Georgia Department of Community Health

2009 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP719

Facility Name: MCG Health, Inc

County: Richmond

Street Address: 1120 Fifteenth Street

City: Augusta

Zip: 30912-0006

Mailing Address: 1120 Fifteenth Street

Mailing City: Augusta

Mailing Zip: 30912-0006

2. Report Period

Please report data for the hospital fiscal year ending during calender 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: Matt Driskell

Contact Title: Director of Managed Care and Reimbursement

Phone: 706-721-6822

Fax: 706-434-5056

E-mail: mdriskell@mcg.edu

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	595,771,718
Total Inpatient Admissions accounting for Inpatient Revenue	19,834
Outpatient Gross Patient Revenue	435,354,964
Total Outpatient Visits accounting for Outpatient Revenue	413,661
Medicare Contractual Adjustments	189,696,559
Medicaid Contractual Adjustments	168,237,931
Other Contractual Adjustments:	219,835,645
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	57,638,581
Uncompensated Indigent Care (net):	20,261,720
Uncompensated Charity Care (net):	7,746,373
Other Free Care:	0
Other Revenue/Gains:	50,094,132
Total Expenses:	413,290,388

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?

07/01/2001

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. V.P. of Finance/ 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.)?

225%

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	15,746,909	6,153,443	21,900,352
Outpatient	4,514,811	1,592,930	6,107,741
Total	**20,261,720**	**7,746,373**	**28,008,093**

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	0
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	**0**

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	15,746,909	6,153,443	21,900,352
Outpatient	4,514,811	1,592,930	6,107,741
Total	**20,261,720**	**7,746,373**	**28,008,093**

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
Baldwin	1	2,394	5	26,111	2	15,982	0	0
Barrow	1	3,631	0	0	0	0	0	0
Bulloch	9	195,236	19	64,650	1	62,235	4	10,524
Burke	27	486,850	47	154,834	13	112,551	10	23,210
Butts	1	13,570	1	1,068	0	0	0	0
Candler	1	18,950	0	0	0	0	3	3,952
Charlton	1	19,177	0	0	0	0	0	0
Chatham	0	0	5	19,051	0	0	0	0
Clarke	7	50,006	4	18,203	0	0	4	7,224
Coffee	0	0	3	15,187	0	0	0	0
Columbia	45	1,580,738	198	535,122	7	287,564	37	77,153
Dawson	0	0	0	0	0	0	0	0
Decatur	0	0	0	0	0	0	0	0
DeKalb	1	9,898	3	3,337	0	0	0	0
Dougherty	1	9,555	0	0	0	0	0	0
Douglas	0	0	1	9,504	0	0	0	0
Elbert	5	513,194	5	14,318	0	0	0	0
Emanuel	15	382,754	24	81,272	6	211,368	8	28,525
Evans	0	0	2	3,447	0	0	0	0
Fannin	1	29,568	0	0	0	0	0	0
Florida	1	24,045	0	0	1	24,236	3	13,840
Forsyth	2	196,984	4	10,695	0	0	0	0
Franklin	1	16,215	2	31,595	0	0	0	0
Fulton	0	0	1	12,712	0	0	0	0
Glascock	7	212,309	12	23,516	0	0	0	0
Glynn	0	0	1	2,152	0	0	0	0
Greene	8	199,174	10	32,685	0	0	3	9,760
Gwinnett	0	0	0	0	0	0	31	16,745
Hall	1	7,187	0	0	0	0	0	0
Hancock	0	0	0	0	0	0	4	9,899
Haralson	0	0	1	3,378	0	0	0	0
Hart	0	0	1	2,936	0	0	0	0

Jackson	0	0	1	420	0	0	1	72
Jeff Davis	0	0	2	8,412	0	0	0	0
Jefferson	48	1,056,697	59	115,249	5	170,143	13	12,026
Jenkins	13	854,520	52	181,906	1	3,161	1	7,309
Johnson	3	124,176	10	21,801	0	0	0	0
Jones	0	0	0	0	0	0	0	0
Laurens	7	243,368	32	115,391	4	98,572	3	9,044
Lee	0	0	1	1,844	0	0	0	0
Lincoln	15	275,878	57	41,771	3	50,647	13	23,688
Lowndes	4	143,968	0	0	0	0	0	0
Lumpkin	1	17,992	0	0	0	0	0	0
Madison	1	25,664	1	5,532	0	0	0	0
McDuffie	31	698,694	68	145,896	4	149,283	3	35,923
McIntosh	1	28,618	1	7,834	0	0	0	0
Morgan	0	0	0	0	0	0	0	0
Newton	1	11,610	2	5,499	0	0	0	0
North Carolina	1	11,782	0	0	0	0	1	3,018
Oconee	0	0	2	21,138	0	0	0	0
Oglethorpe	0	0	1	3,958	1	23,004	0	0
Other Out of State	1	36,040	2	5,997	0	0	1	1,793
Pike	1	29,262	0	0	0	0	0	0
Pulaski	1	11,057	2	1,165	0	0	0	0
Putnam	2	12,864	21	97,716	1	14,086	0	0
Rabun	1	24,191	0	0	0	0	0	0
Richmond	248	6,106,253	1,005	2,047,363	40	1,438,117	151	399,049
Screven	2	129,982	19	41,442	0	0	1	5,213
South Carolina	9	327,520	31	120,958	118	3,107,489	298	881,975
Spalding	0	0	6	10,126	0	0	0	0
Stephens	2	62,450	1	4,702	0	0	0	0
Sumter	1	325,693	0	0	0	0	0	0
Taliaferro	0	0	0	0	2	53,346	1	1,865
Tattnall	0	0	1	25,560	0	0	0	0
Telfair	0	0	5	68,576	0	0	0	0
Tennessee	1	19,617	0	0	0	0	0	0
Tift	0	0	2	4,503	0	0	0	0
Toombs	2	22,699	6	9,382	1	58,974	0	0
Treutlen	1	14,136	0	0	0	0	1	4,798
Upson	0	0	1	3,410	0	0	0	0
Walton	1	10,491	7	21,213	0	0	0	0
Ware	2	30,513	1	319	0	0	0	0
Warren	18	509,161	42	166,601	0	0	0	0
Washington	13	320,317	21	33,254	3	231,600	5	4,761
Wayne	0	0	4	21,842	0	0	1	1,409
Wilkes	11	256,857	26	88,055	1	41,085	1	155

Wilkinson	2	33,404	0	0	0	0	0	0
Worth	0	0	1	203	0	0	0	0
Total	**581**	**15,746,909**	**1,842**	**4,514,811**	**214**	**6,153,443**	**602**	**1,592,930**

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	20,300,253	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	7,707,842	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	3,239	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 incaccurate 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: SANDY MCVICKER

Date: 8/2/2010

Title: INTERIM PRESIDENT AND CEO OF MCGHEALTH, INC

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: DENNIS ROEMER

Date: 8/2/2010

Title: SR. VICE PRESIDENT OF FINANCE/CFO

Comments: