



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2009 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP532

Facility Name: Henry Medical Center

County: Henry

Street Address: 1133 Eagle's Landing Parkway

City: Stockbridge

Zip: 30281-5099

Mailing Address: 1133 Eagle's Landing Parkway

Mailing City: Stockbridge

Mailing Zip: 30281-5099

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2009 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 7/1/2008 To:6/30/2009

Please indicate your cost report year.

From: 07/01/2008 To:06/30/2009

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: WALTER EVANS

Contact Title: CONTROLLER

Phone: 678-604-5363

Fax: 678-604-5048

E-mail: WEVANS@HMC-GA.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	262,458,674
Total Inpatient Admissions accounting for Inpatient Revenue	12,122
Outpatient Gross Patient Revenue	214,280,524
Total Outpatient Visits accounting for Outpatient Revenue	133,567
Medicare Contractual Adjustments	117,383,313
Medicaid Contractual Adjustments	43,496,198
Other Contractual Adjustments:	151,903,705
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	23,199,615
Uncompensated Indigent Care (net):	3,228,230
Uncompensated Charity Care (net):	11,086,123
Other Free Care:	397,757
Other Revenue/Gains:	5,308,488
Total Expenses:	139,522,138

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
Total	0

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 2009? (Check box if yes.) ☒

2. Effective Date

What was the effective date of the policy or policies in effect during 2009?

02/01/2009

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.?

DIRECTOR OF PATIENT FINANCIAL SERVICES

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 2009? (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	2,505,748	5,010,049	7,515,797
Outpatient	2,138,417	6,076,074	8,214,491
Total	4,644,165	11,086,123	15,730,288

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	1,415,935
Other Counties	0
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	0
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	1,415,935

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	1,741,783	5,010,049	6,751,832
Outpatient	1,486,447	6,076,074	7,562,521
Total	3,228,230	11,086,123	14,314,353

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
Barrow	0	0	0	0	0	0	5	1,747
Bartow	0	0	0	0	0	0	1	78
Bibb	0	0	1	3	0	0	25	15,191
Brooks	0	0	0	0	0	0	1	60
Bulloch	0	0	0	0	0	0	3	393
Burke	1	5,977	0	0	0	0	0	0
Butts	3	11,075	60	22,142	35	150,328	404	169,885
Carroll	0	0	0	0	1	1,384	14	3,383
Chatham	0	0	0	0	0	0	7	2,539
Chattooga	0	0	0	0	0	0	3	568
Cherokee	0	0	0	0	1	915	4	529
Clarke	0	0	0	0	0	0	3	290
Clayton	41	410,259	379	299,442	198	1,407,910	2,832	1,361,114
Clinch	0	0	0	0	0	0	3	757
Cobb	1	1,134	6	883	4	32,600	101	46,635
Colquitt	0	0	0	0	0	0	6	1,376
Columbia	0	0	0	0	0	0	2	1,064
Cook	0	0	0	0	0	0	1	569
Coweta	0	0	6	1,777	2	1,411	33	7,024
Dawson	0	0	0	0	0	0	1	4,064
Decatur	0	0	0	0	1	13,696	21	12,402
DeKalb	2	39,750	22	8,727	11	48,319	336	184,671
Dodge	0	0	1	449	0	0	1	97
Dougherty	0	0	0	0	0	0	3	429
Douglas	4	0	0	0	0	0	5	2,492
Echols	0	0	0	0	0	0	1	137
Emanuel	0	0	0	0	0	0	1	98
Fannin	0	0	0	0	0	0	1	401
Fayette	2	20,071	3	6	0	0	23	15,388
Floyd	0	0	2	489	0	0	4	1,195
Forsyth	0	0	0	0	0	0	7	6,155
Franklin	0	0	1	2,561	0	0	1	56

