjusted cost of services	5,046,246
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	5,643,808
33		
34	maximum annual payments	5,643,808
35	facility specific UPL amount	620,764
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(7,424)
39	allocation of supplemental payments	(290,482)
40	total aggregate limit adjustments	(297,906)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	322,858
43	Original payment made in FY 2014	166,859
44	difference	155,999
45	Intergovernmental transfer amount	53,149
46	Net funds amount	102,850

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Tanner Med Ctr - Villa Rica
1	Medicaid Provider ID	000002032A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	13,006,436
11	payments for services	6,832,725
12	annual covered charges	13,006,436
13	annual payments for services	6,832,725
14		
15	Medicare inpatient CCR	0.386
16		
17	annual cost of services (max CCR=1.0)	5,024,857
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	13,452,895
23	adjusted Medicaid payments for services	7,067,265
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	7,067,265
26	adjusted cost of services	5,197,340
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	7,940,660
33		
34	maximum annual payments	7,940,660
35	facility specific UPL amount	873,395
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(10,445)
39	allocation of supplemental payments	(408,699)
40	total aggregate limit adjustments	(419,144)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	454,251
43	Original payment made in FY 2014	234,765
44	difference	219,486
45	Intergovernmental transfer amount	74,779
46	Net funds amount	144,707

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	The Medical Center
1	Medicaid Provider ID	000001196A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	47,423,696
11	payments for services	17,340,866
12	annual covered charges	47,423,696
13	annual payments for services	17,340,866
14		
15	Medicare inpatient CCR	0.362
16		
17	annual cost of services (max CCR=1.0)	17,144,194
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	49,051,562
23	adjusted Medicaid payments for services	17,936,109
24	supplemental rate adjustment payments	4,156,556
25	total adjusted Medicaid payments	22,092,665
26	adjusted cost of services	17,732,686
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	20,152,710
33		
34	maximum annual payments	20,152,710
35	facility specific UPL amount	(1,939,955)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(26,509)
39	allocation of supplemental payments	3,119,313
40	total aggregate limit adjustments	3,092,804
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	1,152,849
43	Original payment made in FY 2014	595,814
44	difference	557,035
45	Intergovernmental transfer amount	189,782
46	Net funds amount	367,253



Georgia Department of Community Health

	Facility Name	Tift Regional Medical Center
1	Medicaid Provider ID	000001922A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	25,938,679
11	payments for services	7,904,765
12	annual covered charges	25,938,679
13	annual payments for services	7,904,765
14		
15	Medicare inpatient CCR	0.312
16		
17	annual cost of services (max CCR=1.0)	8,087,641
18		
19	<u>adjustment factor</u>	
20	inflation	1.0573
21		
22	adjusted annual charges	27,424,343
23	adjusted Medicaid payments for services	8,357,518
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	8,357,518
26	adjusted cost of services	8,550,869
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	9,390,366
33		
34	maximum annual payments	9,390,366
35	facility specific UPL amount	1,032,848
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(12,352)
39	allocation of supplemental payments	(483,314)
40	total aggregate limit adjustments	(495,666)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	537,182
43	Original payment made in FY 2014	277,626
44	difference	259,556
45	Intergovernmental transfer amount	88,431
46	Net funds amount	171,125

Georgia Department of Community Health

	Facility Name	Union General Hospital
1	Medicaid Provider ID	000001966A
2	base period report period beginning date	05/01/11
3	base period report period ending date	04/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	747,215
11	payments for services	459,629
12	annual covered charges	747,215
13	annual payments for services	459,629
14		
15	Medicare inpatient CCR	0.478
16		
17	annual cost of services (max CCR=1.0)	357,291
18		
19	<u>adjustment factor</u>	
20	inflation	1.0329
21		
22	adjusted annual charges	771,825
23	adjusted Medicaid payments for services	474,767
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	474,767
26	adjusted cost of services	369,059
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	533,440
33		
34	maximum annual payments	533,440
35	facility specific UPL amount	58,673
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(702)
39	allocation of supplemental payments	(27,455)
40	total aggregate limit adjustments	(28,157)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	30,516
43	Original payment made in FY 2014	15,771
44	difference	14,745
45	Intergovernmental transfer amount	5,024
46	Net funds amount	9,721

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	University Hospital
1	Medicaid Provider ID	000001977A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	42,786,660
11	payments for services	12,906,920
12	annual covered charges	42,786,660
13	annual payments for services	12,906,920
14		
15	Medicare inpatient CCR	0.311
16		
17	annual cost of services (max CCR=1.0)	13,291,016
18		
19	<u>adjustment factor</u>	
20	inflation	1.0438
21		
22	adjusted annual charges	44,661,144
23	adjusted Medicaid payments for services	13,472,372
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	13,472,372
26	adjusted cost of services	13,873,295
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	15,137,330
33		
34	maximum annual payments	15,137,330
35	facility specific UPL amount	1,664,958
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(19,912)
39	allocation of supplemental payments	(779,105)
40	total aggregate limit adjustments	(799,017)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	865,941
43	Original payment made in FY 2014	447,534
44	difference	418,407
45	Intergovernmental transfer amount	142,551
46	Net funds amount	275,856

