



**GEORGIA TRAUMA  
COMMISSION**

**ADMINISTRATIVE REPORT**

**May 17, 2018**

<b>FY 2018 Super Speeder Revenue Report –March</b>	<b>Pages: 2-3</b>
<b>2017 DOR: Excise Fireworks Revenues Report</b>	<b>Pages: 4-5</b>
<b>2018 Georgia Legislative Report</b>	<b>Page: 6</b>
<b>FY 2019 PBP Criteria Change – Level I&amp;II</b>	<b>Pages: 7-8</b>
<b>Georgia Trauma Center UCC Report</b>	<b>Pages: 9-32</b>

**Separate Attachments:**

**Budget Subcommittee Report (behind pink tab)**

**Trauma System Planner Report (behind orange tab)**

**GTC, GCTE, & EMS Draft minutes (behind green tab)**

<b>Department of Driver Services</b>			
<b>HB 160 Notice and Revenue Tracking</b>			
		<b>HB 160</b>	
	<b>Super Speeder</b>	<b>Reinstatement</b>	<b>Total</b>
<b>Month and Year</b>	<b>(\$200 Fine)</b>	<b>Fees</b>	<b>Collected</b>
<b>FY 2010 Total</b>	<b>705,070</b>	<b>1,331,835</b>	<b>2,036,905</b>
<b>FY 2011 Total</b>	<b>9,549,235</b>	<b>4,618,264</b>	<b>14,167,499</b>
<b>FY 2012 Total</b>	<b>11,927,783</b>	<b>6,462,610</b>	<b>18,390,393</b>
<b>FY 2013 Total</b>	<b>11,907,712</b>	<b>6,685,328</b>	<b>18,593,040</b>
<b>FY 2014 Total</b>	<b>12,073,816</b>	<b>7,046,370</b>	<b>19,120,186</b>
<b>FY 2015 Total</b>	<b>13,968,210</b>	<b>8,404,390</b>	<b>22,372,600</b>
<b>FY 2016</b>			
July 2015	30,900	24,625	55,525
August 2015	156,700	207,575	364,275
September 2015	349,200	450,305	799,505
October 2015	3,213,900	1,156,480	4,370,380
November 2015	1,104,550	513,490	1,618,040
December 2015	1,214,400	558,365	1,772,765
January 2016	965,100	466,690	1,431,790
February 2016	1,383,900	1,133,215	2,517,115
March 2016	1,439,850	1,412,900	2,852,750
April 2016	840,800	627,890	1,468,690
May 2016	1,109,650	731,255	1,840,905
June 2016	1,496,637	989,449	2,486,086
<b>FY 2016 Total</b>	<b>13,305,587</b>	<b>8,272,239</b>	<b>21,577,826</b>
<b>FY 2017</b>			
July 2016	<b>859,440</b>	<b>397,530</b>	1,256,970
August 2016	<b>1,399,365</b>	<b>640,303</b>	2,039,668
September 2016	<b>1,206,445</b>	<b>536,720</b>	1,743,165
October 2016	<b>1,041,100</b>	<b>500,210</b>	1,541,310
November 2016	<b>1,179,235</b>	<b>499,501</b>	1,678,736
December 2016	<b>1,116,940</b>	<b>419,904</b>	1,536,844
January 2017	<b>1,165,817</b>	<b>417,571</b>	1,583,388
February 2017	<b>1,226,245</b>	<b>586,295</b>	1,812,540
March 2017	<b>1,566,915</b>	<b>1,275,676</b>	2,842,591
April 2017	<b>1,078,578</b>	<b>778,409</b>	1,856,987
May 2017	<b>1,168,415</b>	<b>657,114</b>	1,825,529
June 2017	<b>1,211,060</b>	<b>654,631</b>	1,865,691
<b>FY 2017 Total</b>	<b>14,219,555</b>	<b>7,363,863</b>	<b>21,583,418</b>
<b>FY 2018</b>			
July 2017	<b>808,179</b>	<b>350,579</b>	1,158,758
August 2017	<b>1,334,380</b>	<b>551,614</b>	1,885,994
September 2017	<b>1,093,975</b>	<b>469,660</b>	1,563,635
October 2017	<b>1,200,055</b>	<b>441,946</b>	1,642,001
November 2017	<b>1,126,550</b>	<b>400,838</b>	1,527,388

<b>Department of Driver Services</b>				
<b>HB 160 Notice and Revenue Tracking</b>				
			<b>HB 160</b>	
		<b>Super Speeder</b>	<b>Reinstatement</b>	<b>Total</b>
<b>Month and Year</b>		<b>(\$200 Fine)</b>	<b>Fees</b>	<b>Collected</b>
December 2017		<b>1,198,200</b>	<b>436,488</b>	1,634,688
January 2018		<b>1,328,100</b>	<b>462,517</b>	1,790,617
February 2018		<b>1,456,325</b>	<b>716,952</b>	2,173,277
March 2018		<b>1,497,541</b>	<b>1,126,844</b>	2,624,385
April 2018		<b>0</b>	<b>0</b>	0
May 2018		<b>0</b>	<b>0</b>	0
June 2018		<b>0</b>	<b>0</b>	0
<b>FY 2018 Total</b>		<b>11,043,305</b>	<b>4,957,437</b>	<b>16,000,742</b>
<b>OVERALL TOTALS</b>		98,700,273	55,142,335	153,842,608

**Subject:** Excise Fireworks Collections  
**Date:** Thursday, April 19, 2018 at 12:10:34 PM Eastern Daylight Time  
**From:** Nash, Ken  
**To:** Abston, Dena  
**CC:** Walker, Brian  
**Attachments:** 2017 DOR Statistical Report\_updated final @03.16.2018.pdf

Dena,

Just circling back with you on the fireworks revenues request. I wanted to be sure that you knew that we now have a fireworks revenue line in the DOR Annual Statistical Report (beginning with the current 2017 Statistical Report) - attached here and also by weblink on the DOR website here: <https://dor.georgia.gov/documents/department-revenue-annual-statistical-reports>. On page 13 of the report you will find a "Fireworks Excise Tax" line with the total collections for FY2016 and FY2017. The Annual Statistical Report is released each year around the end of January/ first of February. Also, a more recent update to the collections amount: the CY2017 Fireworks Tax net collections total is \$1,408,959.68.

