

Georgia Department of Community Health  
FY 2005  
Interim Disproportionate Share Hospital Payments

	Appling Hospital	Athens Regional Medical Center	Bacon County Hospital	Barrow Community Hospital	Berrien County Hospital	BJC Medical Center	Bleckley Memorial Hospital	
<b>STEP 1: Determine FY2004 stop loss and stop gain.</b>								
Line 1:	What is the FY 2004 DSH allocation?	508,798	13,164,979	884,189	439,015	483,606	1,196,350	450,873
Line 1A:	If Line 1 is equal to 0, then go to Line 4.							
Line 2:	Apply 75% to Line 1	\$ 381,599	\$ 9,873,734	\$ 663,142	\$ 329,261	\$ 362,705	\$ 897,263	\$ 338,155
Line 3A:	STOP GAIN: Apply +15% to Line 2 amount	\$ 438,838	\$ 11,354,794	\$ 762,613	\$ 378,650	\$ 417,110	\$ 1,031,852	\$ 388,878
Line 3B:	STOP LOSS: Apply -15% to Line 2 amount	\$ 324,359	\$ 8,392,674	\$ 563,670	\$ 279,872	\$ 308,299	\$ 762,673	\$ 287,432
<b>STEP 2: Determine basis for FY2005 interim payment.</b>								
Line 4:	What is the preliminary FY2005 DSH Allocation?	1,933,093	8,026,465	1,347,524	541,851	1,139,484	947,761	732,324
Line 5:	Apply 75% to Line 4	\$ 1,449,820	\$ 6,019,849	\$ 1,010,643	\$ 406,388	\$ 854,613	\$ 710,821	\$ 549,243
<b>STEP 3: Determine if basis for FY2005 interim payment is within the Stop Gain or Stop Loss</b>								
Line 6:	Is Line 5 greater than Line 3B and less than Line 3A?	NO	NO	NO	NO	NO	NO	NO
Line 7:	If Line 6 is YES, then interim allocation is Line 5. If Line 6 is NO, go to Line 8.	Go to Line 8	Go to Line 8	Go to Line 8	Go to Line 8	Go to Line 8	Go to Line 8	Go to Line 8
<b>STEP 4: Determine if basis for FY2005 interim payment exceeds the Stop Gain</b>								
Line 8:	Is Line 5 greater than Line 3A?	YES	NO	YES	YES	YES	NO	YES
Line 9:	If Line 8 is YES, then interim allocation is Line 3A. If Line 8 is NO, go to Line 10.	\$ 438,838	Go to Line 10	\$ 762,613	\$ 378,650	\$ 417,110	Go to Line 10	\$ 388,878
<b>STEP 5: Determine maximum interim payment if lower than Stop Loss</b>								
Line 10:	Apply 90% to Line 4.	Go to Line 13	\$ 7,223,819	Go to Line 13	Go to Line 13	Go to Line 13	\$ 852,985	Go to Line 13
Line 11:	Is Line 3B greater than Line 10?		YES				NO	
Line 12:	If Line 11 is YES, then interim allocation is Line 10. If Line 11 is NO, then interim allocation is Line 3B.		\$ 7,223,819				\$ 762,673	
Line 13:	<b>Interim FY2005 Allocation</b>	<b>\$ 438,838</b>	<b>\$ 7,223,819</b>	<b>\$ 762,613</b>	<b>\$ 378,650</b>	<b>\$ 417,110</b>	<b>\$ 762,673</b>	<b>\$ 388,878</b>
<b>STEP 6: Determine Intergovernmental Transfer Amount.</b>								
Line 14a:	Is Hospital Affiliated with Authority or Government Entity?	YES	YES	YES	NO	NO	YES	YES
Line 14b:	If Line 14a is "YES", apply 50% to Line 13 to determine IGT.	\$ 219,419	\$ 3,611,909	\$ 381,307	\$ -	\$ -	\$ 381,337	\$ 194,439

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		Brooks County Hospital	Calhoun Memorial Hospital	Camden Medical Center	Candler County Hospital	Charlton Memorial Hospital	Chatuge Regional Hospital	Chestatee Regional Hospital
<b>STEP 1: Determine FY2004 stop loss and stop gain.</b>								
Line 1:	What is the FY 2004 DSH allocation?	659,179	485,951	1,778,273	0	865,481	0	1,423,968
Line 1A:	If Line 1 is equal to 0, than go to Line 4.				Go to Line 4		Go to Line 4	
Line 2:	Apply 75% to Line 1	\$ 494,384	\$ 364,463	\$ 1,333,705		\$ 649,111		\$ 1,067,976
Line 3A:	STOP GAIN: Apply +15% to Line 2 amount	\$ 568,542	\$ 419,133	\$ 1,533,760		\$ 746,477		\$ 1,228,172
Line 3B:	STOP LOSS: Apply -15% to Line 2 amount	\$ 420,227	\$ 309,794	\$ 1,133,649		\$ 551,744		\$ 907,780
<b>STEP 2: Determine basis for FY2005 interim payment.</b>								
Line 4:	What is the preliminary FY2005 DSH Allocation?	1,214,290	383,116	1,585,504	1,199,863	1,892,972	1,279,938	899,241
Line 5:	Apply 75% to Line 4	\$ 910,718	\$ 287,337	\$ 1,189,128	\$ 899,897	\$ 1,419,729	\$ 959,954	\$ 674,431
<b>STEP 3: Determine if basis for FY2005 interim payment is within the Stop Gain or Stop Loss</b>								
Line 6:	Is Line 5 greater than Line 3B and less than Line 3A?	NO	NO	YES	Go to Line 13	NO	Go to Line 13	NO
Line 7:	If Line 6 is YES, then interim allocation is Line 5. If Line 6 is NO, go to Line 8.	Go to Line 8	Go to Line 8	\$ 1,189,128		Go to Line 8		Go to Line 8
<b>STEP 4: Determine if basis for FY2005 interim payment exceeds the Stop Gain</b>								
Line 8:	Is Line 5 greater than Line 3A?	YES	NO	STOP		YES		NO
Line 9:	If Line 8 is YES, then interim allocation is Line 3A. If Line 8 is NO, go to Line 10.	\$ 568,542	Go to Line 10			\$ 746,477		Go to Line 10
<b>STEP 5: Determine maximum interim payment if lower than Stop Loss</b>								
Line 10:	Apply 90% to Line 4.	Go to Line 13	\$ 344,804			Go to Line 13		\$ 809,317
Line 11:	Is Line 3B greater than Line 10?		NO					YES
Line 12:	If Line 11 is YES, than interim allocation is Line 10. If Line 11 is NO, then interim allocation is Line 3B.		\$ 309,794					\$ 809,317
<b>Line 13:</b>	<b>Interim FY2005 Allocation</b>	<b>\$ 568,542</b>	<b>\$ 309,794</b>	<b>\$ 1,189,128</b>	<b>\$ 899,897</b>	<b>\$ 746,477</b>	<b>\$ 959,954</b>	<b>\$ 809,317</b>
<b>STEP 6: Determine Intergovernmental Transfer Amount.</b>								
Line 14a:	Is Hospital Affiliated with Authority or Government Entity?	YES	YES	YES	YES	YES	YES	NO
Line 14b:	If Line 14a is "YES", apply 50% to Line 13 to determine IGT.	\$ 284,271	\$ 154,897	\$ 594,564	\$ 449,949	\$ 373,239	\$ 479,977	\$ -

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	Children's Healthcare of Atlanta at Egleston	Children's Healthcare of Atlanta at Scottish Rite	Clinch Healthcare Center	Cobb Memorial Hospital	Coffee Regional Medical Center	Colquitt Regional Medical Center	Crawford Long Hospital of Emory University
<b>STEP 1: Determine FY2004 stop loss and stop gain.</b>							
Line 1:	What is the FY 2004 DSH allocation?						
Line 1A:	6,409,043	2,408,996	0	2,016,680	5,937,566	1,764,900	2,946,070
Line 2:	If Line 1 is equal to 0, then go to Line 4.						
Line 2:	Apply 75% to Line 1						
Line 3A:	\$ 4,806,782	\$ 1,806,747		\$ 1,512,510	\$ 4,453,175	\$ 1,323,675	\$ 2,209,553
Line 3A:	STOP GAIN: Apply +15% to Line 2 amount						
Line 3B:	\$ 5,527,800	\$ 2,077,759		\$ 1,739,387	\$ 5,121,151	\$ 1,522,226	\$ 2,540,985
Line 3B:	STOP LOSS: Apply -15% to Line 2 amount						
Line 3B:	\$ 4,085,765	\$ 1,535,735		\$ 1,285,634	\$ 3,785,198	\$ 1,125,124	\$ 1,878,120
<b>STEP 2: Determine basis for FY2005 interim payment.</b>							
Line 4:	What is the preliminary FY2005 DSH Allocation?						
Line 5:	3,001,919	5,186,960	805,431	1,604,228	5,117,635	2,121,126	5,045,048
Line 5:	Apply 75% to Line 4						
Line 5:	\$ 2,251,439	\$ 3,890,220	\$ 604,073	\$ 1,203,171	\$ 3,838,226	\$ 1,590,845	\$ 3,783,786
<b>STEP 3: Determine if basis for FY2005 interim payment is within the Stop Gain or Stop Loss</b>							
Line 6:	Is Line 5 greater than Line 3B and less than Line 3A?						
Line 6:	NO	NO	Go to Line 13	NO	YES	NO	NO
Line 7:	If Line 6 is YES, then interim allocation is Line 5.						
Line 7:	Go to Line 8	Go to Line 8		Go to Line 8	\$ 3,838,226	Go to Line 8	Go to Line 8
Line 7:	If Line 6 is NO, go to Line 8.						
<b>STEP 4: Determine if basis for FY2005 interim payment exceeds the Stop Gain</b>							
Line 8:	Is Line 5 greater than Line 3A?						
Line 8:	NO	YES		NO	STOP	YES	YES
Line 9:	If Line 8 is YES, then interim allocation is Line 3A.						
Line 9:	Go to Line 10	\$ 2,077,759		Go to Line 10		\$ 1,522,226	\$ 2,540,985
Line 9:	If Line 8 is NO, go to Line 10.						
<b>STEP 5: Determine maximum interim payment if lower than Stop Loss</b>							
Line 10:	Apply 90% to Line 4.						
Line 10:	\$ 2,701,727	Go to Line 13		\$ 1,443,805		Go to Line 13	Go to Line 13
Line 11:	Is Line 3B greater than Line 10?						
Line 11:	YES			NO			
Line 12:	If Line 11 is YES, then interim allocation is Line 10.						
Line 12:	\$ 2,701,727						
Line 12:	If Line 11 is NO, then interim allocation is Line 3B.						
Line 12:				\$ 1,285,634			
Line 13:	<b>Interim FY2005 Allocation</b>						
Line 13:	\$ 2,701,727	\$ 2,077,759	\$ 604,073	\$ 1,285,634	\$ 3,838,226	\$ 1,522,226	\$ 2,540,985
<b>STEP 6: Determine Intergovernmental Transfer Amount.</b>							
Line 14a:	Is Hospital Affiliated with Authority or Government Entity?						
Line 14a:	NO	NO	YES	NO	YES	YES	NO
Line 14b:	If Line 14a is "YES", apply 50% to Line 13 to determine IGT.						
Line 14b:	\$ -	\$ -	\$ 302,037	\$ -	\$ 1,919,113	\$ 761,113	\$ -

