

Georgia Department of Community Health

	Facility Name	Roosevelt Warm Springs R	MCG Health Inc	Appling General
1	Medicaid Provider ID	000000778A	000000723A	000000052A
2	base period report period beginning date	7/1/2008	7/1/2008	9/1/2008
3	base period report period ending date	6/30/2009	6/30/2009	8/31/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	2,596,697	73,743,673	3,811,733
11	payments for services	2,316,114	29,330,507	1,302,852
12	annual covered charges	2,596,697	73,743,673	3,811,733
13	annual payments for services	2,316,114	29,330,507	1,302,852
14				
15	inpatient CCR	1.1006119	0.4975832	0.3345163
16				
17	annual cost of services	2,857,956	36,693,613	1,275,087
18				
19	<u>adjustment factor</u>			
20	inflation	1.067636	1.067636	1.058954
21				
22	adjusted annual charges	2,772,327	78,731,400	4,036,450
23	adjusted Medicaid payments for services	2,472,767	31,314,305	1,379,660
24	supplemental rate adjustment payments	0	6,847,765	0
25	total adjusted Medicaid payments	2,472,767	38,162,070	1,379,660
26	adjusted cost of services	3,051,257	39,175,422	1,350,258
27				
28	<u>other UPL calculation data</u>			
29	provider category for UPL calculation	State Govt.	State Govt.	Non-State Govt.
30	basis for UPL calculation	DRG differential	DRG differential	DRG differential
31	DRG differential adjustment rate	1.450674	1.450674	1.228140
32	maximum annual payments (at DRG differential)	3,587,179	45,426,846	1,694,415
33				
34	maximum annual payments	3,587,179	45,426,846	1,694,415
35	facility specific UPL amount	1,114,412	7,264,776	314,755
36				
37	<u>aggregate limit adjustments</u>			
38	allocation of UPL amounts < 0	0	0	(1,053)
39	allocation of supplemental payments	(501,166)	501,165	(240,220)
40	total aggregate limit adjustments	(501,166)	501,165	(241,273)
41				
42	UPL amount after aggregate limit adjustments	613,246	7,765,941	73,482

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	Facility Name	Athens Regional	Burke Medical Center	Coffee Regional
1	Medicaid Provider ID	000000074A	000000283A	000000448A
2	base period report period beginning date	10/1/2008	6/1/2008	1/1/2009
3	base period report period ending date	9/30/2009	5/31/2009	12/31/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	44,235,911	198,600	6,770,838
11	payments for services	13,178,419	799,963	2,879,187
12	annual covered charges	44,235,911	198,600	6,770,838
13	annual payments for services	13,178,419	799,963	2,879,187
14				
15	inpatient CCR	0.3678374	0.7075768	0.4182815
16				
17	annual cost of services	16,271,622	140,525	2,832,116
18				
19	<u>adjustment factor</u>			
20	inflation	1.054666	1.070228	1.043146
21				
22	adjusted annual charges	46,654,111	212,547	7,062,973
23	adjusted Medicaid payments for services	13,898,830	856,143	3,003,412
24	supplemental rate adjustment payments	0	0	0
25	total adjusted Medicaid payments	13,898,830	856,143	3,003,412
26	adjusted cost of services	17,161,126	150,394	2,954,310
27				
28	<u>other UPL calculation data</u>			
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	DRG differential	DRG differential	DRG differential
31	DRG differential adjustment rate	1.228140	1.228140	1.228140
32	maximum annual payments (at DRG differential)	17,069,703	1,051,463	3,688,609
33				
34	maximum annual payments	17,069,703	1,051,463	3,688,609
35	facility specific UPL amount	3,170,873	195,320	685,197
36				
37	<u>aggregate limit adjustments</u>			
38	allocation of UPL amounts < 0	(10,612)	(654)	(2,293)
39	allocation of supplemental payments	(2,420,001)	(149,068)	(522,941)
40	total aggregate limit adjustments	(2,430,613)	(149,722)	(525,234)
41				
42	UPL amount after aggregate limit adjustments	740,260	45,598	159,963

Georgia Department of Community Health

	Facility Name	Colquitt Regional	Crisp Regional	DeKalb Medical
1	Medicaid Provider ID	000002021A	000000514A	000000536A
2	base period report period beginning date	10/1/2008	7/1/2008	7/1/2008
3	base period report period ending date	9/30/2009	6/30/2009	6/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	5,786,442	5,039,999	49,456,341
11	payments for services	2,718,052	2,659,693	18,594,279
12	annual covered charges	5,786,442	5,039,999	49,456,341
13	annual payments for services	2,718,052	2,659,693	18,594,279
14				
15	inpatient CCR	0.5300733	0.4646073	0.4609292
16				
17	annual cost of services	3,067,238	2,341,620	22,795,872
18				
19	<u>adjustment factor</u>			
20	inflation	1.054666	1.067636	1.067636
21				
22	adjusted annual charges	6,102,764	5,380,884	52,801,370
23	adjusted Medicaid payments for services	2,866,637	2,839,584	19,851,922
24	supplemental rate adjustment payments	0	0	0
25	total adjusted Medicaid payments	2,866,637	2,839,584	19,851,922
26	adjusted cost of services	3,234,912	2,499,998	24,337,694
27				
28	<u>other UPL calculation data</u>			
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	DRG differential	DRG differential	DRG differential
31	DRG differential adjustment rate	1.228140	1.228140	1.228140
32	maximum annual payments (at DRG differential)	3,520,630	3,487,405	24,380,930
33				
34	maximum annual payments	3,520,630	3,487,405	24,380,930
35	facility specific UPL amount	653,993	647,821	4,529,008
36				
37	<u>aggregate limit adjustments</u>			
38	allocation of UPL amounts < 0	(2,189)	(2,168)	(15,157)
39	allocation of supplemental payments	(499,125)	(494,415)	(3,456,527)
40	total aggregate limit adjustments	(501,314)	(496,583)	(3,471,684)
41				
42	UPL amount after aggregate limit adjustments	152,679	151,238	1,057,324

Georgia Department of Community Health

	Facility Name	Doctors Hospital Inc.	Dodge County	Dorminy Medical
1	Medicaid Provider ID	000148233A	000000591A	000000613A
2	base period report period beginning date	12/3/2008	10/1/2008	8/1/2008
3	base period report period ending date	6/30/2009	9/30/2009	7/31/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.7381	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	6,480,576	2,759,221	2,194,611
11	payments for services	1,605,031	1,512,682	1,013,141
12	annual covered charges	11,263,858	2,759,221	2,194,611
13	annual payments for services	2,789,696	1,512,682	1,013,141
14				
15	inpatient CCR	0.3632177	0.483639	0.4592199
16				
17	annual cost of services	4,091,233	1,334,467	1,007,809
18				
19	<u>adjustment factor</u>			
20	inflation	1.046958	1.054666	1.063277
21				
22	adjusted annual charges	11,792,786	2,910,057	2,333,479
23	adjusted Medicaid payments for services	2,920,695	1,595,374	1,077,250
24	supplemental rate adjustment payments	0	0	0
25	total adjusted Medicaid payments	2,920,695	1,595,374	1,077,250
26	adjusted cost of services	4,283,349	1,407,417	1,071,580
27				
28	<u>other UPL calculation data</u>			
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	DRG differential	DRG differential	DRG differential
31	DRG differential adjustment rate	1.228140	1.228140	1.228140
32	maximum annual payments (at DRG differential)	3,587,021	1,959,342	1,323,013
33				
34	maximum annual payments	3,587,021	1,959,342	1,323,013
35	facility specific UPL amount	666,326	363,968	245,763
36				
37	<u>aggregate limit adjustments</u>			
38	allocation of UPL amounts < 0	(2,230)	(1,218)	(823)
39	allocation of supplemental payments	(508,538)	(277,779)	(187,566)
40	total aggregate limit adjustments	(510,768)	(278,997)	(188,389)
41				
42	UPL amount after aggregate limit adjustments	155,558	84,971	57,374