I hope this is helpful.

Thanks  
Ken

Ken Nash, MPA, CGFM  
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Georgia Department of Revenue  
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Atlanta, GA 30345  
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[ken.nash@dor.ga.gov](mailto:ken.nash@dor.ga.gov)

The mission of the Department of Revenue is to administer the tax laws of the State of Georgia fairly and efficiently in order to promote public confidence and compliance, while providing excellent customer service.  
Customer Service - Operational Efficiency - Employee Engagement  
MELO



## Revenue Collections Summary (continued)

Description	FY2013	FY2014	FY2015	FY2016	FY2017
<b>Other Fees</b>					
Fines & Assessments - Tobacco	\$ -	\$ 217	\$ 649	\$ 194	\$ 219
Fines & Assessments - Alcohol	\$ 2,138	\$ 46	\$ 428	\$ 521	\$ 408
<b>Fireworks Excise Tax</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 928</b>	<b>\$ 1,240</b>
Motor Vehicle Licenses / Permits	\$ 221	\$ 468	\$ 327	\$ -	\$ -
Penalties & Interest - FiFa	\$ (3,350)	\$ 6	\$ 84	\$ 120	\$ 72
Penalties & Interest - Individual	\$ 77,081	\$ 83,637	\$ 76,258	\$ 90,450	\$ 103,741
Penalties & Interest - Sales & Use	\$ 45,086	\$ 39,314	\$ 39,462	\$ 36,698	\$ 34,013
Penalties & Interest - Corporate	\$ 10,465	\$ 11,396	\$ 22,285	\$ 28,279	\$ 21,705
Penalties & Interest - Motor Fuel	\$ 3,022	\$ 1,685	\$ 3,331	\$ 273	\$ 256
Penalties & Interest - Alcohol	\$ 32	\$ 43	\$ 75	\$ 77	\$ 42
Penalties & Interest - Cigarette	\$ 76	\$ 252	\$ 219	\$ 275	\$ 228
State Hotel-Motel Fees	\$ -	\$ -	\$ -	\$ 150,672	\$ 171,864
Delinquent Tax Collections Fees	\$ (21,909)	\$ (504)	\$ -	\$ -	\$ -
Unallocated Tax	\$ 29,109	\$ (7,997)	\$ 7,769	\$ (2,421)	\$ 4,516
Unallocated Fees	\$ 8	\$ 1	\$ -	\$ -	\$ -
Other	\$ (3,160)	\$ (3,465)	\$ 27	\$ 47,923	\$ 49,041
<b>Total Other Fees</b>	<b>\$ 138,819</b>	<b>\$ 125,099</b>	<b>\$ 150,914</b>	<b>\$ 353,989</b>	<b>\$ 387,345</b>
<b>Total Taxes</b>					
Corporate Tax	\$ 797,255	\$ 944,256	\$ 1,000,087	\$ 981,003	\$ 971,898
Individual Tax	\$ 8,753,712	\$ 8,966,125	\$ 9,677,987	\$ 10,439,534	\$ 10,977,693
Other Taxes	\$ 7,177,488	\$ 7,700,194	\$ 8,055,169	\$ 8,875,974	\$ 9,244,413
<b>Total Taxes</b>	<b>\$ 16,728,455</b>	<b>\$ 17,610,575</b>	<b>\$ 18,733,243</b>	<b>\$ 20,296,511</b>	<b>\$ 21,194,004</b>
<b>Total Funds and Other Fees</b>					
Business License Fees	\$ 6,810	\$ 3,831	\$ 4,109	\$ 4,128	\$ 4,137
Earnings - General Government	\$ 129,908	\$ 143,779	\$ 140,258	\$ 159,976	\$ 159,619
Other Fees	\$ 138,819	\$ 125,099	\$ 150,914	\$ 353,989	\$ 387,345
<b>Total Funds and Other Fees</b>	<b>\$ 275,537</b>	<b>\$ 272,709</b>	<b>\$ 295,281</b>	<b>\$ 518,093</b>	<b>\$ 551,101</b>
<b>TOTAL REVENUE COLLECTIONS</b>	<b>\$ 17,003,992</b>	<b>\$ 17,883,284</b>	<b>\$ 19,028,524</b>	<b>\$ 20,814,604</b>	<b>\$ 21,745,105</b>

**Notes:**

(i) Corporate income tax refunds include voided corporate refunds.

(ii) Individual income tax refunds include voided individual refunds.

(iii) Beginning in FY2012, malt beverage and liquor licenses are all recorded in the liquor licenses category.

(iv) Coin-operated amusement machine funds are collected by Georgia Lottery as of FY2013.

(v) Unclaimed property and liquor pre-license investigation fees have been shifted to reflect more accurate representation. Thus category totals will vary from previous years reporting.

**Source:** Finance Department, Georgia Department of Revenue



## **2018 GEORGIA Legislative Updates**

- **SB 352: Commission on Substance Abuse and Recovery**
  - Status: House Second Readers – 2/12/18
  - No additional movement
  
- **SB 357: Health Coordination and Innovation Council of the State of Georgia; create**
  - Status: House Passed/Adopted with Substitute – 3/15/18 – assigned to Conference Committee
  - VETOED by Governor Deal 5/8/18 (V21)
  
- **HB 673: Distracted Driver**
  - Status: Senate Read and Referred – 3/1/18
  - SIGNED by Governor Deal 5/2/18
  
- **HB 684: FY 2019 General Appropriations**
  - Status: House Passed – 3/12/18 – Senate read and referred to Appropriations Committee
  - SIGNED by Governor Deal 5/2/18
  
- **HB 918: Lowered GA state income tax**
  - Passed and signed by the Governor – 3/2/18 – ACT 284
  - GA Income Tax Rate decreased from 6% to 5.5%
  - GA also increased the standard deduction amounts for the GA tax form
  - SIGNED by Governor Deal 5/2/18

## LEVEL I & II TRAUMA CENTER CRITERIA

### **FY 2019 Performance Based Program Services (PBP)**

For FY 2019, the Commission has determined **fifty percent (50%)** of Readiness Services Program funding available to Trauma Centers will be linked to the Performance Based Program Services (PBP). Total Readiness Services Program funding awarded to Trauma Center will include the PBP funding determined by the satisfaction of PBP criteria. A PBP Scorecard will be provided to Trauma Center by 01 April 2019 for self-scoring and then submission to the Commission office on or before 15 April 2019. Trauma Centers will be notified in May 2019 of compliance to PBP criteria, and total amount of Readiness Services Program funding to be awarded for FY 2019.

Performance Based Program Service Criteria for **Level I and Level II Trauma Centers** are:

- 1) Participation in Trauma Medical Directors (TMD) Conference Calls. Seventy-five percent (75%) call attendance by TMD or other designated physician representative is required to satisfy this criterion. **(3% value)**
- 2) Participation by trauma program staff member in ONE Georgia Committee for Trauma Excellence (GCTE) official subcommittee: Injury Prevention, Registry, Resource Development/Special Projects/Specialty Care, Education, Performance Improvement and Emergency Preparedness. GCTE chair will verify satisfaction of this criterion. **(5% value)**
- 3) Participation by trauma program manager or other designated representative in Georgia Committee for Trauma Excellence (GCTE) meetings. Seventy-five percent (75%) attendance by trauma program manager or other designated representative at GCTE meetings is required to satisfy this criterion. Meeting attendance rosters will be used to verify attendance. **(3% value)**
- 4) Trauma Center's current Trauma Medical Director to be a member of the Georgia Chapter Committee On Trauma (COT). Membership will be assessed in April 2019. **(3% value)**
- 5) Participation in Trauma Medical Directors TQIP Conference Calls sponsored by the Georgia Committee on Trauma. Seventy-five percent (75%) call attendance by TMD or other designated physician representative is required to satisfy this criterion. Meeting attendance roster will be used to verify attendance. **(3% value)**
- 6) Attendance at Spring TQIP Collaborative meeting by both the Trauma Medical Director (or designated physician) and the Trauma Program Manager. Meeting sign-in roster will be used to verify attendance. **(5% value)**
- 7) Trauma Medical Director or other designated physician AND Trauma Program Manager attend the Summer 2017 Georgia COT meeting ("*Day of Trauma*"). Meeting sign-in roster will be used to verify attendance. **(5% value)**
- 8) Submit the FY 2018, 31 July 2018 invoice; FY 2019, 31 October 2018 and 31 January 2019 invoices; the CY 2017 Uncompensated Care Claims survey and claims list (date to be determined); and complete Georgia Trauma Readiness Costs survey (date to be

## LEVEL I & II TRAUMA CENTER CRITERIA

determined) within 15 calendar days of required date. The Commission will confirm compliance for this criterion. (5% value)

- 9) Submit all FY 2019 State Trauma Registry Data and State Quarterly Trauma Program Reports within 30 calendar days of required date. State Office of EMS and Trauma records will determine compliance to this criterion. (5% value)
- 10) Each member of the Trauma Center Peer Review Committee (or the equivalent committee) must attend at least 50% of the Trauma Center Peer Review Committee meetings. Member defined per the most recent publication of the Resources for Optimal Care of the Injured Patient. Compliance will be self-reported. (3% value)
- 11) Quarterly review of the surgeon response time to highest level of trauma activation. State Office of EMS and Trauma records will determine compliance to this criterion. Each quarter will be assessed for compliance. (2.5% value)
- 12) Quarterly review of record closure of at least 80% within 60 days of discharge. State Office of EMS and Trauma records will determine compliance to this criterion. Each quarter will be assessed for compliance. (2.5% value)
- 13) Complete American College of Surgeons "Verification Application" for a verification visit following their scheduled consultative visit. Compliance will be formal receipt from ACS that the application was received and provided by the trauma center. (5% value)



**GEORGIA TRAUMA CARE  
NETWORK COMMISSION**

**VALIDATION OF UNCOMPENSATED  
CARE CLAIM DATA**

**AGREED UPON PROCEDURES**

**For the Year Ended December 31, 2016**

# GEORGIA TRAUMA CARE NETWORK COMMISSION

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For the Year Ended December 31, 2016

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## INDEPENDENT ACCOUNTANTS' REPORT

To the Georgia Trauma  
Care Network Commission

We have performed the procedures enumerated on Attachments A and A-1, which were agreed to by you, solely to assist you with respect to the validation of uncompensated care claim data for the year ended December 31, 2016. The Georgia Trauma Care Network Commission and the Georgia-designated Trauma and Burn Centers' (as listed on Attachment A) management are responsible for the uncompensated care claim data submitted for these procedures. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of the procedures is solely the responsibility of the Georgia Trauma Care Network Commission. Consequently, we make no representation regarding the sufficiency of the procedures described on Attachments A and A-1, either for the purpose for which this report has been requested, or for any other purpose.

Our findings, documentation and recommendations for the procedures outlined in Attachments A and A-1 are outlined in Attachments B, B-1, and B-2, to this report.

We were not engaged to, and did not, conduct an audit or examination, the objective of which would be the expression of an opinion on the uncompensated care claim data. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the Georgia Trauma Care Network Commission and the Georgia-designated Trauma and Burn Centers and is not intended to be and should not be used by anyone other than these specified parties.

*Warren Averett, LLC*

Atlanta, Georgia  
May 15, 2018

## ATTACHMENT A

### VALIDATION OF UNCOMPENSATED CARE CLAIM DATA: PROCEDURES

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#### **Georgia-designated Level I and II Trauma Centers and Burn Centers:**

- Wellstar Atlanta Medical Center (AMC) – Atlanta
- Grady Memorial Hospital (Grady) – Atlanta
- Navicent Health Medical Center (Navicent) – Macon
- Augusta University Medical Center (Augusta) – Augusta
- Memorial Health University Medical Center (Memorial) – Savannah
- Piedmont Athens Regional Medical Center (Athens)– Athens
- Floyd Medical Center (Floyd) – Rome
- Gwinnett Medical Center (Gwinnett) – Lawrenceville
- Hamilton Medical Center (Hamilton) – Dalton
- John D. Archbold Memorial Hospital (Archbold) – Thomasville
- Midtown Medical Center (Midtown) – Columbus
- Wellstar North Fulton Hospital (North Fulton) – Roswell
- Children’s Healthcare of Atlanta at Egleston (Egleston) – Atlanta
- Children’s Healthcare of Atlanta at Scottish Rite (Scottish Rite) – Atlanta
- Joseph M. Still Burn Center (JMS) – Augusta
- Wellstar Kennestone Regional Medical Center (Kennestone) – Marietta
- Grady Burn Center (GBC) – Atlanta
- Northeast Georgia Medical Center (Northeast) – Gainesville

#### **Procedures:**

The following are the agreed-upon procedures that Warren Averett, LLC (WA) was engaged to perform related to the Georgia-designated Trauma and Burn Centers (Centers) listed above.

1. WA will assist the Georgia Trauma Care Network Commission (GTCNC) in the development of the uncompensated care claims survey instrument for the year ended December 31, 2016 (CY2016).
2. WA will deliver the survey instrument and collect the listing of uncompensated care claims submitted by each Level I Trauma, Level II Trauma and Burn Centers. The listing will contain the claim identification number, trauma registry or equivalent number, date of admission and the patient’s severity scoring.
3. For each Trauma and Burn Center (Center), WA will select a sample of the uncompensated care claims for testing as follows:
  - a. For Centers with less than 25 claims, WA will test 5 claims;
  - b. For Centers with between 25 and 50 claims, WA will test 10 claims;
  - c. For Centers with between 50 and 150 claims, WA will test 20 claims; and,
  - d. For Centers with greater than 150 claims, WA will test 40 claims.

## ATTACHMENT A

### VALIDATION OF UNCOMPENSATED CARE CLAIM DATA: PROCEDURES

---

4. For each claim selected in procedure #3 above, WA will view (on site at the Center location or through remote testing procedures) the electronic billing record (EBR) or documents comparable to the EBR to determine that as of February 16, 2018 each claim selected in our sample met the criteria for consideration as an uncompensated care claim. The criteria for consideration as an uncompensated care claim are as follows:
  - a. The EBR documents that the patient had no medical insurance, including Medicare Part B coverage;
  - b. The EBR documents the patient was not eligible for medical assistance coverage;
  - c. The EBR documents that the patient had no medical coverage for trauma care through workers' compensation insurance, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage;
  - d. The EBR documents that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments;
  - e. The EBR documents that there were no third party payments received.
5. For each claim selected in our sample (as defined above), WA will determine that the Center has documented attempts at collection using the documentation that is available at each Center.
6. WA will verify that the Severity Score Category (SSC) assigned to each claim selected in our sample (as defined above) matches the SSC for that patient in NTRACS (trauma registry software) used by all Trauma Centers or the burn registry used by Burn Centers.
7. WA will consider the additional clarifications approved by the GTCNC listed below:
  - A. Claims deemed qualified under the GTCNC uncompensated care definition:
    - a. Cases where financial counselors at the Center determined that the patients qualified for a charity program offered by the hospital whereby the account was written off and further attempts to collect were not made.
    - b. Cases where patients were victims of a crime and the Center received a small payment up to 10% of hospital charges from a third party charity.
    - c. Cases where patients were undocumented aliens and the Center received a small payment up to 10% of hospital charges from a third party charity.
    - d. Cases where insurance could not be verified.

## ATTACHMENT A

### VALIDATION OF UNCOMPENSATED CARE CLAIM DATA: PROCEDURES

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- B. Claims deemed NOT qualified under the GTCNC uncompensated care definition:
  - a. Cases where the patient expired and the Center did not attempt to collect.
  - b. Cases where patients received settlements directly but did not pay the Center after repeated collection attempts.
  - c. Cases where there was a reciprocal agreement with another party for exchange of services and the Center did not attempt further collection procedures.
  - d. Cases where claims are sold to collections agency.

## ATTACHMENT A-1

### ADDITIONAL PROCEDURES PERFORMED

---

WA discussed the findings summarized in Attachment B and presented in detail within Attachment B-1 from the execution of our agreed-upon procedures as described in Attachment A with the Executive Director for the Georgia Trauma Care Network Commission. Various criteria were used by the Commission staff to determine the appropriate additional procedures to be performed as outlined below. Examples of the criteria used were: the number of exceptions noted, the pervasiveness of the exceptions noted, and the type of exceptions noted from the execution of our agreed-upon procedures as described in Attachment A. As a result of the Commission staff's review of the findings summarized in Attachment B and presented in detail in Attachment B-1, WA was engaged to perform the following additional procedures:

1. Provide each Center with the findings from our agreed-upon procedures as described in Attachment A. See the information that was provided to each Center in Attachment B-1.
2. Request revised lists of uncompensated care claims from the following Centers:
  - AMC
  - Athens
  - Floyd

These revised lists should be duplicates of the original list provided to WA minus any claims that were identified in our agreed-upon procedures (AUP) to be in error (re: Attachment B Findings A through G in our report) along with any other claims that the hospitals identified as erroneous.