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	University Hospital McDuffie
1	Medicaid Provider ID	000001185A
2	base period report period beginning date	10/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.3358
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	778,282
11	payments for services	414,917
12	annual covered charges	1,039,603
13	annual payments for services	554,232
14		
15	Medicare inpatient CCR	0.518
16		
17	annual cost of services (max CCR=1.0)	538,652
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	1,075,288
23	adjusted Medicaid payments for services	573,257
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	573,257
26	adjusted cost of services	557,142
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	644,102
33		
34	maximum annual payments	644,102
35	facility specific UPL amount	70,845
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(847)
39	allocation of supplemental payments	(33,152)
40	total aggregate limit adjustments	(33,999)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	36,846
43	Original payment made in FY 2014	19,043
44	difference	17,803
45	Intergovernmental transfer amount	6,065
46	Net funds amount	11,738

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Upson Regional Medical Center
1	Medicaid Provider ID	000001988A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	9,221,622
11	payments for services	3,810,471
12	annual covered charges	9,221,622
13	annual payments for services	3,810,471
14		
15	Medicare inpatient CCR	0.364
16		
17	annual cost of services (max CCR=1.0)	3,358,461
18		
19	<u>adjustment factor</u>	
20	inflation	1.0438
21		
22	adjusted annual charges	9,625,621
23	adjusted Medicaid payments for services	3,977,408
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,977,408
26	adjusted cost of services	3,505,595
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	4,468,949
33		
34	maximum annual payments	4,468,949
35	facility specific UPL amount	491,541
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(5,879)
39	allocation of supplemental payments	(230,013)
40	total aggregate limit adjustments	(235,892)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	255,649
43	Original payment made in FY 2014	132,124
44	difference	123,525
45	Intergovernmental transfer amount	42,085
46	Net funds amount	81,440

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Washington County Regional Medical Center
1	Medicaid Provider ID	000001218A
2	base period report period beginning date	09/01/10
3	base period report period ending date	08/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	2,071,562
11	payments for services	1,041,378
12	annual covered charges	2,071,562
13	annual payments for services	1,041,378
14		
15	Medicare inpatient CCR	0.465
16		
17	annual cost of services (max CCR=1.0)	962,876
18		
19	<u>adjustment factor</u>	
20	inflation	1.0628
21		
22	adjusted annual charges	2,201,571
23	adjusted Medicaid payments for services	1,106,734
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,106,734
26	adjusted cost of services	1,023,305
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	1,243,508
33		
34	maximum annual payments	1,243,508
35	facility specific UPL amount	136,774
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,636)
39	allocation of supplemental payments	(64,002)
40	total aggregate limit adjustments	(65,638)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	71,136
43	Original payment made in FY 2014	36,764
44	difference	34,372
45	Intergovernmental transfer amount	11,711
46	Net funds amount	22,661

Georgia Department of Community Health

	Facility Name	Wayne Memorial Hospital
1	Medicaid Provider ID	000002054A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	4,607,949
11	payments for services	1,830,552
12	annual covered charges	4,607,949
13	annual payments for services	1,830,552
14		
15	Medicare inpatient CCR	0.443
16		
17	annual cost of services (max CCR=1.0)	2,042,432
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	4,766,121
23	adjusted Medicaid payments for services	1,893,388
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,893,388
26	adjusted cost of services	2,112,541
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	2,127,379
33		
34	maximum annual payments	2,127,379
35	facility specific UPL amount	233,991
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,798)
39	allocation of supplemental payments	(109,495)
40	total aggregate limit adjustments	(112,293)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	121,698
43	Original payment made in FY 2014	62,896
44	difference	58,802
45	Intergovernmental transfer amount	20,034
46	Net funds amount	38,768

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	WellStar Cobb Hospital
1	Medicaid Provider ID	000000426A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	67,684,652
11	payments for services	19,288,992
12	annual covered charges	67,684,652
13	annual payments for services	19,288,992
14		
15	Medicare inpatient CCR	0.277
16		
17	annual cost of services (max CCR=1.0)	18,759,573
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	70,007,995
23	adjusted Medicaid payments for services	19,951,106
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	19,951,106
26	adjusted cost of services	19,403,514
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	22,416,726
33		
34	maximum annual payments	22,416,726
35	facility specific UPL amount	2,465,620
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(29,487)
39	allocation of supplemental payments	(1,153,770)
40	total aggregate limit adjustments	(1,183,257)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	1,282,363
43	Original payment made in FY 2014	662,749
44	difference	619,614
45	Intergovernmental transfer amount	211,102
46	Net funds amount	408,512

Adjusted SFY2014 Hospital Inpatient UPL



Georgia Department of Community Health

	Facility Name	Wellstar Douglas Hospital
1	Medicaid Provider ID	000000624A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	21,037,836
11	payments for services	6,072,408
12	annual covered charges	21,037,836
13	annual payments for services	6,072,408
14		
15	Medicare inpatient CCR	0.253
16		
17	annual cost of services (max CCR=1.0)	5,323,298
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	21,759,981
23	adjusted Medicaid payments for services	6,280,849
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	6,280,849
26	adjusted cost of services	5,506,026
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	7,057,056
33		
34	maximum annual payments	7,057,056
35	facility specific UPL amount	776,207
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(9,283)
39	allocation of supplemental payments	(363,221)
40	total aggregate limit adjustments	(372,504)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	403,703
43	Original payment made in FY 2014	208,641
44	difference	195,062
45	Intergovernmental transfer amount	66,458
46	Net funds amount	128,604

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	WellStar Kennestone Hospital
1	Medicaid Provider ID	000001119A
2	base period report period beginning date	10/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.3358
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	68,953,040
11	payments for services	19,228,186
12	annual covered charges	92,105,156
13	annual payments for services	25,684,365
14		
15	Medicare inpatient CCR	0.278
16		
17	annual cost of services (max CCR=1.0)	25,641,407
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	95,266,758
23	adjusted Medicaid payments for services	26,566,007
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	26,566,007
26	adjusted cost of services	26,521,574
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	29,849,118
33		
34	maximum annual payments	29,849,118
35	facility specific UPL amount	3,283,111
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(39,264)
39	allocation of supplemental payments	(1,536,309)
40	total aggregate limit adjustments	(1,575,573)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	1,707,538
43	Original payment made in FY 2014	882,487
44	difference	825,051
45	Intergovernmental transfer amount	281,095
46	Net funds amount	543,956

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	WellStar Paulding Hospital
1	Medicaid Provider ID	000001438A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	3,880,180
11	payments for services	1,185,116
12	annual covered charges	3,880,180
13	annual payments for services	1,185,116
14		
15	Medicare inpatient CCR	0.316
16		
17	annual cost of services (max CCR=1.0)	1,227,602
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	4,013,371
23	adjusted Medicaid payments for services	1,225,796
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,225,796
26	adjusted cost of services	1,269,741
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	1,377,284
33		
34	maximum annual payments	1,377,284
35	facility specific UPL amount	151,488
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,812)
39	allocation of supplemental payments	(70,888)
40	total aggregate limit adjustments	(72,700)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	78,788
43	Original payment made in FY 2014	40,719
44	difference	38,069
45	Intergovernmental transfer amount	12,970
46	Net funds amount	25,099

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	WellStar Windy Hill Hospital
1	Medicaid Provider ID	000001999A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	4,464,371
11	payments for services	904,984
12	annual covered charges	4,464,371
13	annual payments for services	904,984
14		
15	Medicare inpatient CCR	0.388
16		
17	annual cost of services (max CCR=1.0)	1,733,313
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	4,617,615
23	adjusted Medicaid payments for services	936,048
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	936,048
26	adjusted cost of services	1,792,811
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	1,792,811
35	facility specific UPL amount	856,763
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(10,246)
39	allocation of supplemental payments	(400,916)
40	total aggregate limit adjustments	(411,162)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	445,601
43	Original payment made in FY 2014	230,295
44	difference	215,306
45	Intergovernmental transfer amount	73,355
46	Net funds amount	141,951

Georgia Department of Community Health

	Facility Name	West Georgia Health Systems, Inc.
1	Medicaid Provider ID	000002065A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	10,608,396
11	payments for services	4,168,507
12	annual covered charges	10,608,396
13	annual payments for services	4,168,507
14		
15	Medicare inpatient CCR	0.379
16		
17	annual cost of services (max CCR=1.0)	4,017,357
18		
19	<u>adjustment factor</u>	
20	inflation	1.0573
21		
22	adjusted annual charges	11,216,002
23	adjusted Medicaid payments for services	4,407,262
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,407,262
26	adjusted cost of services	4,247,455
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.123583
32	maximum annual payments (at DRG differential)	4,951,925
33		
34	maximum annual payments	4,951,925
35	facility specific UPL amount	544,663
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(6,514)
39	allocation of supplemental payments	(254,871)
40	total aggregate limit adjustments	(261,385)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	283,278
43	Original payment made in FY 2014	146,403
44	difference	136,875
45	Intergovernmental transfer amount	46,633
46	Net funds amount	90,242

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Bacon County Hospital
1	Medicaid Provider ID	000000118A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	1,364,214
11	payments for services	441,558
12	annual covered charges	1,364,214
13	annual payments for services	441,558
14		
15	Medicare inpatient CCR	0.495
16		
17	annual cost of services (max CCR=1.0)	675,696
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	1,411,042
23	adjusted Medicaid payments for services	456,715
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	456,715
26	adjusted cost of services	698,890
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	698,890
35	facility specific UPL amount	242,175
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,896)
39	allocation of supplemental payments	(113,324)
40	total aggregate limit adjustments	(116,220)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	125,955
43	Original payment made in FY 2014	65,096
44	difference	60,859
45	Intergovernmental transfer amount	0
46	Net funds amount	60,859

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Bleckley Memorial Hospital
1	Medicaid Provider ID	000000195A
2	base period report period beginning date	04/01/11
3	base period report period ending date	03/31/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	216,342
11	payments for services	184,950
12	annual covered charges	216,342
13	annual payments for services	184,950
14		
15	Medicare inpatient CCR	0.967
16		
17	annual cost of services (max CCR=1.0)	209,253
18		
19	<u>adjustment factor</u>	
20	inflation	1.0322
21		
22	adjusted annual charges	223,317
23	adjusted Medicaid payments for services	190,913
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	190,913
26	adjusted cost of services	216,000
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	216,000
35	facility specific UPL amount	25,087
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(300)
39	allocation of supplemental payments	(11,739)
40	total aggregate limit adjustments	(12,039)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	13,048
43	Original payment made in FY 2014	6,743
44	difference	6,305
45	Intergovernmental transfer amount	0
46	Net funds amount	6,305

