



## 2008 Hospital Financial Survey

### Part A : General Information

#### 1. Identification

UID:HOSP712

**Facility Name:** Medical Center of Central Georgia

**County:** Bibb

**Street Address:** 777 Hemlock Street

**City:** Macon

**Zip:** 31201-2102

**Mailing Address:** 777 Hemlock Street

**Mailing City:** Macon

**Mailing Zip:** 31201-2102

#### 2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2008 only.

***Do not use a different report period.***

**Please indicate your hospital fiscal year.**

From: 10/1/2007 To:9/30/2008

**Please indicate your cost report year.**

From: 10/01/2007 To:09/30/2008

Check the box to the right if your facility was **not** operational for the entire year.

If your facility was **not** operational for the entire year, provide the dates the facility was operational.

### Part B : Survey Contact Information

*Person authorized to respond to inquiries about the responses to this survey.*

**Contact Name:** Darrell McDaniel

**Contact Title:** Asst. Director - Customer Service & Collections

**Phone:** 478-633-1134

**Fax:** 478-633-1861

**E-mail:** mcdaniel.darrell@mccg.org

## Part C : Financial Data and Indigent and Charity Care

### 1. Financial Table

Please report the following data elements. Data reported here must balance in other parts of the HFS.

Revenue or Expense	Amount
Inpatient Gross Patient Revenue	995,907,251
Total Inpatient Admissions accounting for Inpatient Revenue	32,071
Outpatient Gross Patient Revenue	529,853,106
Total Outpatient Visits accounting for Outpatient Revenue	389,701
Medicare Contractual Adjustments	384,320,994
Medicaid Contractual Adjustments	192,992,602
Other Contractual Adjustments:	265,812,437
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	38,422,471
Uncompensated Indigent Care (net):	65,750,339
Uncompensated Charity Care (net):	34,110,976
Other Free Care:	11,828,775
Other Revenue/Gains:	14,911,511
Total Expenses:	538,002,570

### 2. Types of Other Free Care

Please enter the amount for each type of other free care. The amounts entered here must equal the total "Other Free Care" reported in Part C. Question 1. Use the blank line to indicate the type description and amount for other free care that is not included in the types listed.

Other Free Care Type	Other Free Care Amount
Self-Pay/Uninsured Discounts	0
Admin Discounts	0
Employee Discounts	0
	0
<b>Total</b>	<b>0</b>

## Part D : Indigent/Charity Care Policies and Agreements

### 1. Formal Written Policy

Did the hospital have a formal written policy or written policies concerning the provision of indigent and/or charity care during 2008? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2008?

11/28/07

### 3. Person Responsible

Please indicate the title or position held by the person most responsible for adherence to or interpretation of the policy or policies you will provide the department.?

Sr.VP/CFO

#### **4. Charity Care Provisions**

Did the policy or policies include provisions for the care that is defined as charity pursuant to HFMA guidelines and the definitions contained in the Glossary that accompanies this survey (i.e., a sliding fee scale or the accomodation to provide care without the expectation of compensation for patients whose individual or family income exceeds 125% of federal poverty level guidelines)? (Check box if yes.)

#### **5. Maximum Income Level**

If you had a provision for charity care in your policy, as reflected by responding yes to item 4, what was the maximum income level, expressed as a percentage of the federal poverty guidelines, for a patient to be considered for charity care (e.g., 185%, 200%, 235%, etc.)?

200%

## 6. Agreements Concerning the Receipt of Government Funds

Did the hospital have an agreement or agreements with any city or county concerning the receipt of government funds for indigent and/or charity care during 2008? (Check box if yes.)

### Part E : Indigent And Charity Care

#### 1. Gross Indigent and Charity Care Charges

Please indicate the totals for indigent and charity care for the categories provided below. If the hospital used a sliding fee scale for certain charity patients, only the net charges to charity should be reported (i.e., gross patient charges less any payments received from or billed to the patient.) Total Uncompensated I/C Care must balance to totals reported in Part C.

Patient Type	Indigent Care	Charity Care	Total
Inpatient	40,239,480	27,081,313	67,320,793
Outpatient	27,162,276	7,958,585	35,120,861
<b>Total</b>	<b>67,401,756</b>	<b>35,039,898</b>	<b>102,441,654</b>

#### 2. Sources of Indigent and Charity Care Funding

Please indicate the source of funding for indigent and/or charity care in the table below.

Source of Funding	Amount
Home County	2,475,000
Other Counties	81,780
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	23,559
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
<b>Total</b>	<b>2,580,339</b>

#### 3. Net Uncompensated Indigent and Charity Care Charges

Total net indigent care must balance to Part C net indigent care and total net charity care must balance to Part C net charity care.

Patient Type	Indigent Care	Charity Care	Total
Inpatient	0	0	0
Outpatient	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Part F : Patient Origin

### 1. Total Gross Indigent/Charity Care By Charges County

Please report Indigent/Charity Care by County in the following categories. For non Georgia use Alabama, Florida, North Carolina, South Carolina, Tennessee, or Other-Out-of-State.

To add a row press the button. To delete a row press the minus button at the end of the row.

(You may enter the data on the web form or upload the data to the web form using the .csv file.)

Inp Ad-I = Inpatient Admissions (Indigent Care)

Inp Ch-I = Inpatient Charges (Indigent Care)

Out Vis-I = Outpatient Visits (Indigent Care)

Out Ch-I = Outpatient Charges (Indigent Care)

Inp Ad-C = Inpatient Admissions (Charity Care)

Inp Ch-C = Inpatient Charges (Charity Care)

Out Vis-C = Outpatient Visits (Charity Care)

Out Ch-C = Outpatient Charges (Charity Care)

County	Inp Ad-I	Inp Ch-I	Out Vis-I	Out Ch-I	Inp Ad-C	Inp Ch-C	Out Vis-C	Out Ch-C
APPLING	0	0	7	406	0	0	0	0
ATKINSON	1	7,453	6	1,352	0	0	0	0
BACON	0	0	6	239	0	0	0	0
BAKER	0	0	5	840	0	0	0	0
BALDWIN	56	1,053,839	1,204	372,957	14	393,826	53	91,450
BARROW	0	0	1	79	1	52,310	0	0
BEN HILL	14	208,286	42	18,558	2	95,470	0	0
BERRIEN	1	1,934	15	11,463	2	39,203	1	3,192
BIBB	1,380	21,337,160	36,310	19,302,929	448	11,793,615	4,928	5,079,123
BLECKLEY	17	169,985	88	85,384	7	344,309	9	32,625
BRANTLEY	0	0	4	1,045	0	0	0	0
BROOKS	1	11,449	2	794	0	0	0	0
BRYAN	1	307	4	243	0	0	0	0
BULLOCH	0	0	3	1,177	1	10,135	1	5,996
BURKE	0	0	1	667	0	0	3	224
BUTTS	5	101,578	56	63,197	3	56,041	6	23,501
CALHOUN	1	3,868	2	539	0	0	0	0
CAMDEN	1	8,573	0	0	0	0	0	0
CANDLER	0	0	3	763	0	0	0	0
CARROLL	0	0	2	85	0	0	0	0
CATOOSA	0	0	1	17	0	0	0	0
CHATHAM	0	0	1	773	0	0	0	0
CHATTAHOOCHEE	0	0	1	16	0	0	0	0
CHEROKEE	0	0	11	11,710	0	0	0	0
CLARKE	0	0	6	3,852	0	0	0	0
CLAY	0	0	2	34	0	0	0	0
CLAYTON	1	13,763	3	415	0	0	4	984
CLINCH	0	0	6	5,235	0	0	0	0
COBB	2	35,197	14	11,259	0	0	0	0
COFFEE	2	258	33	9,290	1	44,330	0	0
COLQUITT	1	192	13	6,573	6	260,483	5	3,435
COLUMBIA	0	0	1	90	0	0	0	0

COOK	2	3,976	10	3,908	0	0	0	0
COWETA	0	0	1	17	0	0	0	0
CRAWFORD	40	517,263	890	822,750	26	818,747	261	404,929
CRISP	13	428,379	62	79,378	1	41,590	3	57,881
DECATUR	1	1,140	8	3,956	0	0	0	0
DEKALB	1	17,905	6	4,793	3	25,575	0	0
DODGE	27	1,097,015	118	106,239	8	475,099	7	9,740
DOOLY	5	169,650	76	101,399	1	2,000	3	26,442
DOUGHERTY	2	144	41	33,495	3	29,071	0	0
DOUGLAS	0	0	4	3,536	1	22,489	3	12,133
EARLY	0	0	1	1,008	1	1,213	0	0
ECHOLS	0	0	2	1,813	0	0	0	0
EMANUEL	3	19,262	7	2,242	2	51,354	1	755
FANNIN	1	53,177	0	0	0	0	0	0
FAYETTE	1	1,082	1	177	0	0	0	0
FLOYD	0	0	0	0	1	69,693	0	0
FORSYTH	1	34,668	5	910	0	0	0	0
FULTON	0	0	36	8,395	3	74,474	3	1,751
GLYNN	1	61,040	1	79	0	0	0	0
GRADY	2	55,157	4	3,289	0	0	0	0
GREENE	1	4,000	7	1,187	2	57,636	0	0
Gwinnett	2	3,068	10	2,145	2	21,841	2	33,809
HALL	0	0	21	7,574	0	0	0	0
HANCOCK	12	197,799	78	38,628	4	111,010	8	14,838
HARALSON	0	0	1	30	0	0	0	0
HARRIS	1	3,868	4	99	1	27,776	0	0
HENRY	3	459	39	23,075	3	71,182	1	983
HOUSTON	134	3,703,984	967	880,255	41	1,461,238	95	283,461
IRWIN	5	27,310	23	10,909	0	0	0	0
JACKSON	0	0	4	12,725	0	0	0	0
JASPER	2	125	34	26,608	6	125,941	5	14,693
JEFF DAVIS	0	0	3	1,652	1	316,807	0	0
JEFFERSON	2	115,946	5	1,586	0	0	0	0
JOHNSON	1	120	17	10,474	4	137,416	2	5,000
JONES	99	1,229,162	1,958	1,168,725	37	582,704	484	402,505
LAMAR	10	332,560	61	16,195	0	0	13	2,554
LANIER	0	0	2	74	0	0	0	0
LAURENS	37	688,475	246	139,595	18	801,142	26	97,738
LEE	2	108,111	14	26,828	0	0	15	2,493
LIBERTY	0	0	12	429	0	0	0	0
LOWNDES	6	20,967	35	13,777	4	982,978	4	23,858
LUMPKIN	0	0	0	0	0	0	1	0
MACON	16	271,301	95	62,299	5	548,705	24	145,058
MADISON	0	0	1	17	0	0	1	1,931

