

Georgia Department of Community Health

	Facility Name	Appling Hospital	Athens Regional Medical Center	Bacon County Hospital	BJC Medical Center
1	Medicaid Provider ID	00000052A	00000074A	00000118A	00000151A
2	base period report period beginning date	9/1/2003	10/1/2003	7/1/2003	7/1/2003
3	base period report period ending date	8/31/2004	9/30/2004	6/30/2004	6/30/2004
4	HS&R processing date for Medicaid data	9/6/2005	9/6/2005	9/6/2005	9/6/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000
6					
7	CAH status (1 = yes)	0	0	1	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	3,949,268	49,502,046	1,569,835	1,835,147
11	payments for services	1,828,506	19,933,460	1,116,075	906,311
12	annual covered charges	3,949,268	49,502,046	1,569,835	1,835,147
13	annual payments for services	1,828,506	19,933,460	1,116,075	906,311
14					
15	inpatient CCR	0.446156	0.381077	0.589128	0.555693
16					
17	annual cost of services	1,761,990	18,864,091	924,834	1,019,778
18					
19	<u>adjustment factors</u>				
20	claim completion	1.029799	1.034888	1.022166	1.022166
21	inflation	1.073852	1.089069	1.104723	1.104723
22	volume allowance	1.212883	1.203206	1.232236	1.232236
23	combined adjustment factors	1.341269	1.356091	1.391454	1.391454
24					
25	adjusted annual charges	5,297,031	67,129,279	2,184,353	2,553,523
26	adjusted Medicaid payments for services	2,452,518	27,031,586	1,552,967	1,261,090
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	2,452,518	27,031,586	1,552,967	1,261,090
29	adjusted cost of services	2,363,303	25,581,424	1,299,733	1,418,974
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	cost	DRG differential
34	DRG differential adjustment rate	1.176249	1.176249		1.176249
35	maximum annual payments (at DRG differential)	2,884,772	31,795,876	0	1,483,356
36					
37	maximum annual payments	2,884,772	31,795,876	1,299,733	1,483,356
38	facility specific UPL amount	432,254	4,764,290	(253,234)	222,266
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(2,910)	(32,071)	253,234	(1,496)
42	allocation of supplemental payments	(145,386)	(1,602,437)	0	(74,758)
43	total aggregate limit adjustments	(148,296)	(1,634,508)	253,234	(76,254)
44					
45	UPL amount after aggregate limit adjustments	283,958	3,129,782	0	146,012
46					
47	Intergovernmental transfer amount	111,879	1,233,134	0	57,529
48					
49	Net funds amount	172,079	1,896,648	0	88,483

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	Facility Name	Bleckley Memorial Hospital	Brooks County Hospital	Burke Medical Center	Calhoun Memorial Hospital
1	Medicaid Provider ID	00000195A	00000239A	00000283A	00000305A
2	base period report period beginning date	4/1/2003	10/1/2003	6/1/2003	4/1/2003
3	base period report period ending date	3/31/2004	9/30/2004	5/31/2004	3/31/2004
4	HS&R processing date for Medicaid data	9/7/2005	9/7/2005	9/7/2005	9/7/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000
6					
7	CAH status (1 = yes)	1	1	0	1
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	276,893	607,937	2,649,230	100,344
11	payments for services	221,337	372,492	2,196,540	135,630
12	annual covered charges	276,893	607,937	2,649,230	100,344
13	annual payments for services	221,337	372,492	2,196,540	135,630
14					
15	inpatient CCR	1.050662	0.388567	0.745533	0.801903
16					
17	annual cost of services	290,921	236,224	1,975,088	80,466
18					
19	<u>adjustment factors</u>				
20	claim completion	1.015097	1.034888	1.019437	1.015097
21	inflation	1.116955	1.089069	1.092756	1.116955
22	volume allowance	1.261265	1.203206	1.241912	1.261265
23	combined adjustment factors	1.430045	1.356091	1.383485	1.430045
24					
25	adjusted annual charges	395,969	824,418	3,665,170	143,496
26	adjusted Medicaid payments for services	316,522	505,133	3,038,880	193,957
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	316,522	505,133	3,038,880	193,957
29	adjusted cost of services	420,190	323,544	2,732,505	116,221
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	cost	cost	DRG differential	cost
34	DRG differential adjustment rate			1.176249	
35	maximum annual payments (at DRG differential)	0	0	3,574,480	0
36					
37	maximum annual payments	420,190	323,544	3,574,480	116,221
38	facility specific UPL amount	103,668	(181,589)	535,600	(77,736)
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(698)	181,589	(3,605)	77,736
42	allocation of supplemental payments	(34,868)	0	(180,146)	0
43	total aggregate limit adjustments	(35,566)	181,589	(183,751)	77,736
44					
45	UPL amount after aggregate limit adjustments	68,102	0	351,849	0
46					
47	Intergovernmental transfer amount	0	0	138,629	0
48					
49	Net funds amount	68,102	0	213,220	0

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	Facility Name	Camden Medical Center	Candler County Hospital	Charlton Memorial Hospital	Chatuge Regional Hospital
1	Medicaid Provider ID	00000811A	00000316A	00000338A	00001933A
2	base period report period beginning date	10/1/2003	10/1/2003	7/1/2003	5/1/2003
3	base period report period ending date	9/30/2004	9/30/2004	6/30/2004	4/30/2004
4	HS&R processing date for Medicaid data	9/7/2005	9/7/2005	9/7/2005	9/10/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000
6					
7	CAH status (1 = yes)	0	1	1	1
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	2,839,000	1,504,280	233,670	105,374
11	payments for services	1,503,326	1,162,617	161,692	91,543
12	annual covered charges	2,839,000	1,504,280	233,670	105,374
13	annual payments for services	1,503,326	1,162,617	161,692	91,543
14					
15	inpatient CCR	0.931317	0.828884	0.705126	0.575654
16					
17	annual cost of services	2,644,009	1,246,874	164,767	60,659
18					
19	<u>adjustment factors</u>				
20	claim completion	1.034888	1.034888	1.022166	1.017179
21	inflation	1.089069	1.089069	1.104723	1.104723
22	volume allowance	1.203206	1.203206	1.232236	1.251588
23	combined adjustment factors	1.356091	1.356091	1.391454	1.406411
24					
25	adjusted annual charges	3,849,942	2,039,941	325,141	148,199
26	adjusted Medicaid payments for services	2,038,647	1,576,614	224,987	128,747
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	2,038,647	1,576,614	224,987	128,747
29	adjusted cost of services	3,585,517	1,707,784	231,559	86,164
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	cost	cost	cost
34	DRG differential adjustment rate	1.176249			
35	maximum annual payments (at DRG differential)	2,397,956	0	0	0
36					
37	maximum annual payments	2,397,956	1,707,784	231,559	86,164
38	facility specific UPL amount	359,309	131,170	6,572	(42,583)
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(2,419)	(883)	(44)	42,583
42	allocation of supplemental payments	(120,851)	(44,118)	(2,211)	0
43	total aggregate limit adjustments	(123,270)	(45,001)	(2,255)	42,583
44					
45	UPL amount after aggregate limit adjustments	236,039	86,169	4,317	0
46					
47	Intergovernmental transfer amount	92,999	0	0	0
48					
49	Net funds amount	143,040	86,169	4,317	0