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		Crisp Regional Hospital	DeKalb Medical Center	Dodge County Hospital	Donalsonville Hospital, Inc.	Dorminy Medical Center	Early Memorial Hospital	East Georgia Regional Medical Center
<b>STEP 1: Determine FY2004 stop loss and stop gain.</b>								
Line 1:	What is the FY 2004 DSH allocation?	1,682,796	5,383,071	1,901,395	1,054,669	962,609	1,090,151	926,329
Line 1A:	If Line 1 is equal to 0, than go to Line 4.							
Line 2:	Apply 75% to Line 1	\$ 1,262,097	\$ 4,037,303	\$ 1,426,046	\$ 791,002	\$ 721,957	\$ 817,613	\$ 694,747
Line 3A:	STOP GAIN: Apply +15% to Line 2 amount	\$ 1,451,412	\$ 4,642,899	\$ 1,639,953	\$ 909,652	\$ 830,250	\$ 940,255	\$ 798,959
Line 3B:	STOP LOSS: Apply -15% to Line 2 amount	\$ 1,072,782	\$ 3,431,708	\$ 1,212,139	\$ 672,351	\$ 613,663	\$ 694,971	\$ 590,535
<b>STEP 2: Determine basis for FY2005 interim payment.</b>								
Line 4:	What is the preliminary FY2005 DSH Allocation?	4,260,817	8,775,522	2,992,763	1,887,840	1,432,191	1,737,108	2,174,156
Line 5:	Apply 75% to Line 4	\$ 3,195,613	\$ 6,581,642	\$ 2,244,572	\$ 1,415,880	\$ 1,074,143	\$ 1,302,831	\$ 1,630,617
<b>STEP 3: Determine if basis for FY2005 interim payment is within the Stop Gain or Stop Loss</b>								
Line 6:	Is Line 5 greater than Line 3B and less than Line 3A?	NO	NO	NO	NO	NO	NO	NO
Line 7:	If Line 6 is YES, then interim allocation is Line 5. If Line 6 is NO, go to Line 8.	Go to Line 8	Go to Line 8	Go to Line 8	Go to Line 8	Go to Line 8	Go to Line 8	Go to Line 8
<b>STEP 4: Determine if basis for FY2005 interim payment exceeds the Stop Gain</b>								
Line 8:	Is Line 5 greater than Line 3A?	YES	YES	YES	YES	YES	YES	YES
Line 9:	If Line 8 is YES, then interim allocation is Line 3A. If Line 8 is NO, go to Line 10.	\$ 1,451,412	\$ 4,642,899	\$ 1,639,953	\$ 909,652	\$ 830,250	\$ 940,255	\$ 798,959
<b>STEP 5: Determine maximum interim payment if lower than Stop Loss</b>								
Line 10:	Apply 90% to Line 4.	Go to Line 13	Go to Line 13	Go to Line 13	Go to Line 13	Go to Line 13	Go to Line 13	Go to Line 13
Line 11:	Is Line 3B greater than Line 10?							
Line 12:	If Line 11 is YES, than interim allocation is Line 10. If Line 11 is NO, then interim allocation is Line 3B.							
Line 13:	<b>Interim FY2005 Allocation</b>	<b>\$ 1,451,412</b>	<b>\$ 4,642,899</b>	<b>\$ 1,639,953</b>	<b>\$ 909,652</b>	<b>\$ 830,250</b>	<b>\$ 940,255</b>	<b>\$ 798,959</b>
<b>STEP 6: Determine Intergovernmental Transfer Amount.</b>								
Line 14a:	Is Hospital Affiliated with Authority or Government Entity?	YES	YES	YES	NO	YES	YES	NO
Line 14b:	If Line 14a is "YES", apply 50% to Line 13 to determine IGT.	\$ 725,706	\$ 2,321,449	\$ 819,977	\$ -	\$ 415,125	\$ 470,128	\$ -

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		Elbert Memorial Hospital	Emanuel Medical Center	Emory Dunwoody Medical Center	Emory Peachtree Regional Hospital	Evans Memorial Hospital	Flint River Community Hospital	Floyd Medical Center
<b>STEP 1: Determine FY2004 stop loss and stop gain.</b>								
Line 1:	What is the FY 2004 DSH allocation?	988,126	1,376,988	518,371	625,896	1,415,545	669,962	6,648,712
Line 1A:	If Line 1 is equal to 0, than go to Line 4.							
Line 2:	Apply 75% to Line 1	\$ 741,095	\$ 1,032,741	\$ 388,778	\$ 469,422	\$ 1,061,659	\$ 502,472	\$ 4,986,534
Line 3A:	STOP GAIN: Apply +15% to Line 2 amount	\$ 852,259	\$ 1,187,652	\$ 447,095	\$ 539,835	\$ 1,220,908	\$ 577,842	\$ 5,734,514
Line 3B:	STOP LOSS: Apply -15% to Line 2 amount	\$ 629,930	\$ 877,830	\$ 330,462	\$ 399,009	\$ 902,410	\$ 427,101	\$ 4,238,554
<b>STEP 2: Determine basis for FY2005 interim payment.</b>								
Line 4:	What is the preliminary FY2005 DSH Allocation?	1,104,270	3,026,252	1,457,004	1,185,863	848,913	913,649	9,506,756
Line 5:	Apply 75% to Line 4	\$ 828,203	\$ 2,269,689	\$ 1,092,753	\$ 889,397	\$ 636,685	\$ 685,237	\$ 7,130,067
<b>STEP 3: Determine if basis for FY2005 interim payment is within the Stop Gain or Stop Loss</b>								
Line 6:	Is Line 5 greater than Line 3B and less than Line 3A?	YES	NO	NO	NO	NO	NO	NO
Line 7:	If Line 6 is YES, then interim allocation is Line 5. If Line 6 is NO, go to Line 8.	\$ 828,203	Go to Line 8	Go to Line 8	Go to Line 8	Go to Line 8	Go to Line 8	Go to Line 8
<b>STEP 4: Determine if basis for FY2005 interim payment exceeds the Stop Gain</b>								
Line 8:	Is Line 5 greater than Line 3A?	STOP	YES	YES	YES	NO	YES	YES
Line 9:	If Line 8 is YES, then interim allocation is Line 3A. If Line 8 is NO, go to Line 10.		\$ 1,187,652	\$ 447,095	\$ 539,835	Go to Line 10	\$ 577,842	\$ 5,734,514
<b>STEP 5: Determine maximum interim payment if lower than Stop Loss</b>								
Line 10:	Apply 90% to Line 4.		Go to Line 13	Go to Line 13	Go to Line 13	\$ 764,022	Go to Line 13	Go to Line 13
Line 11:	Is Line 3B greater than Line 10?					YES		
Line 12:	If Line 11 is YES, then interim allocation is Line 10. If Line 11 is NO, then interim allocation is Line 3B.					\$ 764,022		
<b>Line 13:</b>	<b>Interim FY2005 Allocation</b>	<b>\$ 828,203</b>	<b>\$ 1,187,652</b>	<b>\$ 447,095</b>	<b>\$ 539,835</b>	<b>\$ 764,022</b>	<b>\$ 577,842</b>	<b>\$ 5,734,514</b>
<b>STEP 6: Determine Intergovernmental Transfer Amount.</b>								
Line 14a:	Is Hospital Affiliated with Authority or Government Entity?	YES	YES	NO	NO	YES	NO	YES
Line 14b:	If Line 14a is "YES", apply 50% to Line 13 to determine IGT.	\$ 414,101	\$ 593,826	\$ -	\$ -	\$ 382,011	\$ -	\$ 2,867,257