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Brooks County Hospital
1	Medicaid Provider ID	000000239A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	409,495
11	payments for services	169,536
12	annual covered charges	409,495
13	annual payments for services	169,536
14		
15	Medicare inpatient CCR	0.375
16		
17	annual cost of services (max CCR=1.0)	153,655
18		
19	<u>adjustment factor</u>	
20	inflation	1.0573
21		
22	adjusted annual charges	432,949
23	adjusted Medicaid payments for services	179,246
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	179,246
26	adjusted cost of services	162,456
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	162,456
35	facility specific UPL amount	(16,790)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	16,790
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	16,790
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	0
43	Original payment made in FY 2014	0
44	difference	0
45	Intergovernmental transfer amount	0
46	Net funds amount	0

Adjusted SFY2014 Hospital Inpatient UPL



Georgia Department of Community Health

	Facility Name	Candler County Hospital
1	Medicaid Provider ID	000000316A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	907,054
11	payments for services	514,153
12	annual covered charges	907,054
13	annual payments for services	514,153
14		
15	Medicare inpatient CCR	0.483
16		
17	annual cost of services (max CCR=1.0)	438,455
18		
19	<u>adjustment factor</u>	
20	inflation	1.0438
21		
22	adjusted annual charges	946,792
23	adjusted Medicaid payments for services	536,678
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	536,678
26	adjusted cost of services	457,664
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	457,664
35	facility specific UPL amount	(79,014)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	79,014
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	79,014
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	0
43	Original payment made in FY 2014	0
44	difference	0
45	Intergovernmental transfer amount	0
46	Net funds amount	0

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Charlton Memorial Hospital
1	Medicaid Provider ID	000000338A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	65,090
11	payments for services	69,975
12	annual covered charges	65,090
13	annual payments for services	69,975
14		
15	Medicare inpatient CCR	0.700
16		
17	annual cost of services (max CCR=1.0)	45,556
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	67,324
23	adjusted Medicaid payments for services	72,377
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	72,377
26	adjusted cost of services	47,120
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	47,120
35	facility specific UPL amount	(25,257)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	25,257
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	25,257
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	0
43	Original payment made in FY 2014	0
44	difference	0
45	Intergovernmental transfer amount	0
46	Net funds amount	0

Georgia Department of Community Health

	Facility Name	Chatuge Regional Hospital
1	Medicaid Provider ID	000001933A
2	base period report period beginning date	05/01/11
3	base period report period ending date	04/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	57,717
11	payments for services	29,022
12	annual covered charges	57,717
13	annual payments for services	29,022
14		
15	Medicare inpatient CCR	0.608
16		
17	annual cost of services (max CCR=1.0)	35,120
18		
19	<u>adjustment factor</u>	
20	inflation	1.0329
21		
22	adjusted annual charges	59,618
23	adjusted Medicaid payments for services	29,978
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	29,978
26	adjusted cost of services	36,277
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	36,277
35	facility specific UPL amount	6,299
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(75)
39	allocation of supplemental payments	(2,948)
40	total aggregate limit adjustments	(3,023)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	3,276
43	Original payment made in FY 2014	1,693
44	difference	1,583
45	Intergovernmental transfer amount	0
46	Net funds amount	1,583

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Clinch Memorial Hospital
1	Medicaid Provider ID	000000415A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	114,748
11	payments for services	76,930
12	annual covered charges	114,748
13	annual payments for services	76,930
14		
15	Medicare inpatient CCR	1.000
16		
17	annual cost of services (max CCR=1.0)	114,748
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	118,687
23	adjusted Medicaid payments for services	79,571
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	79,571
26	adjusted cost of services	118,687
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	118,687
35	facility specific UPL amount	39,116
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(468)
39	allocation of supplemental payments	(18,304)
40	total aggregate limit adjustments	(18,772)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	20,344
43	Original payment made in FY 2014	10,514
44	difference	9,830
45	Intergovernmental transfer amount	0
46	Net funds amount	9,830

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Effingham Hospital
1	Medicaid Provider ID	000000657A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	52,883
11	payments for services	29,834
12	annual covered charges	52,883
13	annual payments for services	29,834
14		
15	Medicare inpatient CCR	0.467
16		
17	annual cost of services (max CCR=1.0)	24,678
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	54,698
23	adjusted Medicaid payments for services	30,858
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	30,858
26	adjusted cost of services	25,525
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	25,525
35	facility specific UPL amount	(5,333)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	5,333
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	5,333
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	0
43	Original payment made in FY 2014	0
44	difference	0
45	Intergovernmental transfer amount	0
46	Net funds amount	0