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	Facility Name	Clinch Healthcare Center	Coffee Regional Medical Center	Colquitt Regional Medical Center	Crisp Regional Hospital
1	Medicaid Provider ID	00000415A	00000448A	00002021A	00000514A
2	base period report period beginning date	7/1/2003	1/1/2004	10/1/2003	7/1/2003
3	base period report period ending date	6/30/2004	12/31/2004	9/30/2004	6/30/2004
4	HS&R processing date for Medicaid data	9/7/2005	10/7/2005	9/7/2005	9/7/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000
6					
7	CAH status (1 = yes)	1	0	0	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	429,089	12,171,120	9,136,254	6,127,568
11	payments for services	238,264	6,314,227	5,138,033	3,656,367
12	annual covered charges	429,089	12,171,120	9,136,254	6,127,568
13	annual payments for services	238,264	6,314,227	5,138,033	3,656,367
14					
15	inpatient CCR	0.581304	0.511709	0.505663	0.562653
16					
17	annual cost of services	249,431	6,228,072	4,619,866	3,447,695
18					
19	<u>adjustment factors</u>				
20	claim completion	1.022166	1.058039	1.034888	1.022166
21	inflation	1.104723	1.073138	1.089069	1.104723
22	volume allowance	1.232236	1.174177	1.203206	1.232236
23	combined adjustment factors	1.391454	1.333186	1.356091	1.391454
24					
25	adjusted annual charges	597,058	16,226,367	12,389,592	8,526,229
26	adjusted Medicaid payments for services	331,533	8,418,039	6,967,640	5,087,666
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	331,533	8,418,039	6,967,640	5,087,666
29	adjusted cost of services	350,543	8,303,178	6,264,959	4,797,309
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	cost	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate		1.176249	1.176249	1.176249
35	maximum annual payments (at DRG differential)	0	9,901,710	8,195,680	5,984,362
36					
37	maximum annual payments	350,543	9,901,710	8,195,680	5,984,362
38	facility specific UPL amount	19,010	1,483,671	1,228,040	896,696
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(128)	(9,987)	(8,267)	(6,036)
42	allocation of supplemental payments	(6,394)	(499,023)	(413,043)	(301,598)
43	total aggregate limit adjustments	(6,522)	(509,010)	(421,310)	(307,634)
44					
45	UPL amount after aggregate limit adjustments	12,488	974,661	806,730	589,062
46					
47	Intergovernmental transfer amount	0	384,016	317,852	232,090
48					
49	Net funds amount	12,488	590,645	488,878	356,972

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	Facility Name	DeKalb Medical Center	Dodge County Hospital	Dorminy Medical Center	Early Memorial Hospital
1	Medicaid Provider ID	00000536A	00000591A	00000613A	00000635A
2	base period report period beginning date	7/1/2003	10/1/2003	8/1/2003	10/1/2003
3	base period report period ending date	6/30/2004	9/30/2004	7/31/2004	9/30/2004
4	HS&R processing date for Medicaid data	9/7/2005	9/7/2005	9/10/2005	9/7/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000
6					
7	CAH status (1 = yes)	0	0	0	1
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	72,142,574	5,673,642	3,242,484	776,400
11	payments for services	28,507,799	2,692,559	2,127,765	443,442
12	annual covered charges	72,142,574	5,673,642	3,242,484	776,400
13	annual payments for services	28,507,799	2,692,559	2,127,765	443,442
14					
15	inpatient CCR	0.482408	0.539873	0.598279	0.664807
16					
17	annual cost of services	34,802,155	3,063,046	1,939,910	516,156
18					
19	<u>adjustment factors</u>				
20	claim completion	1.022166	1.034888	1.025595	1.034888
21	inflation	1.104723	1.089069	1.089069	1.089069
22	volume allowance	1.232236	1.203206	1.222559	1.203206
23	combined adjustment factors	1.391454	1.356091	1.365530	1.356091
24					
25	adjusted annual charges	100,383,073	7,693,975	4,427,709	1,052,869
26	adjusted Medicaid payments for services	39,667,291	3,651,355	2,905,527	601,348
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	39,667,291	3,651,355	2,905,527	601,348
29	adjusted cost of services	48,425,598	4,153,769	2,649,005	706,955
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential	cost
34	DRG differential adjustment rate	1.176249	1.176249	1.176249	
35	maximum annual payments (at DRG differential)	46,658,611	4,294,903	3,417,623	0
36					
37	maximum annual payments	46,658,611	4,294,903	3,417,623	706,955
38	facility specific UPL amount	6,991,320	643,548	512,096	105,607
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(47,063)	(4,332)	(3,447)	(711)
42	allocation of supplemental payments	(2,351,483)	(216,453)	(172,240)	(35,520)
43	total aggregate limit adjustments	(2,398,546)	(220,785)	(175,687)	(36,231)
44					
45	UPL amount after aggregate limit adjustments	4,592,774	422,763	336,409	69,376
46					
47	Intergovernmental transfer amount	1,809,553	166,569	132,545	0
48					
49	Net funds amount	2,783,221	256,194	203,864	69,376

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	Facility Name	Effingham Hospital	Elbert Memorial Hospital	Emanuel Medical Center	Evans Memorial Hospital
1	Medicaid Provider ID	00000657A	00000668A	00000701A	00000734A
2	base period report period beginning date	7/1/2003	7/1/2003	7/1/2003	10/1/2003
3	base period report period ending date	6/30/2004	6/30/2004	6/30/2004	9/30/2004
4	HS&R processing date for Medicaid data	9/7/2005	9/7/2005	9/7/2005	10/7/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000
6					
7	CAH status (1 = yes)	1	0	0	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	30,589	2,271,577	4,508,783	2,165,029
11	payments for services	20,324	1,179,012	2,288,231	1,252,371
12	annual covered charges	30,589	2,271,577	4,508,783	2,165,029
13	annual payments for services	20,324	1,179,012	2,288,231	1,252,371
14					
15	inpatient CCR	0.879583	0.603257	0.426932	0.757732
16					
17	annual cost of services	26,906	1,370,345	1,924,944	1,640,512
18					
19	<u>adjustment factors</u>				
20	claim completion	1.022166	1.022166	1.022166	1.034888
21	inflation	1.104723	1.104723	1.104723	1.089069
22	volume allowance	1.232236	1.232236	1.232236	1.203206
23	combined adjustment factors	1.391454	1.391454	1.391454	1.356091
24					
25	adjusted annual charges	42,563	3,160,795	6,273,764	2,935,976
26	adjusted Medicaid payments for services	28,280	1,640,541	3,183,968	1,698,329
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	28,280	1,640,541	3,183,968	1,698,329
29	adjusted cost of services	37,812	1,906,772	2,678,471	2,224,684
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	cost	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate		1.176249	1.176249	1.176249
35	maximum annual payments (at DRG differential)	0	1,929,685	3,745,139	1,997,658
36					
37	maximum annual payments	37,812	1,929,685	3,745,139	1,997,658
38	facility specific UPL amount	9,532	289,144	561,171	299,329
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(64)	(1,946)	(3,778)	(2,015)
42	allocation of supplemental payments	(3,206)	(97,252)	(188,746)	(100,677)
43	total aggregate limit adjustments	(3,270)	(99,198)	(192,524)	(102,692)
44					
45	UPL amount after aggregate limit adjustments	6,262	189,946	368,647	196,637
46					
47	Intergovernmental transfer amount	0	74,839	145,247	77,475
48					
49	Net funds amount	6,262	115,107	223,400	119,162

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	Facility Name	Fannin Regional Hospital	Floyd Medical Center	Grady General Hospital	Grady Memorial Hospital
1	Medicaid Provider ID	00134406A	00000756A	00000844A	00000855A
2	base period report period beginning date	1/1/2004	7/1/2003	10/1/2003	1/1/2004
3	base period report period ending date	12/31/2004	6/30/2004	9/30/2004	12/31/2004
4	HS&R processing date for Medicaid data	9/7/2005	9/7/2005	9/7/2005	10/5/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000
6					
7	CAH status (1 = yes)	0	0	0	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	6,446,828	45,538,011	2,629,765	187,055,790
11	payments for services	2,356,449	14,469,242	1,362,596	81,948,582
12	annual covered charges	6,446,828	45,538,011	2,629,765	187,055,790
13	annual payments for services	2,356,449	14,469,242	1,362,596	81,948,582
14					
15	inpatient CCR	0.365934	0.412437	0.564994	0.586140
16					
17	annual cost of services	2,359,114	18,781,561	1,485,801	109,640,881
18					
19	<u>adjustment factors</u>				
20	claim completion	1.058039	1.022166	1.034888	1.058039
21	inflation	1.073138	1.104723	1.089069	1.073138
22	volume allowance	1.174177	1.232236	1.203206	1.174177
23	combined adjustment factors	1.333186	1.391454	1.356091	1.333186
24					
25	adjusted annual charges	8,594,821	63,364,048	3,566,201	249,380,160
26	adjusted Medicaid payments for services	3,141,585	20,133,285	1,847,804	109,252,702
27	supplemental rate adjustment payments	0	1,075,952	0	40,433,829
28	total adjusted Medicaid payments	3,141,585	21,209,237	1,847,804	149,686,531
29	adjusted cost of services	3,145,138	26,133,678	2,014,881	146,171,688
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.176249	1.176249	1.176249	1.176249
35	maximum annual payments (at DRG differential)	3,695,286	23,681,756	2,173,478	128,508,381
36					
37	maximum annual payments	3,695,286	23,681,756	2,173,478	128,508,381
38	facility specific UPL amount	553,701	2,472,519	325,674	(21,178,150)
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(3,727)	(23,887)	(2,192)	(129,621)
42	allocation of supplemental payments	(186,234)	(117,552)	(109,538)	33,957,311
43	total aggregate limit adjustments	(189,961)	(141,439)	(111,730)	33,827,690
44					
45	UPL amount after aggregate limit adjustments	363,740	2,331,080	213,944	12,649,540
46					
47	Intergovernmental transfer amount	143,314	918,446	84,294	4,983,919
48					
49	Net funds amount	220,426	1,412,634	129,650	7,665,621