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		Grady General Hospital	Grady Memorial Hospital	Habersham County Medical Center	Hamilton Medical Center	Hart County Hospital	Higgins General Hospital	Hughes Spalding Children's Hospital
<b>STEP 1: Determine FY2004 stop loss and stop gain.</b>								
Line 1:	What is the FY 2004 DSH allocation?	1,388,270	151,104,843	1,732,991	1,616,054	0	857,526	4,249,644
Line 1A:	If Line 1 is equal to 0, then go to Line 4.					Go to Line 4		
Line 2:	Apply 75% to Line 1	\$ 1,041,203	\$ 113,328,632	\$ 1,299,743	\$ 1,212,041		\$ 643,145	\$ 3,187,233
Line 3A:	STOP GAIN: Apply +15% to Line 2 amount	\$ 1,197,383	\$ 130,327,927	\$ 1,494,705	\$ 1,393,847		\$ 739,616	\$ 3,665,318
Line 3B:	STOP LOSS: Apply -15% to Line 2 amount	\$ 885,022	\$ 96,329,337	\$ 1,104,782	\$ 1,030,234		\$ 546,673	\$ 2,709,148
<b>STEP 2: Determine basis for FY2005 interim payment.</b>								
Line 4:	What is the preliminary FY2005 DSH Allocation?	1,746,047	119,097,424	1,920,192	1,739,025	534,070	1,918,258	2,695,681
Line 5:	Apply 75% to Line 4	\$ 1,309,535	\$ 89,323,068	\$ 1,440,144	\$ 1,304,269	\$ 400,553	\$ 1,438,694	\$ 2,021,761
<b>STEP 3: Determine if basis for FY2005 interim payment is within the Stop Gain or Stop Loss</b>								
Line 6:	Is Line 5 greater than Line 3B and less than Line 3A?	NO	NO	YES	YES	Go to Line 13	NO	NO
Line 7:	If Line 6 is YES, then interim allocation is Line 5. If Line 6 is NO, go to Line 8.	Go to Line 8	Go to Line 8	\$ 1,440,144	\$ 1,304,269		Go to Line 8	Go to Line 8
<b>STEP 4: Determine if basis for FY2005 interim payment exceeds the Stop Gain</b>								
Line 8:	Is Line 5 greater than Line 3A?	YES	NO	STOP	STOP		YES	NO
Line 9:	If Line 8 is YES, then interim allocation is Line 3A. If Line 8 is NO, go to Line 10.	\$ 1,197,383	Go to Line 10				\$ 739,616	Go to Line 10
<b>STEP 5: Determine maximum interim payment if lower than Stop Loss</b>								
Line 10:	Apply 90% to Line 4.	Go to Line 13	\$ 107,187,682				Go to Line 13	\$ 2,426,113
Line 11:	Is Line 3B greater than Line 10?		NO					YES
Line 12:	If Line 11 is YES, then interim allocation is Line 10. If Line 11 is NO, then interim allocation is Line 3B.		\$ 96,329,337					\$ 2,426,113
<b>Line 13:</b>	<b>Interim FY2005 Allocation</b>	<b>\$ 1,197,383</b>	<b>\$ 96,329,337</b>	<b>\$ 1,440,144</b>	<b>\$ 1,304,269</b>	<b>\$ 400,553</b>	<b>\$ 739,616</b>	<b>\$ 2,426,113</b>
<b>STEP 6: Determine Intergovernmental Transfer Amount.</b>								
Line 14a:	Is Hospital Affiliated with Authority or Government Entity?	YES	YES	YES	NO	YES	YES	YES
Line 14b:	If Line 14a is "YES", apply 50% to Line 13 to determine IGT.	\$ 598,691	\$ 48,164,669	\$ 720,072	\$ -	\$ 200,276	\$ 369,808	\$ 1,213,056

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	Hutcheson Medical Center	Irwin County Hospital	Jasper Memorial Hospital	Jeff Davis Hospital	Jefferson Hospital	Jenkins County Hospital	John D. Archbold Memorial Hospital	
<b>STEP 1: Determine FY2004 stop loss and stop gain.</b>								
Line 1:	What is the FY 2004 DSH allocation?	5,394,668	802,523	378,318	648,633	473,974	0	4,825,824
Line 1A:	If Line 1 is equal to 0, then go to Line 4.						Go to Line 4	
Line 2:	Apply 75% to Line 1	\$ 4,046,001	\$ 601,892	\$ 283,739	\$ 486,475	\$ 355,481		\$ 3,619,368
Line 3A:	STOP GAIN: Apply +15% to Line 2 amount	\$ 4,652,901	\$ 692,176	\$ 326,299	\$ 559,446	\$ 408,803		\$ 4,162,273
Line 3B:	STOP LOSS: Apply -15% to Line 2 amount	\$ 3,439,101	\$ 511,608	\$ 241,178	\$ 413,504	\$ 302,158		\$ 3,076,463
<b>STEP 2: Determine basis for FY2005 interim payment.</b>								
Line 4:	What is the preliminary FY2005 DSH Allocation?	3,310,646	1,489,855	534,052	779,113	1,199,225	345,785	4,709,954
Line 5:	Apply 75% to Line 4	\$ 2,482,985	\$ 1,117,391	\$ 400,539	\$ 584,335	\$ 899,419	\$ 259,339	\$ 3,532,466
<b>STEP 3: Determine if basis for FY2005 interim payment is within the Stop Gain or Stop Loss</b>								
Line 6:	Is Line 5 greater than Line 3B and less than Line 3A?	NO	NO	NO	NO	NO	Go to Line 13	YES
Line 7:	If Line 6 is YES, then interim allocation is Line 5. If Line 6 is NO, go to Line 8.	Go to Line 8	Go to Line 8	Go to Line 8	Go to Line 8	Go to Line 8		\$ 3,532,466
<b>STEP 4: Determine if basis for FY2005 interim payment exceeds the Stop Gain</b>								
Line 8:	Is Line 5 greater than Line 3A?	NO	YES	YES	YES	YES		STOP
Line 9:	If Line 8 is YES, then interim allocation is Line 3A. If Line 8 is NO, go to Line 10.	Go to Line 10	\$ 692,176	\$ 326,299	\$ 559,446	\$ 408,803		
<b>STEP 5: Determine maximum interim payment if lower than Stop Loss</b>								
Line 10:	Apply 90% to Line 4.	\$ 2,979,581	Go to Line 13	Go to Line 13	Go to Line 13	Go to Line 13		
Line 11:	Is Line 3B greater than Line 10?	YES						
Line 12:	If Line 11 is YES, then interim allocation is Line 10. If Line 11 is NO, then interim allocation is Line 3B.	\$ 2,979,581						
Line 13:	<b>Interim FY2005 Allocation</b>	<b>\$ 2,979,581</b>	<b>\$ 692,176</b>	<b>\$ 326,299</b>	<b>\$ 559,446</b>	<b>\$ 408,803</b>	<b>\$ 259,339</b>	<b>\$ 3,532,466</b>
<b>STEP 6: Determine Intergovernmental Transfer Amount.</b>								
Line 14a:	Is Hospital Affiliated with Authority or Government Entity?	YES	YES	YES	YES	YES	YES	YES
Line 14b:	If Line 14a is "YES", apply 50% to Line 13 to determine IGT.	\$ 1,489,791	\$ 346,088	\$ 163,150	\$ 279,723	\$ 204,401	\$ 129,669	\$ 1,766,233

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	Liberty Regional Medical Center	Louis Smith Memorial Hospital	McDuffie Regional Medical Center	Meadows Regional Medical Center	Medical Center of Central Georgia	Medical College of Georgia Hospitals and Clinics	Memorial Health University Medical Center
<b>STEP 1: Determine FY2004 stop loss and stop gain.</b>							
Line 1:	2,489,141	650,536	449,033	2,216,949	23,022,098	27,627,835	19,247,439
Line 1A:	If Line 1 is equal to 0, then go to Line 4.						
Line 2:	\$ 1,866,856	\$ 487,902	\$ 336,775	\$ 1,662,712	\$ 17,266,574	\$ 20,720,876	\$ 14,435,579
Line 3A:	\$ 2,146,884	\$ 561,087	\$ 387,291	\$ 1,912,119	\$ 19,856,560	\$ 23,829,008	\$ 16,600,916
Line 3B:	\$ 1,586,827	\$ 414,717	\$ 286,259	\$ 1,413,305	\$ 14,676,587	\$ 17,612,745	\$ 12,270,242
<b>STEP 2: Determine basis for FY2005 interim payment.</b>							
Line 4:	2,628,090	1,730,233	1,036,605	8,586,027	13,308,811	31,883,653	10,495,416
Line 5:	\$ 1,971,068	\$ 1,297,675	\$ 777,454	\$ 6,439,520	\$ 9,981,608	\$ 23,912,740	\$ 7,871,562
<b>STEP 3: Determine if basis for FY2005 interim payment is within the Stop Gain or Stop Loss</b>							
Line 6:	YES	NO	NO	NO	NO	NO	NO
Line 7:	\$ 1,971,068	Go to Line 8	Go to Line 8	Go to Line 8	Go to Line 8	Go to Line 8	Go to Line 8
If Line 6 is NO, go to Line 8.							
<b>STEP 4: Determine if basis for FY2005 interim payment exceeds the Stop Gain</b>							
Line 8:	STOP	YES	YES	YES	NO	YES	NO
Line 9:		\$ 561,087	\$ 387,291	\$ 1,912,119	Go to Line 10	\$ 23,829,008	Go to Line 10
If Line 8 is NO, go to Line 10.							
<b>STEP 5: Determine maximum interim payment if lower than Stop Loss</b>							
Line 10:		Go to Line 13	Go to Line 13	Go to Line 13	\$ 11,977,930	Go to Line 13	\$ 9,445,874
Line 11:					YES		YES
Line 12:					\$ 11,977,930		\$ 9,445,874
If Line 11 is NO, then interim allocation is Line 3B.							
<b>Line 13:</b>	<b>\$ 1,971,068</b>	<b>\$ 561,087</b>	<b>\$ 387,291</b>	<b>\$ 1,912,119</b>	<b>\$ 11,977,930</b>	<b>\$ 23,829,008</b>	<b>\$ 9,445,874</b>
<b>STEP 6: Determine Intergovernmental Transfer Amount.</b>							
Line 14a:	YES	NO	YES	YES	YES	YES	YES
Line 14b:	\$ 985,534	\$ -	\$ 193,645	\$ 956,059	\$ 5,988,965	\$ 11,914,504	\$ 4,722,937

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		Memorial Hospital of Adel	Memorial Hospital of Bainbridge	Miller County Hospital	Minnie G. Boswell Memorial Hospital	Mitchell County Hospital	Monroe County Hospital	Morgan Memorial Hospital
<b>STEP 1: Determine FY2004 stop loss and stop gain.</b>								
Line 1:	What is the FY 2004 DSH allocation?	488,152	1,501,369	608,471	524,909	973,013	375,223	0
Line 1A:	If Line 1 is equal to 0, then go to Line 4.							Go to Line 4
Line 2:	Apply 75% to Line 1	\$ 366,114	\$ 1,126,027	\$ 456,353	\$ 393,682	\$ 729,760	\$ 281,417	
Line 3A:	STOP GAIN: Apply +15% to Line 2 amount	\$ 421,031	\$ 1,294,931	\$ 524,806	\$ 452,734	\$ 839,224	\$ 323,630	
Line 3B:	STOP LOSS: Apply -15% to Line 2 amount	\$ 311,197	\$ 957,123	\$ 387,900	\$ 334,629	\$ 620,296	\$ 239,205	
<b>STEP 2: Determine basis for FY2005 interim payment.</b>								
Line 4:	What is the preliminary FY2005 DSH Allocation?	631,807	3,017,284	1,716,657	1,917,113	2,159,892	1,061,605	934,353
Line 5:	Apply 75% to Line 4	\$ 473,855	\$ 2,262,963	\$ 1,287,493	\$ 1,437,835	\$ 1,619,919	\$ 796,204	\$ 700,765
<b>STEP 3: Determine if basis for FY2005 interim payment is within the Stop Gain or Stop Loss</b>								
Line 6:	Is Line 5 greater than Line 3B and less than Line 3A?	NO	NO	NO	NO	NO	NO	Go to Line 13
Line 7:	If Line 6 is YES, then interim allocation is Line 5. If Line 6 is NO, go to Line 8.	Go to Line 8	Go to Line 8	Go to Line 8	Go to Line 8	Go to Line 8	Go to Line 8	
<b>STEP 4: Determine if basis for FY2005 interim payment exceeds the Stop Gain</b>								
Line 8:	Is Line 5 greater than Line 3A?	YES	YES	YES	YES	YES	YES	
Line 9:	If Line 8 is YES, then interim allocation is Line 3A. If Line 8 is NO, go to Line 10.	\$ 421,031	\$ 1,294,931	\$ 524,806	\$ 452,734	\$ 839,224	\$ 323,630	
<b>STEP 5: Determine maximum interim payment if lower than Stop Loss</b>								
Line 10:	Apply 90% to Line 4.	Go to Line 13	Go to Line 13	Go to Line 13	Go to Line 13	Go to Line 13	Go to Line 13	
Line 11:	Is Line 3B greater than Line 10?							
Line 12:	If Line 11 is YES, then interim allocation is Line 10. If Line 11 is NO, then interim allocation is Line 3B.							
Line 13:	<b>Interim FY2005 Allocation</b>	<b>\$ 421,031</b>	<b>\$ 1,294,931</b>	<b>\$ 524,806</b>	<b>\$ 452,734</b>	<b>\$ 839,224</b>	<b>\$ 323,630</b>	<b>\$ 700,765</b>
<b>STEP 6: Determine Intergovernmental Transfer Amount.</b>								
Line 14a:	Is Hospital Affiliated with Authority or Government Entity?	NO	YES	YES	YES	YES	YES	YES
Line 14b:	If Line 14a is "YES", apply 50% to Line 13 to determine IGT.	\$ -	\$ 647,465	\$ 262,403	\$ 226,367	\$ 419,612	\$ 161,815	\$ 350,382