Georgia Department of Community Health

	Facility Name	Elbert Memorial	Emanuel Medical Ctr.	Evans Memorial
1	Medicaid Provider ID	000000668A	000000701A	000000734A
2	base period report period beginning date	7/1/2008	7/1/2008	10/1/2008
3	base period report period ending date	6/30/2009	6/30/2009	9/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	1,120,607	2,829,516	763,242
11	payments for services	554,038	1,149,063	389,544
12	annual covered charges	1,120,607	2,829,516	763,242
13	annual payments for services	554,038	1,149,063	389,544
14				
15	inpatient CCR	0.5026209	0.4066621	0.4958059
16				
17	annual cost of services	563,240	1,150,657	378,420
18				
19	<u>adjustment factor</u>			
20	inflation	1.067636	1.067636	1.054666
21				
22	adjusted annual charges	1,196,400	3,020,893	804,965
23	adjusted Medicaid payments for services	591,511	1,226,781	410,839
24	supplemental rate adjustment payments	0	0	0
25	total adjusted Medicaid payments	591,511	1,226,781	410,839
26	adjusted cost of services	601,335	1,228,483	399,107
27				
28	<u>other UPL calculation data</u>			
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	DRG differential	DRG differential	DRG differential
31	DRG differential adjustment rate	1.228140	1.228140	1.228140
32	maximum annual payments (at DRG differential)	726,458	1,506,658	504,568
33				
34	maximum annual payments	726,458	1,506,658	504,568
35	facility specific UPL amount	134,947	279,877	93,729
36				
37	<u>aggregate limit adjustments</u>			
38	allocation of UPL amounts < 0	(452)	(937)	(314)
39	allocation of supplemental payments	(102,991)	(213,601)	(71,533)
40	total aggregate limit adjustments	(103,443)	(214,538)	(71,847)
41				
42	UPL amount after aggregate limit adjustments	31,504	65,339	21,882

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	Facility Name	Floyd Medical Center	Grady General	Grady Memorial
1	Medicaid Provider ID	000000756A	000000844A	000000855A
2	base period report period beginning date	7/1/2008	10/1/2008	1/1/2009
3	base period report period ending date	6/30/2009	9/30/2009	12/31/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	36,120,032	1,963,677	214,632,181
11	payments for services	10,105,246	879,622	72,701,055
12	annual covered charges	36,120,032	1,963,677	214,632,181
13	annual payments for services	10,105,246	879,622	72,701,055
14				
15	inpatient CCR	0.3822383	0.5210567	0.3727507
16				
17	annual cost of services	13,806,460	1,023,187	80,004,296
18				
19	<u>adjustment factor</u>			
20	inflation	1.067636	1.054666	1.043146
21				
22	adjusted annual charges	38,563,046	2,071,023	223,892,701
23	adjusted Medicaid payments for services	10,788,724	927,707	75,837,815
24	supplemental rate adjustment payments	1,891,773	0	58,120,318
25	total adjusted Medicaid payments	12,680,497	927,707	133,958,133
26	adjusted cost of services	14,740,274	1,079,121	83,456,161
27				
28	<u>other UPL calculation data</u>			
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	DRG differential	DRG differential	DRG differential
31	DRG differential adjustment rate	1.228140	1.228140	1.228140
32	maximum annual payments (at DRG differential)	13,250,059	1,139,354	93,139,420
33				
34	maximum annual payments	13,250,059	1,139,354	93,139,420
35	facility specific UPL amount	569,562	211,647	(40,818,713)
36				
37	<u>aggregate limit adjustments</u>			
38	allocation of UPL amounts < 0	(8,237)	(708)	(57,904)
39	allocation of supplemental payments	13,289	(161,528)	44,915,783
40	total aggregate limit adjustments	5,052	(162,236)	44,857,879
41				
42	UPL amount after aggregate limit adjustments	574,614	49,411	4,039,166

Georgia Department of Community Health

	Facility Name	Gwinnett Med Ctr - Duluth	Gwinnett Med Ctr - Lawrenceville
1	Medicaid Provider ID	000001064A	000000294A
2	base period report period beginning date	7/1/2008	7/1/2008
3	base period report period ending date	6/30/2009	6/30/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	0	0
8			
9	<u>Medicaid inpatient claims paid at amount > 0:</u>		
10	covered charges	5,505,662	34,679,002
11	payments for services	2,127,761	16,351,899
12	annual covered charges	5,505,662	34,679,002
13	annual payments for services	2,127,761	16,351,899
14			
15	inpatient CCR	0.522865	0.5959786
16			
17	annual cost of services	2,878,718	20,667,943
18			
19	<u>adjustment factor</u>		
20	inflation	1.067636	1.067636
21			
22	adjusted annual charges	5,878,043	37,024,551
23	adjusted Medicaid payments for services	2,271,674	17,457,876
24	supplemental rate adjustment payments	0	0
25	total adjusted Medicaid payments	2,271,674	17,457,876
26	adjusted cost of services	3,073,423	22,065,840
27			
28	<u>other UPL calculation data</u>		
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	DRG differential	DRG differential
31	DRG differential adjustment rate	1.228140	1.228140
32	maximum annual payments (at DRG differential)	2,789,933	21,440,708
33			
34	maximum annual payments	2,789,933	21,440,708
35	facility specific UPL amount	518,259	3,982,832
36			
37	<u>aggregate limit adjustments</u>		
38	allocation of UPL amounts < 0	(1,734)	(13,329)
39	allocation of supplemental payments	(395,534)	(3,039,686)
40	total aggregate limit adjustments	(397,268)	(3,053,015)
41			
42	UPL amount after aggregate limit adjustments	120,991	929,817

Georgia Department of Community Health

	Facility Name	Habersham Medical Center	Hart County
1	Medicaid Provider ID	000000877A	000000921A
2	base period report period beginning date	7/1/2008	1/1/2009
3	base period report period ending date	6/30/2009	12/31/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	0	0
8			
9	<u>Medicaid inpatient claims paid at amount > 0:</u>		
10	covered charges	2,615,230	461,461
11	payments for services	1,335,757	283,889
12	annual covered charges	2,615,230	461,461
13	annual payments for services	1,335,757	283,889
14			
15	inpatient CCR	0.5348787	0.5739813
16			
17	annual cost of services	1,398,831	264,870
18			
19	<u>adjustment factor</u>		
20	inflation	1.067636	1.043146
21			
22	adjusted annual charges	2,792,114	481,371
23	adjusted Medicaid payments for services	1,426,102	296,138
24	supplemental rate adjustment payments	0	0
25	total adjusted Medicaid payments	1,426,102	296,138
26	adjusted cost of services	1,493,442	276,298
27			
28	<u>other UPL calculation data</u>		
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	DRG differential	DRG differential
31	DRG differential adjustment rate	1.228140	1.228140
32	maximum annual payments (at DRG differential)	1,751,452	363,699
33			
34	maximum annual payments	1,751,452	363,699
35	facility specific UPL amount	325,350	67,561
36			
37	<u>aggregate limit adjustments</u>		
38	allocation of UPL amounts < 0	(1,089)	(226)
39	allocation of supplemental payments	(248,307)	(51,562)
40	total aggregate limit adjustments	(249,396)	(51,788)
41			
42	UPL amount after aggregate limit adjustments	75,954	15,773

Georgia Department of Community Health

	Facility Name	Henry Medical Center	Houston Medical Ctr.
1	Medicaid Provider ID	000182388A	000000976A
2	base period report period beginning date	7/1/2008	1/1/2009
3	base period report period ending date	6/30/2009	12/31/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	0	0
8			
9	<u>Medicaid inpatient claims paid at amount > 0:</u>		
10	covered charges	13,416,941	15,183,603
11	payments for services	4,638,948	5,843,475
12	annual covered charges	13,416,941	15,183,603
13	annual payments for services	4,638,948	5,843,475
14			
15	inpatient CCR	0.6561474	0.4826102
16			
17	annual cost of services	8,803,491	7,327,762
18			
19	<u>adjustment factor</u>		
20	inflation	1.067636	1.043146
21			
22	adjusted annual charges	14,324,409	15,838,715
23	adjusted Medicaid payments for services	4,952,708	6,095,598
24	supplemental rate adjustment payments	0	0
25	total adjusted Medicaid payments	4,952,708	6,095,598
26	adjusted cost of services	9,398,924	7,643,926
27			
28	<u>other UPL calculation data</u>		
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	DRG differential	DRG differential
31	DRG differential adjustment rate	1.228140	1.228140
32	maximum annual payments (at DRG differential)	6,082,617	7,486,245
33			
34	maximum annual payments	6,082,617	7,486,245
35	facility specific UPL amount	1,129,909	1,390,647
36			
37	<u>aggregate limit adjustments</u>		
38	allocation of UPL amounts < 0	(3,781)	(4,654)
39	allocation of supplemental payments	(862,343)	(1,061,338)
40	total aggregate limit adjustments	(866,124)	(1,065,992)
41			
42	UPL amount after aggregate limit adjustments	263,785	324,655