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	Facility Name	Gwinnett Medical Center	Habersham County Medical Center	Hart County Hospital	Henry Medical Center
1	Medicaid Provider ID	00000294A	00000877A	00000921A	00182388A
2	base period report period beginning date	7/1/2003	7/1/2003	1/1/2004	7/1/2003
3	base period report period ending date	6/30/2004	6/30/2004	12/31/2004	6/30/2004
4	HS&R processing date for Medicaid data	9/7/2005	9/7/2005	9/7/2005	9/7/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000
6					
7	CAH status (1 = yes)	0	0	0	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	44,505,581	3,353,610	763,494	18,825,098
11	payments for services	21,505,238	2,044,387	501,220	8,232,684
12	annual covered charges	44,505,581	3,353,610	763,494	18,825,098
13	annual payments for services	21,505,238	2,044,387	501,220	8,232,684
14					
15	inpatient CCR	0.599275	0.636865	0.509176	0.467690
16					
17	annual cost of services	26,671,082	2,135,797	388,753	8,804,310
18					
19	<u>adjustment factors</u>				
20	claim completion	1.022166	1.022166	1.058039	1.022166
21	inflation	1.104723	1.104723	1.073138	1.104723
22	volume allowance	1.232236	1.232236	1.174177	1.232236
23	combined adjustment factors	1.391454	1.391454	1.333186	1.391454
24					
25	adjusted annual charges	61,927,469	4,666,394	1,017,880	26,194,258
26	adjusted Medicaid payments for services	29,923,549	2,844,670	668,219	11,455,401
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	29,923,549	2,844,670	668,219	11,455,401
29	adjusted cost of services	37,111,584	2,971,863	518,280	12,250,792
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.176249	1.176249	1.176249	1.176249
35	maximum annual payments (at DRG differential)	35,197,545	3,346,040	785,992	13,474,404
36					
37	maximum annual payments	35,197,545	3,346,040	785,992	13,474,404
38	facility specific UPL amount	5,273,996	501,370	117,773	2,019,003
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(35,502)	(3,375)	(793)	(13,591)
42	allocation of supplemental payments	(1,773,873)	(168,632)	(39,612)	(679,078)
43	total aggregate limit adjustments	(1,809,375)	(172,007)	(40,405)	(692,669)
44					
45	UPL amount after aggregate limit adjustments	3,464,621	329,363	77,368	1,326,334
46					
47	Intergovernmental transfer amount	1,365,061	129,769	30,483	522,576
48					
49	Net funds amount	2,099,560	199,594	46,885	803,758

Georgia Department of Community Health

	Facility Name	Higgins General Hospital	Houston Medical Center	Hughes Spalding Children's Hospital	Hutcheson Medical Center
1	Medicaid Provider ID	00000954A	00000976A	00679808A	00001075A
2	base period report period beginning date	7/1/2003	3/1/2003	1/1/2004	10/1/2003
3	base period report period ending date	6/30/2004	2/29/2004	12/31/2004	9/30/2004
4	HS&R processing date for Medicaid data	9/7/2005	9/7/2005	9/7/2005	9/7/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000
6					
7	CAH status (1 = yes)	1	0	0	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	817,811	14,666,119	12,757,215	14,171,230
11	payments for services	341,412	7,535,120	7,691,604	7,213,834
12	annual covered charges	817,811	14,666,119	12,757,215	14,171,230
13	annual payments for services	341,412	7,535,120	7,691,604	7,213,834
14					
15	inpatient CCR	0.598781	0.620981	0.475483	0.547340
16					
17	annual cost of services	489,690	9,107,381	6,065,839	7,756,481
18					
19	<u>adjustment factors</u>				
20	claim completion	1.022166	1.013159	1.058039	1.034888
21	inflation	1.104723	1.098707	1.073138	1.089069
22	volume allowance	1.232236	1.270941	1.174177	1.203206
23	combined adjustment factors	1.391454	1.414767	1.333186	1.356091
24					
25	adjusted annual charges	1,137,946	20,749,141	17,007,740	19,217,477
26	adjusted Medicaid payments for services	475,059	10,660,439	10,254,339	9,782,615
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	475,059	10,660,439	10,254,339	9,782,615
29	adjusted cost of services	688,195	12,884,822	8,086,892	10,518,494
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	cost	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate		1.176249	1.176249	1.176249
35	maximum annual payments (at DRG differential)	0	12,539,331	12,061,656	11,506,791
36					
37	maximum annual payments	688,195	12,539,331	12,061,656	11,506,791
38	facility specific UPL amount	213,136	1,878,892	1,807,317	1,724,176
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(1,435)	(12,648)	(12,166)	(11,606)
42	allocation of supplemental payments	(71,687)	(631,953)	(607,879)	(579,915)
43	total aggregate limit adjustments	(73,122)	(644,601)	(620,045)	(591,521)
44					
45	UPL amount after aggregate limit adjustments	140,014	1,234,291	1,187,272	1,132,655
46					
47	Intergovernmental transfer amount	0	486,311	467,785	446,266
48					
49	Net funds amount	140,014	747,980	719,487	686,389

Georgia Department of Community Health

	Facility Name	Irwin County Hospital	Jasper Memorial Hospital	Jeff Davis Hospital	Jefferson Hospital
1	Medicaid Provider ID	00000987A	00000998A	00001009A	00001031A
2	base period report period beginning date	12/1/2003	10/1/2003	10/1/2003	1/1/2004
3	base period report period ending date	11/30/2004	9/30/2004	9/30/2004	12/31/2004
4	HS&R processing date for Medicaid data	9/7/2005	9/10/2005	9/7/2005	9/7/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000
6					
7	CAH status (1 = yes)	0	1	1	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	4,934,449	106,671	1,509,771	592,389
11	payments for services	3,004,680	94,254	805,615	469,483
12	annual covered charges	4,934,449	106,671	1,509,771	592,389
13	annual payments for services	3,004,680	94,254	805,615	469,483
14					
15	inpatient CCR	0.614122	0.793805	0.608078	0.566643
16					
17	annual cost of services	3,030,354	84,676	918,059	335,673
18					
19	<u>adjustment factors</u>				
20	claim completion	1.048672	1.034888	1.034888	1.058039
21	inflation	1.057667	1.089069	1.089069	1.073138
22	volume allowance	1.183853	1.203206	1.203206	1.174177
23	combined adjustment factors	1.313066	1.356091	1.356091	1.333186
24					
25	adjusted annual charges	6,479,257	144,656	2,047,387	789,765
26	adjusted Medicaid payments for services	3,945,343	127,817	1,092,487	625,908
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	3,945,343	127,817	1,092,487	625,908
29	adjusted cost of services	3,979,055	115,976	1,257,422	447,515
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	cost	cost	DRG differential
34	DRG differential adjustment rate	1.176249			1.176249
35	maximum annual payments (at DRG differential)	4,640,706	0	0	736,224
36					
37	maximum annual payments	4,640,706	115,976	1,257,422	736,224
38	facility specific UPL amount	695,363	(11,841)	164,935	110,316
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(4,681)	11,841	(1,110)	(743)
42	allocation of supplemental payments	(233,881)	0	(55,475)	(37,104)
43	total aggregate limit adjustments	(238,562)	11,841	(56,585)	(37,847)
44					
45	UPL amount after aggregate limit adjustments	456,801	0	108,350	72,469
46					
47	Intergovernmental transfer amount	179,980	0	0	28,553
48					
49	Net funds amount	276,821	0	108,350	43,916