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	Northeast Georgia Medical Center	Oconee Regional Medical Center	Peach Regional Medical Center	Phoebe Putney Memorial Hospital	Phoebe Worth Medical Center	Polk Medical Center	Putnam General Hospital
<b>STEP 1: Determine FY2004 stop loss and stop gain.</b>							
Line 1:	8,826,642	2,534,827	0	7,326,668	1,472,432	1,753,210	561,764
Line 1A:	If Line 1 is equal to 0, then go to Line 4.						
Line 2:	\$ 6,619,982	\$ 1,901,120	Go to Line 4	\$ 5,495,001	\$ 1,104,324	\$ 1,314,908	\$ 421,323
Line 3A:	\$ 7,612,979	\$ 2,186,288		\$ 6,319,251	\$ 1,269,973	\$ 1,512,144	\$ 484,521
Line 3B:	\$ 5,626,984	\$ 1,615,952		\$ 4,670,751	\$ 938,675	\$ 1,117,671	\$ 358,125
<b>STEP 2: Determine basis for FY2005 interim payment.</b>							
Line 4:	13,352,148	843,846	1,383,034	14,452,536	2,160,807	1,634,596	153,534
Line 5:	\$ 10,014,111	\$ 632,885	\$ 1,037,276	\$ 10,839,402	\$ 1,620,605	\$ 1,225,947	\$ 115,151
<b>STEP 3: Determine if basis for FY2005 interim payment is within the Stop Gain or Stop Loss</b>							
Line 6:	NO	NO	Go to Line 13	NO	NO	YES	NO
Line 7:	Go to Line 8	Go to Line 8		Go to Line 8	Go to Line 8	\$ 1,225,947	Go to Line 8
If Line 6 is NO, go to Line 8.							
<b>STEP 4: Determine if basis for FY2005 interim payment exceeds the Stop Gain</b>							
Line 8:	YES	NO		YES	YES	STOP	NO
Line 9:	\$ 7,612,979	Go to Line 10		\$ 6,319,251	\$ 1,269,973		Go to Line 10
If Line 8 is NO, go to Line 10.							
<b>STEP 5: Determine maximum interim payment if lower than Stop Loss</b>							
Line 10:	Go to Line 13	\$ 759,461		Go to Line 13	Go to Line 13		\$ 138,181
Line 11:	Is Line 3B greater than Line 10?						
Line 12:		\$ 759,461					\$ 138,181
If Line 11 is NO, then interim allocation is Line 3B.							
<b>Line 13:</b>	<b>\$ 7,612,979</b>	<b>\$ 759,461</b>	<b>\$ 1,037,276</b>	<b>\$ 6,319,251</b>	<b>\$ 1,269,973</b>	<b>\$ 1,225,947</b>	<b>\$ 138,181</b>
<b>STEP 6: Determine Intergovernmental Transfer Amount.</b>							
Line 14a:	YES	YES	YES	YES	NO	YES	YES
Line 14b:	\$ 3,806,489	\$ 379,731	\$ 518,638	\$ 3,159,626	\$ -	\$ 612,974	\$ 69,090

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		Rabun County Memorial Hospital	Rockdale Hospital & Health Systems	Roosevelt Warm Springs Institute for Rehabilitation	Satilla Regional Medical Center	Screven County Hospital	Smith Northview Hospital	South Fulton Medical Center
<b>STEP 1: Determine FY2004 stop loss and stop gain.</b>								
Line 1:	What is the FY 2004 DSH allocation?	889,052	0	1,196,280	2,986,684	456,007	1,184,783	3,461,998
Line 1A:	If Line 1 is equal to 0, than go to Line 4.		Go to Line 4					
Line 2:	Apply 75% to Line 1	\$ 666,789		\$ 897,210	\$ 2,240,013	\$ 342,005	\$ 888,587	\$ 2,596,499
Line 3A:	STOP GAIN: Apply +15% to Line 2 amount	\$ 766,807		\$ 1,031,792	\$ 2,576,015	\$ 393,306	\$ 1,021,875	\$ 2,985,973
Line 3B:	STOP LOSS: Apply -15% to Line 2 amount	\$ 566,771		\$ 762,629	\$ 1,904,011	\$ 290,704	\$ 755,299	\$ 2,207,024
<b>STEP 2: Determine basis for FY2005 interim payment.</b>								
Line 4:	What is the preliminary FY2005 DSH Allocation?	3,224,544	2,369,493	918,414	2,237,754	523,711	295,616	453,089
Line 5:	Apply 75% to Line 4	\$ 2,418,408	\$ 1,777,120	\$ 688,811	\$ 1,678,316	\$ 392,783	\$ 221,712	\$ 339,817
<b>STEP 3: Determine if basis for FY2005 interim payment is within the Stop Gain or Stop Loss</b>								
Line 6:	Is Line 5 greater than Line 3B and less than Line 3A?	NO	Go to Line 13	NO	NO	YES	NO	NO
Line 7:	If Line 6 is YES, then interim allocation is Line 5. If Line 6 is NO, go to Line 8.	Go to Line 8		Go to Line 8	Go to Line 8	\$ 392,783	Go to Line 8	Go to Line 8
<b>STEP 4: Determine if basis for FY2005 interim payment exceeds the Stop Gain</b>								
Line 8:	Is Line 5 greater than Line 3A?	YES		NO	NO	STOP	NO	NO
Line 9:	If Line 8 is YES, then interim allocation is Line 3A. If Line 8 is NO, go to Line 10.	\$ 766,807		Go to Line 10	Go to Line 10		Go to Line 10	Go to Line 10
<b>STEP 5: Determine maximum interim payment if lower than Stop Loss</b>								
Line 10:	Apply 90% to Line 4.	Go to Line 13		\$ 826,573	\$ 2,013,979		\$ 266,054	\$ 407,780
Line 11:	Is Line 3B greater than Line 10?			NO	NO		YES	YES
Line 12:	If Line 11 is YES, then interim allocation is Line 10. If Line 11 is NO, then interim allocation is Line 3B.			\$ 762,629	\$ 1,904,011		\$ 266,054	\$ 407,780
<b>Line 13:</b>	<b>Interim FY2005 Allocation</b>	<b>\$ 766,807</b>	<b>\$ 1,777,120</b>	<b>\$ 762,629</b>	<b>\$ 1,904,011</b>	<b>\$ 392,783</b>	<b>\$ 266,054</b>	<b>\$ 407,780</b>
<b>STEP 6: Determine Intergovernmental Transfer Amount.</b>								
Line 14a:	Is Hospital Affiliated with Authority or Government Entity?	YES	YES	YES	YES	YES	NO	NO
Line 14b:	If Line 14a is "YES", apply 50% to Line 13 to determine IGT.	\$ 383,404	\$ 888,560	\$ 381,314	\$ 952,006	\$ 196,392	\$ -	\$ -