Georgia Department of Community Health

	Facility Name	Hughes Spalding Children's Hopsital	Hughston Hospital Inc.
1	Medicaid Provider ID	000679808A	000315642A
2	base period report period beginning date	1/1/2009	7/1/2008
3	base period report period ending date	12/31/2009	6/30/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	0	0
8			
9	<u>Medicaid inpatient claims paid at amount > 0:</u>		
10	covered charges	3,312,882	1,136,788
11	payments for services	1,373,828	253,166
12	annual covered charges	3,312,882	1,136,788
13	annual payments for services	1,373,828	253,166
14			
15	inpatient CCR	0.3542725	0.3469565
16			
17	annual cost of services	1,173,663	394,416
18			
19	<u>adjustment factor</u>		
20	inflation	1.043146	1.067636
21			
22	adjusted annual charges	3,455,820	1,213,676
23	adjusted Medicaid payments for services	1,433,103	270,289
24	supplemental rate adjustment payments	0	0
25	total adjusted Medicaid payments	1,433,103	270,289
26	adjusted cost of services	1,224,302	421,093
27			
28	<u>other UPL calculation data</u>		
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	DRG differential	DRG differential
31	DRG differential adjustment rate	1.228140	1.228140
32	maximum annual payments (at DRG differential)	1,760,050	331,953
33			
34	maximum annual payments	1,760,050	331,953
35	facility specific UPL amount	326,947	61,664
36			
37	<u>aggregate limit adjustments</u>		
38	allocation of UPL amounts < 0	(1,094)	(206)
39	allocation of supplemental payments	(249,526)	(47,062)
40	total aggregate limit adjustments	(250,620)	(47,268)
41			
42	UPL amount after aggregate limit adjustments	76,327	14,396

Georgia Department of Community Health

	Facility Name	Hutcheson Medical Ctr.	Irwin County Hospital	Jefferson
1	Medicaid Provider ID	000001075A	000000987A	000001031A
2	base period report period beginning date	10/1/2008	12/1/2008	1/1/2009
3	base period report period ending date	9/30/2009	11/30/2009	12/31/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	9,947,596	2,033,375	638,931
11	payments for services	3,107,095	915,560	467,928
12	annual covered charges	9,947,596	2,033,375	638,931
13	annual payments for services	3,107,095	915,560	467,928
14				
15	inpatient CCR	0.4241736	0.4444451	0.4238238
16				
17	annual cost of services	4,219,508	903,724	270,794
18				
19	<u>adjustment factor</u>			
20	inflation	1.054666	1.046958	1.043146
21				
22	adjusted annual charges	10,491,391	2,128,858	666,498
23	adjusted Medicaid payments for services	3,276,947	958,553	488,117
24	supplemental rate adjustment payments	0	0	0
25	total adjusted Medicaid payments	3,276,947	958,553	488,117
26	adjusted cost of services	4,450,172	946,161	282,478
27				
28	<u>other UPL calculation data</u>			
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	DRG differential	DRG differential	DRG differential
31	DRG differential adjustment rate	1.228140	1.228140	1.228140
32	maximum annual payments (at DRG differential)	4,024,548	1,177,237	599,476
33				
34	maximum annual payments	4,024,548	1,177,237	599,476
35	facility specific UPL amount	747,601	218,684	111,359
36				
37	<u>aggregate limit adjustments</u>			
38	allocation of UPL amounts < 0	(2,502)	(732)	(373)
39	allocation of supplemental payments	(570,567)	(166,899)	(84,988)
40	total aggregate limit adjustments	(573,069)	(167,631)	(85,361)
41				
42	UPL amount after aggregate limit adjustments	174,532	51,053	25,998

Georgia Department of Community Health

	Facility Name	McDuffie Regional Medical Center	Meadows Regional
1	Medicaid Provider ID	000001185A	000001086A
2	base period report period beginning date	10/1/2008	7/1/2008
3	base period report period ending date	9/30/2009	6/30/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	0	0
8			
9	<u>Medicaid inpatient claims paid at amount > 0:</u>		
10	covered charges	1,283,193	7,210,589
11	payments for services	659,220	2,496,287
12	annual covered charges	1,283,193	7,210,589
13	annual payments for services	659,220	2,496,287
14			
15	inpatient CCR	0.5085941	0.4036886
16			
17	annual cost of services	652,624	2,910,833
18			
19	<u>adjustment factor</u>		
20	inflation	1.054666	1.067636
21			
22	adjusted annual charges	1,353,340	7,698,284
23	adjusted Medicaid payments for services	695,257	2,665,126
24	supplemental rate adjustment payments	0	0
25	total adjusted Medicaid payments	695,257	2,665,126
26	adjusted cost of services	688,300	3,107,710
27			
28	<u>other UPL calculation data</u>		
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	DRG differential	DRG differential
31	DRG differential adjustment rate	1.228140	1.228140
32	maximum annual payments (at DRG differential)	853,873	3,273,147
33			
34	maximum annual payments	853,873	3,273,147
35	facility specific UPL amount	158,616	608,021
36			
37	<u>aggregate limit adjustments</u>		
38	allocation of UPL amounts < 0	(531)	(2,035)
39	allocation of supplemental payments	(121,055)	(464,039)
40	total aggregate limit adjustments	(121,586)	(466,074)
41			
42	UPL amount after aggregate limit adjustments	37,030	141,947

Georgia Department of Community Health

	Facility Name	Medical Center of Central GA	Memorial Health Univ. Med Ctr
1	Medicaid Provider ID	000001207A	000001273A
2	base period report period beginning date	10/1/2008	1/1/2009
3	base period report period ending date	9/30/2009	12/31/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	0	0
8			
9	<u>Medicaid inpatient claims paid at amount > 0:</u>		
10	covered charges	120,721,582	93,030,665
11	payments for services	35,736,476	28,160,307
12	annual covered charges	120,721,582	93,030,665
13	annual payments for services	35,736,476	28,160,307
14			
15	inpatient CCR	0.3340059	0.3455739
16			
17	annual cost of services	40,321,721	32,148,970
18			
19	<u>adjustment factor</u>		
20	inflation	1.054666	1.043146
21			
22	adjusted annual charges	127,320,948	97,044,566
23	adjusted Medicaid payments for services	37,690,046	29,375,312
24	supplemental rate adjustment payments	6,538,661	5,646,573
25	total adjusted Medicaid payments	44,228,707	35,021,885
26	adjusted cost of services	42,525,948	33,536,069
27			
28	<u>other UPL calculation data</u>		
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	DRG differential	DRG differential
31	DRG differential adjustment rate	1.228140	1.228140
32	maximum annual payments (at DRG differential)	46,288,636	36,076,982
33			
34	maximum annual payments	46,288,636	36,076,982
35	facility specific UPL amount	2,059,929	1,055,097
36			
37	<u>aggregate limit adjustments</u>		
38	allocation of UPL amounts < 0	(28,777)	(22,429)
39	allocation of supplemental payments	(23,759)	531,877
40	total aggregate limit adjustments	(52,536)	509,448
41			
42	UPL amount after aggregate limit adjustments	2,007,393	1,564,545

Georgia Department of Community Health

	Facility Name	Memorial Hospital - Bainbridge	Murray Medical Ctr.
1	Medicaid Provider ID	000001262A	000001383A
2	base period report period beginning date	4/1/2008	10/1/2008
3	base period report period ending date	3/31/2009	9/30/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	0	0
8			
9	<u>Medicaid inpatient claims paid at amount > 0:</u>		
10	covered charges	2,443,906	1,560,384
11	payments for services	1,284,571	433,861
12	annual covered charges	2,443,906	1,560,384
13	annual payments for services	1,284,571	433,861
14			
15	inpatient CCR	0.4562185	0.3067359
16			
17	annual cost of services	1,114,955	478,626
18			
19	<u>adjustment factor</u>		
20	inflation	1.07545	1.054666
21			
22	adjusted annual charges	2,628,299	1,645,684
23	adjusted Medicaid payments for services	1,381,492	457,578
24	supplemental rate adjustment payments	0	0
25	total adjusted Medicaid payments	1,381,492	457,578
26	adjusted cost of services	1,199,078	504,791
27			
28	<u>other UPL calculation data</u>		
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	DRG differential	DRG differential
31	DRG differential adjustment rate	1.228140	1.228140
32	maximum annual payments (at DRG differential)	1,696,665	561,970
33			
34	maximum annual payments	1,696,665	561,970
35	facility specific UPL amount	315,173	104,392
36			
37	<u>aggregate limit adjustments</u>		
38	allocation of UPL amounts < 0	(1,055)	(349)
39	allocation of supplemental payments	(240,539)	(79,672)
40	total aggregate limit adjustments	(241,594)	(80,021)
41			
42	UPL amount after aggregate limit adjustments	73,579	24,371