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	Facility Name	Jenkins County Hospital	Joan Glancy Memorial Hospital	John D. Archbold Memorial Hospital	Liberty Regional Medical Center
1	Medicaid Provider ID	00001042A	00001064A	00000063A	00001152A
2	base period report period beginning date	7/1/2003	7/1/2003	10/1/2003	12/1/2003
3	base period report period ending date	6/30/2004	6/30/2004	9/30/2004	9/29/2004
4	HS&R processing date for Medicaid data	9/7/2005	9/7/2005	9/7/2005	9/7/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.20066
6					
7	CAH status (1 = yes)	1	0	0	1
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	213,492	3,091,908	18,068,399	2,958,416
11	payments for services	236,511	1,101,334	8,723,305	1,982,274
12	annual covered charges	213,492	3,091,908	18,068,399	3,552,052
13	annual payments for services	236,511	1,101,334	8,723,305	2,380,037
14					
15	inpatient CCR	0.908709	0.599275	0.485084	0.723410
16					
17	annual cost of services	194,002	1,852,903	8,764,691	2,569,590
18					
19	<u>adjustment factors</u>				
20	claim completion	1.022166	1.022166	1.034888	1.034888
21	inflation	1.104723	1.104723	1.089069	1.089069
22	volume allowance	1.232236	1.232236	1.203206	1.203206
23	combined adjustment factors	1.391454	1.391454	1.356091	1.356091
24					
25	adjusted annual charges	297,064	4,302,248	24,502,393	4,816,906
26	adjusted Medicaid payments for services	329,094	1,532,456	11,829,595	3,227,547
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	329,094	1,532,456	11,829,595	3,227,547
29	adjusted cost of services	272,644	2,578,229	11,885,719	3,519,444
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	cost	DRG differential	DRG differential	cost
34	DRG differential adjustment rate		1.176249	1.176249	
35	maximum annual payments (at DRG differential)	0	1,802,550	13,914,549	0
36					
37	maximum annual payments	272,644	1,802,550	13,914,549	3,519,444
38	facility specific UPL amount	(56,450)	270,094	2,084,954	291,897
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	56,450	(1,818)	(14,035)	(1,965)
42	allocation of supplemental payments	0	(90,844)	(701,260)	(98,178)
43	total aggregate limit adjustments	56,450	(92,662)	(715,295)	(100,143)
44					
45	UPL amount after aggregate limit adjustments	0	177,432	1,369,659	191,754
46					
47	Intergovernmental transfer amount	0	69,908	539,646	0
48					
49	Net funds amount	0	107,524	830,013	191,754

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	Facility Name	Louis Smith Memorial Hospital	McDuffie Regional Medical Center	Meadows Regional Medical Center	Medical Center of Central Georgia
1	Medicaid Provider ID	00001163A	00001185A	00001086A	00001207A
2	base period report period beginning date	10/1/2003	10/1/2003	7/1/2003	10/1/2003
3	base period report period ending date	9/30/2004	9/30/2004	6/30/2004	9/30/2004
4	HS&R processing date for Medicaid data	9/10/2005	9/7/2005	9/7/2005	9/7/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000
6					
7	CAH status (1 = yes)	1	0	0	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	655,099	1,237,833	10,103,597	121,341,382
11	payments for services	440,478	737,507	4,430,043	49,856,964
12	annual covered charges	655,099	1,237,833	10,103,597	121,341,382
13	annual payments for services	440,478	737,507	4,430,043	49,856,964
14					
15	inpatient CCR	0.512844	0.606705	0.449644	0.428744
16					
17	annual cost of services	335,964	750,999	4,543,022	52,024,389
18					
19	<u>adjustment factors</u>				
20	claim completion	1.034888	1.034888	1.022166	1.034888
21	inflation	1.089069	1.089069	1.104723	1.089069
22	volume allowance	1.203206	1.203206	1.232236	1.203206
23	combined adjustment factors	1.356091	1.356091	1.391454	1.356091
24					
25	adjusted annual charges	888,374	1,678,614	14,058,690	164,549,956
26	adjusted Medicaid payments for services	597,328	1,000,127	6,164,201	67,610,580
27	supplemental rate adjustment payments	0	0	0	4,364,545
28	total adjusted Medicaid payments	597,328	1,000,127	6,164,201	71,975,125
29	adjusted cost of services	460,154	1,018,423	6,321,406	70,549,806
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	cost	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate		1.176249	1.176249	1.176249
35	maximum annual payments (at DRG differential)	0	1,176,398	7,250,635	79,526,877
36					
37	maximum annual payments	460,154	1,176,398	7,250,635	79,526,877
38	facility specific UPL amount	(137,174)	176,271	1,086,434	7,551,752
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	137,174	(1,187)	(7,313)	(80,215)
42	allocation of supplemental payments	0	(59,287)	(365,415)	356,579
43	total aggregate limit adjustments	137,174	(60,474)	(372,728)	276,364
44					
45	UPL amount after aggregate limit adjustments	0	115,797	713,706	7,828,116
46					
47	Intergovernmental transfer amount	0	45,624	281,200	3,084,278
48					
49	Net funds amount	0	70,173	432,506	4,743,838

Georgia Department of Community Health

	Facility Name	Medical College of Georgia Hospitals and Clinics	Memorial Health University Medical Center	Memorial Hospital of Bainbridge	Miller County Hospital
1	Medicaid Provider ID	00000723A	00001273A	00001262A	00001317A
2	base period report period beginning date	7/1/2003	1/1/2004	4/1/2003	7/1/2003
3	base period report period ending date	6/30/2004	12/31/2004	3/31/2004	6/30/2004
4	HS&R processing date for Medicaid data	9/7/2005	9/7/2005	9/7/2005	9/10/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000
6					
7	CAH status (1 = yes)	0	0	0	1
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	94,819,418	116,607,603	3,837,306	1,017,632
11	payments for services	53,366,130	52,748,800	2,554,464	501,969
12	annual covered charges	94,819,418	116,607,603	3,837,306	1,017,632
13	annual payments for services	53,366,130	52,748,800	2,554,464	501,969
14					
15	inpatient CCR	0.547312	0.387975	0.649565	0.484023
16					
17	annual cost of services	51,895,805	45,240,835	2,492,580	492,557
18					
19	<u>adjustment factors</u>				
20	claim completion	1.022166	1.058039	1.015097	1.022166
21	inflation	1.104723	1.073138	1.116955	1.104723
22	volume allowance	1.232236	1.174177	1.261265	1.232236
23	combined adjustment factors	1.391454	1.333186	1.430045	1.391454
24					
25	adjusted annual charges	131,936,858	155,459,624	5,487,520	1,415,988
26	adjusted Medicaid payments for services	74,256,515	70,323,962	3,652,998	698,467
27	supplemental rate adjustment payments	4,696,414	3,173,071	0	0
28	total adjusted Medicaid payments	78,952,929	73,497,033	3,652,998	698,467
29	adjusted cost of services	72,210,625	60,314,448	3,564,502	692,224
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	state	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential	cost
34	DRG differential adjustment rate	1.184234	1.176249	1.176249	
35	maximum annual payments (at DRG differential)	87,937,090	82,718,490	4,296,835	0
36					
37	maximum annual payments	87,937,090	82,718,490	4,296,835	692,224
38	facility specific UPL amount	8,984,161	9,221,457	643,837	(6,243)
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	0	(83,435)	(4,334)	6,243
42	allocation of supplemental payments	188,328	(995,745)	(216,550)	0
43	total aggregate limit adjustments	188,328	(1,079,180)	(220,884)	6,243
44					
45	UPL amount after aggregate limit adjustments	9,172,489	8,142,277	422,953	0
46					
47	Intergovernmental transfer amount	3,613,961	3,208,057	166,643	0
48					
49	Net funds amount	5,558,528	4,934,220	256,310	0