MARION	0	0	2	132	0	0	0	0
MCDUFFIE	0	0	2	12	1	33,458	0	0
MERIWETHER	1	72	7	2,064	0	0	0	0
MILLER	0	0	2	265	0	0	0	0
MITCHELL	1	36	8	210	1	37,653	2	17,388
MONROE	90	1,372,554	1,006	775,047	34	887,877	223	326,272
MONTGOMERY	0	0	12	6,952	1	62,508	3	23,503
MORGAN	0	0	3	1,718	0	0	0	0
MUSCOGEE	2	10,741	24	3,431	1	8,739	0	0
NEWTON	0	0	4	225	0	0	0	0
OTHER OUT OF STAT	56	859,845	294	266,032	14	803,683	57	73,084
PAULDING	0	0	2	59	0	0	0	0
PEACH	59	1,476,309	584	389,168	28	1,476,070	40	83,197
PIKE	8	183,695	8	25,537	1	10,880	1	698
PULASKI	16	227,893	107	20,434	6	205,807	2	26,671
PUTNAM	14	206,673	117	44,045	13	278,262	29	38,780
RANDOLPH	1	92,450	1	13,505	1	5,687	0	0
RICHMOND	0	0	1	710	0	0	0	0
ROCKDALE	0	0	2	102	0	0	0	0
SCHLEY	2	93,849	7	1,010	0	0	0	0
SEMINOLE	0	0	2	34	0	0	0	0
SPALDING	10	240,918	56	36,049	5	109,967	20	7,915
SUMTER	7	2,794	67	12,961	4	114,922	0	0
TALBOT	0	0	8	1,287	2	479,079	0	0
TATTNALL	1	36	2	46	0	0	0	0
TAYLOR	13	558,357	82	85,273	10	70,043	14	29,159
TELFAIR	13	400,989	44	57,088	6	275,529	1	15,181
TERRELL	0	0	5	3,241	0	0	0	0
THOMAS	0	0	5	7,780	0	0	0	0
TIFT	14	524,994	79	106,254	5	467,293	3	15,673
TOOMBS	0	0	15	1,327	0	0	0	0
TREUTLEN	1	1,030	8	11,330	3	31,995	1	3,015
TROUP	0	0	7	2,839	0	0	0	0
TURNER	2	7,489	14	5,043	3	103,797	1	445
TWIGGS	59	267,549	1,093	765,489	19	429,130	247	266,209
UPSON	24	1,000,536	108	117,427	18	451,948	4	30,816
WALKER	1	32,473	3	4,482	0	0	0	0
WALTON	0	0	9	14,500	0	0	0	0
WARE	1	96	8	938	1	799	1	767
WARREN	1	10,321	0	0	0	0	0	0
WASHINGTON	9	42,008	44	18,019	4	58,345	11	7,844
WAYNE	0	0	1	16	0	0	0	0
WEBSTER	0	0	1	17	0	0	0	0
WHEELER	2	46	4	99	0	0	1	4,474

WILCOX	8	7,157	32	47,791	2	81,454	1	194
WILKES	0	0	30	15,542	1	310	7	2,844
WILKINSON	41	497,615	852	757,557	23	532,820	156	201,374
WORTH	0	0	28	4,938	1	115,855	0	0
<b>Total</b>	<b>2,374</b>	<b>40,239,480</b>	<b>47,563</b>	<b>27,162,276</b>	<b>871</b>	<b>27,081,313</b>	<b>6,797</b>	<b>7,958,585</b>



## Indigent Care Trust Fund Addendum

### 1. Indigent Care Trust Fund

Did your hospital receive funds from the Indigent Care Trust Fund during its Fiscal Year 2008?  
(Check box if yes.)

### 2. Amount Charged to ICTF

Indicate the amount charged to the ICTF by each State Fiscal Year (SFY) and for each of the patient categories indicated below during Hospital Fiscal Year 2008.

Patient Category		SFY 2007	SFY2008	SFY2009
		7/1/06-6/30/07	7/1/07-6/30/08	7/1/08-6/30/09
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	49,936,888	17,464,868
B.	Medically Indigent Patients with incomes between 125% and 200% of the Federal Poverty Level Guidelines where adjustments were made to patient amounts due in accordance with an established sliding scale.	0	16,630,864	9,680,775
C.	Other Patients in accordance with the department approved policy.	0	5,591,179	3,137,080

### 3. Patients Served

Indicate the number of patients served by SFY.

SFY 2007	SFY2008	SFY2009
7/1/06-6/30/07	7/1/07-6/30/08	7/1/08-6/30/09
0	17,011	3,719

## Reconciliation Addendum

This section is printed in landscape format on a separate PDF file.

## Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

**Signature of Chief Executive:** A. Donald Faulk, Jr.

**Date:** 9/15/2009

**Title:** President/CEO

I hereby certify that I am the financial officer authorized to sign this form and that the information is true and accurate. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

**Signature of Financial Officer:** Rhonda S. Perry

**Date:** 9/15/2009

**Title:** Vice President/CFO

**Comments:**