Georgia Department of Community Health

	Facility Name	Newton Medical	Northeast GA Medical Ctr.	Northside
1	Medicaid Provider ID	000001394A	000000888A	000001405A
2	base period report period beginning date	1/1/2009	10/1/2008	10/1/2008
3	base period report period ending date	12/31/2009	9/30/2009	9/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	6,132,760	60,396,857	55,128,765
11	payments for services	2,493,247	20,032,950	15,110,887
12	annual covered charges	6,132,760	60,396,857	55,128,765
13	annual payments for services	2,493,247	20,032,950	15,110,887
14				
15	inpatient CCR	0.3905742	0.4002502	0.42555
16				
17	annual cost of services	2,395,298	24,173,854	23,460,046
18				
19	<u>adjustment factor</u>			
20	inflation	1.043146	1.054666	1.054666
21				
22	adjusted annual charges	6,397,364	63,698,512	58,142,434
23	adjusted Medicaid payments for services	2,600,821	21,128,071	15,936,939
24	supplemental rate adjustment payments	0	0	0
25	total adjusted Medicaid payments	2,600,821	21,128,071	15,936,939
26	adjusted cost of services	2,498,646	25,495,342	24,742,513
27				
28	<u>other UPL calculation data</u>			
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	DRG differential	DRG differential	DRG differential
31	DRG differential adjustment rate	1.228140	1.228140	1.228140
32	maximum annual payments (at DRG differential)	3,194,171	25,948,219	19,572,785
33				
34	maximum annual payments	3,194,171	25,948,219	19,572,785
35	facility specific UPL amount	593,350	4,820,148	3,635,846
36				
37	<u>aggregate limit adjustments</u>			
38	allocation of UPL amounts < 0	(1,986)	(16,132)	(12,168)
39	allocation of supplemental payments	(452,843)	(3,678,724)	(2,774,868)
40	total aggregate limit adjustments	(454,829)	(3,694,856)	(2,787,036)
41				
42	UPL amount after aggregate limit adjustments	138,521	1,125,292	848,810

Georgia Department of Community Health

	Facility Name	Northside - Cherokee	Northside - Forsyth	Oconee Regional
1	Medicaid Provider ID	000001108A	000000767A	000000129A
2	base period report period beginning date	10/1/2008	10/1/2008	10/1/2008
3	base period report period ending date	9/30/2009	9/30/2009	9/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	9,118,833	15,628,251	7,078,988
11	payments for services	2,873,784	4,503,577	2,618,289
12	annual covered charges	9,118,833	15,628,251	7,078,988
13	annual payments for services	2,873,784	4,503,577	2,618,289
14				
15	inpatient CCR	0.3407156	0.3236351	0.4661855
16				
17	annual cost of services	3,106,929	5,057,851	3,300,122
18				
19	<u>adjustment factor</u>			
20	inflation	1.054666	1.054666	1.054666
21				
22	adjusted annual charges	9,617,323	16,482,585	7,465,968
23	adjusted Medicaid payments for services	3,030,882	4,749,770	2,761,420
24	supplemental rate adjustment payments	0	0	0
25	total adjusted Medicaid payments	3,030,882	4,749,770	2,761,420
26	adjusted cost of services	3,276,772	5,334,343	3,480,526
27				
28	<u>other UPL calculation data</u>			
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	DRG differential	DRG differential	DRG differential
31	DRG differential adjustment rate	1.228140	1.228140	1.228140
32	maximum annual payments (at DRG differential)	3,722,346	5,833,380	3,391,409
33				
34	maximum annual payments	3,722,346	5,833,380	3,391,409
35	facility specific UPL amount	691,464	1,083,610	629,989
36				
37	<u>aggregate limit adjustments</u>			
38	allocation of UPL amounts < 0	(2,314)	(3,627)	(2,108)
39	allocation of supplemental payments	(527,723)	(827,008)	(480,807)
40	total aggregate limit adjustments	(530,037)	(830,635)	(482,915)
41				
42	UPL amount after aggregate limit adjustments	161,427	252,975	147,074

Georgia Department of Community Health

	Facility Name	Perry	Phoebe Putney
1	Medicaid Provider ID	000001471A	000001482A
2	base period report period beginning date	1/1/2009	8/1/2008
3	base period report period ending date	12/31/2009	7/31/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	0	0
8			
9	<u>Medicaid inpatient claims paid at amount > 0:</u>		
10	covered charges	1,653,333	67,510,807
11	payments for services	679,076	19,940,224
12	annual covered charges	1,653,333	67,510,807
13	annual payments for services	679,076	19,940,224
14			
15	inpatient CCR	0.4192765	0.3710493
16			
17	annual cost of services	693,204	25,049,838
18			
19	<u>adjustment factor</u>		
20	inflation	1.043146	1.063277
21			
22	adjusted annual charges	1,724,668	71,782,688
23	adjusted Medicaid payments for services	708,375	21,201,982
24	supplemental rate adjustment payments	0	3,740,829
25	total adjusted Medicaid payments	708,375	24,942,811
26	adjusted cost of services	723,113	26,634,917
27			
28	<u>other UPL calculation data</u>		
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	DRG differential	DRG differential
31	DRG differential adjustment rate	1.228140	1.228140
32	maximum annual payments (at DRG differential)	869,983	26,038,993
33			
34	maximum annual payments	869,983	26,038,993
35	facility specific UPL amount	161,608	1,096,182
36			
37	<u>aggregate limit adjustments</u>		
38	allocation of UPL amounts < 0	(541)	(16,188)
39	allocation of supplemental payments	(123,339)	49,236
40	total aggregate limit adjustments	(123,880)	33,048
41			
42	UPL amount after aggregate limit adjustments	37,728	1,129,230

Georgia Department of Community Health

	Facility Name	Phoebe Sumter Medical Center, Inc.	Satilla Regional
1	Medicaid Provider ID	000000019A	000001229A
2	base period report period beginning date	10/1/2008	1/1/2009
3	base period report period ending date	9/30/2009	12/31/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	0	0
8			
9	<u>Medicaid inpatient claims paid at amount > 0:</u>		
10	covered charges	4,352,320	12,481,380
11	payments for services	1,597,008	4,708,703
12	annual covered charges	4,352,320	12,481,380
13	annual payments for services	1,597,008	4,708,703
14			
15	inpatient CCR	0.5888653	0.4543473
16			
17	annual cost of services	2,562,930	5,670,881
18			
19	<u>adjustment factor</u>		
20	inflation	1.054666	1.043146
21			
22	adjusted annual charges	4,590,244	13,019,902
23	adjusted Medicaid payments for services	1,684,310	4,911,865
24	supplemental rate adjustment payments	0	475,564
25	total adjusted Medicaid payments	1,684,310	5,387,429
26	adjusted cost of services	2,703,035	5,915,557
27			
28	<u>other UPL calculation data</u>		
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	DRG differential	DRG differential
31	DRG differential adjustment rate	1.228140	1.228140
32	maximum annual payments (at DRG differential)	2,068,568	6,032,456
33			
34	maximum annual payments	2,068,568	6,032,456
35	facility specific UPL amount	384,258	645,027
36			
37	<u>aggregate limit adjustments</u>		
38	allocation of UPL amounts < 0	(1,286)	(3,750)
39	allocation of supplemental payments	(293,265)	(379,668)
40	total aggregate limit adjustments	(294,551)	(383,418)
41			
42	UPL amount after aggregate limit adjustments	89,707	261,609

Georgia Department of Community Health

	Facility Name	South Georgia Medical Center	Southeast GA - Brunswick
1	Medicaid Provider ID	000001724A	000000822A
2	base period report period beginning date	10/1/2008	10/1/2008
3	base period report period ending date	9/30/2009	4/30/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.7217
6			
7	CAH status (1 = yes)	0	0
8			
9	<u>Medicaid inpatient claims paid at amount > 0:</u>		
10	covered charges	24,127,774	13,650,686
11	payments for services	10,479,303	4,338,717
12	annual covered charges	24,127,774	23,502,361
13	annual payments for services	10,479,303	7,469,960
14			
15	inpatient CCR	0.4909935	0.4504919
16			
17	annual cost of services	11,846,580	10,587,623
18			
19	<u>adjustment factor</u>		
20	inflation	1.054666	1.054666
21			
22	adjusted annual charges	25,446,743	24,787,141
23	adjusted Medicaid payments for services	11,052,165	7,878,313
24	supplemental rate adjustment payments	0	0
25	total adjusted Medicaid payments	11,052,165	7,878,313
26	adjusted cost of services	12,494,185	11,166,406
27			
28	<u>other UPL calculation data</u>		
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	DRG differential	DRG differential
31	DRG differential adjustment rate	1.228140	1.228140
32	maximum annual payments (at DRG differential)	13,573,601	9,675,668
33			
34	maximum annual payments	13,573,601	9,675,668
35	facility specific UPL amount	2,521,436	1,797,355
36			
37	<u>aggregate limit adjustments</u>		
38	allocation of UPL amounts < 0	(8,439)	(6,015)
39	allocation of supplemental payments	(1,924,352)	(1,371,737)
40	total aggregate limit adjustments	(1,932,791)	(1,377,752)
41			
42	UPL amount after aggregate limit adjustments	588,645	419,603