Georgia Department of Community Health

	Facility Name	Minnie G. Boswell Memorial Hospital	Mitchell County Hospital	Monroe County Hospital	Morgan Memorial Hospital
1	Medicaid Provider ID	00001328A	00001339A	00001361A	00694229A
2	base period report period beginning date	8/1/2003	10/1/2003	10/1/2003	7/1/2003
3	base period report period ending date	7/31/2004	9/30/2004	9/30/2004	6/30/2004
4	HS&R processing date for Medicaid data	9/10/2005	9/10/2005	9/10/2005	9/10/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000
6					
7	CAH status (1 = yes)	1	1	1	1
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	771,213	1,652,737	238,247	112,738
11	payments for services	577,042	856,324	205,653	76,219
12	annual covered charges	771,213	1,652,737	238,247	112,738
13	annual payments for services	577,042	856,324	205,653	76,219
14					
15	inpatient CCR	0.705996	0.545026	0.762855	0.572836
16					
17	annual cost of services	544,473	900,785	181,748	64,580
18					
19	<u>adjustment factors</u>				
20	claim completion	1.025595	1.034888	1.034888	1.022166
21	inflation	1.089069	1.089069	1.089069	1.104723
22	volume allowance	1.222559	1.203206	1.203206	1.232236
23	combined adjustment factors	1.365530	1.356091	1.356091	1.391454
24					
25	adjusted annual charges	1,053,114	2,241,262	323,085	156,870
26	adjusted Medicaid payments for services	787,968	1,161,253	278,884	106,055
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	787,968	1,161,253	278,884	106,055
29	adjusted cost of services	750,929	1,233,761	248,932	90,759
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nongovernmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	cost	cost	cost	cost
34	DRG differential adjustment rate				
35	maximum annual payments (at DRG differential)	0	0	0	0
36					
37	maximum annual payments	750,929	1,233,761	248,932	90,759
38	facility specific UPL amount	(37,039)	72,508	(29,952)	(15,296)
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	37,039	(488)	29,952	15,296
42	allocation of supplemental payments	0	(24,388)	0	0
43	total aggregate limit adjustments	37,039	(24,876)	29,952	15,296
44					
45	UPL amount after aggregate limit adjustments	0	47,632	0	0
46					
47	Intergovernmental transfer amount	0	0	0	0
48					
49	Net funds amount	0	47,632	0	0

Georgia Department of Community Health

	Facility Name	Mountain Lakes Medical Center	Murray Medical Center	Newton General Hospital	Northeast Georgia Medical Center
1	Medicaid Provider ID	00001559A	00001383A	00001394A	00000888A
2	base period report period beginning date	7/1/2003	10/1/2003	1/1/2004	10/1/2003
3	base period report period ending date	6/30/2004	9/30/2004	12/31/2004	9/30/2004
4	HS&R processing date for Medicaid data	9/10/2005	9/10/2005	9/10/2005	9/10/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000
6					
7	CAH status (1 = yes)	1	0	0	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	447,990	1,130,231	8,502,817	55,943,832
11	payments for services	344,305	548,672	4,311,647	21,333,954
12	annual covered charges	447,990	1,130,231	8,502,817	55,943,832
13	annual payments for services	344,305	548,672	4,311,647	21,333,954
14					
15	inpatient CCR	0.685573	0.387528	0.510636	0.459510
16					
17	annual cost of services	307,130	437,996	4,341,844	25,706,750
18					
19	<u>adjustment factors</u>				
20	claim completion	1.022166	1.034888	1.058039	1.034888
21	inflation	1.104723	1.089069	1.073138	1.089069
22	volume allowance	1.232236	1.203206	1.174177	1.203206
23	combined adjustment factors	1.391454	1.356091	1.333186	1.356091
24					
25	adjusted annual charges	623,357	1,532,696	11,335,837	75,864,927
26	adjusted Medicaid payments for services	479,085	744,049	5,748,227	28,930,783
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	479,085	744,049	5,748,227	28,930,783
29	adjusted cost of services	431,631	593,962	5,788,486	34,860,692
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nongovernmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	cost	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate		1.176249	1.176249	1.176249
35	maximum annual payments (at DRG differential)	0	875,187	6,761,346	34,029,805
36					
37	maximum annual payments	431,631	875,187	6,761,346	34,029,805
38	facility specific UPL amount	(47,454)	131,138	1,013,119	5,099,022
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	47,454	(883)	(6,820)	(34,324)
42	allocation of supplemental payments	0	(44,107)	(340,756)	(1,715,022)
43	total aggregate limit adjustments	47,454	(44,990)	(347,576)	(1,749,346)
44					
45	UPL amount after aggregate limit adjustments	0	86,148	665,543	3,349,676
46					
47	Intergovernmental transfer amount	0	33,942	262,224	1,319,772
48					
49	Net funds amount	0	52,206	403,319	2,029,904

Georgia Department of Community Health

	Facility Name	Northside Hospital	Northside Hospital- Cherokee	Northside- Forsyth	Oconee Regional Medical Center
1	Medicaid Provider ID	00001405A	00001108A	00000767A	00000129A
2	base period report period beginning date	10/1/2003	10/1/2003	10/1/2003	10/1/2003
3	base period report period ending date	9/30/2004	9/30/2004	9/30/2004	9/30/2004
4	HS&R processing date for Medicaid data	9/10/2005	9/10/2005	9/10/2005	9/10/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000
6					
7	CAH status (1 = yes)	0	0	0	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	87,836,863	8,126,727	3,980,947	8,997,238
11	payments for services	32,338,601	3,739,740	1,276,940	4,749,287
12	annual covered charges	87,836,863	8,126,727	3,980,947	8,997,238
13	annual payments for services	32,338,601	3,739,740	1,276,940	4,749,287
14					
15	inpatient CCR	0.397931	0.494329	0.306444	0.657741
16					
17	annual cost of services	34,953,011	4,017,277	1,219,937	5,917,852
18					
19	<u>adjustment factors</u>				
20	claim completion	1.034888	1.034888	1.034888	1.034888
21	inflation	1.089069	1.089069	1.089069	1.089069
22	volume allowance	1.203206	1.203206	1.203206	1.203206
23	combined adjustment factors	1.356091	1.356091	1.356091	1.356091
24					
25	adjusted annual charges	119,114,779	11,020,581	5,398,526	12,201,073
26	adjusted Medicaid payments for services	43,854,086	5,071,428	1,731,647	6,440,465
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	43,854,086	5,071,428	1,731,647	6,440,465
29	adjusted cost of services	47,399,464	5,447,793	1,654,346	8,025,146
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.176249	1.176249	1.176249	1.176249
35	maximum annual payments (at DRG differential)	51,583,325	5,965,262	2,036,848	7,575,591
36					
37	maximum annual payments	51,583,325	5,965,262	2,036,848	7,575,591
38	facility specific UPL amount	7,729,239	893,834	305,201	1,135,126
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(52,030)	(6,017)	(2,054)	(7,641)
42	allocation of supplemental payments	(2,599,677)	(300,635)	(102,652)	(381,792)
43	total aggregate limit adjustments	(2,651,707)	(306,652)	(104,706)	(389,433)
44					
45	UPL amount after aggregate limit adjustments	5,077,532	587,182	200,495	745,693
46					
47	Intergovernmental transfer amount	2,000,548	231,350	78,995	293,803
48					
49	Net funds amount	3,076,984	355,832	121,500	451,890