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	South Georgia Medical Center	Southeast Georgia Regional Medical Center	Southern Regional Health Center	Southwest Georgia Regional Medical Center	Stephens County Hospital	Stewart Webster Hospital	Sumter Regional Hospital, Inc.
<b>STEP 1: Determine FY2004 stop loss and stop gain.</b>							
Line 1:	3,980,925	4,919,877	0	0	2,377,330	0	2,242,794
Line 1A:	If Line 1 is equal to 0, then go to Line 4.		Go to Line 4	Go to Line 4	Go to Line 4		
Line 2:	\$ 2,985,694	\$ 3,689,908			\$ 1,782,998		\$ 1,682,096
Line 3A:	\$ 3,433,548	\$ 4,243,394			\$ 2,050,447		\$ 1,934,410
Line 3B:	\$ 2,537,840	\$ 3,136,422			\$ 1,515,548		\$ 1,429,781
<b>STEP 2: Determine basis for FY2005 interim payment.</b>							
Line 4:	3,532,586	3,577,762	6,377,102	1,544,009	3,354,140	565,999	2,687,443
Line 5:	\$ 2,649,440	\$ 2,683,322	\$ 4,782,827	\$ 1,158,007	\$ 2,515,605	\$ 424,499	\$ 2,015,582
<b>STEP 3: Determine if basis for FY2005 interim payment is within the Stop Gain or Stop Loss</b>							
Line 6:	YES	NO	Go to Line 13	Go to Line 13	NO	Go to Line 13	NO
Line 7:	\$ 2,649,440	Go to Line 8			Go to Line 8		Go to Line 8
<b>STEP 4: Determine if basis for FY2005 interim payment exceeds the Stop Gain</b>							
Line 8:	STOP	NO			YES		YES
Line 9:		Go to Line 10			\$ 2,050,447		\$ 1,934,410
<b>STEP 5: Determine maximum interim payment if lower than Stop Loss</b>							
Line 10:		\$ 3,219,986			Go to Line 13		Go to Line 13
Line 11:		NO					
Line 12:		\$ 3,136,422					
<b>Line 13:</b>	<b>\$ 2,649,440</b>	<b>\$ 3,136,422</b>	<b>\$ 4,782,827</b>	<b>\$ 1,158,007</b>	<b>\$ 2,050,447</b>	<b>\$ 424,499</b>	<b>\$ 1,934,410</b>
<b>STEP 6: Determine Intergovernmental Transfer Amount.</b>							
Line 14a:	YES	YES	YES	YES	YES	NO	YES
Line 14b:	\$ 1,324,720	\$ 1,568,211	\$ 2,391,413	\$ 579,003	\$ 1,025,224	\$ -	\$ 967,205

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	Sylvan Grove Hospital	Tanner Medical Center/Carrollton	Tanner Medical Center/Villa Rica	Tattnall Community Hospital	Taylor Regional Hospital	The Medical Center	Tift Regional Medical Center	
<b>STEP 1: Determine FY2004 stop loss and stop gain.</b>								
Line 1:	What is the FY 2004 DSH allocation?	834,443	0	984,198	807,117	495,782	13,746,911	1,941,875
Line 1A:	If Line 1 is equal to 0, then go to Line 4.		Go to Line 4					
Line 2:	Apply 75% to Line 1	\$ 625,832		\$ 738,149	\$ 605,338	\$ 371,837	\$ 10,310,183	\$ 1,456,406
Line 3A:	STOP GAIN: Apply +15% to Line 2 amount	\$ 719,707		\$ 848,871	\$ 696,138	\$ 427,612	\$ 11,856,711	\$ 1,674,867
Line 3B:	STOP LOSS: Apply -15% to Line 2 amount	\$ 531,957		\$ 627,426	\$ 514,537	\$ 316,061	\$ 8,763,656	\$ 1,237,945
<b>STEP 2: Determine basis for FY2005 interim payment.</b>								
Line 4:	What is the preliminary FY2005 DSH Allocation?	564,812	3,183,008	1,222,097	992,467	626,050	9,162,961	3,334,252
Line 5:	Apply 75% to Line 4	\$ 423,609	\$ 2,387,256	\$ 916,573	\$ 744,350	\$ 469,538	\$ 6,872,221	\$ 2,500,689
<b>STEP 3: Determine if basis for FY2005 interim payment is within the Stop Gain or Stop Loss</b>								
Line 6:	Is Line 5 greater than Line 3B and less than Line 3A?	NO	Go to Line 13	NO	NO	NO	NO	NO
Line 7:	If Line 6 is YES, then interim allocation is Line 5. If Line 6 is NO, go to Line 8.	Go to Line 8		Go to Line 8	Go to Line 8	Go to Line 8	Go to Line 8	Go to Line 8
<b>STEP 4: Determine if basis for FY2005 interim payment exceeds the Stop Gain</b>								
Line 8:	Is Line 5 greater than Line 3A?	NO		YES	YES	YES	NO	YES
Line 9:	If Line 8 is YES, then interim allocation is Line 3A. If Line 8 is NO, go to Line 10.	Go to Line 10		\$ 848,871	\$ 696,138	\$ 427,612	Go to Line 10	\$ 1,674,867
<b>STEP 5: Determine maximum interim payment if lower than Stop Loss</b>								
Line 10:	Apply 90% to Line 4.	\$ 508,331		Go to Line 13	Go to Line 13	Go to Line 13	\$ 8,246,665	Go to Line 13
Line 11:	Is Line 3B greater than Line 10?	YES					YES	
Line 12:	If Line 11 is YES, then interim allocation is Line 10. If Line 11 is NO, then interim allocation is Line 3B.	\$ 508,331					\$ 8,246,665	
<b>Line 13:</b>	<b>Interim FY2005 Allocation</b>	<b>\$ 508,331</b>	<b>\$ 2,387,256</b>	<b>\$ 848,871</b>	<b>\$ 696,138</b>	<b>\$ 427,612</b>	<b>\$ 8,246,665</b>	<b>\$ 1,674,867</b>
<b>STEP 6: Determine Intergovernmental Transfer Amount.</b>								
Line 14a:	Is Hospital Affiliated with Authority or Government Entity?	YES	YES	YES	NO	NO	YES	YES
Line 14b:	If Line 14a is "YES", apply 50% to Line 13 to determine IGT.	\$ 254,165	\$ 1,193,628	\$ 424,435	\$ -	\$ -	\$ 4,123,332	\$ 837,434