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Higgins General Hospital
1	Medicaid Provider ID	000000954A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	1,251,576
11	payments for services	452,885
12	annual covered charges	1,251,576
13	annual payments for services	452,885
14		
15	Medicare inpatient CCR	0.483
16		
17	annual cost of services (max CCR=1.0)	605,114
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	1,294,538
23	adjusted Medicaid payments for services	468,431
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	468,431
26	adjusted cost of services	625,885
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	625,885
35	facility specific UPL amount	157,454
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,883)
39	allocation of supplemental payments	(73,680)
40	total aggregate limit adjustments	(75,563)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	81,891
43	Original payment made in FY 2014	42,323
44	difference	39,568
45	Intergovernmental transfer amount	0
46	Net funds amount	39,568

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Jasper Memorial Hospital
1	Medicaid Provider ID	000000998A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	13,041
11	payments for services	10,142
12	annual covered charges	13,041
13	annual payments for services	10,142
14		
15	Medicare inpatient CCR	0.984
16		
17	annual cost of services (max CCR=1.0)	12,826
18		
19	<u>adjustment factor</u>	
20	inflation	1.0573
21		
22	adjusted annual charges	13,788
23	adjusted Medicaid payments for services	10,723
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	10,723
26	adjusted cost of services	13,561
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	13,561
35	facility specific UPL amount	2,838
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(34)
39	allocation of supplemental payments	(1,328)
40	total aggregate limit adjustments	(1,362)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	1,476
43	Original payment made in FY 2014	763
44	difference	713
45	Intergovernmental transfer amount	0
46	Net funds amount	713

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Jeff Davis Hospital
1	Medicaid Provider ID	000001009A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	1,268,656
11	payments for services	475,034
12	annual covered charges	1,268,656
13	annual payments for services	475,034
14		
15	Medicare inpatient CCR	0.381
16		
17	annual cost of services (max CCR=1.0)	483,981
18		
19	<u>adjustment factor</u>	
20	inflation	1.0573
21		
22	adjusted annual charges	1,341,320
23	adjusted Medicaid payments for services	502,242
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	502,242
26	adjusted cost of services	511,701
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	511,701
35	facility specific UPL amount	9,459
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(113)
39	allocation of supplemental payments	(4,426)
40	total aggregate limit adjustments	(4,539)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	4,920
43	Original payment made in FY 2014	2,543
44	difference	2,377
45	Intergovernmental transfer amount	0
46	Net funds amount	2,377

Adjusted SFY2014 Hospital Inpatient UPL



Georgia Department of Community Health

	Facility Name	Liberty Regional Medical Center
1	Medicaid Provider ID	000001152A
2	base period report period beginning date	12/01/10
3	base period report period ending date	11/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	2,697,580
11	payments for services	809,619
12	annual covered charges	2,697,580
13	annual payments for services	809,619
14		
15	Medicare inpatient CCR	0.310
16		
17	annual cost of services (max CCR=1.0)	837,325
18		
19	<u>adjustment factor</u>	
20	inflation	1.0483
21		
22	adjusted annual charges	2,827,768
23	adjusted Medicaid payments for services	848,692
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	848,692
26	adjusted cost of services	877,735
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	877,735
35	facility specific UPL amount	29,043
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(347)
39	allocation of supplemental payments	(13,591)
40	total aggregate limit adjustments	(13,938)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	15,105
43	Original payment made in FY 2014	7,807
44	difference	7,298
45	Intergovernmental transfer amount	0
46	Net funds amount	7,298

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Louis Smith Memorial Hospital
1	Medicaid Provider ID	000001163A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	295,260
11	payments for services	130,326
12	annual covered charges	295,260
13	annual payments for services	130,326
14		
15	Medicare inpatient CCR	0.546
16		
17	annual cost of services (max CCR=1.0)	161,166
18		
19	<u>adjustment factor</u>	
20	inflation	1.0573
21		
22	adjusted annual charges	312,171
23	adjusted Medicaid payments for services	137,791
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	137,791
26	adjusted cost of services	170,397
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	170,397
35	facility specific UPL amount	32,606
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(390)
39	allocation of supplemental payments	(15,258)
40	total aggregate limit adjustments	(15,648)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	16,958
43	Original payment made in FY 2014	8,764
44	difference	8,194
45	Intergovernmental transfer amount	0
46	Net funds amount	8,194

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Miller County Hospital
1	Medicaid Provider ID	000001317A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	623,373
11	payments for services	335,360
12	annual covered charges	623,373
13	annual payments for services	335,360
14		
15	Medicare inpatient CCR	0.521
16		
17	annual cost of services (max CCR=1.0)	324,964
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	644,771
23	adjusted Medicaid payments for services	346,872
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	346,872
26	adjusted cost of services	336,119
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	336,119
35	facility specific UPL amount	(10,753)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	10,753
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	10,753
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	0
43	Original payment made in FY 2014	0
44	difference	0
45	Intergovernmental transfer amount	0
46	Net funds amount	0

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Mitchell County Hospital
1	Medicaid Provider ID	000001339A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	293,042
11	payments for services	147,283
12	annual covered charges	293,042
13	annual payments for services	147,283
14		
15	Medicare inpatient CCR	0.398
16		
17	annual cost of services (max CCR=1.0)	116,736
18		
19	<u>adjustment factor</u>	
20	inflation	1.0573
21		
22	adjusted annual charges	309,826
23	adjusted Medicaid payments for services	155,719
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	155,719
26	adjusted cost of services	123,422
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	123,422
35	facility specific UPL amount	(32,297)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	32,297
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	32,297
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	0
43	Original payment made in FY 2014	0
44	difference	0
45	Intergovernmental transfer amount	0
46	Net funds amount	0

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Monroe County Hospital
1	Medicaid Provider ID	000001361A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	195,235
11	payments for services	110,586
12	annual covered charges	195,235
13	annual payments for services	110,586
14		
15	Medicare inpatient CCR	0.826
16		
17	annual cost of services (max CCR=1.0)	161,286
18		
19	<u>adjustment factor</u>	
20	inflation	1.0573
21		
22	adjusted annual charges	206,417
23	adjusted Medicaid payments for services	116,920
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	116,920
26	adjusted cost of services	170,524
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	170,524
35	facility specific UPL amount	53,604
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(641)
39	allocation of supplemental payments	(25,084)
40	total aggregate limit adjustments	(25,725)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	27,879
43	Original payment made in FY 2014	14,409
44	difference	13,470
45	Intergovernmental transfer amount	0
46	Net funds amount	13,470

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Morgan Memorial Hospital
1	Medicaid Provider ID	000694229A
2	base period report period beginning date	07/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	28,465
11	payments for services	20,009
12	annual covered charges	28,465
13	annual payments for services	20,009
14		
15	Medicare inpatient CCR	0.671
16		
17	annual cost of services (max CCR=1.0)	19,091
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	29,442
23	adjusted Medicaid payments for services	20,696
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	20,696
26	adjusted cost of services	19,746
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	19,746
35	facility specific UPL amount	(950)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	950
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	950
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	0
43	Original payment made in FY 2014	0
44	difference	0
45	Intergovernmental transfer amount	0
46	Net funds amount	0

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Peach Regional Medical Center
1	Medicaid Provider ID	000001449A
2	base period report period beginning date	11/01/10
3	base period report period ending date	10/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	575,469
11	payments for services	389,425
12	annual covered charges	575,469
13	annual payments for services	389,425
14		
15	Medicare inpatient CCR	0.744
16		
17	annual cost of services (max CCR=1.0)	427,939
18		
19	<u>adjustment factor</u>	
20	inflation	1.0527
21		
22	adjusted annual charges	605,824
23	adjusted Medicaid payments for services	409,967
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	409,967
26	adjusted cost of services	450,512
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	450,512
35	facility specific UPL amount	40,545
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(485)
39	allocation of supplemental payments	(18,973)
40	total aggregate limit adjustments	(19,458)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	21,087
43	Original payment made in FY 2014	10,898
44	difference	10,189
45	Intergovernmental transfer amount	0
46	Net funds amount	10,189

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Pioneer Community Hospital of Early
1	Medicaid Provider ID	000000635A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	173,450
11	payments for services	103,777
12	annual covered charges	173,450
13	annual payments for services	103,777
14		
15	Medicare inpatient CCR	0.814
16		
17	annual cost of services (max CCR=1.0)	141,172
18		
19	<u>adjustment factor</u>	
20	inflation	1.0573
21		
22	adjusted annual charges	183,385
23	adjusted Medicaid payments for services	109,721
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	109,721
26	adjusted cost of services	149,258
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	149,258
35	facility specific UPL amount	39,537
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(473)
39	allocation of supplemental payments	(18,501)
40	total aggregate limit adjustments	(18,974)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	20,563
43	Original payment made in FY 2014	10,627
44	difference	9,936
45	Intergovernmental transfer amount	0
46	Net funds amount	9,936

Adjusted SFY2014 Hospital Inpatient UPL



Georgia Department of Community Health

	Facility Name	Polk Medical Center
1	Medicaid Provider ID	000001526A
2	base period report period beginning date	10/01/11
3	base period report period ending date	06/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.3358
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	42,005
11	payments for services	20,705
12	annual covered charges	56,109
13	annual payments for services	27,657
14		
15	Medicare inpatient CCR	1.000
16		
17	annual cost of services (max CCR=1.0)	56,109
18		
19	<u>adjustment factor</u>	
20	inflation	1.0343
21		
22	adjusted annual charges	58,035
23	adjusted Medicaid payments for services	28,606
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	28,606
26	adjusted cost of services	58,035
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	58,035
35	facility specific UPL amount	29,429
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(352)
39	allocation of supplemental payments	(13,771)
40	total aggregate limit adjustments	(14,123)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	15,306
43	Original payment made in FY 2014	7,910
44	difference	7,396
45	Intergovernmental transfer amount	0
46	Net funds amount	7,396

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Putnam General Hospital
1	Medicaid Provider ID	000001537A
2	base period report period beginning date	10/01/10
3	base period report period ending date	09/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	452,524
11	payments for services	310,062
12	annual covered charges	452,524
13	annual payments for services	310,062
14		
15	Medicare inpatient CCR	0.864
16		
17	annual cost of services (max CCR=1.0)	390,809
18		
19	<u>adjustment factor</u>	
20	inflation	1.0573
21		
22	adjusted annual charges	478,443
23	adjusted Medicaid payments for services	327,821
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	327,821
26	adjusted cost of services	413,193
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	413,193
35	facility specific UPL amount	85,372
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,021)
39	allocation of supplemental payments	(39,949)
40	total aggregate limit adjustments	(40,970)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	44,402
43	Original payment made in FY 2014	22,948
44	difference	21,454
45	Intergovernmental transfer amount	0
46	Net funds amount	21,454

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Southwest GA Regional Med. Ctr.
1	Medicaid Provider ID	000001427A
2	base period report period beginning date	07/01/10
3	base period report period ending date	06/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	345,516
11	payments for services	122,435
12	annual covered charges	345,516
13	annual payments for services	122,435
14		
15	Medicare inpatient CCR	0.462
16		
17	annual cost of services (max CCR=1.0)	159,628
18		
19	<u>adjustment factor</u>	
20	inflation	1.0739
21		
22	adjusted annual charges	371,049
23	adjusted Medicaid payments for services	131,483
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	131,483
26	adjusted cost of services	171,424
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	171,424
35	facility specific UPL amount	39,941
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(478)
39	allocation of supplemental payments	(18,690)
40	total aggregate limit adjustments	(19,168)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	20,773
43	Original payment made in FY 2014	10,736
44	difference	10,037
45	Intergovernmental transfer amount	0
46	Net funds amount	10,037

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Sylvan Grove Hospital
1	Medicaid Provider ID	000001856A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	233,187
11	payments for services	64,306
12	annual covered charges	233,187
13	annual payments for services	64,306
14		
15	Medicare inpatient CCR	0.241
16		
17	annual cost of services (max CCR=1.0)	56,114
18		
19	<u>adjustment factor</u>	
20	inflation	1.0438
21		
22	adjusted annual charges	243,403
23	adjusted Medicaid payments for services	67,123
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	67,123
26	adjusted cost of services	58,572
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	58,572
35	facility specific UPL amount	(8,551)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	8,551
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	8,551
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	0
43	Original payment made in FY 2014	0
44	difference	0
45	Intergovernmental transfer amount	0
46	Net funds amount	0

Georgia Department of Community Health

	Facility Name	Warm Springs Medical Center
1	Medicaid Provider ID	000001284A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	78,185
11	payments for services	36,340
12	annual covered charges	78,185
13	annual payments for services	36,340
14		
15	Medicare inpatient CCR	0.785
16		
17	annual cost of services (max CCR=1.0)	61,382
18		
19	<u>adjustment factor</u>	
20	inflation	1.0438
21		
22	adjusted annual charges	81,610
23	adjusted Medicaid payments for services	37,932
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	37,932
26	adjusted cost of services	64,071
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	64,071
35	facility specific UPL amount	26,139
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(313)
39	allocation of supplemental payments	(12,231)
40	total aggregate limit adjustments	(12,544)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	13,595
43	Original payment made in FY 2014	7,026
44	difference	6,569
45	Intergovernmental transfer amount	0
46	Net funds amount	6,569

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Wills Memorial Hospital
1	Medicaid Provider ID	000002087A
2	base period report period beginning date	05/01/11
3	base period report period ending date	04/30/12
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	324,174
11	payments for services	164,264
12	annual covered charges	324,174
13	annual payments for services	164,264
14		
15	Medicare inpatient CCR	0.740
16		
17	annual cost of services (max CCR=1.0)	239,789
18		
19	<u>adjustment factor</u>	
20	inflation	1.0329
21		
22	adjusted annual charges	334,851
23	adjusted Medicaid payments for services	169,674
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	169,674
26	adjusted cost of services	247,687
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	247,687
35	facility specific UPL amount	78,013
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(933)
39	allocation of supplemental payments	(36,506)
40	total aggregate limit adjustments	(37,439)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	40,574
43	Original payment made in FY 2014	20,970
44	difference	19,604
45	Intergovernmental transfer amount	0
46	Net funds amount	19,604

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Good Samaritan Hospital
1	Medicaid Provider ID	000001328A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	274,042
11	payments for services	118,286
12	annual covered charges	274,042
13	annual payments for services	118,286
14		
15	Medicare inpatient CCR	0.662
16		
17	annual cost of services (max CCR=1.0)	181,330
18		
19	<u>adjustment factor</u>	
20	inflation	1.0438
21		
22	adjusted annual charges	286,048
23	adjusted Medicaid payments for services	123,468
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	123,468
26	adjusted cost of services	189,274
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	189,274
35	facility specific UPL amount	65,806
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,290)
39	allocation of supplemental payments	(8,553)
40	total aggregate limit adjustments	(10,843)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	54,963
43	Original payment made in FY 2014	270
44	difference	54,693
45	Intergovernmental transfer amount	0
46	Net funds amount	54,693

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Lower Oconee Community Hospital
1	Medicaid Provider ID	000002076A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	2,008,849
11	payments for services	831,041
12	annual covered charges	2,008,849
13	annual payments for services	831,041
14		
15	Medicare inpatient CCR	0.361
16		
17	annual cost of services (max CCR=1.0)	725,721
18		
19	<u>adjustment factor</u>	
20	inflation	1.0438
21		
22	adjusted annual charges	2,096,857
23	adjusted Medicaid payments for services	867,449
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	867,449
26	adjusted cost of services	757,515
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	757,515
35	facility specific UPL amount	(109,934)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	109,934
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	109,934
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	0
43	Original payment made in FY 2014	0
44	difference	0
45	Intergovernmental transfer amount	0
46	Net funds amount	0

