

Georgia Departmentn of Community Health

	Facility Name	Georgia Regents Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	9,733,400
11	covered charges	30,439,053
12	Medicare outpatient CCR	0.2573
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	9,733,400
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,621,479
18	payments	110,550
19	annual covered charges	1,621,479
20	annual interim payments	110,550
21	annual cost of services	417,208
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	9,830,132
25	payments	1,550,043
26	annual covered charges	9,830,132
27	annual interim payments	1,550,043
28	annual cost of services	2,529,302
29		
30	Medicaid annual payments	11,393,993
31	Cost of services - max annual payments for UPL	12,679,910
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	11,785,103
37	adjusted maximum annual payments for UPL	13,115,161
38	annual facility specific UPL amount	1,330,058
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	1,330,058
43	UPL adjustment available for SFY2014	1,330,058
44	SFY2014 UPL 1st - 3rd quarters paid	997,544
45	SFY2014 UPL 4th quarter adjustment	332,514
46	Intergovernmental transfer amount	113,288
47	Net funds amount	219,226

Georgia Departmentn of Community Health

	Facility Name	Appling Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	559,231
11	covered charges	2,454,661
12	Medicare outpatient CCR	0.2278
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	535,576
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	86,327
18	payments	6,545
19	annual covered charges	86,327
20	annual interim payments	6,545
21	annual cost of services	19,667
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	20,950
25	payments	5,000
26	annual covered charges	20,950
27	annual interim payments	5,000
28	annual cost of services	4,773
29		
30	Medicaid annual payments	547,121
31	Cost of services - max annual payments for UPL	583,671
32		
33	<u>adjustment factor</u>	
34	inflation	1.063
35		
36	adjusted Medicaid annual payments	581,458
37	adjusted maximum annual payments for UPL	620,302
38	annual facility specific UPL amount	38,844
39		
40	annual allocation of charge limit (if applicable)	101
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	38,945
43	UPL adjustment available for SFY2014	38,945
44	SFY2014 UPL 1st - 3rd quarters paid	29,209
45	SFY2014 UPL 4th quarter adjustment	9,736
46	Intergovernmental transfer amount	3,317
47	Net funds amount	6,419

Georgia Departmentn of Community Health

	Facility Name	Athens Regional Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	5,533,132
11	covered charges	26,166,494
12	Medicare outpatient CCR	0.2115
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	5,299,081
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	822,284
18	payments	33,206
19	annual covered charges	822,284
20	annual interim payments	33,206
21	annual cost of services	173,879
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,058,825
25	payments	505,283
26	annual covered charges	3,058,825
27	annual interim payments	505,283
28	annual cost of services	646,815
29		
30	Medicaid annual payments	5,837,570
31	Cost of services - max annual payments for UPL	6,353,826
32		
33	<u>adjustment factor</u>	
34	inflation	1.057
35		
36	adjusted Medicaid annual payments	6,171,923
37	adjusted maximum annual payments for UPL	6,717,748
38	annual facility specific UPL amount	545,825
39		
40	annual allocation of charge limit (if applicable)	1,207
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	547,032
43	UPL adjustment available for SFY2014	547,032
44	SFY2014 UPL 1st - 3rd quarters paid	410,274
45	SFY2014 UPL 4th quarter adjustment	136,758
46	Intergovernmental transfer amount	46,593
47	Net funds amount	90,165

Georgia Departmentn of Community Health

	Facility Name	Berrien County Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	152,900
11	covered charges	568,180
12	Medicare outpatient CCR	0.2516
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	146,432
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	92,762
18	payments	9,934
19	annual covered charges	92,762
20	annual interim payments	9,934
21	annual cost of services	23,338
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	156,366
31	Cost of services - max annual payments for UPL	176,238
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	161,733
37	adjusted maximum annual payments for UPL	182,287
38	annual facility specific UPL amount	20,554
39		
40	annual allocation of charge limit (if applicable)	25
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	20,579
43	UPL adjustment available for SFY2014	20,579
44	SFY2014 UPL 1st - 3rd quarters paid	15,434
45	SFY2014 UPL 4th quarter adjustment	5,145
46	Intergovernmental transfer amount	1,753
47	Net funds amount	3,392

Georgia Departmentn of Community Health

	Facility Name	Burke Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	283,002
11	covered charges	599,425
12	Medicare outpatient CCR	0.4214
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	271,031
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	31,664
18	payments	7,074
19	annual covered charges	31,664
20	annual interim payments	7,074
21	annual cost of services	13,344
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	9,719
25	payments	4,771
26	annual covered charges	9,719
27	annual interim payments	4,771
28	annual cost of services	4,096
29		
30	Medicaid annual payments	282,876
31	Cost of services - max annual payments for UPL	300,442
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	292,389
37	adjusted maximum annual payments for UPL	310,546
38	annual facility specific UPL amount	18,157
39		
40	annual allocation of charge limit (if applicable)	17
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	18,174
43	UPL adjustment available for SFY2014	18,174
44	SFY2014 UPL 1st - 3rd quarters paid	13,631
45	SFY2014 UPL 4th quarter adjustment	4,543
46	Intergovernmental transfer amount	1,548
47	Net funds amount	2,995

Georgia Departmentn of Community Health

	Facility Name	CHOA - Hughes Spalding
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	3,146,596
11	covered charges	9,377,677
12	Medicare outpatient CCR	0.3355
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,013,495
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	901,377
18	payments	86,899
19	annual covered charges	901,377
20	annual interim payments	86,899
21	annual cost of services	302,449
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	56,671
25	payments	12,922
26	annual covered charges	56,671
27	annual interim payments	12,922
28	annual cost of services	19,015
29		
30	Medicaid annual payments	3,113,316
31	Cost of services - max annual payments for UPL	3,468,060
32		
33	<u>adjustment factor</u>	
34	inflation	1.044
35		
36	adjusted Medicaid annual payments	3,249,710
37	adjusted maximum annual payments for UPL	3,619,995
38	annual facility specific UPL amount	370,285
39		
40	annual allocation of charge limit (if applicable)	349
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	370,634
43	UPL adjustment available for SFY2014	370,634
44	SFY2014 UPL 1st - 3rd quarters paid	277,976
45	SFY2014 UPL 4th quarter adjustment	92,658
46	Intergovernmental transfer amount	31,569
47	Net funds amount	61,089

Georgia Departmentn of Community Health

	Facility Name	Coffee Regional Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,449,362
11	covered charges	6,182,731
12	Medicare outpatient CCR	0.2344
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,388,054
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	473,385
18	payments	40,784
19	annual covered charges	473,385
20	annual interim payments	40,784
21	annual cost of services	110,971
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	63,593
25	payments	15,093
26	annual covered charges	63,593
27	annual interim payments	15,093
28	annual cost of services	14,908
29		
30	Medicaid annual payments	1,443,931
31	Cost of services - max annual payments for UPL	1,575,241
32		
33	<u>adjustment factor</u>	
34	inflation	1.044
35		
36	adjusted Medicaid annual payments	1,507,190
37	adjusted maximum annual payments for UPL	1,644,252
38	annual facility specific UPL amount	137,062
39		
40	annual allocation of charge limit (if applicable)	262
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	137,324
43	UPL adjustment available for SFY2014	137,324
44	SFY2014 UPL 1st - 3rd quarters paid	102,993
45	SFY2014 UPL 4th quarter adjustment	34,331
46	Intergovernmental transfer amount	11,697
47	Net funds amount	22,634

Georgia Departmentn of Community Health

	Facility Name	Colquitt Regional Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,324,206
11	covered charges	5,041,992
12	Medicare outpatient CCR	0.2626
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,268,192
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	236,505
18	payments	25,821
19	annual covered charges	236,505
20	annual interim payments	25,821
21	annual cost of services	62,115
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	704,000
25	payments	150,849
26	annual covered charges	704,000
27	annual interim payments	150,849
28	annual cost of services	184,895
29		
30	Medicaid annual payments	1,444,862
31	Cost of services - max annual payments for UPL	1,571,216
32		
33	<u>adjustment factor</u>	
34	inflation	1.057
35		
36	adjusted Medicaid annual payments	1,527,618
37	adjusted maximum annual payments for UPL	1,661,209
38	annual facility specific UPL amount	133,591
39		
40	annual allocation of charge limit (if applicable)	225
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	133,816
43	UPL adjustment available for SFY2014	133,816
44	SFY2014 UPL 1st - 3rd quarters paid	100,362
45	SFY2014 UPL 4th quarter adjustment	33,454
46	Intergovernmental transfer amount	11,398
47	Net funds amount	22,056

Georgia Departmentn of Community Health

	Facility Name	Cook Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	336,549
11	covered charges	1,251,508
12	Medicare outpatient CCR	0.2569
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	322,313
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	176,269
18	payments	15,416
19	annual covered charges	176,269
20	annual interim payments	15,416
21	annual cost of services	45,275
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	337,729
31	Cost of services - max annual payments for UPL	381,824
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	349,322
37	adjusted maximum annual payments for UPL	394,931
38	annual facility specific UPL amount	45,609
39		
40	annual allocation of charge limit (if applicable)	53
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	45,662
43	UPL adjustment available for SFY2014	45,662
44	SFY2014 UPL 1st - 3rd quarters paid	34,247
45	SFY2014 UPL 4th quarter adjustment	11,415
46	Intergovernmental transfer amount	3,889
47	Net funds amount	7,526

Georgia Departmentn of Community Health

	Facility Name	Crisp Regional Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	800,653
11	covered charges	3,018,347
12	Medicare outpatient CCR	0.2593
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	766,785
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	183,512
18	payments	15,522
19	annual covered charges	183,512
20	annual interim payments	15,522
21	annual cost of services	47,577
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	78,518
25	payments	38,326
26	annual covered charges	78,518
27	annual interim payments	38,326
28	annual cost of services	20,356
29		
30	Medicaid annual payments	820,633
31	Cost of services - max annual payments for UPL	868,586
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	848,802
37	adjusted maximum annual payments for UPL	898,401
38	annual facility specific UPL amount	49,599
39		
40	annual allocation of charge limit (if applicable)	123
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	49,722
43	UPL adjustment available for SFY2014	49,722
44	SFY2014 UPL 1st - 3rd quarters paid	37,292
45	SFY2014 UPL 4th quarter adjustment	12,430
46	Intergovernmental transfer amount	4,235
47	Net funds amount	8,195

Georgia Departmentn of Community Health

	Facility Name	Dekalb Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	3,496,466
11	covered charges	14,273,139
12	Medicare outpatient CCR	0.2396
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,348,566
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,558,666
18	payments	72,219
19	annual covered charges	1,558,666
20	annual interim payments	72,219
21	annual cost of services	373,429
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,533,479
25	payments	309,742
26	annual covered charges	1,533,479
27	annual interim payments	309,742
28	annual cost of services	367,395
29		
30	Medicaid annual payments	3,730,527
31	Cost of services - max annual payments for UPL	4,237,290
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	3,858,581
37	adjusted maximum annual payments for UPL	4,382,740
38	annual facility specific UPL amount	524,159
39		
40	annual allocation of charge limit (if applicable)	668
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	524,827
43	UPL adjustment available for SFY2014	524,827
44	SFY2014 UPL 1st - 3rd quarters paid	393,620
45	SFY2014 UPL 4th quarter adjustment	131,207
46	Intergovernmental transfer amount	44,702
47	Net funds amount	86,505

Georgia Departmentn of Community Health

	Facility Name	Dekalb Medical Center - Hillandale
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,344,099
11	covered charges	6,161,846
12	Medicare outpatient CCR	0.2124
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,287,243
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,045,207
18	payments	59,129
19	annual covered charges	1,045,207
20	annual interim payments	59,129
21	annual cost of services	221,989
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	161,762
25	payments	36,143
26	annual covered charges	161,762
27	annual interim payments	36,143
28	annual cost of services	34,356
29		
30	Medicaid annual payments	1,382,515
31	Cost of services - max annual payments for UPL	1,600,444
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	1,429,971
37	adjusted maximum annual payments for UPL	1,655,380
38	annual facility specific UPL amount	225,409
39		
40	annual allocation of charge limit (if applicable)	294
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	225,703
43	UPL adjustment available for SFY2014	225,703
44	SFY2014 UPL 1st - 3rd quarters paid	169,277
45	SFY2014 UPL 4th quarter adjustment	56,426
46	Intergovernmental transfer amount	19,224
47	Net funds amount	37,202

Georgia Departmentn of Community Health

	Facility Name	Doctors Hospital - Columbus
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	654,801
11	covered charges	3,783,349
12	Medicare outpatient CCR	0.1747
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	627,103
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	406,843
18	payments	17,118
19	annual covered charges	406,843
20	annual interim payments	17,118
21	annual cost of services	71,094
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	612,305
25	payments	90,070
26	annual covered charges	612,305
27	annual interim payments	90,070
28	annual cost of services	106,997
29		
30	Medicaid annual payments	734,291
31	Cost of services - max annual payments for UPL	832,892
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	759,496
37	adjusted maximum annual payments for UPL	861,482
38	annual facility specific UPL amount	101,986
39		
40	annual allocation of charge limit (if applicable)	202
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	102,188
43	UPL adjustment available for SFY2014	102,188
44	SFY2014 UPL 1st - 3rd quarters paid	76,641
45	SFY2014 UPL 4th quarter adjustment	25,547
46	Intergovernmental transfer amount	8,704
47	Net funds amount	16,843