Georgia Department of Community Health

	Facility Name	Peach Regional Medical Center	Perry Hospital	Phoebe Putney Memorial Hospital	Phoebe Worth Medical Center
1	Medicaid Provider ID	00001449A	00001471A	00001482A	00002109A
2	base period report period beginning date	11/1/2003	3/1/2003	8/1/2003	8/1/2003
3	base period report period ending date	10/31/2004	2/29/2004	7/31/2004	7/31/2004
4	HS&R processing date for Medicaid data	9/10/2005	9/10/2005	9/10/2005	10/5/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000
6					
7	CAH status (1 = yes)	1	0	0	1
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	606,848	1,943,623	85,175,483	908,005
11	payments for services	452,995	976,470	35,977,138	604,720
12	annual covered charges	606,848	1,943,623	85,175,483	908,005
13	annual payments for services	452,995	976,470	35,977,138	604,720
14					
15	inpatient CCR	0.625066	0.732765	0.471639	0.926870
16					
17	annual cost of services	379,320	1,424,219	40,172,080	841,603
18					
19	<u>adjustment factors</u>				
20	claim completion	1.041119	1.013159	1.025595	1.025595
21	inflation	1.073138	1.098707	1.089069	1.089069
22	volume allowance	1.193530	1.270941	1.222559	1.222559
23	combined adjustment factors	1.333489	1.414767	1.365530	1.365530
24					
25	adjusted annual charges	809,225	2,749,774	116,309,677	1,239,908
26	adjusted Medicaid payments for services	604,064	1,381,478	49,127,861	825,763
27	supplemental rate adjustment payments	0	0	2,600,598	0
28	total adjusted Medicaid payments	604,064	1,381,478	51,728,459	825,763
29	adjusted cost of services	510,877	2,014,938	54,856,180	1,160,726
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nongovernmental
33	basis for UPL calculation	cost	DRG differential	DRG differential	cost
34	DRG differential adjustment rate		1.176249	1.176249	
35	maximum annual payments (at DRG differential)	0	1,624,962	57,786,597	0
36					
37	maximum annual payments	510,877	1,624,962	57,786,597	1,160,726
38	facility specific UPL amount	(93,187)	243,484	6,058,138	334,963
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	93,187	(1,639)	(58,287)	(2,254)
42	allocation of supplemental payments	0	(81,894)	(311,709)	(112,665)
43	total aggregate limit adjustments	93,187	(83,533)	(369,996)	(114,919)
44					
45	UPL amount after aggregate limit adjustments	0	159,951	5,688,142	220,044
46					
47	Intergovernmental transfer amount	0	63,021	2,241,128	0
48					
49	Net funds amount	0	96,930	3,447,014	220,044

Georgia Department of Community Health

	Facility Name	Polk Medical Center	Putnam General Hospital	Rockdale Hospital & Health Systems	Roosevelt Warm Springs Institute for Rehabilitation
1	Medicaid Provider ID	00001526A	00001537A	00001603A	00000778A
2	base period report period beginning date	10/1/2003	10/1/2003	10/1/2003	7/1/2003
3	base period report period ending date	9/30/2004	9/30/2004	9/30/2004	6/30/2004
4	HS&R processing date for Medicaid data	9/10/2005	9/10/2005	9/10/2005	9/10/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000
6					
7	CAH status (1 = yes)	1	1	0	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	238,768	423,607	23,022,521	2,747,219
11	payments for services	146,544	375,955	9,126,076	2,229,399
12	annual covered charges	238,768	423,607	23,022,521	2,747,219
13	annual payments for services	146,544	375,955	9,126,076	2,229,399
14					
15	inpatient CCR	0.772730	0.767190	0.469641	0.965601
16					
17	annual cost of services	184,503	324,987	10,812,320	2,652,717
18					
19	<u>adjustment factors</u>				
20	claim completion	1.034888	1.034888	1.034888	1.022166
21	inflation	1.089069	1.089069	1.089069	1.104723
22	volume allowance	1.203206	1.203206	1.203206	1.232236
23	combined adjustment factors	1.356091	1.356091	1.356091	1.391454
24					
25	adjusted annual charges	323,791	574,450	31,220,634	3,822,629
26	adjusted Medicaid payments for services	198,727	509,829	12,375,790	3,102,106
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	198,727	509,829	12,375,790	3,102,106
29	adjusted cost of services	252,705	445,119	14,662,490	3,691,134
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	state
33	basis for UPL calculation	cost	cost	DRG differential	DRG differential
34	DRG differential adjustment rate			1.176249	1.184234
35	maximum annual payments (at DRG differential)	0	0	14,557,011	3,673,619
36					
37	maximum annual payments	252,705	445,119	14,557,011	3,673,619
38	facility specific UPL amount	53,978	(64,710)	2,181,221	571,513
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(363)	64,710	(14,683)	0
42	allocation of supplemental payments	(18,155)	0	(733,639)	(188,328)
43	total aggregate limit adjustments	(18,518)	64,710	(748,322)	(188,328)
44					
45	UPL amount after aggregate limit adjustments	35,460	0	1,432,899	383,185
46					
47	Intergovernmental transfer amount	0	0	564,562	150,975
48					
49	Net funds amount	35,460	0	868,337	232,210

Georgia Department of Community Health

	Facility Name	Satilla Regional Medical Center	Screven County Hospital	South Georgia Medical Center	Southeast Georgia Regional Medical Center
1	Medicaid Provider ID	00001229A	00001647A	00001724A	00000822A
2	base period report period beginning date	1/1/2004	7/1/2003	10/1/2003	10/1/2003
3	base period report period ending date	12/31/2004	6/30/2004	9/30/2004	9/30/2004
4	HS&R processing date for Medicaid data	9/10/2005	9/10/2005	9/10/2005	9/10/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000
6					
7	CAH status (1 = yes)	0	1	0	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	18,044,799	158,932	28,068,188	27,354,021
11	payments for services	8,283,667	183,270	14,796,776	11,736,183
12	annual covered charges	18,044,799	158,932	28,068,188	27,354,021
13	annual payments for services	8,283,667	183,270	14,796,776	11,736,183
14					
15	inpatient CCR	0.469739	0.834557	0.604735	0.413709
16					
17	annual cost of services	8,476,346	132,638	16,973,816	11,316,605
18					
19	<u>adjustment factors</u>				
20	claim completion	1.058039	1.022166	1.034888	1.034888
21	inflation	1.073138	1.104723	1.089069	1.089069
22	volume allowance	1.174177	1.232236	1.203206	1.203206
23	combined adjustment factors	1.333186	1.391454	1.356091	1.356091
24					
25	adjusted annual charges	24,057,073	221,147	38,063,017	37,094,542
26	adjusted Medicaid payments for services	11,043,669	255,012	20,065,775	15,915,332
27	supplemental rate adjustment payments	52,955	0	0	0
28	total adjusted Medicaid payments	11,096,624	255,012	20,065,775	15,915,332
29	adjusted cost of services	11,300,546	186,406	23,018,039	15,346,346
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	cost	DRG differential	DRG differential
34	DRG differential adjustment rate	1.176249		1.176249	1.176249
35	maximum annual payments (at DRG differential)	12,990,105	0	23,602,348	18,720,393
36					
37	maximum annual payments	12,990,105	186,406	23,602,348	18,720,393
38	facility specific UPL amount	1,893,481	(68,606)	3,536,573	2,805,061
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(13,103)	68,606	(23,807)	(18,882)
42	allocation of supplemental payments	(601,715)	0	(1,189,502)	(943,464)
43	total aggregate limit adjustments	(614,818)	68,606	(1,213,309)	(962,346)
44					
45	UPL amount after aggregate limit adjustments	1,278,663	0	2,323,264	1,842,715
46					
47	Intergovernmental transfer amount	503,793	0	915,366	726,030
48					
49	Net funds amount	774,870	0	1,407,898	1,116,685

Georgia Department of Community Health

	Facility Name	Southern Regional Health Center	Southwest Georgia Regional Medical Center	Stephens County Hospital	Stewart Webster Hospital
1	Medicaid Provider ID	00000404A	00001427A	00001834A	00001845A
2	base period report period beginning date	7/1/2003	7/1/2003	10/1/2003	10/1/2003
3	base period report period ending date	6/30/2004	6/30/2004	9/30/2004	9/30/2004
4	HS&R processing date for Medicaid data	9/10/2005	9/10/2005	10/7/2005	10/5/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000
6					
7	CAH status (1 = yes)	0	1	0	1
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	61,824,063	250,172	5,701,652	350,329
11	payments for services	26,046,170	156,215	2,901,863	300,718
12	annual covered charges	61,824,063	250,172	5,701,652	350,329
13	annual payments for services	26,046,170	156,215	2,901,863	300,718
14					
15	inpatient CCR	0.452592	0.563596	0.665907	0.717663
16					
17	annual cost of services	27,981,076	140,996	3,796,770	251,418
18					
19	<u>adjustment factors</u>				
20	claim completion	1.022166	1.022166	1.034888	1.034888
21	inflation	1.104723	1.104723	1.089069	1.089069
22	volume allowance	1.232236	1.232236	1.203206	1.203206
23	combined adjustment factors	1.391454	1.391454	1.356091	1.356091
24					
25	adjusted annual charges	86,025,340	348,103	7,731,959	475,078
26	adjusted Medicaid payments for services	36,242,047	217,366	3,935,190	407,801
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	36,242,047	217,366	3,935,190	407,801
29	adjusted cost of services	38,934,380	198,151	5,148,766	344,355
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nongovernmental
33	basis for UPL calculation	DRG differential	cost	DRG differential	cost
34	DRG differential adjustment rate	1.176249		1.176249	
35	maximum annual payments (at DRG differential)	42,629,672	0	4,628,763	0
36					
37	maximum annual payments	42,629,672	198,151	4,628,763	344,355
38	facility specific UPL amount	6,387,625	(19,215)	693,573	(63,446)
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(42,999)	19,215	(4,669)	63,446
42	allocation of supplemental payments	(2,148,435)	0	(233,279)	0
43	total aggregate limit adjustments	(2,191,434)	19,215	(237,948)	63,446
44					
45	UPL amount after aggregate limit adjustments	4,196,191	0	455,625	0
46					
47	Intergovernmental transfer amount	1,653,299	0	179,516	0
48					
49	Net funds amount	2,542,892	0	276,109	0