Adjusted SFY2014 Hospital Inpatient UPL



Georgia Department of Community Health

	Facility Name	Mountain Lakes Medical Center
1	Medicaid Provider ID	000001559A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	202,314
11	payments for services	102,897
12	annual covered charges	202,314
13	annual payments for services	102,897
14		
15	Medicare inpatient CCR	0.643
16		
17	annual cost of services (max CCR=1.0)	130,015
18		
19	<u>adjustment factor</u>	
20	inflation	1.0438
21		
22	adjusted annual charges	211,177
23	adjusted Medicaid payments for services	107,405
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	107,405
26	adjusted cost of services	135,711
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	135,711
35	facility specific UPL amount	28,306
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(985)
39	allocation of supplemental payments	(3,679)
40	total aggregate limit adjustments	(4,664)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	23,642
43	Original payment made in FY 2014	116
44	difference	23,526
45	Intergovernmental transfer amount	0
46	Net funds amount	23,526

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Optim Medical Center-Jenkins
1	Medicaid Provider ID	000001042A
2	base period report period beginning date	07/01/09
3	base period report period ending date	06/30/10
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	284,950
11	payments for services	184,040
12	annual covered charges	284,950
13	annual payments for services	184,040
14		
15	Medicare inpatient CCR	0.704
16		
17	annual cost of services (max CCR=1.0)	200,746
18		
19	<u>adjustment factor</u>	
20	inflation	1.1185
21		
22	adjusted annual charges	318,702
23	adjusted Medicaid payments for services	205,840
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	205,840
26	adjusted cost of services	224,524
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	224,524
35	facility specific UPL amount	18,684
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(650)
39	allocation of supplemental payments	(2,428)
40	total aggregate limit adjustments	(3,078)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	15,606
43	Original payment made in FY 2014	77
44	difference	15,529
45	Intergovernmental transfer amount	0
46	Net funds amount	15,529

Georgia Department of Community Health

	Facility Name	Optim Medical Center-Screven
1	Medicaid Provider ID	000001647A
2	base period report period beginning date	07/01/10
3	base period report period ending date	06/30/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	407,015
11	payments for services	241,490
12	annual covered charges	407,015
13	annual payments for services	241,490
14		
15	Medicare inpatient CCR	0.688
16		
17	annual cost of services (max CCR=1.0)	279,872
18		
19	<u>adjustment factor</u>	
20	inflation	1.0739
21		
22	adjusted annual charges	437,093
23	adjusted Medicaid payments for services	259,336
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	259,336
26	adjusted cost of services	300,554
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	300,554
35	facility specific UPL amount	41,218
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,434)
39	allocation of supplemental payments	(5,357)
40	total aggregate limit adjustments	(6,791)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	34,427
43	Original payment made in FY 2014	169
44	difference	34,258
45	Intergovernmental transfer amount	0
46	Net funds amount	34,258

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Optim Medical Center-Tattnall
1	Medicaid Provider ID	000001878A
2	base period report period beginning date	01/01/11
3	base period report period ending date	12/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	2,676,470
11	payments for services	298,749
12	annual covered charges	2,676,470
13	annual payments for services	298,749
14		
15	Medicare inpatient CCR	0.147
16		
17	annual cost of services (max CCR=1.0)	392,908
18		
19	<u>adjustment factor</u>	
20	inflation	1.0438
21		
22	adjusted annual charges	2,793,726
23	adjusted Medicaid payments for services	311,837
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	311,837
26	adjusted cost of services	410,121
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	410,121
35	facility specific UPL amount	98,284
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,420)
39	allocation of supplemental payments	(12,774)
40	total aggregate limit adjustments	(16,194)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	82,090
43	Original payment made in FY 2014	403
44	difference	81,687
45	Intergovernmental transfer amount	0
46	Net funds amount	81,687

Adjusted SFY2014 Hospital Inpatient UPL

Georgia Department of Community Health

	Facility Name	Phoebe Worth Medical Center
1	Medicaid Provider ID	000002109A
2	base period report period beginning date	08/01/10
3	base period report period ending date	07/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.0000
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount &gt; 0:</u>	
10	covered charges	295,739
11	payments for services	174,202
12	annual covered charges	295,739
13	annual payments for services	174,202
14		
15	Medicare inpatient CCR	0.612
16		
17	annual cost of services (max CCR=1.0)	181,008
18		
19	<u>adjustment factor</u>	
20	inflation	1.0683
21		
22	adjusted annual charges	315,938
23	adjusted Medicaid payments for services	186,100
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	186,100
26	adjusted cost of services	193,371
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0.000000
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	193,371
35	facility specific UPL amount	7,271
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(253)
39	allocation of supplemental payments	(945)
40	total aggregate limit adjustments	(1,198)
41		
42	UPL amount after aggregate limit adjustments - <b>ADJUSTED</b>	6,073
43	Original payment made in FY 2014	30
44	difference	6,043
45	Intergovernmental transfer amount	0
46	Net funds amount	6,043

Adjusted SFY2014 Hospital Inpatient UPL