Georgia Departmentn of Community Health

	Facility Name	Dodge County Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	717,529
11	covered charges	3,181,096
12	Medicare outpatient CCR	0.2256
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	687,177
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	384,790
18	payments	25,397
19	annual covered charges	384,790
20	annual interim payments	25,397
21	annual cost of services	86,793
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	16,481
25	payments	4,531
26	annual covered charges	16,481
27	annual interim payments	4,531
28	annual cost of services	3,717
29		
30	Medicaid annual payments	717,105
31	Cost of services - max annual payments for UPL	808,039
32		
33	<u>adjustment factor</u>	
34	inflation	1.057
35		
36	adjusted Medicaid annual payments	758,178
37	adjusted maximum annual payments for UPL	854,320
38	annual facility specific UPL amount	96,142
39		
40	annual allocation of charge limit (if applicable)	141
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	96,283
43	UPL adjustment available for SFY2014	96,283
44	SFY2014 UPL 1st - 3rd quarters paid	72,212
45	SFY2014 UPL 4th quarter adjustment	24,071
46	Intergovernmental transfer amount	8,201
47	Net funds amount	15,870

Georgia Departmentn of Community Health

	Facility Name	Elbert Memorial Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	306,545
11	covered charges	978,321
12	Medicare outpatient CCR	0.3020
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	293,578
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	50,751
18	payments	4,475
19	annual covered charges	50,751
20	annual interim payments	4,475
21	annual cost of services	15,328
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	298,053
31	Cost of services - max annual payments for UPL	321,873
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	308,284
37	adjusted maximum annual payments for UPL	332,921
38	annual facility specific UPL amount	24,637
39		
40	annual allocation of charge limit (if applicable)	36
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	24,673
43	UPL adjustment available for SFY2014	24,673
44	SFY2014 UPL 1st - 3rd quarters paid	18,505
45	SFY2014 UPL 4th quarter adjustment	6,168
46	Intergovernmental transfer amount	2,101
47	Net funds amount	4,067

Georgia Departmentn of Community Health

	Facility Name	Emanuel Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	524,595
11	covered charges	1,914,572
12	Medicare outpatient CCR	0.2418
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	502,404
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	264,651
18	payments	19,131
19	annual covered charges	264,651
20	annual interim payments	19,131
21	annual cost of services	63,994
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	521,535
31	Cost of services - max annual payments for UPL	588,589
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	539,437
37	adjusted maximum annual payments for UPL	608,793
38	annual facility specific UPL amount	69,356
39		
40	annual allocation of charge limit (if applicable)	81
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	69,437
43	UPL adjustment available for SFY2014	69,437
44	SFY2014 UPL 1st - 3rd quarters paid	52,078
45	SFY2014 UPL 4th quarter adjustment	17,359
46	Intergovernmental transfer amount	5,914
47	Net funds amount	11,445

Georgia Departmentn of Community Health

	Facility Name	Erlanger at Hutcheson
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	2,705,886
11	covered charges	10,277,825
12	Medicare outpatient CCR	0.2633
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,591,427
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	344,867
18	payments	25,900
19	annual covered charges	344,867
20	annual interim payments	25,900
21	annual cost of services	90,795
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	751,267
25	payments	176,657
26	annual covered charges	751,267
27	annual interim payments	176,657
28	annual cost of services	197,789
29		
30	Medicaid annual payments	2,793,984
31	Cost of services - max annual payments for UPL	2,994,470
32		
33	<u>adjustment factor</u>	
34	inflation	1.057
35		
36	adjusted Medicaid annual payments	2,954,012
37	adjusted maximum annual payments for UPL	3,165,981
38	annual facility specific UPL amount	211,969
39		
40	annual allocation of charge limit (if applicable)	427
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	212,396
43	UPL adjustment available for SFY2014	212,396
44	SFY2014 UPL 1st - 3rd quarters paid	159,297
45	SFY2014 UPL 4th quarter adjustment	53,099
46	Intergovernmental transfer amount	18,091
47	Net funds amount	35,008

Georgia Departmentn of Community Health

	Facility Name	Evans Memorial Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	368,740
11	covered charges	1,532,986
12	Medicare outpatient CCR	0.2405
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	353,142
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	54,078
18	payments	4,475
19	annual covered charges	54,078
20	annual interim payments	4,475
21	annual cost of services	13,008
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	357,617
31	Cost of services - max annual payments for UPL	381,748
32		
33	<u>adjustment factor</u>	
34	inflation	1.057
35		
36	adjusted Medicaid annual payments	378,100
37	adjusted maximum annual payments for UPL	403,613
38	annual facility specific UPL amount	25,513
39		
40	annual allocation of charge limit (if applicable)	61
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	25,574
43	UPL adjustment available for SFY2014	25,574
44	SFY2014 UPL 1st - 3rd quarters paid	19,181
45	SFY2014 UPL 4th quarter adjustment	6,393
46	Intergovernmental transfer amount	2,178
47	Net funds amount	4,215

Georgia Departmentn of Community Health

	Facility Name	Floyd Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	5,258,688
11	covered charges	20,463,886
12	Medicare outpatient CCR	0.2124
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	5,036,245
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,925,687
18	payments	75,250
19	annual covered charges	1,925,687
20	annual interim payments	75,250
21	annual cost of services	408,940
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,072,943
25	payments	455,977
26	annual covered charges	3,072,943
27	annual interim payments	455,977
28	annual cost of services	652,571
29		
30	Medicaid annual payments	5,567,472
31	Cost of services - max annual payments for UPL	6,320,199
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	5,758,581
37	adjusted maximum annual payments for UPL	6,537,146
38	annual facility specific UPL amount	778,565
39		
40	annual allocation of charge limit (if applicable)	975
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	779,540
43	UPL adjustment available for SFY2014	779,540
44	SFY2014 UPL 1st - 3rd quarters paid	584,655
45	SFY2014 UPL 4th quarter adjustment	194,885
46	Intergovernmental transfer amount	66,397
47	Net funds amount	128,488

Georgia Departmentn of Community Health

	Facility Name	Grady General Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	430,101
11	covered charges	1,545,595
12	Medicare outpatient CCR	0.2783
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	411,908
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	58,542
18	payments	6,215
19	annual covered charges	58,542
20	annual interim payments	6,215
21	annual cost of services	16,291
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	418,123
31	Cost of services - max annual payments for UPL	446,392
32		
33	<u>adjustment factor</u>	
34	inflation	1.057
35		
36	adjusted Medicaid annual payments	442,071
37	adjusted maximum annual payments for UPL	471,960
38	annual facility specific UPL amount	29,889
39		
40	annual allocation of charge limit (if applicable)	59
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	29,948
43	UPL adjustment available for SFY2014	29,948
44	SFY2014 UPL 1st - 3rd quarters paid	22,461
45	SFY2014 UPL 4th quarter adjustment	7,487
46	Intergovernmental transfer amount	2,551
47	Net funds amount	4,936

Georgia Departmentn of Community Health

	Facility Name	Grady Memorial Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	19,638,906
11	covered charges	58,529,069
12	Medicare outpatient CCR	0.3355
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	18,808,180
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	2,264,385
18	payments	106,710
19	annual covered charges	2,264,385
20	annual interim payments	106,710
21	annual cost of services	759,794
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	13,758,975
25	payments	3,648,038
26	annual covered charges	13,758,975
27	annual interim payments	3,648,038
28	annual cost of services	4,616,701
29		
30	Medicaid annual payments	22,562,928
31	Cost of services - max annual payments for UPL	25,015,401
32		
33	<u>adjustment factor</u>	
34	inflation	1.044
35		
36	adjusted Medicaid annual payments	23,551,410
37	adjusted maximum annual payments for UPL	26,111,325
38	annual facility specific UPL amount	2,559,915
39		
40	annual allocation of charge limit (if applicable)	2,520
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	2,562,435
43	UPL adjustment available for SFY2014	2,562,435
44	SFY2014 UPL 1st - 3rd quarters paid	1,921,826
45	SFY2014 UPL 4th quarter adjustment	640,609
46	Intergovernmental transfer amount	218,255
47	Net funds amount	422,354

Georgia Departmentn of Community Health

	Facility Name	Gwinnett Medical Center - Duluth
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	893,694
11	covered charges	4,677,562
12	Medicare outpatient CCR	0.1865
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	855,891
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	326,582
18	payments	16,279
19	annual covered charges	326,582
20	annual interim payments	16,279
21	annual cost of services	60,891
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	64,846
25	payments	11,495
26	annual covered charges	64,846
27	annual interim payments	11,495
28	annual cost of services	12,091
29		
30	Medicaid annual payments	883,665
31	Cost of services - max annual payments for UPL	966,676
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	913,998
37	adjusted maximum annual payments for UPL	999,859
38	annual facility specific UPL amount	85,861
39		
40	annual allocation of charge limit (if applicable)	209
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	86,070
43	UPL adjustment available for SFY2014	86,070
44	SFY2014 UPL 1st - 3rd quarters paid	64,553
45	SFY2014 UPL 4th quarter adjustment	21,517
46	Intergovernmental transfer amount	7,331
47	Net funds amount	14,186

Georgia Departmentn of Community Health

	Facility Name	Gwinnett Medical Center - Lawrenceville
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	3,199,846
11	covered charges	16,216,111
12	Medicare outpatient CCR	0.1865
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,064,493
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	771,221
18	payments	41,955
19	annual covered charges	771,221
20	annual interim payments	41,955
21	annual cost of services	143,794
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,586,882
25	payments	467,602
26	annual covered charges	2,586,882
27	annual interim payments	467,602
28	annual cost of services	482,324
29		
30	Medicaid annual payments	3,574,050
31	Cost of services - max annual payments for UPL	3,825,964
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	3,696,733
37	adjusted maximum annual payments for UPL	3,957,294
38	annual facility specific UPL amount	260,561
39		
40	annual allocation of charge limit (if applicable)	803
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	261,364
43	UPL adjustment available for SFY2014	261,364
44	SFY2014 UPL 1st - 3rd quarters paid	196,023
45	SFY2014 UPL 4th quarter adjustment	65,341
46	Intergovernmental transfer amount	22,262
47	Net funds amount	43,079

Georgia Departmentn of Community Health

	Facility Name	Habersham Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	624,760
11	covered charges	2,202,483
12	Medicare outpatient CCR	0.3047
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	598,333
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	260,743
18	payments	25,565
19	annual covered charges	260,743
20	annual interim payments	25,565
21	annual cost of services	79,440
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	623,898
31	Cost of services - max annual payments for UPL	704,200
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	645,314
37	adjusted maximum annual payments for UPL	728,373
38	annual facility specific UPL amount	83,059
39		
40	annual allocation of charge limit (if applicable)	90
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	83,149
43	UPL adjustment available for SFY2014	83,149
44	SFY2014 UPL 1st - 3rd quarters paid	62,362
45	SFY2014 UPL 4th quarter adjustment	20,787
46	Intergovernmental transfer amount	7,082
47	Net funds amount	13,705

Georgia Departmentn of Community Health

	Facility Name	Houston Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	2,358,418
11	covered charges	11,041,404
12	Medicare outpatient CCR	0.2136
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,258,657
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	423,836
18	payments	40,561
19	annual covered charges	423,836
20	annual interim payments	40,561
21	annual cost of services	90,530
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	922,000
25	payments	216,278
26	annual covered charges	922,000
27	annual interim payments	216,278
28	annual cost of services	196,937
29		
30	Medicaid annual payments	2,515,496
31	Cost of services - max annual payments for UPL	2,645,885
32		
33	<u>adjustment factor</u>	
34	inflation	1.044
35		
36	adjusted Medicaid annual payments	2,625,700
37	adjusted maximum annual payments for UPL	2,761,801
38	annual facility specific UPL amount	136,101
39		
40	annual allocation of charge limit (if applicable)	496
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	136,597
43	UPL adjustment available for SFY2014	136,597
44	SFY2014 UPL 1st - 3rd quarters paid	102,448
45	SFY2014 UPL 4th quarter adjustment	34,149
46	Intergovernmental transfer amount	11,635
47	Net funds amount	22,514

Georgia Departmentn of Community Health

	Facility Name	Hughston Hospital Inc.
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	43,891
11	covered charges	205,491
12	Medicare outpatient CCR	0.2485
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	42,035
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	0
18	payments	0
19	annual covered charges	0
20	annual interim payments	0
21	annual cost of services	0
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	75,461
25	payments	15,964
26	annual covered charges	75,461
27	annual interim payments	15,964
28	annual cost of services	18,749
29		
30	Medicaid annual payments	57,999
31	Cost of services - max annual payments for UPL	62,640
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	59,990
37	adjusted maximum annual payments for UPL	64,791
38	annual facility specific UPL amount	4,801
39		
40	annual allocation of charge limit (if applicable)	11
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	4,812
43	UPL adjustment available for SFY2014	4,812
44	SFY2014 UPL 1st - 3rd quarters paid	3,609
45	SFY2014 UPL 4th quarter adjustment	1,203
46	Intergovernmental transfer amount	410
47	Net funds amount	793