3. Compare the revised lists received above against the original lists received to ensure that errors WA noted in the AUP were eliminated (along with any other claims that the hospitals identified as erroneous) and that there are no new claims added to the list.
4. Evaluate the revised lists to determine if additional testing procedures should be applied. No additional procedures were applied.
5. Revise WA AUP report to report the updated uncompensated care claims for each Center. Results are presented in Attachment B-2.
6. Inform each Center of the final uncompensated care claims totals after all testing procedures. Results are presented in Attachment B-2.
7. Present our final report to the Executive Director of the Georgia Trauma Care Network Commission.

WA performed only the procedures outlined in Attachments A and A-1 and did not perform any additional procedures. We did not perform any procedures to evaluate if there were trauma patient claims that should have been reported by the Centers as uncompensated care claims and were not.

## ATTACHMENT B

### VALIDATION OF UNCOMPENSATED CARE CLAIM DATA

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#### **FINDINGS SUMMARY:**

We have accumulated our findings from our agreed-upon procedures that are outlined in Attachment A. They are outlined below along with our recommendations which have been considered and acted upon as deemed appropriate (See Attachment A-1). Additional information for each finding can be found in the detailed reports by location. (See Attachment B-1)

1. Finding: We noted claims at the following Centers where we concluded that the documentation did not meet the criteria for an uncompensated care claim due to:

A. Patient had insurance including Medicare Part B coverage

- AMC
- Athens
- Floyd
- Gwinnett
- Midtown
- Northeast
- JMS

Recommendation: We recommend the GTCNC consider requesting that these Centers revise their CY2016 uncompensated care claim list to exclude all claims where patients had insurance including Medicare Part B coverage.

B. Patient was eligible for medical assistance coverage

- AMC
- Scottish Rite

Recommendation: We recommend the GTCNC consider requesting that these Centers revise their CY2016 uncompensated care claim list to exclude all claims where patients was eligible for medical assistance coverage.

C. Patient had medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.

- AMC
- Navicent
- Memorial
- Athens
- Floyd
- Archbold



## ATTACHMENT B

### VALIDATION OF UNCOMPENSATED CARE CLAIM DATA

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Recommendation: We recommend the GTCNC consider requesting that these Centers revise their CY2016 uncompensated care claim list to exclude all claims where patients had medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.

D. Payment by patient greater than 10%

- None

Recommendation: None

E. Receipt of a third party payment

- AMC
- Navicent
- Memorial
- Athens
- Floyd
- Archbold
- Scottish Rite

Recommendation: We recommend that the GTCNC consider requesting these Centers revise their CY2016 uncompensated care claim list to exclude all claims where third party payments were received.

F. No collection attempts were made by the Trauma Center.

- None

Recommendation: None

G. The SSC provided in the detail list of uncompensated care claims did not match the SSC for that patient in the NTRACS or burn registry.

- None

Recommendation: None

## ATTACHMENT B-1

### DETAIL FINDINGS BY LOCATION

**Hospital: Atlanta Medical Center (AMC)**

**Purpose:** To test that uncompensated care claims are properly recognized according to the criteria identified below.

**Procedures:** For centers with greater than 150 claims, we will test 40.

AMC reported 592 claims, therefore we selected a sample of 40.

For each claim selected, we viewed the electronic billing record (EBR) or documents comparable to the EBR.

We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
- b** The EBR shows the patient was not eligible for medical assistance coverage.
- c** The EBR shows that the patient had no medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
- d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
- e** The EBR shows that there were no third party payments received.
- f** The hospital has documented attempts at collection via documentation available at the hospital.

Additionally, for each claim selected we determined the following:

- 1** We verified that the ISS reported is the same as that listed in the hospital's trauma registry software.

	Medical Record No	Trauma Number	Admit Date	ISS	a	b	c	d	e	f	1	Comments
1	5523701	201601925	11/11/2016	5	P	X	P	P	X	P	P	Trauma center received Medicaid payment of \$3,706 on 3/7/17.
2	5028152	201602052	12/1/2016	10	P	P	X	P	P	P	P	Auto accident, patient received a settlement directly however did not pay the trauma center.
3	322044	201601949	11/16/2016	16	P	P	X	P	P	P	P	Auto accident, patient received a settlement directly however did not pay the trauma center.
4	5523700	201601896	11/11/2016	33	X	P	P	P	P	P	P	Patient has health insurance.

**Tick mark Explanations:**

- P** Step performed without exception
- X** Issue noted, see explanation to the right of claim.

## ATTACHMENT B-1

### DETAIL FINDINGS BY LOCATION

**Hospital: Navicent Health Medical Center (Navicent)**

**Purpose:** To test that uncompensated care claims are properly recognized according to the criteria identified below.

**Procedures:** For centers with greater than 150 claims we will test 40 claims.

Navicent reported 234 cases, therefore we selected a sample of 40 for testing.

For each claim selected, we viewed the electronic billing record (EBR) or documents comparable to the EBR.

We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
- b** The EBR shows the patient was not eligible for medical assistance coverage.
- c** The EBR shows that the patient had no medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
- d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
- e** The EBR shows that there were no third party payments received.
- f** The hospital has documented attempts at collection via documentation available at the hospital.

Additionally, for each claim selected we determined the following:

- 1** We verified that the ISS reported is the same as that listed in the hospital's trauma registry software.

											Trauma											
											Number											
											Admit Date											
											ISS											
											a											
											b											
											c											
											d											
											e											
											f											
											1											
											Comments											
1												20136829	4/17/2016	ISS 9 TO 16	P	P	X	P	X	P	P	Trauma center received \$1,000 payment from home owner's insurance.

**Tickmark Explanations:**

- P** Step performed without exception
- X** Issue noted, see explanation to the right of claim.

## ATTACHMENT B-1

### DETAIL FINDINGS BY LOCATION

**Hospital: Memorial Health University Medical (Memorial)**

**Purpose:** To test that uncompensated care claims are properly recognized according to the criteria identified below.

**Procedures:** For centers with greater than 150 claims, we will test 40.

Memorial reported 419 cases, therefore we selected a sample of 40 for testing.

We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
  - b** The EBR shows the patient was not eligible for medical assistance coverage.
  - c** The EBR shows that the patient had no medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
  - d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
  - e** The EBR shows that there were no third party payments received.
  - f** The hospital has documented attempts at collection via documentation available at the hospital.
- Additionally, for each claim selected we determined the following:
- 1** We verified that the ISS reported is the same as that listed in the hospital's trauma registry software.

	Medical Record No	Trauma Number	Admit Date	ISS	a	b	c	d	e	f	1	Comments
1	30231087	20197475	1/12/2016	5	P	P	X	P	X	P	P	Trauma center received \$11,684 on 4/4/16 from Victim of Crime (VOC). This payment was 100% of the total charges.

**Tickmark Explanations:**

- P** Step performed without exception
- X** Issue noted, see explanation to the right of claim.

## ATTACHMENT B-1

### DETAIL FINDINGS BY LOCATION

**Hospital: Piedmont Athens Regional Medical Center (Athens)**

**Purpose:** To test that uncompensated care claims are properly recognized according to the criteria identified below.

**Procedures:** For trauma centers with between 50 and 150 claims we will test 20 claims

Athens reported 118 cases, therefore we selected a sample of 20 for testing.

For each claim selected, we viewed the electronic billing record (EBR) or documents comparable to the EBR.

We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
- b** The EBR shows the patient was not eligible for medical assistance coverage.
- c** The EBR shows that the patient had no medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
- d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
- e** The EBR shows that there were no third party payments received.
- f** The hospital has documented attempts at collection via documentation available at the hospital.

Additionally, for each claim selected we determined the following:

- 1** We verified that the ISS reported is the same as that listed in the hospital's trauma registry software.

	Patient Account	Trauma Number	Admit Date	ISS	a	b	c	d	e	f	1	Comments
1	51905826	20133484	11/7/2016	10	P	P	X	P	X	P	P	Victim of Crime payment received on 2/14/17 for \$7,500 on total charges of \$23,366
2	51885561	20133394	10/20/2016	17	X	P	P	P	P	P	P	Patient has Medicare and the account is being worked for payment.

**Tickmark Explanations:**

- P** Step performed without exception
- X** Issue noted, see explanation to the right of claim.

## ATTACHMENT B-1

### DETAIL FINDINGS BY LOCATION

**Hospital: Floyd Medical Center (Floyd)**

**Purpose:** To test that uncompensated care claims are properly recognized according to the criteria identified below.

**Procedures:** For trauma centers with between 50 and 150 claims we will test 20 claims

Floyd reported 102 cases, therefore we selected a sample of 20 for testing.

For each claim selected, we viewed the electronic billing record (EBR) or documents comparable to the EBR.

We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
- b** The EBR shows the patient was not eligible for medical assistance coverage.
- c** The EBR shows that the patient had no medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
- d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
- e** The EBR shows that there were no third party payments received.
- f** The hospital has documented attempts at collection via documentation available at the hospital.

Additionally, for each claim selected we determined the following:

- 1** We verified that the ISS reported is the same as that listed in the hospital's trauma registry software.

	Medical Record No	Trauma Number	Admit Date	ISS	a	b	c	d	e	f	1	Comments
1	874035	20160848	11/28/16 8:50 AM	5	X	P	P	P	P	P	P	Patient has VA insurance as well as Medicare A and B
2	1113482	20160833	11/12/16 10:48 PM	14	X	P	P	P	X	P	P	Patient has VA insurance and VA insurance paid \$6,506 on total charges of \$37,938
3	1097655	20160457	1/20/16 1:12 AM	18	P	P	X	P	P	P	P	Patient received a settlement from auto insurance but did not pay the hospital.

**Tickmark Explanations:**

**P** Step performed without exception

**X** Issue noted, see explanation to the right of claim.

## ATTACHMENT B-1

### DETAIL FINDINGS BY LOCATION

**Hospital: Gwinnett Medical Center (Gwinnett)**

**Purpose:** To test that uncompensated care claims are properly recognized according to the criteria identified below.

**Procedures:** For centers with greater than 150 claims we will test 40.

Gwinnett reported 235 claims, therefore we selected a sample of 40 for testing.

We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
  - b** The EBR shows the patient was not eligible for medical assistance coverage.
  - c** The EBR shows that the patient had no medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
  - d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
  - e** The EBR shows that there were no third party payments received.
  - f** The hospital has documented attempts at collection via documentation available at the hospital.
- Additionally, for each claim selected we determined the following:
- 1** We verified that the ISS reported is the same as that listed in the hospital's trauma registry software.

	Medical Record No	Trauma Number	Admit Date	ISS	a	b	c	d	e	f	1	Comments
1	51190610	20161109	9/26/2016	9	X	P	P	P	P	P	P	Patient has health insurance but was in a motorcycle wreck and the trauma center was pursuing auto insurance first.

**Tickmark Explanations:**

- P** Step performed without exception
- X** Issue noted, see explanation to the right of claim.

## ATTACHMENT B-1

### DETAIL FINDINGS BY LOCATION

**Hospital: John D. Archbold Memorial Hospital (Archbold)**

**Purpose:** To test that uncompensated care claims are properly recognized according to the criteria identified below.

**Procedures:** For trauma centers with between 25 and 50 claims we will test 10 claims.

Archbold reported 49 claims, therefore we selected a sample of 10 for testing.

We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
  - b** The EBR shows the patient was not eligible for medical assistance coverage.
  - c** The EBR shows that the patient had no medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
  - d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
  - e** The EBR shows that there were no third party payments received.
  - f** The hospital has documented attempts at collection via documentation available at the hospital.
- Additionally, for each claim selected we determined the following:
- 1** We verified that the ISS reported is the same as that listed in the hospital's trauma registry software.

Medical Record No	Trauma Number	Admit Date	ISS	a	b	c	d	e	f	1	Comments
1 270314	20160223	06/30/2016	9	P	P	X	P	X	P	P	Trauma Center received \$5,000 from auto insurance. Also pending settlement, negotiations between the attorney and trauma center are being made.

**Tickmark Explanations:**

- P** Step performed without exception
- X** Issue noted, see explanation to the right of claim.



## ATTACHMENT B-1

### DETAIL FINDINGS BY LOCATION

**Hospital: Midtown Medical Center (Midtown)**

**Purpose:** To test that uncompensated care claims are properly recognized according to the criteria identified below.

**Procedures:** For centers with greater than 150 cases we will test 40.

Midtown reported 320 cases, therefore we selected a sample of 40 for testing.

We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
  - b** The EBR shows the patient was not eligible for medical assistance coverage.
  - c** The EBR shows that the patient had no medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
  - d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
  - e** The EBR shows that there were no third party payments received.
  - f** The hospital has documented attempts at collection via documentation available at the hospital.
- Additionally, for each claim selected we determined the following:
- 1** We verified that the ISS reported is the same as that listed in the hospital's trauma registry software.

	Medical Record No	Trauma Number	Admit Date	ISS	a	b	c	d	e	f	1	Comments
1	M000530169	20132571	3/23/2016	6	X	P	P	P	P	P	P	Patient has health insurance.

**Tick mark Explanations:**

- P** Step performed without exception
- X** Issue noted, see explanation to the right of claim.

## ATTACHMENT B-1

### DETAIL FINDINGS BY LOCATION

**Hospital:** Children's Healthcare of Atlanta @ Scottish Rite (Scottish Rite)

**Purpose:** To test that uncompensated care claims are properly recognized according to the criteria identified below.

**Procedures:** For trauma centers with between 50 and 150 claims we will test 20 claims

Scottish Rite reported 58 cases, therefore we selected a sample of 20 for testing.

We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
  - b** The EBR shows the patient was not eligible for medical assistance coverage.
  - c** The EBR shows that the patient had no medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
  - d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
  - e** The EBR shows that there were no third party payments received.
  - f** The hospital has documented attempts at collection via documentation available at the hospital.
- Additionally, for each claim selected we determined the following:
- 1** We verified that the ISS reported is the same as that listed in the hospital's trauma registry software.

Medical Record No	Hospital Account ID	Admit Date	ISS	a	b	c	d	e	f	1	Comments
1 3620554	704361948	6/20/2016	1	P	X	P	P	X	P	P	Medicaid payment of \$1,149 received on 11/8/16.

**Tickmark Explanations:**

- P** Step performed without exception
- X** Issue noted, see explanation to the right of claim.

## ATTACHMENT B-1

### DETAIL FINDINGS BY LOCATION

**Hospital: Northeast Georgia Medical Center (Northeast)**

**Purpose:** To test that uncompensated care claims are properly recognized according to the criteria identified below.

**Procedures:** For trauma centers with greater than 150 claims we will test 40 claims

NGMC reported 212 cases, therefore we selected a sample of 40 for testing.

We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
  - b** The EBR shows the patient was not eligible for medical assistance coverage.
  - c** The EBR shows that the patient had no medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
  - d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
  - e** The EBR shows that there were no third party payments received.
  - f** The hospital has documented attempts at collection via documentation available at the hospital.
- Additionally, for each claim selected we determined the following:
- 1** We verified that the ISS reported is the same as that listed in the hospital's trauma registry software.

	Medical Record No	Trauma Number	Admit Date	ISS	a	b	c	d	e	f	1	Comments
1	60102939	20135647	10/2/2016	2	X	P	P	P	P	P	P	Patient has health insurance.

**Tick mark Explanations:**

- P** Step performed without exception
- X** Issue noted, see explanation to the right of claim.

## ATTACHMENT B-1

### DETAIL FINDINGS BY LOCATION

**Hospital:** Joseph M. Still Burn Center (JMS)

**Purpose:** To test that uncompensated care claims are properly recognized according to the criteria identified below.

**Procedures:** For centers with between 50 and 150 claims we will test 20.

Doctors reported 54 claims, therefore we selected a sample of 20 for testing.

We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
  - b** The EBR shows the patient was not eligible for medical assistance coverage.
  - c** The EBR shows that the patient had no medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
  - d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
  - e** The EBR shows that there were no third party payments received.
  - f** The hospital has documented attempts at collection via documentation available at the hospital.
- Additionally, for each claim selected we determined the following:
- 1** We verified that the ISS reported is the same as that listed in the hospital's trauma registry software.

	Medical Record No	Trauma Number	Admit Date	ISS	a	b	c	d	e	f	1	Comments
1	560015250	445071	5/5/2016	Severe - 21-100	X	P	P	P	P	P	P	Patient has health insurance.

**Tick mark Explanations:**

- P** Step performed without exception
- X** Issue noted, see explanation to the right of claim.

## ATTACHMENT B-2

### SUMMARY FINDINGS BY LOCATION

		Severity Score Category							Severity Score Category				
		Basic	Moderate	Major	Severe	Total			Basic	Moderate	Major	Severe	Total
<b><u>Locations Tested Without Resubmission</u></b>													
<b>Grady</b>	Per Original Survey	545	444	133	70	1,192	<b>North Fulton</b>	Per Original Survey	36	24	6	3	69
	Per AUP	545	444	133	70	1,192		Per AUP	36	24	6	3	69
	Difference 1	-	-	-	-	-		Difference 1	-	-	-	-	-
	Total claims per AUP	545	444	133	70	1,192		Total claims per AUP	36	24	6	3	69
<b>Augusta</b>	Per Original Survey	124	110	54	33	321	<b>Northeast</b>	Per Original Survey	99	75	18	20	212
	Per AUP	124	110	54	33	321		Per AUP	98	75	18	20	211
	Difference 1	-	-	-	-	-		Difference 1	(1)	-	-	-	(1)
	Total claims per AUP	124	110	54	33	321		Total claims per AUP	98	75	18	20	211
<b>Memorial</b>	Per Original Survey	174	128	57	60	419	<b>Navicent</b>	Per Original Survey	134	57	31	12	234
	Per AUP	173	128	57	60	418		Per AUP	134	56	31	12	233
	Difference 1	(1)	-	-	-	(1)		Difference 1	-	(1)	-	-	(1)
	Total claims per AUP	173	128	57	60	418		Total claims per AUP	134	56	31	12	233
<b>Gwinnett</b>	Per Original Survey	106	88	28	13	235	<b>Midtown</b>	Per Original Survey	193	76	32	19	320
	Per AUP	106	87	28	13	234		Per AUP	192	76	32	19	319
	Difference 1	-	(1)	-	-	(1)		Difference 1	(1)	-	-	-	(1)
	Total claims per AUP	106	87	28	13	234		Total claims per AUP	192	76	32	19	319

*Difference 1: ineligible claims determined by WA*

## ATTACHMENT B-2

### SUMMARY FINDINGS BY LOCATION—Continued

		Severity Score Category							Severity Score Category				
		Basic	Moderate	Major	Severe	Total			Basic	Moderate	Major	Severe	Total
<b>Locations Tested Without Resubmission</b>													
<b>JMS</b>	Per Original Survey	-	37	4	13	54	<b>Kennestone</b>	Per Original Survey	91	78	35	32	236
	Per AUP		37	4	12	53		Per AUP	91	78	35	32	236
	Difference 1	-	-	-	(1)	(1)		Difference 1	-	-	-	-	-
	Total claims per AUP	-	37	4	12	53		Total claims per AUP	91	78	35	32	236
<b>Hamilton</b>	Per Original Survey	20	17	10	-	47	<b>Scottish Rite</b>	Per Original Survey	48	8	2	-	58
	Per AUP	20	17	10	-	47		Per AUP	47	8	2	-	57
	Difference 1	-	-	-	-	-		Difference 1	(1)	-	-	-	(1)
	Total claims per AUP	20	17	10	-	47		Total claims per AUP	47	8	2	-	57
<b>Archbold</b>	Per Original Survey	21	17	8	3	49	<b>Egleston</b>	Per Original Survey	29	4	-	-	33
	Per AUP	21	16	8	3	48		Per AUP	29	4	-	-	33
	Difference 1	-	(1)	-	-	(1)		Difference 1	-	-	-	-	-
	Total claims per AUP	21	16	8	3	48		Total claims per AUP	29	4	-	-	33
<b>GBC</b>	Per Original Survey	-	16	3	3	22	<b>Total</b>	Per Original Survey	1,620	1,179	421	281	3,501
	Per AUP	-	16	3	3	22		Per AUP	1,616	1,176	421	280	3,493
	Difference 1	-	-	-	-	-		Difference 1	(4)	(3)	-	(1)	(8)
	Total claims per AUP	-	16	3	3	22		Total claims per AUP	1,616	1,176	421	280	3,493

*Difference 1: ineligible claims determined by WA*

## ATTACHMENT B-2

### SUMMARY FINDINGS BY LOCATION—Continued

		Severity Score Category							Severity Score Category				
		Basic	Moderate	Major	Severe	Total			Basic	Moderate	Major	Severe	Total
<b>Locations Tested With Claims Resubmitted</b>							<b>Summary</b>						
<b>AMC</b>	Per Original Survey	308	169	72	43	592	Total Claims Per Original Survey	2,006	1,432	539	336	4,313	
	Per AUP	307	168	71	42	588	Totals Per AUP	2,000	1,426	536	334	4,296	
	Difference 1	(1)	(1)	(1)	(1)	(4)	Difference 1	(6)	(6)	(3)	(2)	(17)	
	Per Revised List	247	137	48	34	466	Per Revised List	310	204	86	45	645	
	Difference 2	(61)	(32)	(24)	(9)	(126)	Per AUP Without Resubmission	1,616	1,176	421	280	3,493	
							Total After Revised List and AUP	1,926	1,380	507	325	4,138	
<b>Floyd</b>	Per Original Survey	32	35	29	6	102	Difference 2	(80)	(52)	(32)	(11)	(175)	
	Per AUP	31	34	28	6	99	Total Claims	1,926	1,380	507	325	4,138	
	Difference 1	(1)	(1)	(1)	-	(3)							
	Per Revised List	26	26	25	6	83							
	Difference 2	(6)	(9)	(4)	-	(19)							
<b>Athens</b>	Per Original Survey	46	49	17	6	118							
	Per AUP	46	48	16	6	116							
	Difference 1	-	(1)	(1)	-	(2)							
	Per Revised List	37	41	13	5	96							
	Difference 2	(9)	(8)	(4)	(1)	(22)							
<b>Total</b>	Per Original Survey	386	253	118	55	812							
	Per AUP	384	250	115	54	803							
	Difference 1	(2)	(3)	(3)	(1)	(9)							
	Per Revised List	310	204	86	45	645							
	Difference 2	(76)	(49)	(32)	(10)	(167)							

*Difference 1: ineligible claims determined by WA*

*Difference 2: ineligible claims determined by WA plus*

*ineligible claims determined by center during resubmission process*

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**CONCLUSION:**

We appreciate the opportunity to be of service to you. This report summarizes the results of our engagement. If you have any questions, please let us know.

Very truly yours,

*Warren Averett, LLC*

WARREN AVERETT, LLC