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		University Hospital	Upson Regional Medical Center	Walton Medical Center	Warm Springs Medical Center	Washington County Regional Medical Center	Wayne Memorial Hospital	WellStar Cobb Hospital
<b>STEP 1: Determine FY2004 stop loss and stop gain.</b>								
Line 1:	What is the FY 2004 DSH allocation?	8,423,124	2,023,112	802,620	1,326,619	1,193,968	1,300,760	0
Line 1A:	If Line 1 is equal to 0, then go to Line 4.							Go to Line 4
Line 2:	Apply 75% to Line 1	\$ 6,317,343	\$ 1,517,334	\$ 601,965	\$ 994,964	\$ 895,476	\$ 975,570	
Line 3A:	STOP GAIN: Apply +15% to Line 2 amount	\$ 7,264,944	\$ 1,744,934	\$ 692,260	\$ 1,144,209	\$ 1,029,797	\$ 1,121,906	
Line 3B:	STOP LOSS: Apply -15% to Line 2 amount	\$ 5,369,742	\$ 1,289,734	\$ 511,670	\$ 845,720	\$ 761,155	\$ 829,235	
<b>STEP 2: Determine basis for FY2005 interim payment.</b>								
Line 4:	What is the preliminary FY2005 DSH Allocation?	5,539,432	393,530	524,952	1,213,963	2,822,221	1,260,916	4,533,689
Line 5:	Apply 75% to Line 4	\$ 4,154,574	\$ 295,148	\$ 393,714	\$ 910,472	\$ 2,116,666	\$ 945,687	\$ 3,400,267
<b>STEP 3: Determine if basis for FY2005 interim payment is within the Stop Gain or Stop Loss</b>								
Line 6:	Is Line 5 greater than Line 3B and less than Line 3A?	NO	NO	NO	YES	NO	YES	Go to Line 13
Line 7:	If Line 6 is YES, then interim allocation is Line 5. If Line 6 is NO, go to Line 8.	Go to Line 8	Go to Line 8	Go to Line 8	\$ 910,472	Go to Line 8	\$ 945,687	
<b>STEP 4: Determine if basis for FY2005 interim payment exceeds the Stop Gain</b>								
Line 8:	Is Line 5 greater than Line 3A?	NO	NO	NO	STOP	YES	STOP	
Line 9:	If Line 8 is YES, then interim allocation is Line 3A. If Line 8 is NO, go to Line 10.	Go to Line 10	Go to Line 10	Go to Line 10		\$ 1,029,797		
<b>STEP 5: Determine maximum interim payment if lower than Stop Loss</b>								
Line 10:	Apply 90% to Line 4.	\$ 4,985,489	\$ 354,177	\$ 472,457			Go to Line 13	
Line 11:	Is Line 3B greater than Line 10?	YES	YES	YES				
Line 12:	If Line 11 is YES, then interim allocation is Line 10. If Line 11 is NO, then interim allocation is Line 3B.	\$ 4,985,489	\$ 354,177	\$ 472,457				
<b>Line 13:</b>	<b>Interim FY2005 Allocation</b>	<b>\$ 4,985,489</b>	<b>\$ 354,177</b>	<b>\$ 472,457</b>	<b>\$ 910,472</b>	<b>\$ 1,029,797</b>	<b>\$ 945,687</b>	<b>\$ 3,400,267</b>
<b>STEP 6: Determine Intergovernmental Transfer Amount.</b>								
Line 14a:	Is Hospital Affiliated with Authority or Government Entity?	YES	YES	NO	YES	YES	YES	YES
Line 14b:	If Line 14a is "YES", apply 50% to Line 13 to determine IGT.	\$ 2,492,744	\$ 177,089	\$ -	\$ 455,236	\$ 514,899	\$ 472,844	\$ 1,700,133

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		West Georgia Medical Center	Wheeler County Hospital	Wills Memorial Hospital	TOTAL
	<b>STEP 1: Determine FY2004 stop loss and stop gain.</b>				
Line 1:	What is the FY 2004 DSH allocation?	2,535,906	779,397	940,216	407,023,294
Line 1A:	If Line 1 is equal to 0, than go to Line 4.				
Line 2:	Apply 75% to Line 1	\$ 1,901,930	\$ 584,548	\$ 705,162	
Line 3A:	STOP GAIN: Apply +15% to Line 2 amount	\$ 2,187,219	\$ 672,230	\$ 810,936	
Line 3B:	STOP LOSS: Apply -15% to Line 2 amount	\$ 1,616,640	\$ 496,866	\$ 599,388	
	<b>STEP 2: Determine basis for FY2005 interim payment.</b>				
Line 4:	What is the preliminary FY2005 DSH Allocation?	3,958,619	708,611	1,672,337	417,791,830
Line 5:	Apply 75% to Line 4	\$ 2,968,964	\$ 531,458	\$ 1,254,253	
	<b>STEP 3: Determine if basis for FY2005 interim payment is within the Stop Gain or Stop Loss</b>				
Line 6:	Is Line 5 greater than Line 3B and less than Line 3A?	NO	YES	NO	
Line 7:	If Line 6 is YES, then interim allocation is Line 5. If Line 6 is NO, go to Line 8.	Go to Line 8	\$ 531,458	Go to Line 8	
	<b>STEP 4: Determine if basis for FY2005 interim payment exceeds the Stop Gain</b>				
Line 8:	Is Line 5 greater than Line 3A?	YES	STOP	YES	
Line 9:	If Line 8 is YES, then interim allocation is Line 3A. If Line 8 is NO, go to Line 10.	\$ 2,187,219		\$ 810,936	
	<b>STEP 5: Determine maximum interim payment if lower than Stop Loss</b>				
Line 10:	Apply 90% to Line 4.	Go to Line 13		Go to Line 13	
Line 11:	Is Line 3B greater than Line 10?				
Line 12:	If Line 11 is YES, than interim allocation is Line 10. If Line 11 is NO, then interim allocation is Line 3B.				
<b>Line 13:</b>	<b>Interim FY2005 Allocation</b>	<b>\$ 2,187,219</b>	<b>\$ 531,458</b>	<b>\$ 810,936</b>	<b>290,149,886</b>
	<b>STEP 6: Determine Intergovernmental Transfer Amount.</b>				
Line 14a:	Is Hospital Affiliated with Authority or Government Entity?	YES	NO	YES	
Line 14b:	If Line 14a is "YES", apply 50% to Line 13 to determine IGT.	\$ 1,093,609	\$ -	\$ 405,468	134,941,481