Georgia Departmentn of Community Health

	Facility Name	Irwin County Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	591,995
11	covered charges	1,904,436
12	Medicare outpatient CCR	0.3109
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	566,953
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	41,564
18	payments	5,191
19	annual covered charges	41,564
20	annual interim payments	5,191
21	annual cost of services	12,920
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	105,051
25	payments	24,270
26	annual covered charges	105,051
27	annual interim payments	24,270
28	annual cost of services	32,655
29		
30	Medicaid annual payments	596,414
31	Cost of services - max annual payments for UPL	637,570
32		
33	<u>adjustment factor</u>	
34	inflation	1.048
35		
36	adjusted Medicaid annual payments	625,198
37	adjusted maximum annual payments for UPL	668,340
38	annual facility specific UPL amount	43,142
39		
40	annual allocation of charge limit (if applicable)	72
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	43,214
43	UPL adjustment available for SFY2014	43,214
44	SFY2014 UPL 1st - 3rd quarters paid	32,411
45	SFY2014 UPL 4th quarter adjustment	10,803
46	Intergovernmental transfer amount	3,680.90
47	Net funds amount	7,122.10

Georgia Departmentn of Community Health

	Facility Name	Jefferson Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	333,189
11	covered charges	828,082
12	Medicare outpatient CCR	0.4024
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	319,095
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	66,925
18	payments	8,447
19	annual covered charges	66,925
20	annual interim payments	8,447
21	annual cost of services	26,928
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	327,542
31	Cost of services - max annual payments for UPL	360,117
32		
33	<u>adjustment factor</u>	
34	inflation	1.044
35		
36	adjusted Medicaid annual payments	341,892
37	adjusted maximum annual payments for UPL	375,894
38	annual facility specific UPL amount	34,002
39		
40	annual allocation of charge limit (if applicable)	27
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	34,029
43	UPL adjustment available for SFY2014	34,029
44	SFY2014 UPL 1st - 3rd quarters paid	25,522
45	SFY2014 UPL 4th quarter adjustment	8,507
46	Intergovernmental transfer amount	2,898
47	Net funds amount	5,609

Georgia Departmentn of Community Health

	Facility Name	Mayo Clinic Health System - Waycross
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	3,143,203
11	covered charges	13,772,899
12	Medicare outpatient CCR	0.2282
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,010,245
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	781,135
18	payments	52,334
19	annual covered charges	781,135
20	annual interim payments	52,334
21	annual cost of services	178,268
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	768,829
25	payments	133,147
26	annual covered charges	768,829
27	annual interim payments	133,147
28	annual cost of services	175,459
29		
30	Medicaid annual payments	3,195,726
31	Cost of services - max annual payments for UPL	3,496,930
32		
33	<u>adjustment factor</u>	
34	inflation	1.044
35		
36	adjusted Medicaid annual payments	3,335,731
37	adjusted maximum annual payments for UPL	3,650,130
38	annual facility specific UPL amount	314,399
39		
40	annual allocation of charge limit (if applicable)	602
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	315,001
43	UPL adjustment available for SFY2014	315,001
44	SFY2014 UPL 1st - 3rd quarters paid	236,251
45	SFY2014 UPL 4th quarter adjustment	78,750
46	Intergovernmental transfer amount	26,830
47	Net funds amount	51,920

Georgia Departmentn of Community Health

	Facility Name	Meadows Regional Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,830,086
11	covered charges	9,580,843
12	Medicare outpatient CCR	0.2059
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,752,673
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	917,956
18	payments	42,850
19	annual covered charges	917,956
20	annual interim payments	42,850
21	annual cost of services	189,030
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	955,462
25	payments	159,398
26	annual covered charges	955,462
27	annual interim payments	159,398
28	annual cost of services	196,753
29		
30	Medicaid annual payments	1,954,921
31	Cost of services - max annual payments for UPL	2,215,869
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	2,022,026
37	adjusted maximum annual payments for UPL	2,291,931
38	annual facility specific UPL amount	269,905
39		
40	annual allocation of charge limit (if applicable)	471
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	270,376
43	UPL adjustment available for SFY2014	270,376
44	SFY2014 UPL 1st - 3rd quarters paid	202,782
45	SFY2014 UPL 4th quarter adjustment	67,594
46	Intergovernmental transfer amount	23,029
47	Net funds amount	44,565

Georgia Departmentn of Community Health

	Facility Name	Medical Center of Central GA
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	9,186,541
11	covered charges	35,804,613
12	Medicare outpatient CCR	0.2566
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	8,797,950
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	844,845
18	payments	44,037
19	annual covered charges	844,845
20	annual interim payments	44,037
21	annual cost of services	216,765
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	8,583,265
25	payments	1,721,128
26	annual covered charges	8,583,265
27	annual interim payments	1,721,128
28	annual cost of services	2,202,245
29		
30	Medicaid annual payments	10,563,115
31	Cost of services - max annual payments for UPL	11,605,551
32		
33	<u>adjustment factor</u>	
34	inflation	1.057
35		
36	adjusted Medicaid annual payments	11,168,128
37	adjusted maximum annual payments for UPL	12,270,270
38	annual facility specific UPL amount	1,102,142
39		
40	annual allocation of charge limit (if applicable)	1,711
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	1,103,853
43	UPL adjustment available for SFY2014	1,103,853
44	SFY2014 UPL 1st - 3rd quarters paid	827,890
45	SFY2014 UPL 4th quarter adjustment	275,963
46	Intergovernmental transfer amount	94,021
47	Net funds amount	181,942

Georgia Departmentn of Community Health

	Facility Name	Memorial Health Univ. Med Ctr
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	4,647,778
11	covered charges	25,062,266
12	Medicare outpatient CCR	0.1854
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	4,451,177
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	611,959
18	payments	47,493
19	annual covered charges	611,959
20	annual interim payments	47,493
21	annual cost of services	113,487
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	6,575,796
25	payments	1,134,046
26	annual covered charges	6,575,796
27	annual interim payments	1,134,046
28	annual cost of services	1,219,476
29		
30	Medicaid annual payments	5,632,716
31	Cost of services - max annual payments for UPL	5,980,741
32		
33	<u>adjustment factor</u>	
34	inflation	1.044
35		
36	adjusted Medicaid annual payments	5,879,485
37	adjusted maximum annual payments for UPL	6,242,757
38	annual facility specific UPL amount	363,272
39		
40	annual allocation of charge limit (if applicable)	1,339
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	364,611
43	UPL adjustment available for SFY2014	364,611
44	SFY2014 UPL 1st - 3rd quarters paid	273,458
45	SFY2014 UPL 4th quarter adjustment	91,153
46	Intergovernmental transfer amount	31,056
47	Net funds amount	60,097

Georgia Departmentn of Community Health

	Facility Name	Memorial Hospital - Bainbridge
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	544,905
11	covered charges	1,872,714
12	Medicare outpatient CCR	0.2744
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	521,855
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	84,228
18	payments	13,525
19	annual covered charges	84,228
20	annual interim payments	13,525
21	annual cost of services	23,111
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	101,784
25	payments	24,882
26	annual covered charges	101,784
27	annual interim payments	24,882
28	annual cost of services	27,928
29		
30	Medicaid annual payments	560,262
31	Cost of services - max annual payments for UPL	595,944
32		
33	<u>adjustment factor</u>	
34	inflation	1.032
35		
36	adjusted Medicaid annual payments	578,326
37	adjusted maximum annual payments for UPL	615,158
38	annual facility specific UPL amount	36,832
39		
40	annual allocation of charge limit (if applicable)	75
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	36,907
43	UPL adjustment available for SFY2014	36,907
44	SFY2014 UPL 1st - 3rd quarters paid	27,680
45	SFY2014 UPL 4th quarter adjustment	9,227
46	Intergovernmental transfer amount	3,144
47	Net funds amount	6,083

Georgia Departmentn of Community Health

	Facility Name	Murray Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	464,143
11	covered charges	1,743,267
12	Medicare outpatient CCR	0.2986
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	444,509
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	168,715
18	payments	11,995
19	annual covered charges	168,715
20	annual interim payments	11,995
21	annual cost of services	50,379
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	456,504
31	Cost of services - max annual payments for UPL	514,522
32		
33	<u>adjustment factor</u>	
34	inflation	1.102
35		
36	adjusted Medicaid annual payments	503,161
37	adjusted maximum annual payments for UPL	567,108
38	annual facility specific UPL amount	63,947
39		
40	annual allocation of charge limit (if applicable)	71
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	64,018
43	UPL adjustment available for SFY2014	64,018
44	SFY2014 UPL 1st - 3rd quarters paid	48,014
45	SFY2014 UPL 4th quarter adjustment	16,004
46	Intergovernmental transfer amount	5,453
47	Net funds amount	10,551

Georgia Departmentn of Community Health

	Facility Name	Newton Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,848,339
11	covered charges	8,631,659
12	Medicare outpatient CCR	0.2141
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,770,154
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	771,687
18	payments	46,486
19	annual covered charges	771,687
20	annual interim payments	46,486
21	annual cost of services	165,245
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	306,724
25	payments	64,314
26	annual covered charges	306,724
27	annual interim payments	64,314
28	annual cost of services	65,680
29		
30	Medicaid annual payments	1,880,954
31	Cost of services - max annual payments for UPL	2,079,264
32		
33	<u>adjustment factor</u>	
34	inflation	1.044
35		
36	adjusted Medicaid annual payments	1,963,359
37	adjusted maximum annual payments for UPL	2,170,356
38	annual facility specific UPL amount	206,997
39		
40	annual allocation of charge limit (if applicable)	389
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	207,386
43	UPL adjustment available for SFY2014	207,386
44	SFY2014 UPL 1st - 3rd quarters paid	155,540
45	SFY2014 UPL 4th quarter adjustment	51,846
46	Intergovernmental transfer amount	17,664
47	Net funds amount	34,182

Georgia Departmentn of Community Health

	Facility Name	Northeast GA Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	4,976,251
11	covered charges	27,881,885
12	Medicare outpatient CCR	0.1785
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	4,765,756
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	987,064
18	payments	46,542
19	annual covered charges	987,064
20	annual interim payments	46,542
21	annual cost of services	176,167
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	6,943,137
25	payments	1,133,328
26	annual covered charges	6,943,137
27	annual interim payments	1,133,328
28	annual cost of services	1,239,184
29		
30	Medicaid annual payments	5,945,626
31	Cost of services - max annual payments for UPL	6,391,602
32		
33	<u>adjustment factor</u>	
34	inflation	1.057
35		
36	adjusted Medicaid annual payments	6,286,168
37	adjusted maximum annual payments for UPL	6,757,688
38	annual facility specific UPL amount	471,520
39		
40	annual allocation of charge limit (if applicable)	1,499
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	473,019
43	UPL adjustment available for SFY2014	473,019
44	SFY2014 UPL 1st - 3rd quarters paid	354,764
45	SFY2014 UPL 4th quarter adjustment	118,255
46	Intergovernmental transfer amount	40,289
47	Net funds amount	77,966

Georgia Departmentn of Community Health

	Facility Name	Northside - Cherokee
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,188,266
11	covered charges	6,241,572
12	Medicare outpatient CCR	0.1904
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,138,002
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	404,360
18	payments	23,998
19	annual covered charges	404,360
20	annual interim payments	23,998
21	annual cost of services	76,982
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,301,282
25	payments	204,427
26	annual covered charges	1,301,282
27	annual interim payments	204,427
28	annual cost of services	247,737
29		
30	Medicaid annual payments	1,366,427
31	Cost of services - max annual payments for UPL	1,512,985
32		
33	<u>adjustment factor</u>	
34	inflation	1.057
35		
36	adjusted Medicaid annual payments	1,444,690
37	adjusted maximum annual payments for UPL	1,599,643
38	annual facility specific UPL amount	154,953
39		
40	annual allocation of charge limit (if applicable)	328
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	155,281
43	UPL adjustment available for SFY2014	155,281
44	SFY2014 UPL 1st - 3rd quarters paid	116,461
45	SFY2014 UPL 4th quarter adjustment	38,820
46	Intergovernmental transfer amount	13,226
47	Net funds amount	25,594

Georgia Departmentn of Community Health

	Facility Name	Northside - Forsyth
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,855,080
11	covered charges	9,390,036
12	Medicare outpatient CCR	0.1976
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,776,610
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	456,678
18	payments	20,172
19	annual covered charges	456,678
20	annual interim payments	20,172
21	annual cost of services	90,221
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,864,951
25	payments	580,579
26	annual covered charges	3,864,951
27	annual interim payments	580,579
28	annual cost of services	763,553
29		
30	Medicaid annual payments	2,377,361
31	Cost of services - max annual payments for UPL	2,708,854
32		
33	<u>adjustment factor</u>	
34	inflation	1.057
35		
36	adjusted Medicaid annual payments	2,513,527
37	adjusted maximum annual payments for UPL	2,864,007
38	annual facility specific UPL amount	350,480
39		
40	annual allocation of charge limit (if applicable)	560
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	351,040
43	UPL adjustment available for SFY2014	351,040
44	SFY2014 UPL 1st - 3rd quarters paid	263,280
45	SFY2014 UPL 4th quarter adjustment	87,760
46	Intergovernmental transfer amount	29,900
47	Net funds amount	57,860