Fulton	2	13,641	18	4,412	27	122,111	338	150,990
Gilmer	0	0	0	0	0	0	5	2,781
Glynn	0	0	0	0	0	0	1	130
Greene	0	0	0	0	1	870	2	106
Gwinnett	0	0	1	3,104	2	8,048	33	28,569
Habersham	0	0	0	0	1	1,016	5	532
Hall	0	0	2	965	1	580	5	2,400
Hancock	0	0	0	0	1	1,208	5	1,030
Haralson	0	0	0	0	0	0	5	3,129
Harris	0	0	0	0	0	0	4	1,385
Hart	0	0	0	0	1	5,856	0	0
Heard	0	0	0	0	0	0	4	312
Henry	207	1,840,417	2,102	1,675,639	444	2,884,479	7,201	3,463,697
Houston	0	0	0	0	0	0	11	9,957
Irwin	0	0	0	0	0	0	1	290
Jackson	1	3,085	4	7,613	4	23,559	13	13,595
Jasper	0	0	1	9,181	0	0	26	7,326
Jeff Davis	0	0	0	0	0	0	1	255
Lamar	2	1,149	12	12,717	1	1,026	75	43,301
Laurens	0	0	1	3	0	0	4	824
Lowndes	0	0	0	0	0	0	5	2,634
Macon	0	0	0	0	0	0	3	551
Madison	0	0	0	0	0	0	1	12
McDuffie	0	0	1	3	0	0	0	0
McIntosh	0	0	0	0	0	0	3	196
Meriwether	1	4,443	6	1,245	1	8,905	5	542
Mitchell	0	0	0	0	0	0	2	875
Monroe	3	4,475	2	690	4	63,988	56	63,141
Montgomery	0	0	0	0	0	0	3	2,535
Muscogee	0	0	0	0	0	0	6	3,539
Newton	1	5,279	0	0	0	0	51	28,900
Oglethorpe	0	0	0	0	2	614	0	0
Other Out of State	4	37,333	46	46,410	0	0	1	593
Paulding	1	554	3	783	1	268	2	1,546
Peach	0	0	0	0	1	17,168	2	4,182
Pickens	0	0	0	0	0	0	1	636
Pierce	0	0	0	0	0	0	2	163
Pike	1	9,415	0	0	3	3,567	24	10,970
Putnam	0	0	2	6	0	0	2	200
Quitman	0	0	0	0	0	0	2	570
Richmond	0	0	0	0	2	6,193	1	300
Rockdale	0	0	5	65	4	7,020	82	43,531
Screven	0	0	0	0	0	0	1	771
Spalding	7	97,691	53	31,228	32	186,794	607	309,156

Stephens	0	0	0	0	0	0	3	1,362
Stewart	0	0	0	0	0	0	1	357
Sumter	0	0	1	323	0	0	5	1,391
Taylor	0	0	0	0	0	0	4	680
Terrell	0	0	0	0	0	0	1	43
Thomas	0	0	0	0	0	0	1	109
Tift	0	0	0	0	2	10,216	11	10,616
Troup	0	0	4	7,548	0	0	7	1,627
Turner	0	0	0	0	0	0	1	2,157
Twiggs	0	0	0	0	0	0	1	100
Union	0	0	0	0	0	0	1	45
Upson	0	0	2	3	0	0	18	4,859
Walton	0	0	0	0	0	0	2	3,265
Washington	0	0	0	0	0	0	1	574
Worth	0	0	0	0	0	0	2	1,950
Total	284	2,505,748	2,747	2,138,417	788	5,010,049	12,513	6,076,074

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 2009?
(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 2009.

Patient Category		SFY 2008 7/1/07-6/30/08	SFY2009 7/1/08-6/30/09	SFY2010 7/1/09-6/30/10
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	4,644,165	0
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	11,086,123	0
C.	Other Patients in accordance with the department approved policy.	0	0	0

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2008 7/1/07-6/30/08	SFY2009 7/1/08-6/30/09	SFY2010 7/1/09-6/30/10
0	9,473	0

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: Charles Scott

Date: 8/6/2010

Title: President and 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: Vacant position

Date: 8/6/2010

Title: CFO

Comments: