



## 2009 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 2009 only.

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

**Please indicate your hospital fiscal year.**

From: 10/1/2008 To:9/30/2009

**Please indicate your cost report year.**

From: 10/01/2008 To:09/30/2009

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:** Darrell McDaniel

**Contact Title:** Assistant 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	985,238,289
Total Inpatient Admissions accounting for Inpatient Revenue	31,498
Outpatient Gross Patient Revenue	574,309,541
Total Outpatient Visits accounting for Outpatient Revenue	385,039
Medicare Contractual Adjustments	468,531,785
Medicaid Contractual Adjustments	226,069,246
Other Contractual Adjustments:	161,852,195
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	51,995,125
Uncompensated Indigent Care (net):	65,477,364
Uncompensated Charity Care (net):	31,419,241
Other Free Care:	11,050,685
Other Revenue/Gains:	861,696
Total Expenses:	563,568,090

### 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 2009? (Check box if yes.)

### 2. Effective Date

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

11/28/2007

### 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.?

Vice President/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 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	43,491,000	22,663,860	66,154,860
Outpatient	24,206,849	9,820,879	34,027,728
<b>Total</b>	<b>67,697,849</b>	<b>32,484,739</b>	<b>100,182,588</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	3,175,000
Other Counties	27,260
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	83,723
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>3,285,983</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	42,064,498	21,920,487	63,984,985
Outpatient	23,412,866	9,498,754	32,911,620
<b>Total</b>	<b>65,477,364</b>	<b>31,419,241</b>	<b>96,896,605</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	3	1,095	0	0	0	0
ATKINSON	0	0	4	70	0	0	0	0
BACON	0	0	1	18	0	0	0	0
BALDWIN	39	1,455,185	1,109	500,291	17	312,651	60	238,238
BARROW	0	0	1	211	1	33,354	0	0
BARTOW	0	0	2	2,070	0	0	0	0
BEN HILL	3	78,836	53	71,392	5	270,138	2	60,680
BERRIEN	7	617,516	20	14,324	2	112,112	0	0
BIBB	1,142	21,014,021	26,321	16,688,614	452	10,224,910	3,828	5,838,624
BLECKLEY	13	187,899	72	132,318	5	110,570	4	14,327
BROOKS	0	0	3	2,718	0	0	0	0
BRYAN	0	0	1	160	0	0	0	0
BULLOCH	0	0	3	725	0	0	1	200
BURKE	0	0	4	978	0	0	0	0
BUTTS	7	91,598	30	31,494	3	245,898	4	7,767
CALHOUN	0	0	3	1,353	0	0	0	0
CAMDEN	1	79,400	1	1,761	0	0	0	0
CARROLL	0	0	0	0	0	0	1	76
CHATHAM	0	0	6	1,792	0	0	0	0
CLARKE	1	33,737	8	3,821	0	0	0	0
CLAY	0	0	1	18	0	0	0	0
CLAYTON	1	15,906	15	3,125	2	17,668	0	0
CLINCH	0	0	5	1,017	0	0	0	0
COBB	2	147,879	9	7,637	0	0	0	0
COFFEE	2	360,283	29	31,449	0	0	0	0
COLQUITT	2	104,329	15	14,006	2	632,588	0	0
COLUMBIA	2	266,084	0	0	0	0	0	0
COOK	1	142,725	4	235	1	53,838	1	850
COWETA	0	0	1	19,829	1	41,050	2	25,389
CRAWFORD	22	382,746	629	481,611	26	389,650	211	327,846
CRISP	8	404,969	55	55,611	8	460,385	0	0
DECATUR	1	8,471	8	3,053	0	0	0	0

DEKALB	0	0	15	21,951	2	28,065	1	947
DODGE	23	568,590	137	235,957	15	605,377	22	89,605
DOOLY	6	74,265	68	59,444	5	176,178	2	14,027
DOUGHERTY	2	21,099	49	50,547	1	50,000	0	0
DOUGLAS	1	8,034	2	443	0	0	1	527
EARLY	0	0	5	182	0	0	0	0
ECHOLS	0	0	3	8,454	0	0	0	0
EFFINGHAM	0	0	5	1,923	0	0	0	0
EMANUEL	1	45,761	16	30,830	0	0	0	0
EVANS	0	0	3	159	0	0	0	0
FANNIN	0	0	0	0	1	30,810	0	0
FAYETTE	1	625	1	61	0	0	1	5,622
FLOYD	0	0	1	57	0	0	0	0
FORSYTH	0	0	19	22,896	0	0	0	0
FULTON	1	211,969	22	3,657	0	0	2	17,584
GLYNN	1	4,773	1	790	0	0	1	14,957
GRADY	0	0	4	584	0	0	0	0
GREENE	2	119,452	9	3,714	0	0	1	6,647
GWINNETT	4	315,597	10	3,929	1	10,465	1	38
HALL	0	0	11	1,860	0	0	0	0
HANCOCK	17	610,703	66	122,345	8	82,109	12	50,765
HARRIS	0	0	5	90	0	0	0	0
HENRY	0	0	15	4,156	6	301,241	4	28,249
HOUSTON	80	1,895,330	729	611,124	49	1,355,015	140	615,375
IRWIN	1	471	17	23,279	0	0	0	0
JACKSON	0	0	10	6,055	0	0	0	0
JASPER	3	122,703	30	11,229	3	152,785	0	0
JEFF DAVIS	1	22,230	5	2,733	0	0	1	14,986
JEFFERSON	0	0	5	450	0	0	0	0
JOHNSON	1	12,549	17	6,210	2	67,712	1	1,626
JONES	78	1,297,519	1,295	1,064,453	43	589,492	368	477,461
LAMAR	12	359,199	37	25,474	4	33,428	9	119,909
LANIER	0	0	8	5,079	0	0	0	0
LAURENS	22	611,269	173	221,888	17	437,889	31	38,424
LEE	0	0	9	2,701	0	0	0	0
LIBERTY	0	0	2	372	0	0	0	0
LOWNDES	3	179,376	65	58,032	0	0	1	1,613
MACON	14	459,603	75	161,296	9	225,443	50	97,888
MARION	0	0	2	36	0	0	1	39,049
MCDUFFIE	0	0	1	5,944	0	0	0	0
MCINTOSH	0	0	1	18	0	0	0	0
MERIWETHER	2	49,922	8	3,214	1	175,508	0	0
MITCHELL	0	0	7	6,705	0	0	0	0
MONROE	32	805,883	499	537,445	22	696,401	162	252,682

MONTGOMERY	1	24,625	7	3,890	0	0	0	0
MORGAN	1	38,425	13	8,030	1	17,875	2	4,057
MUSCOGEE	2	91,409	43	4,415	4	203,543	2	2,202
NEWTON	1	4	7	19,594	2	7,675	5	3,245
OCONEE	0	0	1	167	0	0	0	0
OTHER OUT OF STAT	0	2,602,083	155	132,883	12	565,760	10	102,994
PAULDING	0	0	2	40	0	0	0	0
PEACH	52	1,398,117	511	466,015	35	936,914	62	158,973
PICKENS	0	0	1	160	0	0	0	0
PIKE	7	370,518	9	64,490	4	164,799	3	62,654
POLK	1	18,196	0	0	0	0	0	0
PULASKI	7	230,981	97	129,848	6	198,616	5	46,829
PUTNAM	25	1,283,984	151	151,935	14	531,192	17	59,171
RANDOLPH	0	0	4	2,729	0	0	0	0
RICHMOND	1	64,011	4	9,811	0	0	0	0
ROCKDALE	1	48	5	3,213	1	76,668	0	0
SCHLEY	1	2,973	5	5,035	1	1,450	1	2,110
SEMINOLE	0	0	2	36	0	0	0	0
SPALDING	7	181,242	39	28,062	6	35,204	12	36,535
SUMTER	6	233,942	59	16,715	0	0	1	142
TALBOT	0	0	7	5,853	2	109,327	6	39,210
TATTNALL	0	0	5	6,629	0	0	0	0
TAYLOR	9	114,109	64	104,395	8	152,652	19	216,232
TELFAIR	5	1,270,640	29	68,726	4	114,959	1	1,868
TERRELL	0	0	5	2,163	0	0	0	0
THOMAS	1	250	2	1,761	0	0	0	0
TIFT	6	424,422	63	51,489	4	163,397	2	7,582
TOOMBS	0	0	4	1,811	0	0	0	0
TREUTLEN	2	108,778	10	15,590	0	0	0	0
TROUP	0	0	5	2,945	0	0	0	0
TURNER	2	7,561	11	3,254	0	0	1	14,036
TWIGGS	28	365,272	767	714,735	10	125,291	144	316,186
UPSON	25	570,472	89	126,549	11	649,193	20	40,937
WALTON	1	24,919	2	16,943	1	112,032	4	3,229
WARE	0	0	5	1,906	0	0	0	0
WARREN	0	0	1	167	0	0	0	0
WASHINGTON	3	67,995	48	120,985	1	22,705	3	8,885
WHEELER	2	9,430	10	20,135	1	11,259	1	27
WILCOX	5	108,314	34	72,829	2	38,074	5	39,754
WILKES	6	160,705	61	15,122	4	72,320	15	8,507
WILKINSON	30	529,069	550	396,268	15	430,196	174	243,536
WORTH	0	0	21	8,964	1	29	0	0
<b>Total</b>	<b>1,800</b>	<b>43,491,000</b>	<b>34,786</b>	<b>24,206,849</b>	<b>864</b>	<b>22,663,860</b>	<b>5,441</b>	<b>9,820,879</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 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	SFY2009	SFY2010
		7/1/07-6/30/08	7/1/08-6/30/09	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	45,821,989	2,187,560
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	16,261,041	6,520,378
C.	Other Patients in accordance with the department approved policy.	0	6,818,375	2,884,945

### 3. Patients Served

Indicate the number of patients served by SFY.

SFY 2008	SFY2009	SFY2010
7/1/07-6/30/08	7/1/08-6/30/09	7/1/09-6/30/10
0	13,100	3,539

## 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:** 7/19/2014

**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:** 7/19/2014

**Title:** Vice President/CFO

**Comments:**