Georgia Departmentn of Community Health

	Facility Name	Northside Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	2,650,690
11	covered charges	12,715,440
12	Medicare outpatient CCR	0.2085
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,538,566
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	414,349
18	payments	16,167
19	annual covered charges	414,349
20	annual interim payments	16,167
21	annual cost of services	86,376
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,993,130
25	payments	517,520
26	annual covered charges	2,993,130
27	annual interim payments	517,520
28	annual cost of services	623,955
29		
30	Medicaid annual payments	3,072,253
31	Cost of services - max annual payments for UPL	3,361,021
32		
33	<u>adjustment factor</u>	
34	inflation	1.057
35		
36	adjusted Medicaid annual payments	3,248,219
37	adjusted maximum annual payments for UPL	3,553,527
38	annual facility specific UPL amount	305,308
39		
40	annual allocation of charge limit (if applicable)	650
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	305,958
43	UPL adjustment available for SFY2014	305,958
44	SFY2014 UPL 1st - 3rd quarters paid	229,469
45	SFY2014 UPL 4th quarter adjustment	76,489
46	Intergovernmental transfer amount	26,060
47	Net funds amount	50,429

Georgia Departmentn of Community Health

	Facility Name	Oconee Regional Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,426,092
11	covered charges	5,120,106
12	Medicare outpatient CCR	0.2785
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,365,768
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	250,519
18	payments	26,460
19	annual covered charges	250,519
20	annual interim payments	26,460
21	annual cost of services	69,777
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	413,562
25	payments	109,670
26	annual covered charges	413,562
27	annual interim payments	109,670
28	annual cost of services	115,189
29		
30	Medicaid annual payments	1,501,898
31	Cost of services - max annual payments for UPL	1,611,058
32		
33	<u>adjustment factor</u>	
34	inflation	1.057
35		
36	adjusted Medicaid annual payments	1,587,921
37	adjusted maximum annual payments for UPL	1,703,333
38	annual facility specific UPL amount	115,412
39		
40	annual allocation of charge limit (if applicable)	212
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	115,624
43	UPL adjustment available for SFY2014	115,624
44	SFY2014 UPL 1st - 3rd quarters paid	86,718
45	SFY2014 UPL 4th quarter adjustment	28,906
46	Intergovernmental transfer amount	9,848
47	Net funds amount	19,058

Georgia Departmentn of Community Health

	Facility Name	Perry Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	294,563
11	covered charges	1,537,322
12	Medicare outpatient CCR	0.1916
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	282,103
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	79,388
18	payments	9,570
19	annual covered charges	79,388
20	annual interim payments	9,570
21	annual cost of services	15,211
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	17,740
25	payments	4,774
26	annual covered charges	17,740
27	annual interim payments	4,774
28	annual cost of services	3,399
29		
30	Medicaid annual payments	296,447
31	Cost of services - max annual payments for UPL	313,173
32		
33	<u>adjustment factor</u>	
34	inflation	1.044
35		
36	adjusted Medicaid annual payments	309,434
37	adjusted maximum annual payments for UPL	326,893
38	annual facility specific UPL amount	17,459
39		
40	annual allocation of charge limit (if applicable)	67
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	17,526
43	UPL adjustment available for SFY2014	17,526
44	SFY2014 UPL 1st - 3rd quarters paid	13,145
45	SFY2014 UPL 4th quarter adjustment	4,381
46	Intergovernmental transfer amount	1,493
47	Net funds amount	2,888

Georgia Departmentn of Community Health

	Facility Name	Phoebe Dorminy Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	457,005
11	covered charges	1,422,319
12	Medicare outpatient CCR	0.3213
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	437,674
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	176,282
18	payments	18,708
19	annual covered charges	176,282
20	annual interim payments	18,708
21	annual cost of services	56,641
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	32,182
25	payments	9,503
26	annual covered charges	32,182
27	annual interim payments	9,503
28	annual cost of services	10,340
29		
30	Medicaid annual payments	465,885
31	Cost of services - max annual payments for UPL	523,986
32		
33	<u>adjustment factor</u>	
34	inflation	1.068
35		
36	adjusted Medicaid annual payments	497,705
37	adjusted maximum annual payments for UPL	559,774
38	annual facility specific UPL amount	62,069
39		
40	annual allocation of charge limit (if applicable)	56
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	62,125
43	UPL adjustment available for SFY2014	62,125
44	SFY2014 UPL 1st - 3rd quarters paid	46,594
45	SFY2014 UPL 4th quarter adjustment	15,531
46	Intergovernmental transfer amount	5,291
47	Net funds amount	10,240

Georgia Departmentn of Community Health

	Facility Name	Phoebe North
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,068,830
11	covered charges	5,882,020
12	Medicare outpatient CCR	0.1919
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,023,619
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	734,972
18	payments	35,900
19	annual covered charges	734,972
20	annual interim payments	35,900
21	annual cost of services	141,008
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	456,664
25	payments	62,786
26	annual covered charges	456,664
27	annual interim payments	62,786
28	annual cost of services	87,613
29		
30	Medicaid annual payments	1,122,305
31	Cost of services - max annual payments for UPL	1,297,451
32		
33	<u>adjustment factor</u>	
34	inflation	1.127
35		
36	adjusted Medicaid annual payments	1,264,445
37	adjusted maximum annual payments for UPL	1,461,774
38	annual facility specific UPL amount	197,329
39		
40	annual allocation of charge limit (if applicable)	293
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	197,622
43	UPL adjustment available for SFY2014	197,622
44	SFY2014 UPL 1st - 3rd quarters paid	148,217
45	SFY2014 UPL 4th quarter adjustment	49,405
46	Intergovernmental transfer amount	16,832
47	Net funds amount	32,573

Georgia Departmentn of Community Health

	Facility Name	Phoebe Putney
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	7,249,936
11	covered charges	31,855,248
12	Medicare outpatient CCR	0.2276
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	6,943,264
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,172,955
18	payments	61,646
19	annual covered charges	1,172,955
20	annual interim payments	61,646
21	annual cost of services	266,953
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	6,416,006
25	payments	967,816
26	annual covered charges	6,416,006
27	annual interim payments	967,816
28	annual cost of services	1,460,219
29		
30	Medicaid annual payments	7,972,726
31	Cost of services - max annual payments for UPL	8,977,108
32		
33	<u>adjustment factor</u>	
34	inflation	1.068
35		
36	adjusted Medicaid annual payments	8,517,263
37	adjusted maximum annual payments for UPL	9,590,244
38	annual facility specific UPL amount	1,072,981
39		
40	annual allocation of charge limit (if applicable)	1,550
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	1,074,531
43	UPL adjustment available for SFY2014	1,074,531
44	SFY2014 UPL 1st - 3rd quarters paid	805,898
45	SFY2014 UPL 4th quarter adjustment	268,633
46	Intergovernmental transfer amount	91,523
47	Net funds amount	177,110

Georgia Departmentn of Community Health

	Facility Name	Phoebe Sumter Medical Center, Inc.
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,256,299
11	covered charges	4,694,824
12	Medicare outpatient CCR	0.2676
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,203,158
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	406,623
18	payments	39,383
19	annual covered charges	406,623
20	annual interim payments	39,383
21	annual cost of services	108,809
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,314,565
25	payments	309,724
26	annual covered charges	1,314,565
27	annual interim payments	309,724
28	annual cost of services	351,768
29		
30	Medicaid annual payments	1,552,265
31	Cost of services - max annual payments for UPL	1,716,876
32		
33	<u>adjustment factor</u>	
34	inflation	1.068
35		
36	adjusted Medicaid annual payments	1,658,285
37	adjusted maximum annual payments for UPL	1,834,139
38	annual facility specific UPL amount	175,854
39		
40	annual allocation of charge limit (if applicable)	239
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	176,093
43	UPL adjustment available for SFY2014	176,093
44	SFY2014 UPL 1st - 3rd quarters paid	132,070
45	SFY2014 UPL 4th quarter adjustment	44,023
46	Intergovernmental transfer amount	14,999
47	Net funds amount	29,024

Georgia Departmentn of Community Health

	Facility Name	Piedmont Henry Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,566,449
11	covered charges	9,388,660
12	Medicare outpatient CCR	0.1601
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,500,188
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	674,692
18	payments	37,645
19	annual covered charges	674,692
20	annual interim payments	37,645
21	annual cost of services	108,021
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,660,735
25	payments	169,330
26	annual covered charges	1,660,735
27	annual interim payments	169,330
28	annual cost of services	265,890
29		
30	Medicaid annual payments	1,707,163
31	Cost of services - max annual payments for UPL	1,940,360
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	1,765,763
37	adjusted maximum annual payments for UPL	2,006,965
38	annual facility specific UPL amount	241,202
39		
40	annual allocation of charge limit (if applicable)	498
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	241,700
43	UPL adjustment available for SFY2014	241,700
44	SFY2014 UPL 1st - 3rd quarters paid	181,275
45	SFY2014 UPL 4th quarter adjustment	60,425
46	Intergovernmental transfer amount	20,587
47	Net funds amount	39,838

Georgia Departmentn of Community Health

	Facility Name	Smith Northview Hospital
2	base period report period beginning date	01/01/11
3	base period report period ending date	08/31/11
4		
5	adjustment factor (if period not equal to 1 year)	1.5021
6		
7	CAH status (1 = yes)	0
8		
9	<u>subject to cost settlement</u>	
10	cost of Medicaid covered services	536,344
11	covered charges	2,312,880
12	Medicare outpatient CCR	0.2319
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	513,657
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	84,284
18	payments	8,223
19	annual covered charges	126,599
20	annual interim payments	12,352
21	annual cost of services	29,358
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	705,219
25	payments	173,565
26	annual covered charges	1,059,280
27	annual interim payments	260,705
28	annual cost of services	245,641
29		
30	Medicaid annual payments	786,714
31	Cost of services - max annual payments for UPL	811,343
32		
33	<u>adjustment factor</u>	
34	inflation	1.063
35		
36	adjusted Medicaid annual payments	836,087
37	adjusted maximum annual payments for UPL	862,263
38	annual facility specific UPL amount	26,176
39		
40	annual allocation of charge limit (if applicable)	196
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	26,372
43	UPL adjustment available for SFY2014	26,372
44	SFY2014 UPL 1st - 3rd quarters paid	19,779
45	SFY2014 UPL 4th quarter adjustment	6,593
46	Intergovernmental transfer amount	2,246
47	Net funds amount	4,347

Georgia Departmentn of Community Health

	Facility Name	South Georgia Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	2,729,624
11	covered charges	9,293,340
12	Medicare outpatient CCR	0.2937
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,614,161
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	589,404
18	payments	60,136
19	annual covered charges	589,404
20	annual interim payments	60,136
21	annual cost of services	173,119
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	4,192,373
25	payments	938,414
26	annual covered charges	4,192,373
27	annual interim payments	938,414
28	annual cost of services	1,231,377
29		
30	Medicaid annual payments	3,612,711
31	Cost of services - max annual payments for UPL	4,134,120
32		
33	<u>adjustment factor</u>	
34	inflation	1.057
35		
36	adjusted Medicaid annual payments	3,819,633
37	adjusted maximum annual payments for UPL	4,370,906
38	annual facility specific UPL amount	551,273
39		
40	annual allocation of charge limit (if applicable)	505
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	551,778
43	UPL adjustment available for SFY2014	551,778
44	SFY2014 UPL 1st - 3rd quarters paid	413,834
45	SFY2014 UPL 4th quarter adjustment	137,944
46	Intergovernmental transfer amount	46,998
47	Net funds amount	90,946

Georgia Departmentn of Community Health

	Facility Name	Southeast GA Health System - Brunswick
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	2,508,077
11	covered charges	8,886,885
12	Medicare outpatient CCR	0.2773
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,401,986
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	564,287
18	payments	43,587
19	annual covered charges	564,287
20	annual interim payments	43,587
21	annual cost of services	156,455
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,615,662
25	payments	325,226
26	annual covered charges	1,615,662
27	annual interim payments	325,226
28	annual cost of services	447,960
29		
30	Medicaid annual payments	2,770,799
31	Cost of services - max annual payments for UPL	3,112,492
32		
33	<u>adjustment factor</u>	
34	inflation	1.033
35		
36	adjusted Medicaid annual payments	2,862,058
37	adjusted maximum annual payments for UPL	3,215,005
38	annual facility specific UPL amount	352,947
39		
40	annual allocation of charge limit (if applicable)	405
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	353,352
43	UPL adjustment available for SFY2014	353,352
44	SFY2014 UPL 1st - 3rd quarters paid	265,014
45	SFY2014 UPL 4th quarter adjustment	88,338
46	Intergovernmental transfer amount	30,097
47	Net funds amount	58,241

Georgia Departmentn of Community Health

	Facility Name	Southeast GA Health System - Camden
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	675,762
11	covered charges	2,005,661
12	Medicare outpatient CCR	0.2992
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	647,177
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	165,636
18	payments	17,230
19	annual covered charges	165,636
20	annual interim payments	17,230
21	annual cost of services	49,560
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	336,525
25	payments	69,442
26	annual covered charges	336,525
27	annual interim payments	69,442
28	annual cost of services	100,691
29		
30	Medicaid annual payments	733,849
31	Cost of services - max annual payments for UPL	826,013
32		
33	<u>adjustment factor</u>	
34	inflation	1.033
35		
36	adjusted Medicaid annual payments	758,019
37	adjusted maximum annual payments for UPL	853,218
38	annual facility specific UPL amount	95,199
39		
40	annual allocation of charge limit (if applicable)	86
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	95,285
43	UPL adjustment available for SFY2014	95,285
44	SFY2014 UPL 1st - 3rd quarters paid	71,464
45	SFY2014 UPL 4th quarter adjustment	23,821
46	Intergovernmental transfer amount	8,116
47	Net funds amount	15,705

Georgia Departmentn of Community Health

	Facility Name	Southern Regional Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	3,274,484
11	covered charges	15,764,230
12	Medicare outpatient CCR	0.2022
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,135,973
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,615,990
18	payments	81,505
19	annual covered charges	1,615,990
20	annual interim payments	81,505
21	annual cost of services	326,766
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,100,990
25	payments	354,168
26	annual covered charges	2,100,990
27	annual interim payments	354,168
28	annual cost of services	424,836
29		
30	Medicaid annual payments	3,571,646
31	Cost of services - max annual payments for UPL	4,026,086
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	3,694,246
37	adjusted maximum annual payments for UPL	4,164,286
38	annual facility specific UPL amount	470,040
39		
40	annual allocation of charge limit (if applicable)	787
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	470,827
43	UPL adjustment available for SFY2014	470,827
44	SFY2014 UPL 1st - 3rd quarters paid	353,120
45	SFY2014 UPL 4th quarter adjustment	117,707
46	Intergovernmental transfer amount	40,103
47	Net funds amount	77,604

Georgia Departmentn of Community Health

	Facility Name	Stephens County Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,057,153
11	covered charges	2,732,411
12	Medicare outpatient CCR	0.3869
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,012,435
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	221,161
18	payments	25,621
19	annual covered charges	221,161
20	annual interim payments	25,621
21	annual cost of services	85,566
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	260,204
25	payments	88,568
26	annual covered charges	260,204
27	annual interim payments	88,568
28	annual cost of services	100,671
29		
30	Medicaid annual payments	1,126,624
31	Cost of services - max annual payments for UPL	1,243,390
32		
33	<u>adjustment factor</u>	
34	inflation	1.057
35		
36	adjusted Medicaid annual payments	1,191,153
37	adjusted maximum annual payments for UPL	1,314,606
38	annual facility specific UPL amount	123,453
39		
40	annual allocation of charge limit (if applicable)	100
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	123,553
43	UPL adjustment available for SFY2014	123,553
44	SFY2014 UPL 1st - 3rd quarters paid	92,665
45	SFY2014 UPL 4th quarter adjustment	30,888
46	Intergovernmental transfer amount	10,524
47	Net funds amount	20,364

Georgia Departmentn of Community Health

	Facility Name	Tanner Med Ctr - Carrollton
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	2,934,436
11	covered charges	11,574,592
12	Medicare outpatient CCR	0.2306
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,810,309
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	578,387
18	payments	42,906
19	annual covered charges	578,387
20	annual interim payments	42,906
21	annual cost of services	133,352
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,942,880
25	payments	733,199
26	annual covered charges	3,942,880
27	annual interim payments	733,199
28	annual cost of services	909,062
29		
30	Medicaid annual payments	3,586,414
31	Cost of services - max annual payments for UPL	3,976,850
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	3,709,521
37	adjusted maximum annual payments for UPL	4,113,359
38	annual facility specific UPL amount	403,838
39		
40	annual allocation of charge limit (if applicable)	617
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	404,455
43	UPL adjustment available for SFY2014	404,455
44	SFY2014 UPL 1st - 3rd quarters paid	303,341
45	SFY2014 UPL 4th quarter adjustment	101,114
46	Intergovernmental transfer amount	34,450
47	Net funds amount	66,664

Georgia Departmentn of Community Health

	Facility Name	Tanner Med Ctr - Villa Rica
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	2,155,257
11	covered charges	6,524,774
12	Medicare outpatient CCR	0.2888
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,064,090
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	474,516
18	payments	39,717
19	annual covered charges	474,516
20	annual interim payments	39,717
21	annual cost of services	137,037
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	980,052
25	payments	291,726
26	annual covered charges	980,052
27	annual interim payments	291,726
28	annual cost of services	283,032
29		
30	Medicaid annual payments	2,395,533
31	Cost of services - max annual payments for UPL	2,575,326
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	2,477,762
37	adjusted maximum annual payments for UPL	2,663,727
38	annual facility specific UPL amount	185,965
39		
40	annual allocation of charge limit (if applicable)	275
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	186,240
43	UPL adjustment available for SFY2014	186,240
44	SFY2014 UPL 1st - 3rd quarters paid	139,680
45	SFY2014 UPL 4th quarter adjustment	46,560
46	Intergovernmental transfer amount	15,863
47	Net funds amount	30,697

Georgia Departmentn of Community Health

	Facility Name	Midtown Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	5,576,422
11	covered charges	14,203,334
12	Medicare outpatient CCR	0.3102
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	5,340,540
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	513,802
18	payments	32,557
19	annual covered charges	513,802
20	annual interim payments	32,557
21	annual cost of services	159,406
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	4,835,504
25	payments	837,044
26	annual covered charges	4,835,504
27	annual interim payments	837,044
28	annual cost of services	1,500,208
29		
30	Medicaid annual payments	6,210,141
31	Cost of services - max annual payments for UPL	7,236,036
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	6,423,310
37	adjusted maximum annual payments for UPL	7,484,421
38	annual facility specific UPL amount	1,061,111
39		
40	annual allocation of charge limit (if applicable)	626
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	1,061,737
43	UPL adjustment available for SFY2014	1,061,737
44	SFY2014 UPL 1st - 3rd quarters paid	796,303
45	SFY2014 UPL 4th quarter adjustment	265,434
46	Intergovernmental transfer amount	90,433
47	Net funds amount	175,001

Georgia Departmentn of Community Health

	Facility Name	Tift Regional Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	3,048,513
11	covered charges	14,308,276
12	Medicare outpatient CCR	0.2131
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,919,560
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	653,962
18	payments	43,201
19	annual covered charges	653,962
20	annual interim payments	43,201
21	annual cost of services	139,333
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,366,308
25	payments	387,062
26	annual covered charges	2,366,308
27	annual interim payments	387,062
28	annual cost of services	504,164
29		
30	Medicaid annual payments	3,349,823
31	Cost of services - max annual payments for UPL	3,692,010
32		
33	<u>adjustment factor</u>	
34	inflation	1.057
35		
36	adjusted Medicaid annual payments	3,541,687
37	adjusted maximum annual payments for UPL	3,903,473
38	annual facility specific UPL amount	361,786
39		
40	annual allocation of charge limit (if applicable)	694
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	362,480
43	UPL adjustment available for SFY2014	362,480
44	SFY2014 UPL 1st - 3rd quarters paid	271,860
45	SFY2014 UPL 4th quarter adjustment	90,620
46	Intergovernmental transfer amount	30,874
47	Net funds amount	59,746

Georgia Departmentn of Community Health

	Facility Name	Union General Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	325,779
11	covered charges	1,124,109
12	Medicare outpatient CCR	0.2766
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	311,999
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	78,145
18	payments	8,054
19	annual covered charges	78,145
20	annual interim payments	8,054
21	annual cost of services	21,618
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	320,053
31	Cost of services - max annual payments for UPL	347,397
32		
33	<u>adjustment factor</u>	
34	inflation	1.033
35		
36	adjusted Medicaid annual payments	330,594
37	adjusted maximum annual payments for UPL	358,839
38	annual facility specific UPL amount	28,245
39		
40	annual allocation of charge limit (if applicable)	44
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	28,289
43	UPL adjustment available for SFY2014	28,289
44	SFY2014 UPL 1st - 3rd quarters paid	21,217
45	SFY2014 UPL 4th quarter adjustment	7,072
46	Intergovernmental transfer amount	2,409
47	Net funds amount	4,663

Georgia Departmentn of Community Health

	Facility Name	University Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	2,778,818
11	covered charges	12,032,951
12	Medicare outpatient CCR	0.2309
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,661,274
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	395,489
18	payments	35,130
19	annual covered charges	395,489
20	annual interim payments	35,130
21	annual cost of services	91,332
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	1,882,877
25	payments	269,356
26	annual covered charges	1,882,877
27	annual interim payments	269,356
28	annual cost of services	434,820
29		
30	Medicaid annual payments	2,965,760
31	Cost of services - max annual payments for UPL	3,304,970
32		
33	<u>adjustment factor</u>	
34	inflation	1.044
35		
36	adjusted Medicaid annual payments	3,095,690
37	adjusted maximum annual payments for UPL	3,449,761
38	annual facility specific UPL amount	354,071
39		
40	annual allocation of charge limit (if applicable)	560
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	354,631
43	UPL adjustment available for SFY2014	354,631
44	SFY2014 UPL 1st - 3rd quarters paid	265,973
45	SFY2014 UPL 4th quarter adjustment	88,658
46	Intergovernmental transfer amount	30,206
47	Net funds amount	58,452

Georgia Departmentn of Community Health

	Facility Name	University Hospital McDuffie
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	364,564
11	covered charges	976,857
12	Medicare outpatient CCR	0.3649
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	349,142
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	101,298
18	payments	12,587
19	annual covered charges	135,310
20	annual interim payments	16,813
21	annual cost of services	49,381
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	365,955
31	Cost of services - max annual payments for UPL	413,945
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	378,517
37	adjusted maximum annual payments for UPL	428,154
38	annual facility specific UPL amount	49,637
39		
40	annual allocation of charge limit (if applicable)	52
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	49,689
43	UPL adjustment available for SFY2014	49,689
44	SFY2014 UPL 1st - 3rd quarters paid	37,267
45	SFY2014 UPL 4th quarter adjustment	12,422
46	Intergovernmental transfer amount	4,232
47	Net funds amount	8,190

Georgia Departmentn of Community Health

	Facility Name	Upson Regional Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,779,558
11	covered charges	9,085,433
12	Medicare outpatient CCR	0.1959
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,704,283
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	819,106
18	payments	30,909
19	annual covered charges	819,106
20	annual interim payments	30,909
21	annual cost of services	160,438
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	312,792
25	payments	62,487
26	annual covered charges	312,792
27	annual interim payments	62,487
28	annual cost of services	61,266
29		
30	Medicaid annual payments	1,797,679
31	Cost of services - max annual payments for UPL	2,001,262
32		
33	<u>adjustment factor</u>	
34	inflation	1.044
35		
36	adjusted Medicaid annual payments	1,876,435
37	adjusted maximum annual payments for UPL	2,088,938
38	annual facility specific UPL amount	212,503
39		
40	annual allocation of charge limit (if applicable)	418
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	212,921
43	UPL adjustment available for SFY2014	212,921
44	SFY2014 UPL 1st - 3rd quarters paid	159,691
45	SFY2014 UPL 4th quarter adjustment	53,230
46	Intergovernmental transfer amount	18,135
47	Net funds amount	35,095

Georgia Departmentn of Community Health

	Facility Name	Washington County Regional Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	460,354
11	covered charges	1,543,439
12	Medicare outpatient CCR	0.2983
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	440,881
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	52,050
18	payments	8,805
19	annual covered charges	52,050
20	annual interim payments	8,805
21	annual cost of services	15,525
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	81,953
25	payments	15,847
26	annual covered charges	81,953
27	annual interim payments	15,847
28	annual cost of services	24,444
29		
30	Medicaid annual payments	465,533
31	Cost of services - max annual payments for UPL	500,323
32		
33	<u>adjustment factor</u>	
34	inflation	1.063
35		
36	adjusted Medicaid annual payments	494,749
37	adjusted maximum annual payments for UPL	531,723
38	annual facility specific UPL amount	36,974
39		
40	annual allocation of charge limit (if applicable)	60
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	37,034
43	UPL adjustment available for SFY2014	37,034
44	SFY2014 UPL 1st - 3rd quarters paid	27,776
45	SFY2014 UPL 4th quarter adjustment	9,258
46	Intergovernmental transfer amount	3,154
47	Net funds amount	6,104

Georgia Departmentn of Community Health

	Facility Name	Wayne Memorial Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	874,032
11	covered charges	3,431,300
12	Medicare outpatient CCR	0.2632
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	837,061
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	319,318
18	payments	34,403
19	annual covered charges	319,318
20	annual interim payments	34,403
21	annual cost of services	84,046
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	408,045
25	payments	96,561
26	annual covered charges	408,045
27	annual interim payments	96,561
28	annual cost of services	107,399
29		
30	Medicaid annual payments	968,025
31	Cost of services - max annual payments for UPL	1,065,477
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	1,001,253
37	adjusted maximum annual payments for UPL	1,102,051
38	annual facility specific UPL amount	100,798
39		
40	annual allocation of charge limit (if applicable)	158
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	100,956
43	UPL adjustment available for SFY2014	100,956
44	SFY2014 UPL 1st - 3rd quarters paid	75,717
45	SFY2014 UPL 4th quarter adjustment	25,239
46	Intergovernmental transfer amount	8,599
47	Net funds amount	16,640