Georgia Department of Community Health

	Facility Name	Southeast GA - Camden	Southern Regional	Stephens County
1	Medicaid Provider ID	000000811A	000000404A	000001834A
2	base period report period beginning date	10/1/2008	7/1/2008	10/1/2008
3	base period report period ending date	4/30/2009	6/30/2009	9/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.7217	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	914,826	46,231,430	3,177,627
11	payments for services	432,656	14,170,574	1,284,878
12	annual covered charges	1,575,054	46,231,430	3,177,627
13	annual payments for services	744,903	14,170,574	1,284,878
14				
15	inpatient CCR	0.5209022	0.3486842	0.5022632
16				
17	annual cost of services	820,449	16,120,169	1,596,005
18				
19	<u>adjustment factor</u>			
20	inflation	1.054666	1.067636	1.054666
21				
22	adjusted annual charges	1,661,156	49,358,339	3,351,335
23	adjusted Medicaid payments for services	785,624	15,129,015	1,355,117
24	supplemental rate adjustment payments	0	0	0
25	total adjusted Medicaid payments	785,624	15,129,015	1,355,117
26	adjusted cost of services	865,300	17,210,473	1,683,252
27				
28	<u>other UPL calculation data</u>			
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	DRG differential	DRG differential	DRG differential
31	DRG differential adjustment rate	1.228140	1.228140	1.228140
32	maximum annual payments (at DRG differential)	964,856	18,580,542	1,664,273
33				
34	maximum annual payments	964,856	18,580,542	1,664,273
35	facility specific UPL amount	179,232	3,451,527	309,156
36				
37	<u>aggregate limit adjustments</u>			
38	allocation of UPL amounts < 0	(600)	(11,551)	(1,035)
39	allocation of supplemental payments	(136,789)	(2,634,196)	(235,947)
40	total aggregate limit adjustments	(137,389)	(2,645,747)	(236,982)
41				
42	UPL amount after aggregate limit adjustments	41,843	805,780	72,174

Georgia Department of Community Health

	Facility Name	Tanner Med Ctr - Carrollton	Tanner Med Ctr - Villa Rica
1	Medicaid Provider ID	000001867A	000002032A
2	base period report period beginning date	7/1/2008	7/1/2008
3	base period report period ending date	6/30/2009	6/30/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	0	0
8			
9	<u>Medicaid inpatient claims paid at amount > 0:</u>		
10	covered charges	12,848,375	3,727,515
11	payments for services	4,238,531	1,657,518
12	annual covered charges	12,848,375	3,727,515
13	annual payments for services	4,238,531	1,657,518
14			
15	inpatient CCR	0.4777319	0.5698934
16			
17	annual cost of services	6,138,079	2,124,286
18			
19	<u>adjustment factor</u>		
20	inflation	1.067636	1.067636
21			
22	adjusted annual charges	13,717,388	3,979,629
23	adjusted Medicaid payments for services	4,525,208	1,769,626
24	supplemental rate adjustment payments	0	0
25	total adjusted Medicaid payments	4,525,208	1,769,626
26	adjusted cost of services	6,553,234	2,267,964
27			
28	<u>other UPL calculation data</u>		
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	DRG differential	DRG differential
31	DRG differential adjustment rate	1.228140	1.228140
32	maximum annual payments (at DRG differential)	5,557,587	2,173,348
33			
34	maximum annual payments	5,557,587	2,173,348
35	facility specific UPL amount	1,032,379	403,722
36			
37	<u>aggregate limit adjustments</u>		
38	allocation of UPL amounts < 0	(3,455)	(1,351)
39	allocation of supplemental payments	(787,909)	(308,120)
40	total aggregate limit adjustments	(791,364)	(309,471)
41			
42	UPL amount after aggregate limit adjustments	241,015	94,251

Georgia Department of Community Health

	Facility Name	The Medical Center	Tift Regional	Union General
1	Medicaid Provider ID	000001196A	000001922A	000001966A
2	base period report period beginning date	7/1/2008	10/1/2008	5/1/2008
3	base period report period ending date	6/30/2009	9/30/2009	4/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	40,648,543	19,743,162	750,586
11	payments for services	13,898,222	6,036,538	526,963
12	annual covered charges	40,648,543	19,743,162	750,586
13	annual payments for services	13,898,222	6,036,538	526,963
14				
15	inpatient CCR	0.4302585	0.3863326	0.6349168
16				
17	annual cost of services	17,489,381	7,627,427	476,560
18				
19	<u>adjustment factor</u>			
20	inflation	1.067636	1.054666	1.072833
21				
22	adjusted annual charges	43,397,848	20,822,442	805,253
23	adjusted Medicaid payments for services	14,838,242	6,366,531	565,343
24	supplemental rate adjustment payments	5,248,778	0	0
25	total adjusted Medicaid payments	20,087,020	6,366,531	565,343
26	adjusted cost of services	18,672,293	8,044,388	511,269
27				
28	<u>other UPL calculation data</u>			
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	DRG differential	DRG differential	DRG differential
31	DRG differential adjustment rate	1.228140	1.228140	1.228140
32	maximum annual payments (at DRG differential)	18,223,432	7,818,988	694,320
33				
34	maximum annual payments	18,223,432	7,818,988	694,320
35	facility specific UPL amount	(1,863,588)	1,452,457	128,977
36				
37	<u>aggregate limit adjustments</u>			
38	allocation of UPL amounts < 0	(11,329)	(4,861)	(432)
39	allocation of supplemental payments	2,665,210	(1,108,512)	(98,434)
40	total aggregate limit adjustments	2,653,881	(1,113,373)	(98,866)
41				
42	UPL amount after aggregate limit adjustments	790,293	339,084	30,111

Georgia Department of Community Health

	Facility Name	University	Upson Regional	Washington County
1	Medicaid Provider ID	000001977A	000001988A	000001218A
2	base period report period beginning date	1/1/2009	1/1/2009	9/1/2008
3	base period report period ending date	12/31/2009	12/31/2009	8/31/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	40,899,343	8,262,557	2,482,905
11	payments for services	11,671,309	3,301,724	1,465,751
12	annual covered charges	40,899,343	8,262,557	2,482,905
13	annual payments for services	11,671,309	3,301,724	1,465,751
14				
15	inpatient CCR	0.3858243	0.4587721	0.5144875
16				
17	annual cost of services	15,779,960	3,790,631	1,277,424
18				
19	<u>adjustment factor</u>			
20	inflation	1.043146	1.043146	1.058954
21				
22	adjusted annual charges	42,663,986	8,619,053	2,629,282
23	adjusted Medicaid payments for services	12,174,879	3,444,180	1,552,163
24	supplemental rate adjustment payments	0	0	0
25	total adjusted Medicaid payments	12,174,879	3,444,180	1,552,163
26	adjusted cost of services	16,460,802	3,954,182	1,352,733
27				
28	<u>other UPL calculation data</u>			
29	provider category for UPL calculation	Non-State Gov	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	DRG different	DRG differential	DRG differential
31	DRG differential adjustment rate	1.228140	1.228140	1.228140
32	maximum annual payments (at DRG differential)	14,952,450	4,229,934	1,906,273
33				
34	maximum annual payments	14,952,450	4,229,934	1,906,273
35	facility specific UPL amount	2,777,571	785,754	354,110
36				
37	<u>aggregate limit adjustments</u>			
38	allocation of UPL amounts < 0	(9,296)	(2,630)	(1,185)
39	allocation of supplemental payments	(2,119,835)	(599,685)	(270,256)
40	total aggregate limit adjustments	(2,129,131)	(602,315)	(271,441)
41				
42	UPL amount after aggregate limit adjustments	648,440	183,439	82,669

Georgia Department of Community Health

	Facility Name	Wayne Memorial	WellStar Cobb	WellStar Douglas
1	Medicaid Provider ID	000002054A	000000426A	000000624A
2	base period report period beginning date	7/1/2008	7/1/2008	7/1/2008
3	base period report period ending date	6/30/2009	6/30/2009	6/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	3,849,951	49,324,618	11,912,187
11	payments for services	1,446,939	15,395,839	3,572,398
12	annual covered charges	3,849,951	49,324,618	11,912,187
13	annual payments for services	1,446,939	15,395,839	3,572,398
14				
15	inpatient CCR	0.4395895	0.4218279	0.3965095
16				
17	annual cost of services	1,692,398	20,806,500	4,723,295
18				
19	<u>adjustment factor</u>			
20	inflation	1.067636	1.067636	1.067636
21				
22	adjusted annual charges	4,110,346	52,660,738	12,717,880
23	adjusted Medicaid payments for services	1,544,804	16,437,152	3,814,021
24	supplemental rate adjustment payments	0	0	0
25	total adjusted Medicaid payments	1,544,804	16,437,152	3,814,021
26	adjusted cost of services	1,806,865	22,213,768	5,042,760
27				
28	<u>other UPL calculation data</u>			
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	DRG differential	DRG differential	DRG differential
31	DRG differential adjustment rate	1.228140	1.228140	1.228140
32	maximum annual payments (at DRG differential)	1,897,235	20,187,116	4,684,150
33				
34	maximum annual payments	1,897,235	20,187,116	4,684,150
35	facility specific UPL amount	352,431	3,749,964	870,129
36				
37	<u>aggregate limit adjustments</u>			
38	allocation of UPL amounts < 0	(1,179)	(12,550)	(2,912)
39	allocation of supplemental payments	(268,975)	(2,861,962)	(664,080)
40	total aggregate limit adjustments	(270,154)	(2,874,512)	(666,992)
41				
42	UPL amount after aggregate limit adjustments	82,277	875,452	203,137

Georgia Department of Community Health

	Facility Name	WellStar Kennestone	WellStar Paulding	WellStar Windy Hill
1	Medicaid Provider ID	000001119A	000001438A	000001999A
2	base period report period beginning date	7/1/2008	7/1/2008	7/1/2008
3	base period report period ending date	6/30/2009	6/30/2009	6/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	65,582,117	1,883,665	2,028,295
11	payments for services	19,405,573	657,372	511,856
12	annual covered charges	65,582,117	1,883,665	2,028,295
13	annual payments for services	19,405,573	657,372	511,856
14				
15	inpatient CCR	0.4240519	0.472168	0.2815809
16				
17	annual cost of services	27,810,221	889,406	571,129
18				
19	<u>adjustment factor</u>			
20	inflation	1.067636	1.067636	1.067636
21				
22	adjusted annual charges	70,017,829	2,011,069	2,165,481
23	adjusted Medicaid payments for services	20,718,088	701,834	546,476
24	supplemental rate adjustment payments	0	0	0
25	total adjusted Medicaid payments	20,718,088	701,834	546,476
26	adjusted cost of services	29,691,193	949,562	609,758
27				
28	<u>other UPL calculation data</u>			
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	DRG differential	DRG differential	DRG differential
31	DRG differential adjustment rate	1.228140	1.228140	1.228140
32	maximum annual payments (at DRG differential)	25,444,703	861,950	671,149
33				
34	maximum annual payments	25,444,703	861,950	671,149
35	facility specific UPL amount	4,726,615	160,116	124,673
36				
37	<u>aggregate limit adjustments</u>			
38	allocation of UPL amounts < 0	(15,819)	(536)	(417)
39	allocation of supplemental payments	(3,607,340)	(122,200)	(95,150)
40	total aggregate limit adjustments	(3,623,159)	(122,736)	(95,567)
41				
42	UPL amount after aggregate limit adjustments	1,103,456	37,380	29,106

Georgia Department of Community Health

	Facility Name	West Georgia Medical Center	Bleckley Memorial	Brooks Count
1	Medicaid Provider ID	000002065A	000000195A	000000239A
2	base period report period beginning date	10/1/2008	4/1/2008	10/1/2008
3	base period report period ending date	9/30/2009	3/31/2009	9/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	1	1
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	10,640,451	527,252	392,278
11	payments for services	4,298,199	401,207	128,510
12	annual covered charges	10,640,451	527,252	392,278
13	annual payments for services	4,298,199	401,207	128,510
14				
15	inpatient CCR	0.3817185	1.0349829	0.3209054
16				
17	annual cost of services	4,061,657	545,697	125,884
18				
19	<u>adjustment factor</u>			
20	inflation	1.054666	1.07545	1.054666
21				
22	adjusted annual charges	11,222,122	567,033	413,722
23	adjusted Medicaid payments for services	4,533,164	431,478	135,535
24	supplemental rate adjustment payments	0	0	0
25	total adjusted Medicaid payments	4,533,164	431,478	135,535
26	adjusted cost of services	4,283,692	586,870	132,766
27				
28	<u>other UPL calculation data</u>			
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Go
30	basis for UPL calculation	DRG differential	cost	cost
31	DRG differential adjustment rate	1.228140	0.000000	0.000000
32	maximum annual payments (at DRG differential)	5,567,358	0	0
33				
34	maximum annual payments	5,567,358	586,870	132,766
35	facility specific UPL amount	1,034,194	155,392	(2,769)
36				
37	<u>aggregate limit adjustments</u>			
38	allocation of UPL amounts < 0	(3,461)	(520)	2,769
39	allocation of supplemental payments	(789,294)	(118,595)	0
40	total aggregate limit adjustments	(792,755)	(119,115)	2,769
41				
42	UPL amount after aggregate limit adjustments	241,439	36,277	0

Georgia Department of Community Health

	Facility Name	Calhoun Memorial	Candler County	Charlton Memorial
1	Medicaid Provider ID	000000305A	000000316A	000000338A
2	base period report period beginning date	4/1/2008	1/1/2009	7/1/2008
3	base period report period ending date	3/31/2009	12/31/2009	6/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	1
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	80,155	681,993	130,364
11	payments for services	67,384	563,814	79,172
12	annual covered charges	80,155	681,993	130,364
13	annual payments for services	67,384	563,814	79,172
14				
15	inpatient CCR	0.5289165	0.712927	0.6693731
16				
17	annual cost of services	42,395	486,211	87,262
18				
19	<u>adjustment factor</u>			
20	inflation	1.07545	1.043146	1.067636
21				
22	adjusted annual charges	86,203	711,418	139,181
23	adjusted Medicaid payments for services	72,468	588,140	84,527
24	supplemental rate adjustment payments	0	0	0
25	total adjusted Medicaid payments	72,468	588,140	84,527
26	adjusted cost of services	45,594	507,189	93,164
27				
28	<u>other UPL calculation data</u>			
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	cost	cost	cost
31	DRG differential adjustment rate	0.000000	0.000000	0.000000
32	maximum annual payments (at DRG differential)	0	0	0
33				
34	maximum annual payments	45,594	507,189	93,164
35	facility specific UPL amount	(26,874)	(80,951)	8,637
36				
37	<u>aggregate limit adjustments</u>			
38	allocation of UPL amounts < 0	26,874	80,951	(29)
39	allocation of supplemental payments	0	0	(6,592)
40	total aggregate limit adjustments	26,874	80,951	(6,621)
41				
42	UPL amount after aggregate limit adjustments	0	0	2,016

Georgia Department of Community Health

	Facility Name	Chatuge Regional	Clinch Memorial	Early Memorial
1	Medicaid Provider ID	000001933A	000000415A	000000635A
2	base period report period beginning date	5/1/2008	7/1/2008	10/1/2008
3	base period report period ending date	4/30/2009	6/30/2009	9/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	1
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	69,042	270,393	251,343
11	payments for services	47,020	136,585	109,072
12	annual covered charges	69,042	270,393	251,343
13	annual payments for services	47,020	136,585	109,072
14				
15	inpatient CCR	0.4634023	0.8329519	0.4597964
16				
17	annual cost of services	31,994	225,224	115,567
18				
19	<u>adjustment factor</u>			
20	inflation	1.072833	1.067636	1.054666
21				
22	adjusted annual charges	74,071	288,681	265,083
23	adjusted Medicaid payments for services	50,445	145,823	115,035
24	supplemental rate adjustment payments	0	0	0
25	total adjusted Medicaid payments	50,445	145,823	115,035
26	adjusted cost of services	34,324	240,457	121,885
27				
28	<u>other UPL calculation data</u>			
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	cost	cost	cost
31	DRG differential adjustment rate	0.000000	0.000000	0.000000
32	maximum annual payments (at DRG differential)	0	0	0
33				
34	maximum annual payments	34,324	240,457	121,885
35	facility specific UPL amount	(16,121)	94,634	6,850
36				
37	<u>aggregate limit adjustments</u>			
38	allocation of UPL amounts < 0	16,121	(317)	(23)
39	allocation of supplemental payments	0	(72,225)	(5,227)
40	total aggregate limit adjustments	16,121	(72,542)	(5,250)
41				
42	UPL amount after aggregate limit adjustments	(0)	22,092	1,600

Georgia Department of Community Health

	Facility Name	Effingham	Higgins General Hospital	Jasper Memorial
1	Medicaid Provider ID	000000657A	000000954A	000000998A
2	base period report period beginning date	7/1/2008	7/1/2008	10/1/2008
3	base period report period ending date	6/30/2009	6/30/2009	9/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	1
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	62,882	1,420,350	31,298
11	payments for services	47,433	506,406	20,185
12	annual covered charges	62,882	1,420,350	31,298
13	annual payments for services	47,433	506,406	20,185
14				
15	inpatient CCR	0.7929042	0.5918853	1.0583354
16				
17	annual cost of services	49,859	840,684	33,124
18				
19	<u>adjustment factor</u>			
20	inflation	1.067636	1.067636	1.054666
21				
22	adjusted annual charges	67,135	1,516,417	33,009
23	adjusted Medicaid payments for services	50,641	540,657	21,288
24	supplemental rate adjustment payments	0	0	0
25	total adjusted Medicaid payments	50,641	540,657	21,288
26	adjusted cost of services	53,231	897,545	34,935
27				
28	<u>other UPL calculation data</u>			
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	cost	cost	cost
31	DRG differential adjustment rate	0.000000	0.000000	0.000000
32	maximum annual payments (at DRG differential)	0	0	0
33				
34	maximum annual payments	53,231	897,545	34,935
35	facility specific UPL amount	2,590	356,888	13,647
36				
37	<u>aggregate limit adjustments</u>			
38	allocation of UPL amounts < 0	(9)	(1,194)	(46)
39	allocation of supplemental payments	(1,977)	(272,376)	(10,415)
40	total aggregate limit adjustments	(1,986)	(273,570)	(10,461)
41				
42	UPL amount after aggregate limit adjustments	604	83,318	3,186

Georgia Department of Community Health

	Facility Name	Jeff Davis	Jenkins County	Liberty Regional
1	Medicaid Provider ID	000001009A	000001042A	000001152A
2	base period report period beginning date	10/1/2008	7/1/2008	12/1/2008
3	base period report period ending date	9/30/2009	6/30/2009	11/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	1
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	1,548,272	242,236	1,636,791
11	payments for services	555,281	211,875	759,161
12	annual covered charges	1,548,272	242,236	1,636,791
13	annual payments for services	555,281	211,875	759,161
14				
15	inpatient CCR	0.3266423	0.6627456	0.4504427
16				
17	annual cost of services	505,731	160,541	737,281
18				
19	<u>adjustment factor</u>			
20	inflation	1.054666	1.067636	1.046958
21				
22	adjusted annual charges	1,632,910	258,620	1,713,651
23	adjusted Medicaid payments for services	585,636	226,205	794,810
24	supplemental rate adjustment payments	0	0	0
25	total adjusted Medicaid payments	585,636	226,205	794,810
26	adjusted cost of services	533,377	171,399	771,902
27				
28	<u>other UPL calculation data</u>			
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	cost	cost	cost
31	DRG differential adjustment rate	0.000000	0.000000	0.000000
32	maximum annual payments (at DRG differential)	0	0	0
33				
34	maximum annual payments	533,377	171,399	771,902
35	facility specific UPL amount	(52,259)	(54,806)	(22,908)
36				
37	<u>aggregate limit adjustments</u>			
38	allocation of UPL amounts < 0	52,259	54,806	22,908
39	allocation of supplemental payments	0	0	0
40	total aggregate limit adjustments	52,259	54,806	22,908
41				
42	UPL amount after aggregate limit adjustments	(0)	0	(0)

Georgia Department of Community Health

	Facility Name	Louis Smith Memorial	Miller County	Mitchell County
1	Medicaid Provider ID	000001163A	000001317A	000001339A
2	base period report period beginning date	10/1/2008	7/1/2008	10/1/2008
3	base period report period ending date	9/30/2009	6/30/2009	9/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	1
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	291,956	1,576,364	295,928
11	payments for services	146,330	514,084	140,561
12	annual covered charges	291,956	1,576,364	295,928
13	annual payments for services	146,330	514,084	140,561
14				
15	inpatient CCR	0.4279303	0.4379538	0.3277219
16				
17	annual cost of services	124,937	690,375	96,982
18				
19	<u>adjustment factor</u>			
20	inflation	1.054666	1.067636	1.054666
21				
22	adjusted annual charges	307,916	1,682,983	312,105
23	adjusted Medicaid payments for services	154,329	548,855	148,245
24	supplemental rate adjustment payments	0	0	0
25	total adjusted Medicaid payments	154,329	548,855	148,245
26	adjusted cost of services	131,767	737,069	102,284
27				
28	<u>other UPL calculation data</u>			
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	cost	cost	cost
31	DRG differential adjustment rate	0.000000	0.000000	0.000000
32	maximum annual payments (at DRG differential)	0	0	0
33				
34	maximum annual payments	131,767	737,069	102,284
35	facility specific UPL amount	(22,562)	188,214	(45,961)
36				
37	<u>aggregate limit adjustments</u>			
38	allocation of UPL amounts < 0	22,562	(630)	45,961
39	allocation of supplemental payments	0	(143,645)	0
40	total aggregate limit adjustments	22,562	(144,275)	45,961
41				
42	UPL amount after aggregate limit adjustments	0	43,939	(0)

Georgia Department of Community Health

	Facility Name	Monroe County	Morgan Memorial
1	Medicaid Provider ID	000001361A	000694229A
2	base period report period beginning date	10/1/2008	7/1/2008
3	base period report period ending date	9/30/2009	6/30/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	1	1
8			
9	<u>Medicaid inpatient claims paid at amount > 0:</u>		
10	covered charges	298,235	54,012
11	payments for services	185,947	38,208
12	annual covered charges	298,235	54,012
13	annual payments for services	185,947	38,208
14			
15	inpatient CCR	0.7267926	0.9298497
16			
17	annual cost of services	216,755	50,223
18			
19	<u>adjustment factor</u>		
20	inflation	1.054666	1.067636
21			
22	adjusted annual charges	314,538	57,665
23	adjusted Medicaid payments for services	196,112	40,792
24	supplemental rate adjustment payments	0	0
25	total adjusted Medicaid payments	196,112	40,792
26	adjusted cost of services	228,604	53,620
27			
28	<u>other UPL calculation data</u>		
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	cost	cost
31	DRG differential adjustment rate	0.000000	0.000000
32	maximum annual payments (at DRG differential)	0	0
33			
34	maximum annual payments	228,604	53,620
35	facility specific UPL amount	32,492	12,828
36			
37	<u>aggregate limit adjustments</u>		
38	allocation of UPL amounts < 0	(109)	(43)
39	allocation of supplemental payments	(24,798)	(9,790)
40	total aggregate limit adjustments	(24,907)	(9,833)
41			
42	UPL amount after aggregate limit adjustments	7,585	2,995

Georgia Department of Community Health

	Facility Name	Peach Regional Medical Center	Polk Medical
1	Medicaid Provider ID	000001449A	000001526A
2	base period report period beginning date	11/1/2008	10/1/2008
3	base period report period ending date	10/31/2009	9/30/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	1	1
8			
9	<u>Medicaid inpatient claims paid at amount > 0:</u>		
10	covered charges	931,005	457,469
11	payments for services	514,549	217,508
12	annual covered charges	931,005	457,469
13	annual payments for services	514,549	217,508
14			
15	inpatient CCR	0.5385944	0.691151
16			
17	annual cost of services	501,434	316,180
18			
19	<u>adjustment factor</u>		
20	inflation	1.050798	1.054666
21			
22	adjusted annual charges	978,298	482,477
23	adjusted Medicaid payments for services	540,687	229,398
24	supplemental rate adjustment payments	0	0
25	total adjusted Medicaid payments	540,687	229,398
26	adjusted cost of services	526,906	333,464
27			
28	<u>other UPL calculation data</u>		
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	cost	cost
31	DRG differential adjustment rate	0.000000	0.000000
32	maximum annual payments (at DRG differential)	0	0
33			
34	maximum annual payments	526,906	333,464
35	facility specific UPL amount	(13,781)	104,066
36			
37	<u>aggregate limit adjustments</u>		
38	allocation of UPL amounts < 0	13,781	(348)
39	allocation of supplemental payments	0	(79,423)
40	total aggregate limit adjustments	13,781	(79,771)
41			
42	UPL amount after aggregate limit adjustments	0	24,295

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	Facility Name	Putnam General	Screven County	Southwest GA Regional
1	Medicaid Provider ID	000001537A	000001647A	000001427A
2	base period report period beginning date	10/1/2008	7/1/2008	7/1/2008
3	base period report period ending date	9/30/2009	6/30/2009	6/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	1
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	324,800	263,619	363,150
11	payments for services	266,454	221,606	143,126
12	annual covered charges	324,800	263,619	363,150
13	annual payments for services	266,454	221,606	143,126
14				
15	inpatient CCR	0.9226032	0.8278844	0.3826347
16				
17	annual cost of services	299,662	218,246	138,954
18				
19	<u>adjustment factor</u>			
20	inflation	1.054666	1.067636	1.067636
21				
22	adjusted annual charges	342,556	281,449	387,712
23	adjusted Medicaid payments for services	281,020	236,595	152,806
24	supplemental rate adjustment payments	0	0	0
25	total adjusted Medicaid payments	281,020	236,595	152,806
26	adjusted cost of services	316,043	233,007	148,352
27				
28	<u>other UPL calculation data</u>			
29	provider category for UPL calculation	Non-State Govt.	Private	Non-State Govt.
30	basis for UPL calculation	cost	cost	cost
31	DRG differential adjustment rate	0.000000	0.000000	0.000000
32	maximum annual payments (at DRG differential)	0	0	0
33				
34	maximum annual payments	316,043	233,007	148,352
35	facility specific UPL amount	35,023	(3,588)	(4,454)
36				
37	<u>aggregate limit adjustments</u>			
38	allocation of UPL amounts < 0	(117)	3,588	4,454
39	allocation of supplemental payments	(26,730)	0	0
40	total aggregate limit adjustments	(26,847)	3,588	4,454
41				
42	UPL amount after aggregate limit adjustments	8,176	(0)	0

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	Facility Name	Warm Springs Med.	Wills Memorial Hospital	Bacon County
1	Medicaid Provider ID	000001284A	000002087A	000000118A
2	base period report period beginning date	1/1/2009	5/1/2008	7/1/2008
3	base period report period ending date	12/31/2009	4/30/2009	6/30/2009
4				
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	1
8				
9	<u>Medicaid inpatient claims paid at amount > 0:</u>			
10	covered charges	438,904	432,798	1,639,964
11	payments for services	211,288	230,205	702,354
12	annual covered charges	438,904	432,798	1,639,964
13	annual payments for services	211,288	230,205	702,354
14				
15	inpatient CCR	0.9317061	0.6867685	0.4333981
16				
17	annual cost of services	408,930	297,232	710,757
18				
19	<u>adjustment factor</u>			
20	inflation	1.043146	1.072833	1.067636
21				
22	adjusted annual charges	457,841	464,320	1,750,885
23	adjusted Medicaid payments for services	220,404	246,972	749,858
24	supplemental rate adjustment payments	0	0	0
25	total adjusted Medicaid payments	220,404	246,972	749,858
26	adjusted cost of services	426,574	318,880	758,830
27				
28	<u>other UPL calculation data</u>			
29	provider category for UPL calculation	Non-State Govt.	Non-State Govt.	Non-State Govt.
30	basis for UPL calculation	cost	cost	cost
31	DRG differential adjustment rate	0.000000	0.000000	0.000000
32	maximum annual payments (at DRG differential)	0	0	0
33				
34	maximum annual payments	426,574	318,880	758,830
35	facility specific UPL amount	206,170	71,908	8,972
36				
37	<u>aggregate limit adjustments</u>			
38	allocation of UPL amounts < 0	(690)	(241)	(30)
39	allocation of supplemental payments	(157,347)	(54,880)	(6,847)
40	total aggregate limit adjustments	(158,037)	(55,121)	(6,877)
41				
42	UPL amount after aggregate limit adjustments	48,133	16,787	2,095

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	Facility Name	Lower Oconee Comm.	Phoebe Worth
1	Medicaid Provider ID	000002076A	000002109A
2	base period report period beginning date	1/1/2009	8/1/2008
3	base period report period ending date	12/31/2009	7/31/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	1	1
8			
9	<u>Medicaid inpatient claims paid at amount > 0:</u>		
10	covered charges	1,880,324	262,464
11	payments for services	998,844	140,941
12	annual covered charges	1,880,324	262,464
13	annual payments for services	998,844	140,941
14			
15	inpatient CCR	0.5423342	0.6668856
16			
17	annual cost of services	1,019,764	175,033
18			
19	<u>adjustment factor</u>		
20	inflation	1.043146	1.063277
21			
22	adjusted annual charges	1,961,452	279,072
23	adjusted Medicaid payments for services	1,041,940	149,859
24	supplemental rate adjustment payments	0	0
25	total adjusted Medicaid payments	1,041,940	149,859
26	adjusted cost of services	1,063,763	186,109
27			
28	<u>other UPL calculation data</u>		
29	provider category for UPL calculation	Private	Private
30	basis for UPL calculation	cost	cost
31	DRG differential adjustment rate	0.000000	0.000000
32	maximum annual payments (at DRG differential)	0	0
33			
34	maximum annual payments	1,063,763	186,109
35	facility specific UPL amount	21,823	36,250
36			
37	<u>aggregate limit adjustments</u>		
38	allocation of UPL amounts < 0	(5)	(8)
39	allocation of supplemental payments	(9,000)	(14,950)
40	total aggregate limit adjustments	(9,005)	(14,958)
41			
42	UPL amount after aggregate limit adjustments	12,818	21,292

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	Facility Name	St. Joseph of East GA (Minnie G)	Stewart Webster
1	Medicaid Provider ID	000001328A	000001845A
2	base period report period beginning date	1/1/2009	10/1/2008
3	base period report period ending date	12/31/2009	9/30/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	1	1
8			
9	<u>Medicaid inpatient claims paid at amount > 0:</u>		
10	covered charges	232,649	260,488
11	payments for services	112,505	206,580
12	annual covered charges	232,649	260,488
13	annual payments for services	112,505	206,580
14			
15	inpatient CCR	0.9289342	0.9605358
16			
17	annual cost of services	216,116	250,208
18			
19	<u>adjustment factor</u>		
20	inflation	1.043146	1.054666
21			
22	adjusted annual charges	242,687	274,728
23	adjusted Medicaid payments for services	117,359	217,873
24	supplemental rate adjustment payments	0	0
25	total adjusted Medicaid payments	117,359	217,873
26	adjusted cost of services	225,441	263,886
27			
28	<u>other UPL calculation data</u>		
29	provider category for UPL calculation	Private	Private
30	basis for UPL calculation	cost	cost
31	DRG differential adjustment rate	0.000000	0.000000
32	maximum annual payments (at DRG differential)	0	0
33			
34	maximum annual payments	225,441	263,886
35	facility specific UPL amount	108,082	46,013
36			
37	<u>aggregate limit adjustments</u>		
38	allocation of UPL amounts < 0	(24)	(10)
39	allocation of supplemental payments	(44,574)	(18,976)
40	total aggregate limit adjustments	(44,598)	(18,986)
41			
42	UPL amount after aggregate limit adjustments	63,484	27,027

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	Facility Name	Sylvan Grove	The Doctors Hospital of Tattnal
1	Medicaid Provider ID	000001856A	000001878A
2	base period report period beginning date	1/1/2009	1/1/2009
3	base period report period ending date	12/31/2009	12/31/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	1	1
8			
9	<u>Medicaid inpatient claims paid at amount > 0:</u>		
10	covered charges	69,790	2,061,461
11	payments for services	29,784	338,138
12	annual covered charges	69,790	2,061,461
13	annual payments for services	29,784	338,138
14			
15	inpatient CCR	0.2254624	0.2550663
16			
17	annual cost of services	15,735	525,809
18			
19	<u>adjustment factor</u>		
20	inflation	1.043146	1.043146
21			
22	adjusted annual charges	72,801	2,150,405
23	adjusted Medicaid payments for services	31,069	352,727
24	supplemental rate adjustment payments	0	0
25	total adjusted Medicaid payments	31,069	352,727
26	adjusted cost of services	16,414	548,496
27			
28	<u>other UPL calculation data</u>		
29	provider category for UPL calculation	Non-State Govt.	Private
30	basis for UPL calculation	cost	cost
31	DRG differential adjustment rate	0.000000	0.000000
32	maximum annual payments (at DRG differential)	0	0
33			
34	maximum annual payments	16,414	548,496
35	facility specific UPL amount	(14,655)	195,769
36			
37	<u>aggregate limit adjustments</u>		
38	allocation of UPL amounts < 0	14,655	(44)
39	allocation of supplemental payments	0	(80,737)
40	total aggregate limit adjustments	14,655	(80,781)
41			
42	UPL amount after aggregate limit adjustments	0	114,988

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	Facility Name	Mountain Lakes	Dekalb Hillandale
1	Medicaid Provider ID	000001559A	000000536U
2	base period report period beginning date	1/1/2009	7/1/2008
3	base period report period ending date	12/31/2009	6/30/2009
4			
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	1	0
8			
9	<u>Medicaid inpatient claims paid at amount > 0:</u>		
10	covered charges	157,906	9,428,416
11	payments for services	104,578	3,382,637
12	annual covered charges	157,906	9,428,416
13	annual payments for services	104,578	3,382,637
14			
15	inpatient CCR	0.6552088	0.4602717
16			
17	annual cost of services	103,461	4,339,633
18			
19	<u>adjustment factor</u>		
20	inflation	1.043146	1.067636
21			
22	adjusted annual charges	164,719	10,066,116
23	adjusted Medicaid payments for services	109,090	3,611,425
24	supplemental rate adjustment payments	0	0
25	total adjusted Medicaid payments	109,090	3,611,425
26	adjusted cost of services	107,925	4,633,148
27			
28	<u>other UPL calculation data</u>		
29	provider category for UPL calculation	Private	Non-State Govt.
30	basis for UPL calculation	cost	DRG differential
31	DRG differential adjustment rate	0.000000	1.228140
32	maximum annual payments (at DRG differential)	0	4,435,334
33			
34	maximum annual payments	107,925	4,435,334
35	facility specific UPL amount	(1,165)	823,909
36			
37	<u>aggregate limit adjustments</u>		
38	allocation of UPL amounts < 0	1,165	(2,757)
39	allocation of supplemental payments	0	(628,805)
40	total aggregate limit adjustments	1,165	(631,562)
41			
42	UPL amount after aggregate limit adjustments	0	192,347