Georgia Department of Community Health

	Facility Name	Sumter Regional Hospital, Inc.	Sylvan Grove Hospital	Tanner Medical Center/Carrollton	Tanner Medical Center/Villa Rica
1	Medicaid Provider ID	00000019A	00001856A	00001867A	00002032A
2	base period report period beginning date	10/1/2003	1/1/2004	7/1/2003	7/1/2003
3	base period report period ending date	9/30/2004	12/31/2004	6/30/2004	6/30/2004
4	HS&R processing date for Medicaid data	9/10/2005	9/10/2005	9/10/2005	9/10/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000
6					
7	CAH status (1 = yes)	0	1	0	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	12,717,561	213,842	16,421,078	4,430,866
11	payments for services	5,656,574	105,811	7,212,649	1,853,643
12	annual covered charges	12,717,561	213,842	16,421,078	4,430,866
13	annual payments for services	5,656,574	105,811	7,212,649	1,853,643
14					
15	inpatient CCR	0.563270	0.394647	0.479683	0.643588
16					
17	annual cost of services	7,163,421	84,392	7,876,912	2,851,652
18					
19	<u>adjustment factors</u>				
20	claim completion	1.034888	1.058039	1.022166	1.022166
21	inflation	1.089069	1.073138	1.104723	1.104723
22	volume allowance	1.203206	1.174177	1.232236	1.232236
23	combined adjustment factors	1.356091	1.333186	1.391454	1.391454
24					
25	adjusted annual charges	17,246,170	285,091	22,849,175	6,165,346
26	adjusted Medicaid payments for services	7,670,829	141,066	10,036,069	2,579,259
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	7,670,829	141,066	10,036,069	2,579,259
29	adjusted cost of services	9,714,251	113,635	10,960,361	3,967,943
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	cost	DRG differential	DRG differential
34	DRG differential adjustment rate	1.176249		1.176249	1.176249
35	maximum annual payments (at DRG differential)	9,022,805	0	11,804,916	3,033,851
36					
37	maximum annual payments	9,022,805	113,635	11,804,916	3,033,851
38	facility specific UPL amount	1,351,976	(27,431)	1,768,847	454,592
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(9,101)	27,431	(11,907)	(3,060)
42	allocation of supplemental payments	(454,728)	0	(594,940)	(152,899)
43	total aggregate limit adjustments	(463,829)	27,431	(606,847)	(155,959)
44					
45	UPL amount after aggregate limit adjustments	888,147	0	1,162,000	298,633
46					
47	Intergovernmental transfer amount	349,930	0	457,828	117,661
48					
49	Net funds amount	538,217	0	704,172	180,972

Georgia Department of Community Health

	Facility Name	Tattnall Community Hospital	Taylor Telfair Regional Hospital	The Medical Center	Tift Regional Medical Center
1	Medicaid Provider ID	00001878A	00001889A	00001196A	00001922A
2	base period report period beginning date	1/1/2004	4/1/2003	7/1/2003	10/1/2003
3	base period report period ending date	12/31/2004	3/31/2004	6/30/2004	9/30/2004
4	HS&R processing date for Medicaid data	9/10/2005	9/10/2005	9/7/2005	9/10/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000
6					
7	CAH status (1 = yes)	1	1	0	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	397,505	534,126	53,497,904	20,881,935
11	payments for services	304,316	424,569	27,094,615	10,407,401
12	annual covered charges	397,505	534,126	53,497,904	20,881,935
13	annual payments for services	304,316	424,569	27,094,615	10,407,401
14					
15	inpatient CCR	0.589903	0.592664	0.493179	0.506691
16					
17	annual cost of services	234,489	316,557	26,384,043	10,580,689
18					
19	<u>adjustment factors</u>				
20	claim completion	1.058039	1.015097	1.022166	1.034888
21	inflation	1.073138	1.116955	1.104723	1.089069
22	volume allowance	1.174177	1.261265	1.232236	1.203206
23	combined adjustment factors	1.333186	1.430045	1.391454	1.356091
24					
25	adjusted annual charges	529,948	763,824	74,439,873	28,317,804
26	adjusted Medicaid payments for services	405,710	607,153	37,700,910	14,113,383
27	supplemental rate adjustment payments	0	0	3,367,381	0
28	total adjusted Medicaid payments	405,710	607,153	41,068,291	14,113,383
29	adjusted cost of services	315,743	457,218	36,712,182	14,348,377
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nongovernmental	nongovernmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	cost	cost	DRG differential	DRG differential
34	DRG differential adjustment rate			1.176249	1.176249
35	maximum annual payments (at DRG differential)	0	0	44,345,658	16,600,853
36					
37	maximum annual payments	315,743	457,218	44,345,658	16,600,853
38	facility specific UPL amount	(89,967)	(149,935)	3,277,367	2,487,470
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	89,967	149,935	(44,730)	(16,745)
42	allocation of supplemental payments	0	0	1,132,465	(836,644)
43	total aggregate limit adjustments	89,967	149,935	1,087,735	(853,389)
44					
45	UPL amount after aggregate limit adjustments	0	0	4,365,102	1,634,081
46					
47	Intergovernmental transfer amount	0	0	1,719,850	643,828
48					
49	Net funds amount	0	0	2,645,252	990,253

Georgia Department of Community Health

	Facility Name	Union General Hospital	University Hospital	Upton Regional Medical Center	Warm Springs Medical Center
1	Medicaid Provider ID	00001966A	00001977A	00001988A	00001284A
2	base period report period beginning date	5/1/2003	1/1/2004	1/1/2004	1/1/2004
3	base period report period ending date	4/30/2004	12/31/2004	12/31/2004	12/31/2004
4	HS&R processing date for Medicaid data	9/10/2005	9/10/2005	9/10/2005	9/10/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000
6					
7	CAH status (1 = yes)	0	0	0	1
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	1,123,139	50,232,760	9,811,847	1,072,751
11	payments for services	859,168	18,607,697	5,513,294	685,235
12	annual covered charges	1,123,139	50,232,760	9,811,847	1,072,751
13	annual payments for services	859,168	18,607,697	5,513,294	685,235
14					
15	inpatient CCR	0.681884	0.429801	0.680428	1.033435
16					
17	annual cost of services	765,851	21,590,090	6,676,255	1,108,618
18					
19	<u>adjustment factors</u>				
20	claim completion	1.017179	1.058039	1.058039	1.058039
21	inflation	1.104723	1.073138	1.073138	1.073138
22	volume allowance	1.251588	1.174177	1.174177	1.174177
23	combined adjustment factors	1.406411	1.333186	1.333186	1.333186
24					
25	adjusted annual charges	1,579,595	66,969,612	13,081,017	1,430,177
26	adjusted Medicaid payments for services	1,208,343	24,807,521	7,350,246	913,546
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	1,208,343	24,807,521	7,350,246	913,546
29	adjusted cost of services	1,077,101	28,783,606	8,900,690	1,492,774
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential	cost
34	DRG differential adjustment rate	1.176249	1.176249	1.176249	
35	maximum annual payments (at DRG differential)	1,421,312	29,179,822	8,645,720	0
36					
37	maximum annual payments	1,421,312	29,179,822	8,645,720	1,492,774
38	facility specific UPL amount	212,969	4,372,301	1,295,474	579,228
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(1,434)	(29,432)	(8,721)	(3,899)
42	allocation of supplemental payments	(71,631)	(1,470,594)	(435,724)	(194,819)
43	total aggregate limit adjustments	(73,065)	(1,500,026)	(444,445)	(198,718)
44					
45	UPL amount after aggregate limit adjustments	139,904	2,872,275	851,029	380,510
46					
47	Intergovernmental transfer amount	55,122	1,131,676	335,305	0
48					
49	Net funds amount	84,782	1,740,599	515,724	380,510