Georgia Departmentn of Community Health

	Facility Name	WellStar Cobb Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	3,682,727
11	covered charges	19,641,404
12	Medicare outpatient CCR	0.1748
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	3,526,948
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	2,005,101
18	payments	96,819
19	annual covered charges	2,005,101
20	annual interim payments	96,819
21	annual cost of services	350,490
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	3,387,628
25	payments	455,368
26	annual covered charges	3,387,628
27	annual interim payments	455,368
28	annual cost of services	592,154
29		
30	Medicaid annual payments	4,079,135
31	Cost of services - max annual payments for UPL	4,625,371
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	4,219,155
37	adjusted maximum annual payments for UPL	4,784,142
38	annual facility specific UPL amount	564,987
39		
40	annual allocation of charge limit (if applicable)	1,040
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	566,027
43	UPL adjustment available for SFY2014	566,027
44	SFY2014 UPL 1st - 3rd quarters paid	424,520
45	SFY2014 UPL 4th quarter adjustment	141,507
46	Intergovernmental transfer amount	48,211
47	Net funds amount	93,296

Georgia Departmentn of Community Health

	Facility Name	Wellstar Douglas Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,472,167
11	covered charges	9,583,626
12	Medicare outpatient CCR	0.1471
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	1,409,895
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,132,265
18	payments	55,492
19	annual covered charges	1,132,265
20	annual interim payments	55,492
21	annual cost of services	166,548
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	884,096
25	payments	143,037
26	annual covered charges	884,096
27	annual interim payments	143,037
28	annual cost of services	130,044
29		
30	Medicaid annual payments	1,608,424
31	Cost of services - max annual payments for UPL	1,768,759
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	1,663,635
37	adjusted maximum annual payments for UPL	1,829,474
38	annual facility specific UPL amount	165,839
39		
40	annual allocation of charge limit (if applicable)	501
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	166,340
43	UPL adjustment available for SFY2014	166,340
44	SFY2014 UPL 1st - 3rd quarters paid	124,755
45	SFY2014 UPL 4th quarter adjustment	41,585
46	Intergovernmental transfer amount	14,168
47	Net funds amount	27,417

Georgia Departmentn of Community Health

	Facility Name	WellStar Kennestone Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	2,799,304
11	covered charges	18,011,329
12	Medicare outpatient CCR	0.1630
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,680,894
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	1,092,678
18	payments	43,351
19	annual covered charges	1,459,563
20	annual interim payments	57,906
21	annual cost of services	237,953
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	4,769,165
25	payments	680,662
26	annual covered charges	6,370,490
27	annual interim payments	909,206
28	annual cost of services	1,038,582
29		
30	Medicaid annual payments	3,648,006
31	Cost of services - max annual payments for UPL	4,075,839
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	3,773,227
37	adjusted maximum annual payments for UPL	4,215,746
38	annual facility specific UPL amount	442,519
39		
40	annual allocation of charge limit (if applicable)	1,417
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	443,936
43	UPL adjustment available for SFY2014	443,936
44	SFY2014 UPL 1st - 3rd quarters paid	332,952
45	SFY2014 UPL 4th quarter adjustment	110,984
46	Intergovernmental transfer amount	37,812
47	Net funds amount	73,172

Georgia Departmentn of Community Health

	Facility Name	WellStar Paulding Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	967,744
11	covered charges	6,277,278
12	Medicare outpatient CCR	0.1657
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	926,808
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	678,190
18	payments	29,749
19	annual covered charges	678,190
20	annual interim payments	29,749
21	annual cost of services	112,368
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	348,089
25	payments	41,722
26	annual covered charges	348,089
27	annual interim payments	41,722
28	annual cost of services	57,674
29		
30	Medicaid annual payments	998,279
31	Cost of services - max annual payments for UPL	1,137,786
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	1,032,546
37	adjusted maximum annual payments for UPL	1,176,841
38	annual facility specific UPL amount	144,295
39		
40	annual allocation of charge limit (if applicable)	314
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	144,609
43	UPL adjustment available for SFY2014	144,609
44	SFY2014 UPL 1st - 3rd quarters paid	108,457
45	SFY2014 UPL 4th quarter adjustment	36,152
46	Intergovernmental transfer amount	12,317
47	Net funds amount	23,835

Georgia Departmentn of Community Health

	Facility Name	WellStar Windy Hill Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	145,960
11	covered charges	704,758
12	Medicare outpatient CCR	0.2359
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	139,785
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	0
18	payments	0
19	annual covered charges	0
20	annual interim payments	0
21	annual cost of services	0
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	499,536
25	payments	99,041
26	annual covered charges	499,536
27	annual interim payments	99,041
28	annual cost of services	117,830
29		
30	Medicaid annual payments	238,826
31	Cost of services - max annual payments for UPL	263,790
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	247,024
37	adjusted maximum annual payments for UPL	272,844
38	annual facility specific UPL amount	25,820
39		
40	annual allocation of charge limit (if applicable)	48
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	25,868
43	UPL adjustment available for SFY2014	25,868
44	SFY2014 UPL 1st - 3rd quarters paid	19,401
45	SFY2014 UPL 4th quarter adjustment	6,467
46	Intergovernmental transfer amount	2,203
47	Net funds amount	4,264

Georgia Departmentn of Community Health

	Facility Name	West Georgia Health Systems, Inc.
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	2,239,450
11	covered charges	8,896,862
12	Medicare outpatient CCR	0.2517
13	cost settlement rate	95.77%
14	annual Medicaid payments after cost settlement	2,144,721
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	518,775
18	payments	50,178
19	annual covered charges	518,775
20	annual interim payments	50,178
21	annual cost of services	130,582
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	459,753
25	payments	104,751
26	annual covered charges	459,753
27	annual interim payments	104,751
28	annual cost of services	115,725
29		
30	Medicaid annual payments	2,299,650
31	Cost of services - max annual payments for UPL	2,485,757
32		
33	<u>adjustment factor</u>	
34	inflation	1.057
35		
36	adjusted Medicaid annual payments	2,431,365
37	adjusted maximum annual payments for UPL	2,628,131
38	annual facility specific UPL amount	196,766
39		
40	annual allocation of charge limit (if applicable)	376
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	197,142
43	UPL adjustment available for SFY2014	197,142
44	SFY2014 UPL 1st - 3rd quarters paid	147,857
45	SFY2014 UPL 4th quarter adjustment	49,285
46	Intergovernmental transfer amount	16,791
47	Net funds amount	32,494

Georgia Departmentn of Community Health

	Facility Name	Bacon County Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	300,036
11	covered charges	789,461
12	Medicare outpatient CCR	0.3723
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	300,036
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	156,324
18	payments	13,850
19	annual covered charges	156,324
20	annual interim payments	13,850
21	annual cost of services	58,207
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	142,833
25	payments	4,477
26	annual covered charges	142,833
27	annual interim payments	4,477
28	annual cost of services	53,184
29		
30	Medicaid annual payments	318,363
31	Cost of services - max annual payments for UPL	411,427
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	329,291
37	adjusted maximum annual payments for UPL	425,550
38	annual facility specific UPL amount	96,259
39		
40	annual allocation of charge limit (if applicable)	34
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	96,293
43	UPL adjustment available for SFY2014	96,293
44	SFY2014 UPL 1st - 3rd quarters paid	72,220
45	SFY2014 UPL 4th quarter adjustment	24,073
46	Intergovernmental transfer amount	0
47	Net funds amount	24,073

Georgia Departmentn of Community Health

	Facility Name	Bleckley Memorial Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	253,766
11	covered charges	217,011
12	Medicare outpatient CCR	0.7658
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	253,766
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	29,411
18	payments	4,900
19	annual covered charges	29,411
20	annual interim payments	4,900
21	annual cost of services	22,522
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	258,666
31	Cost of services - max annual payments for UPL	276,288
32		
33	<u>adjustment factor</u>	
34	inflation	1.032
35		
36	adjusted Medicaid annual payments	267,006
37	adjusted maximum annual payments for UPL	285,196
38	annual facility specific UPL amount	18,190
39		
40	annual allocation of charge limit (if applicable)	(30,434)
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	(12,244)
43	UPL adjustment available for SFY2014	0
44	SFY2014 UPL 1st - 3rd quarters paid	0
45	SFY2014 UPL 4th quarter adjustment	0
46	Intergovernmental transfer amount	0
47	Net funds amount	0

Georgia Departmentn of Community Health

	Facility Name	Brooks County Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	400,450
11	covered charges	1,319,767
12	Medicare outpatient CCR	0.3034
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	400,450
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	52,679
18	payments	4,327
19	annual covered charges	52,679
20	annual interim payments	4,327
21	annual cost of services	15,984
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	117,162
25	payments	21,401
26	annual covered charges	117,162
27	annual interim payments	21,401
28	annual cost of services	35,550
29		
30	Medicaid annual payments	426,178
31	Cost of services - max annual payments for UPL	451,984
32		
33	<u>adjustment factor</u>	
34	inflation	1.057
35		
36	adjusted Medicaid annual payments	450,588
37	adjusted maximum annual payments for UPL	477,871
38	annual facility specific UPL amount	27,283
39		
40	annual allocation of charge limit (if applicable)	53
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	27,336
43	UPL adjustment available for SFY2014	27,336
44	SFY2014 UPL 1st - 3rd quarters paid	20,502
45	SFY2014 UPL 4th quarter adjustment	6,834
46	Intergovernmental transfer amount	0
47	Net funds amount	6,834

Georgia Departmentn of Community Health

	Facility Name	Candler County Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	402,136
11	covered charges	1,290,124
12	Medicare outpatient CCR	0.3117
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	402,136
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	99,175
18	payments	9,950
19	annual covered charges	99,175
20	annual interim payments	9,950
21	annual cost of services	30,913
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	81,910
25	payments	26,842
26	annual covered charges	81,910
27	annual interim payments	26,842
28	annual cost of services	25,532
29		
30	Medicaid annual payments	438,928
31	Cost of services - max annual payments for UPL	458,581
32		
33	<u>adjustment factor</u>	
34	inflation	1.044
35		
36	adjusted Medicaid annual payments	458,157
37	adjusted maximum annual payments for UPL	478,672
38	annual facility specific UPL amount	20,515
39		
40	annual allocation of charge limit (if applicable)	52
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	20,567
43	UPL adjustment available for SFY2014	20,567
44	SFY2014 UPL 1st - 3rd quarters paid	15,425
45	SFY2014 UPL 4th quarter adjustment	5,142
46	Intergovernmental transfer amount	0
47	Net funds amount	5,142

Georgia Departmentn of Community Health

	Facility Name	Charlton Memorial Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	147,319
11	covered charges	323,370
12	Medicare outpatient CCR	0.3915
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	147,319
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	23,717
18	payments	2,200
19	annual covered charges	23,717
20	annual interim payments	2,200
21	annual cost of services	9,285
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	36,075
25	payments	8,866
26	annual covered charges	36,075
27	annual interim payments	8,866
28	annual cost of services	14,123
29		
30	Medicaid annual payments	158,385
31	Cost of services - max annual payments for UPL	170,727
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	163,822
37	adjusted maximum annual payments for UPL	176,587
38	annual facility specific UPL amount	12,765
39		
40	annual allocation of charge limit (if applicable)	11
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	12,776
43	UPL adjustment available for SFY2014	12,776
44	SFY2014 UPL 1st - 3rd quarters paid	9,582
45	SFY2014 UPL 4th quarter adjustment	3,194
46	Intergovernmental transfer amount	0
47	Net funds amount	3,194

Georgia Departmentn of Community Health

	Facility Name	Chatuge Regional Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	64,196
11	covered charges	146,084
12	Medicare outpatient CCR	0.3640
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	64,196
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	19,238
18	payments	1,785
19	annual covered charges	19,238
20	annual interim payments	1,785
21	annual cost of services	7,003
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	65,981
31	Cost of services - max annual payments for UPL	71,199
32		
33	<u>adjustment factor</u>	
34	inflation	1.033
35		
36	adjusted Medicaid annual payments	68,154
37	adjusted maximum annual payments for UPL	73,544
38	annual facility specific UPL amount	5,390
39		
40	annual allocation of charge limit (if applicable)	5
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	5,395
43	UPL adjustment available for SFY2014	5,395
44	SFY2014 UPL 1st - 3rd quarters paid	4,046
45	SFY2014 UPL 4th quarter adjustment	1,349
46	Intergovernmental transfer amount	0
47	Net funds amount	1,349

Georgia Departmentn of Community Health

	Facility Name	Clinch Memorial Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	292,270
11	covered charges	379,717
12	Medicare outpatient CCR	0.6748
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	292,270
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	50,442
18	payments	11,042
19	annual covered charges	50,442
20	annual interim payments	11,042
21	annual cost of services	34,038
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	303,312
31	Cost of services - max annual payments for UPL	326,308
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	313,723
37	adjusted maximum annual payments for UPL	337,508
38	annual facility specific UPL amount	23,785
39		
40	annual allocation of charge limit (if applicable)	5
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	23,790
43	UPL adjustment available for SFY2014	23,790
44	SFY2014 UPL 1st - 3rd quarters paid	17,843
45	SFY2014 UPL 4th quarter adjustment	5,947
46	Intergovernmental transfer amount	0
47	Net funds amount	5,947

Georgia Departmentn of Community Health

	Facility Name	Effingham Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	321,342
11	covered charges	968,490
12	Medicare outpatient CCR	0.3571
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	321,342
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	142,324
18	payments	6,750
19	annual covered charges	142,324
20	annual interim payments	6,750
21	annual cost of services	50,829
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	23,904
25	payments	4,505
26	annual covered charges	23,904
27	annual interim payments	4,505
28	annual cost of services	8,537
29		
30	Medicaid annual payments	332,597
31	Cost of services - max annual payments for UPL	380,708
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	344,014
37	adjusted maximum annual payments for UPL	393,776
38	annual facility specific UPL amount	49,762
39		
40	annual allocation of charge limit (if applicable)	38
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	49,800
43	UPL adjustment available for SFY2014	49,800
44	SFY2014 UPL 1st - 3rd quarters paid	37,350
45	SFY2014 UPL 4th quarter adjustment	12,450
46	Intergovernmental transfer amount	0
47	Net funds amount	12,450

Georgia Departmentn of Community Health

	Facility Name	Higgins General Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	1,004,502
11	covered charges	3,731,600
12	Medicare outpatient CCR	0.2518
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	1,004,502
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	275,296
18	payments	20,300
19	annual covered charges	275,296
20	annual interim payments	20,300
21	annual cost of services	69,331
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	270,674
25	payments	37,210
26	annual covered charges	270,674
27	annual interim payments	37,210
28	annual cost of services	68,167
29		
30	Medicaid annual payments	1,062,012
31	Cost of services - max annual payments for UPL	1,142,000
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	1,098,467
37	adjusted maximum annual payments for UPL	1,181,201
38	annual facility specific UPL amount	82,734
39		
40	annual allocation of charge limit (if applicable)	160
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	82,894
43	UPL adjustment available for SFY2014	82,894
44	SFY2014 UPL 1st - 3rd quarters paid	62,171
45	SFY2014 UPL 4th quarter adjustment	20,723
46	Intergovernmental transfer amount	0
47	Net funds amount	20,723

Georgia Departmentn of Community Health

	Facility Name	Jasper Memorial Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	178,018
11	covered charges	321,315
12	Medicare outpatient CCR	0.5540
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	178,018
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	19,495
18	payments	3,500
19	annual covered charges	19,495
20	annual interim payments	3,500
21	annual cost of services	10,801
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	181,518
31	Cost of services - max annual payments for UPL	188,819
32		
33	<u>adjustment factor</u>	
34	inflation	1.057
35		
36	adjusted Medicaid annual payments	191,915
37	adjusted maximum annual payments for UPL	199,634
38	annual facility specific UPL amount	7,719
39		
40	annual allocation of charge limit (if applicable)	8
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	7,727
43	UPL adjustment available for SFY2014	7,727
44	SFY2014 UPL 1st - 3rd quarters paid	5,795
45	SFY2014 UPL 4th quarter adjustment	1,932
46	Intergovernmental transfer amount	0
47	Net funds amount	1,932

Georgia Departmentn of Community Health

	Facility Name	Jeff Davis Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	363,968
11	covered charges	1,176,292
12	Medicare outpatient CCR	0.3094
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	363,968
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	105,620
18	payments	6,950
19	annual covered charges	105,620
20	annual interim payments	6,950
21	annual cost of services	32,681
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	370,918
31	Cost of services - max annual payments for UPL	396,649
32		
33	<u>adjustment factor</u>	
34	inflation	1.057
35		
36	adjusted Medicaid annual payments	392,163
37	adjusted maximum annual payments for UPL	419,367
38	annual facility specific UPL amount	27,204
39		
40	annual allocation of charge limit (if applicable)	45
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	27,249
43	UPL adjustment available for SFY2014	27,249
44	SFY2014 UPL 1st - 3rd quarters paid	20,437
45	SFY2014 UPL 4th quarter adjustment	6,812
46	Intergovernmental transfer amount	0
47	Net funds amount	6,812

Georgia Departmentn of Community Health

	Facility Name	Liberty Regional Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	719,815
11	covered charges	3,143,237
12	Medicare outpatient CCR	0.2290
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	719,815
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	424,895
18	payments	28,752
19	annual covered charges	424,895
20	annual interim payments	28,752
21	annual cost of services	97,303
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	56,158
25	payments	9,112
26	annual covered charges	56,158
27	annual interim payments	9,112
28	annual cost of services	12,860
29		
30	Medicaid annual payments	757,679
31	Cost of services - max annual payments for UPL	829,978
32		
33	<u>adjustment factor</u>	
34	inflation	1.048
35		
36	adjusted Medicaid annual payments	794,245
37	adjusted maximum annual payments for UPL	870,033
38	annual facility specific UPL amount	75,788
39		
40	annual allocation of charge limit (if applicable)	142
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	75,930
43	UPL adjustment available for SFY2014	75,930
44	SFY2014 UPL 1st - 3rd quarters paid	56,948
45	SFY2014 UPL 4th quarter adjustment	18,982
46	Intergovernmental transfer amount	0
47	Net funds amount	18,982

Georgia Departmentn of Community Health

	Facility Name	Louis Smith Memorial Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	271,529
11	covered charges	525,269
12	Medicare outpatient CCR	0.5169
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	271,529
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	68,417
18	payments	6,600
19	annual covered charges	68,417
20	annual interim payments	6,600
21	annual cost of services	35,367
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	47,573
25	payments	13,162
26	annual covered charges	47,573
27	annual interim payments	13,162
28	annual cost of services	24,592
29		
30	Medicaid annual payments	291,291
31	Cost of services - max annual payments for UPL	331,488
32		
33	<u>adjustment factor</u>	
34	inflation	1.057
35		
36	adjusted Medicaid annual payments	307,975
37	adjusted maximum annual payments for UPL	350,474
38	annual facility specific UPL amount	42,499
39		
40	annual allocation of charge limit (if applicable)	16
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	42,515
43	UPL adjustment available for SFY2014	42,515
44	SFY2014 UPL 1st - 3rd quarters paid	31,886
45	SFY2014 UPL 4th quarter adjustment	10,629
46	Intergovernmental transfer amount	0
47	Net funds amount	10,629

Georgia Departmentn of Community Health

	Facility Name	Miller County Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	313,797
11	covered charges	735,316
12	Medicare outpatient CCR	0.4359
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	313,797
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	54,223
18	payments	6,050
19	annual covered charges	54,223
20	annual interim payments	6,050
21	annual cost of services	23,635
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	319,847
31	Cost of services - max annual payments for UPL	337,432
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	330,826
37	adjusted maximum annual payments for UPL	349,015
38	annual facility specific UPL amount	18,189
39		
40	annual allocation of charge limit (if applicable)	23
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	18,212
43	UPL adjustment available for SFY2014	18,212
44	SFY2014 UPL 1st - 3rd quarters paid	13,659
45	SFY2014 UPL 4th quarter adjustment	4,553
46	Intergovernmental transfer amount	0
47	Net funds amount	4,553

Georgia Departmentn of Community Health

	Facility Name	Mitchell County Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	485,637
11	covered charges	1,834,302
12	Medicare outpatient CCR	0.2648
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	485,637
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	96,023
18	payments	9,443
19	annual covered charges	96,023
20	annual interim payments	9,443
21	annual cost of services	25,422
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	205,781
25	payments	15,311
26	annual covered charges	205,781
27	annual interim payments	15,311
28	annual cost of services	54,481
29		
30	Medicaid annual payments	510,391
31	Cost of services - max annual payments for UPL	565,540
32		
33	<u>adjustment factor</u>	
34	inflation	1.057
35		
36	adjusted Medicaid annual payments	539,624
37	adjusted maximum annual payments for UPL	597,932
38	annual facility specific UPL amount	58,308
39		
40	annual allocation of charge limit (if applicable)	80
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	58,388
43	UPL adjustment available for SFY2014	58,388
44	SFY2014 UPL 1st - 3rd quarters paid	43,791
45	SFY2014 UPL 4th quarter adjustment	14,597
46	Intergovernmental transfer amount	0
47	Net funds amount	14,597

Georgia Departmentn of Community Health

	Facility Name	Monroe County Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	227,587
11	covered charges	523,817
12	Medicare outpatient CCR	0.4345
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	227,587
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	81,507
18	payments	9,600
19	annual covered charges	81,507
20	annual interim payments	9,600
21	annual cost of services	35,413
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	237,187
31	Cost of services - max annual payments for UPL	263,000
32		
33	<u>adjustment factor</u>	
34	inflation	1.057
35		
36	adjusted Medicaid annual payments	250,772
37	adjusted maximum annual payments for UPL	278,064
38	annual facility specific UPL amount	27,292
39		
40	annual allocation of charge limit (if applicable)	17
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	27,309
43	UPL adjustment available for SFY2014	27,309
44	SFY2014 UPL 1st - 3rd quarters paid	20,482
45	SFY2014 UPL 4th quarter adjustment	6,827
46	Intergovernmental transfer amount	0
47	Net funds amount	6,827

Georgia Departmentn of Community Health

	Facility Name	Morgan Memorial Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	136,835
11	covered charges	265,571
12	Medicare outpatient CCR	0.4670
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	136,835
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	26,383
18	payments	3,400
19	annual covered charges	26,383
20	annual interim payments	3,400
21	annual cost of services	12,322
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	33,239
25	payments	12,901
26	annual covered charges	33,239
27	annual interim payments	12,901
28	annual cost of services	15,524
29		
30	Medicaid annual payments	153,136
31	Cost of services - max annual payments for UPL	164,681
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	158,393
37	adjusted maximum annual payments for UPL	170,334
38	annual facility specific UPL amount	11,941
39		
40	annual allocation of charge limit (if applicable)	8
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	11,949
43	UPL adjustment available for SFY2014	11,949
44	SFY2014 UPL 1st - 3rd quarters paid	8,962
45	SFY2014 UPL 4th quarter adjustment	2,987
46	Intergovernmental transfer amount	0
47	Net funds amount	2,987

Georgia Departmentn of Community Health

	Facility Name	Peach Regional Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	708,071
11	covered charges	1,699,445
12	Medicare outpatient CCR	0.4166
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	708,071
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	102,899
18	payments	15,599
19	annual covered charges	102,899
20	annual interim payments	15,599
21	annual cost of services	42,873
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	29,348
25	payments	4,393
26	annual covered charges	29,348
27	annual interim payments	4,393
28	annual cost of services	12,228
29		
30	Medicaid annual payments	728,063
31	Cost of services - max annual payments for UPL	763,172
32		
33	<u>adjustment factor</u>	
34	inflation	1.053
35		
36	adjusted Medicaid annual payments	766,468
37	adjusted maximum annual payments for UPL	803,428
38	annual facility specific UPL amount	36,960
39		
40	annual allocation of charge limit (if applicable)	54
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	37,014
43	UPL adjustment available for SFY2014	37,014
44	SFY2014 UPL 1st - 3rd quarters paid	27,761
45	SFY2014 UPL 4th quarter adjustment	9,253
46	Intergovernmental transfer amount	0
47	Net funds amount	9,253

Georgia Departmentn of Community Health

	Facility Name	Pioneer Community Hospital of Early
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	273,768
11	covered charges	649,919
12	Medicare outpatient CCR	0.4212
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	273,768
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	66,755
18	payments	5,900
19	annual covered charges	66,755
20	annual interim payments	5,900
21	annual cost of services	28,120
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	22,670
25	payments	8,716
26	annual covered charges	22,670
27	annual interim payments	8,716
28	annual cost of services	9,549
29		
30	Medicaid annual payments	288,384
31	Cost of services - max annual payments for UPL	311,437
32		
33	<u>adjustment factor</u>	
34	inflation	1.057
35		
36	adjusted Medicaid annual payments	304,901
37	adjusted maximum annual payments for UPL	329,275
38	annual facility specific UPL amount	24,374
39		
40	annual allocation of charge limit (if applicable)	22
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	24,396
43	UPL adjustment available for SFY2014	24,396
44	SFY2014 UPL 1st - 3rd quarters paid	18,297
45	SFY2014 UPL 4th quarter adjustment	6,099
46	Intergovernmental transfer amount	0
47	Net funds amount	6,099

Georgia Departmentn of Community Health

	Facility Name	Polk Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	298,195
11	covered charges	1,143,849
12	Medicare outpatient CCR	0.9432
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	298,195
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	231,248
18	payments	13,200
19	annual covered charges	308,893
20	annual interim payments	17,632
21	annual cost of services	291,334
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	315,827
31	Cost of services - max annual payments for UPL	589,529
32		
33	<u>adjustment factor</u>	
34	inflation	1.034
35		
36	adjusted Medicaid annual payments	326,668
37	adjusted maximum annual payments for UPL	609,765
38	annual facility specific UPL amount	283,097
39		
40	annual allocation of charge limit (if applicable)	63
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	283,160
43	UPL adjustment available for SFY2014	283,160
44	SFY2014 UPL 1st - 3rd quarters paid	212,370
45	SFY2014 UPL 4th quarter adjustment	70,790
46	Intergovernmental transfer amount	0
47	Net funds amount	70,790

Georgia Departmentn of Community Health

	Facility Name	Putnam General Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	372,032
11	covered charges	797,673
12	Medicare outpatient CCR	0.4664
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	372,032
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	58,175
18	payments	6,875
19	annual covered charges	58,175
20	annual interim payments	6,875
21	annual cost of services	27,133
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	32,747
25	payments	13,465
26	annual covered charges	32,747
27	annual interim payments	13,465
28	annual cost of services	15,273
29		
30	Medicaid annual payments	392,372
31	Cost of services - max annual payments for UPL	414,438
32		
33	<u>adjustment factor</u>	
34	inflation	1.057
35		
36	adjusted Medicaid annual payments	414,845
37	adjusted maximum annual payments for UPL	438,176
38	annual facility specific UPL amount	23,331
39		
40	annual allocation of charge limit (if applicable)	24
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	23,355
43	UPL adjustment available for SFY2014	23,355
44	SFY2014 UPL 1st - 3rd quarters paid	17,516
45	SFY2014 UPL 4th quarter adjustment	5,839
46	Intergovernmental transfer amount	0
47	Net funds amount	5,839

Georgia Departmentn of Community Health

	Facility Name	Southwest GA Regional Med. Ctr.
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	309,601
11	covered charges	836,401
12	Medicare outpatient CCR	0.3702
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	309,601
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	137,886
18	payments	9,592
19	annual covered charges	137,886
20	annual interim payments	9,592
21	annual cost of services	51,040
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	319,193
31	Cost of services - max annual payments for UPL	360,641
32		
33	<u>adjustment factor</u>	
34	inflation	1.074
35		
36	adjusted Medicaid annual payments	342,781
37	adjusted maximum annual payments for UPL	387,292
38	annual facility specific UPL amount	44,511
39		
40	annual allocation of charge limit (if applicable)	31
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	44,542
43	UPL adjustment available for SFY2014	44,542
44	SFY2014 UPL 1st - 3rd quarters paid	33,407
45	SFY2014 UPL 4th quarter adjustment	11,135
46	Intergovernmental transfer amount	0
47	Net funds amount	11,135

Georgia Departmentn of Community Health

	Facility Name	Sylvan Grove Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	311,084
11	covered charges	1,684,208
12	Medicare outpatient CCR	0.1847
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	311,084
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	232,489
18	payments	11,500
19	annual covered charges	232,489
20	annual interim payments	11,500
21	annual cost of services	42,942
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	322,584
31	Cost of services - max annual payments for UPL	354,026
32		
33	<u>adjustment factor</u>	
34	inflation	1.044
35		
36	adjusted Medicaid annual payments	336,716
37	adjusted maximum annual payments for UPL	369,536
38	annual facility specific UPL amount	32,820
39		
40	annual allocation of charge limit (if applicable)	80
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	32,900
43	UPL adjustment available for SFY2014	32,900
44	SFY2014 UPL 1st - 3rd quarters paid	24,675
45	SFY2014 UPL 4th quarter adjustment	8,225
46	Intergovernmental transfer amount	0
47	Net funds amount	8,225

Georgia Departmentn of Community Health

	Facility Name	Warm Springs Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	278,486
11	covered charges	812,991
12	Medicare outpatient CCR	0.3425
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	278,486
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	114,027
18	payments	9,850
19	annual covered charges	114,027
20	annual interim payments	9,850
21	annual cost of services	39,059
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	288,336
31	Cost of services - max annual payments for UPL	317,545
32		
33	<u>adjustment factor</u>	
34	inflation	1.044
35		
36	adjusted Medicaid annual payments	300,968
37	adjusted maximum annual payments for UPL	331,457
38	annual facility specific UPL amount	30,489
39		
40	annual allocation of charge limit (if applicable)	31
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	30,520
43	UPL adjustment available for SFY2014	30,520
44	SFY2014 UPL 1st - 3rd quarters paid	22,890
45	SFY2014 UPL 4th quarter adjustment	7,630
46	Intergovernmental transfer amount	0
47	Net funds amount	7,630

Georgia Departmentn of Community Health

	Facility Name	Wills Memorial Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	209,974
11	covered charges	355,683
12	Medicare outpatient CCR	0.5439
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	209,974
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	14,415
18	payments	4,550
19	annual covered charges	14,415
20	annual interim payments	4,550
21	annual cost of services	7,840
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	214,524
31	Cost of services - max annual payments for UPL	217,814
32		
33	<u>adjustment factor</u>	
34	inflation	1.033
35		
36	adjusted Medicaid annual payments	221,590
37	adjusted maximum annual payments for UPL	224,988
38	annual facility specific UPL amount	3,398
39		
40	annual allocation of charge limit (if applicable)	8
41	allocation of UPL amounts < 0	0
42	annual UPL amount after aggregate limit adjustments	3,406
43	UPL adjustment available for SFY2014	3,406
44	SFY2014 UPL 1st - 3rd quarters paid	2,555
45	SFY2014 UPL 4th quarter adjustment	851
46	Intergovernmental transfer amount	0
47	Net funds amount	851

Georgia Departmentn of Community Health

	Facility Name	Good Samaritan Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	319,903
11	covered charges	781,527
12	Medicare outpatient CCR	0.4093
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	319,903
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	88,357
18	payments	9,050
19	annual covered charges	88,357
20	annual interim payments	9,050
21	annual cost of services	36,167
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	40,164
25	payments	17,497
26	annual covered charges	40,164
27	annual interim payments	17,497
28	annual cost of services	16,440
29		
30	Medicaid annual payments	346,450
31	Cost of services - max annual payments for UPL	372,510
32		
33	<u>adjustment factor</u>	
34	inflation	1.044
35		
36	adjusted Medicaid annual payments	361,628
37	adjusted maximum annual payments for UPL	388,830
38	annual facility specific UPL amount	27,202
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(619)
42	annual UPL amount after aggregate limit adjustments	26,583
43	UPL adjustment available for SFY2014	26,583
44	SFY2014 UPL 1st - 3rd quarters paid	19,937
45	SFY2014 UPL 4th quarter adjustment	6,646
46	Intergovernmental transfer amount	0
47	Net funds amount	6,646

Georgia Departmentn of Community Health

	Facility Name	Lower Oconee Community Hospital
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	997,285
11	covered charges	3,801,841
12	Medicare outpatient CCR	0.2623
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	997,285
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	74,246
18	payments	5,203
19	annual covered charges	74,246
20	annual interim payments	5,203
21	annual cost of services	19,476
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	15,434
25	payments	5,313
26	annual covered charges	15,434
27	annual interim payments	5,313
28	annual cost of services	4,049
29		
30	Medicaid annual payments	1,007,801
31	Cost of services - max annual payments for UPL	1,020,810
32		
33	<u>adjustment factor</u>	
34	inflation	1.044
35		
36	adjusted Medicaid annual payments	1,051,953
37	adjusted maximum annual payments for UPL	1,065,531
38	annual facility specific UPL amount	13,578
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(309)
42	annual UPL amount after aggregate limit adjustments	13,269
43	UPL adjustment available for SFY2014	13,269
44	SFY2014 UPL 1st - 3rd quarters paid	9,952
45	SFY2014 UPL 4th quarter adjustment	3,317
46	Intergovernmental transfer amount	0
47	Net funds amount	3,317

Georgia Departmentn of Community Health

	Facility Name	Mountain Lakes Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	233,518
11	covered charges	580,023
12	Medicare outpatient CCR	0.4026
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	233,518
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	42,006
18	payments	3,050
19	annual covered charges	42,006
20	annual interim payments	3,050
21	annual cost of services	16,912
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	91,977
25	payments	22,816
26	annual covered charges	91,977
27	annual interim payments	22,816
28	annual cost of services	37,030
29		
30	Medicaid annual payments	259,384
31	Cost of services - max annual payments for UPL	287,460
32		
33	<u>adjustment factor</u>	
34	inflation	1.044
35		
36	adjusted Medicaid annual payments	270,748
37	adjusted maximum annual payments for UPL	300,054
38	annual facility specific UPL amount	29,306
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(667)
42	annual UPL amount after aggregate limit adjustments	28,639
43	UPL adjustment available for SFY2014	28,639
44	SFY2014 UPL 1st - 3rd quarters paid	21,479
45	SFY2014 UPL 4th quarter adjustment	7,160
46	Intergovernmental transfer amount	0
47	Net funds amount	7,160

Georgia Departmentn of Community Health

	Facility Name	Optim Medical Center-Jenkins
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	115,567
11	covered charges	196,335
12	Medicare outpatient CCR	0.4311
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	115,567
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	33,416
18	payments	8,050
19	annual covered charges	33,416
20	annual interim payments	8,050
21	annual cost of services	14,407
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	123,617
31	Cost of services - max annual payments for UPL	129,974
32		
33	<u>adjustment factor</u>	
34	inflation	1.118
35		
36	adjusted Medicaid annual payments	138,259
37	adjusted maximum annual payments for UPL	145,370
38	annual facility specific UPL amount	7,111
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(162)
42	annual UPL amount after aggregate limit adjustments	6,949
43	UPL adjustment available for SFY2014	6,949
44	SFY2014 UPL 1st - 3rd quarters paid	5,212
45	SFY2014 UPL 4th quarter adjustment	1,737
46	Intergovernmental transfer amount	0
47	Net funds amount	1,737

Georgia Departmentn of Community Health

	Facility Name	Optim Medical Center-Screven
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	188,813
11	covered charges	789,832
12	Medicare outpatient CCR	0.2391
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	188,813
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	87,641
18	payments	7,591
19	annual covered charges	87,641
20	annual interim payments	7,591
21	annual cost of services	20,951
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	106,933
25	payments	26,589
26	annual covered charges	106,933
27	annual interim payments	26,589
28	annual cost of services	25,563
29		
30	Medicaid annual payments	222,993
31	Cost of services - max annual payments for UPL	235,327
32		
33	<u>adjustment factor</u>	
34	inflation	1.074
35		
36	adjusted Medicaid annual payments	239,472
37	adjusted maximum annual payments for UPL	252,718
38	annual facility specific UPL amount	13,246
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(302)
42	annual UPL amount after aggregate limit adjustments	12,944
43	UPL adjustment available for SFY2014	12,944
44	SFY2014 UPL 1st - 3rd quarters paid	9,708
45	SFY2014 UPL 4th quarter adjustment	3,236
46	Intergovernmental transfer amount	0
47	Net funds amount	3,236

Georgia Departmentn of Community Health

	Facility Name	Optim Medical Center-Tattnall
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	310,180
11	covered charges	3,128,447
12	Medicare outpatient CCR	0.0991
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	310,180
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	72,521
18	payments	5,750
19	annual covered charges	72,521
20	annual interim payments	5,750
21	annual cost of services	7,190
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	2,626,254
25	payments	344,735
26	annual covered charges	2,626,254
27	annual interim payments	344,735
28	annual cost of services	260,389
29		
30	Medicaid annual payments	660,665
31	Cost of services - max annual payments for UPL	577,759
32		
33	<u>adjustment factor</u>	
34	inflation	1.044
35		
36	adjusted Medicaid annual payments	689,609
37	adjusted maximum annual payments for UPL	603,071
38	annual facility specific UPL amount	(86,538)
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	86,538
42	annual UPL amount after aggregate limit adjustments	0
43	UPL adjustment available for SFY2014	0
44	SFY2014 UPL 1st - 3rd quarters paid	0
45	SFY2014 UPL 4th quarter adjustment	0
46	Intergovernmental transfer amount	0
47	Net funds amount	0

Georgia Departmentn of Community Health

	Facility Name	Phoebe Worth Medical Center
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>subject to cost settlement</u>	
10	cost of Medicaid covered services	344,235
11	covered charges	946,670
12	Medicare outpatient CCR	0.3636
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	344,235
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	119,827
18	payments	10,950
19	annual covered charges	119,827
20	annual interim payments	10,950
21	annual cost of services	43,572
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	0
25	payments	0
26	annual covered charges	0
27	annual interim payments	0
28	annual cost of services	0
29		
30	Medicaid annual payments	355,185
31	Cost of services - max annual payments for UPL	387,807
32		
33	<u>adjustment factor</u>	
34	inflation	1.068
35		
36	adjusted Medicaid annual payments	379,444
37	adjusted maximum annual payments for UPL	414,294
38	annual facility specific UPL amount	34,850
39		
40	annual allocation of charge limit (if applicable)	0
41	allocation of UPL amounts < 0	(793)
42	annual UPL amount after aggregate limit adjustments	34,057
43	UPL adjustment available for SFY2014	34,057
44	SFY2014 UPL 1st - 3rd quarters paid	25,543
45	SFY2014 UPL 4th quarter adjustment	8,514
46	Intergovernmental transfer amount	0
47	Net funds amount	8,514