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	Facility Name	Washington County Regional Medical Center	Wayne Memorial Hospital	WellStar Cobb Hospital	WellStar Douglas Hospital
1	Medicaid Provider ID	00001218A	00002054A	00000426A	00000624A
2	base period report period beginning date	9/1/2003	7/1/2003	7/1/2003	7/1/2003
3	base period report period ending date	8/31/2004	6/30/2004	6/30/2004	6/30/2004
4	HS&R processing date for Medicaid data	9/10/2005	10/5/2005	9/7/2005	9/7/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000
6					
7	CAH status (1 = yes)	0	0	0	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	3,656,152	6,454,701	53,733,728	6,915,255
11	payments for services	1,986,899	3,107,460	20,794,816	2,929,311
12	annual covered charges	3,656,152	6,454,701	53,733,728	6,915,255
13	annual payments for services	1,986,899	3,107,460	20,794,816	2,929,311
14					
15	inpatient CCR	0.658268	0.549351	0.483625	0.463573
16					
17	annual cost of services	2,406,728	3,545,896	25,986,974	3,205,726
18					
19	<u>adjustment factors</u>				
20	claim completion	1.029799	1.022166	1.022166	1.022166
21	inflation	1.073852	1.104723	1.104723	1.104723
22	volume allowance	1.212883	1.232236	1.232236	1.232236
23	combined adjustment factors	1.341269	1.391454	1.391454	1.391454
24					
25	adjusted annual charges	4,903,883	8,981,420	74,768,011	9,622,259
26	adjusted Medicaid payments for services	2,664,966	4,323,888	28,935,030	4,076,002
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	2,664,966	4,323,888	28,935,030	4,076,002
29	adjusted cost of services	3,228,070	4,933,951	36,159,679	4,460,620
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.176249	1.176249	1.176249	1.176249
35	maximum annual payments (at DRG differential)	3,134,664	5,085,969	34,034,800	4,794,393
36					
37	maximum annual payments	3,134,664	5,085,969	34,034,800	4,794,393
38	facility specific UPL amount	469,698	762,081	5,099,770	718,391
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(3,162)	(5,130)	(34,329)	(4,836)
42	allocation of supplemental payments	(157,980)	(256,321)	(1,715,273)	(241,626)
43	total aggregate limit adjustments	(161,142)	(261,451)	(1,749,602)	(246,462)
44					
45	UPL amount after aggregate limit adjustments	308,556	500,630	3,350,168	471,929
46					
47	Intergovernmental transfer amount	121,571	197,248	1,319,966	185,940
48					
49	Net funds amount	186,985	303,382	2,030,202	285,989

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	Facility Name	WellStar Kennestone Hospital	WellStar Paulding Hospital	WellStar Windy Hill Hospital	West Georgia Medical Center
1	Medicaid Provider ID	00001119A	00001438A	00001999A	00002065A
2	base period report period beginning date	7/1/2003	7/1/2003	7/1/2003	10/1/2003
3	base period report period ending date	6/30/2004	6/30/2004	6/30/2004	9/30/2004
4	HS&R processing date for Medicaid data	9/7/2005	9/10/2005	9/10/2005	10/5/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000	1.00000	1.00000
6					
7	CAH status (1 = yes)	0	0	0	0
8					
9	<u>Medicaid inpatient claims paid at amount > 0:</u>				
10	covered charges	62,051,585	1,869,102	330,478	12,804,818
11	payments for services	23,873,800	883,796	169,271	7,788,920
12	annual covered charges	62,051,585	1,869,102	330,478	12,804,818
13	annual payments for services	23,873,800	883,796	169,271	7,788,920
14					
15	inpatient CCR	0.455570	0.470558	0.458106	0.736256
16					
17	annual cost of services	28,268,841	879,521	151,394	9,427,624
18					
19	<u>adjustment factors</u>				
20	claim completion	1.022166	1.022166	1.022166	1.034888
21	inflation	1.104723	1.104723	1.104723	1.089069
22	volume allowance	1.232236	1.232236	1.232236	1.203206
23	combined adjustment factors	1.391454	1.391454	1.391454	1.356091
24					
25	adjusted annual charges	86,341,926	2,600,769	459,845	17,364,498
26	adjusted Medicaid payments for services	33,219,295	1,229,761	235,533	10,562,484
27	supplemental rate adjustment payments	0	0	0	0
28	total adjusted Medicaid payments	33,219,295	1,229,761	235,533	10,562,484
29	adjusted cost of services	39,334,792	1,223,813	210,658	12,784,716
30					
31	<u>other UPL calculation data</u>				
32	provider category for UPL calculation	nonstate governmental	nonstate governmental	nonstate governmental	nonstate governmental
33	basis for UPL calculation	DRG differential	DRG differential	DRG differential	DRG differential
34	DRG differential adjustment rate	1.176249	1.176249	1.176249	1.176249
35	maximum annual payments (at DRG differential)	39,074,163	1,446,505	277,045	12,424,111
36					
37	maximum annual payments	39,074,163	1,446,505	277,045	12,424,111
38	facility specific UPL amount	5,854,868	216,744	41,512	1,861,627
39					
40	<u>aggregate limit adjustments</u>				
41	allocation of UPL amounts < 0	(39,412)	(1,459)	(279)	(12,532)
42	allocation of supplemental payments	(1,969,246)	(72,900)	(13,962)	(626,146)
43	total aggregate limit adjustments	(2,008,658)	(74,359)	(14,241)	(638,678)
44					
45	UPL amount after aggregate limit adjustments	3,846,210	142,385	27,271	1,222,949
46					
47	Intergovernmental transfer amount	1,515,407	56,100	10,745	481,842
48					
49	Net funds amount	2,330,803	86,285	16,526	741,107

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	Facility Name	Wheeler County Hospital	Wills Memorial Hospital
1	Medicaid Provider ID	00002076A	00002087A
2	base period report period beginning date	10/1/2003	5/1/2003
3	base period report period ending date	9/30/2004	4/30/2004
4	HS&R processing date for Medicaid data	10/5/2005	9/10/2005
5	adjustment factor (if period not equal to 1 year)	1.00000	1.00000
6			
7	CAH status (1 = yes)	1	1
8			
9	<u>Medicaid inpatient claims paid at amount > 0:</u>		
10	covered charges	1,283,336	1,268,358
11	payments for services	508,988	764,917
12	annual covered charges	1,283,336	1,268,358
13	annual payments for services	508,988	764,917
14			
15	inpatient CCR	0.480873	0.587731
16			
17	annual cost of services	617,122	745,453
18			
19	<u>adjustment factors</u>		
20	claim completion	1.034888	1.017179
21	inflation	1.089069	1.104723
22	volume allowance	1.203206	1.251588
23	combined adjustment factors	1.356091	1.406411
24			
25	adjusted annual charges	1,740,320	1,783,833
26	adjusted Medicaid payments for services	690,234	1,075,788
27	supplemental rate adjustment payments	0	0
28	total adjusted Medicaid payments	690,234	1,075,788
29	adjusted cost of services	845,243	1,058,897
30			
31	<u>other UPL calculation data</u>		
32	provider category for UPL calculation	nongovernmental	nonstate governmental
33	basis for UPL calculation	cost	cost
34	DRG differential adjustment rate		
35	maximum annual payments (at DRG differential)	0	0
36			
37	maximum annual payments	845,243	1,058,897
38	facility specific UPL amount	155,009	(16,891)
39			
40	<u>aggregate limit adjustments</u>		
41	allocation of UPL amounts < 0	(1,043)	16,891
42	allocation of supplemental payments	(52,137)	0
43	total aggregate limit adjustments	(53,180)	16,891
44			
45	UPL amount after aggregate limit adjustments	101,829	0
46			
47	Intergovernmental transfer amount	0	0
48			
49	Net funds amount	101,829	0