



2010 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP375

Facility Name: Anchor Hospital

County: Clayton

Street Address: 5454 Yorktowne Drive

City: College Park

Zip: 30349-5317

Mailing Address: 5454 Yorktowne Drive

Mailing City: College Park

Mailing Zip: 30349-5317

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2010 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 1/1/2010 To:12/31/2010

Please indicate your cost report year.

From: 01/01/2010 To:12/31/2010

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: April Hughes

Contact Title: Regional Finance Director

Phone: 770-454-5590

Fax: 770-454-2362

E-mail: april.hughes@uhsinc.com

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	42,839,560
Total Inpatient Admissions accounting for Inpatient Revenue	3,699
Outpatient Gross Patient Revenue	6,030,118
Total Outpatient Visits accounting for Outpatient Revenue	13,227
Medicare Contractual Adjustments	14,409,489
Medicaid Contractual Adjustments	1,156,699
Other Contractual Adjustments:	7,166,107
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	449,313
Uncompensated Indigent Care (net):	0
Uncompensated Charity Care (net):	2,037,024
Other Free Care:	799,477
Other Revenue/Gains:	85,004
Total Expenses:	15,624,052

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 2010? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2010?

01/03/2000

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.?

Business Office Manager

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.)?

n/a

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 2010? (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	0	1,576,293	1,576,293
Outpatient	0	460,731	460,731
Total	0	2,037,024	2,037,024

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	0	1,576,293	1,576,293
Outpatient	0	460,731	460,731
Total	0	2,037,024	2,037,024

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
Alabama	0	0	0	0	5	3,232	8	3,620
Baldwin	0	0	0	0	6	11,598	1	870
Banks	0	0	0	0	1	75	0	0
Barrow	0	0	0	0	8	23,251	4	1,230
Ben Hill	0	0	0	0	1	500	0	0
Bibb	0	0	0	0	38	68,838	30	13,439
Bleckley	0	0	0	0	0	0	2	1,638
Bulloch	0	0	0	0	0	0	2	330
Burke	0	0	0	0	2	3,200	0	0
Butts	0	0	0	0	4	3,500	1	44
Carroll	0	0	0	0	13	14,563	7	5,968
Catoosa	0	0	0	0	6	5,500	4	2,925
Chattooga	0	0	0	0	0	0	1	180
Cherokee	0	0	0	0	2	422	60	1,620
Clarke	0	0	0	0	18	28,517	14	9,186
Clayton	0	0	0	0	52	58,464	72	35,808
Clinch	0	0	0	0	0	0	2	1,124
Cobb	0	0	0	0	22	31,403	21	12,525
Coweta	0	0	0	0	45	60,644	54	19,469
Crisp	0	0	0	0	4	4,400	0	0
Dade	0	0	0	0	1	60	0	0
DeKalb	0	0	0	0	161	227,822	94	53,819
Dodge	0	0	0	0	2	1,683	2	456
Dooly	0	0	0	0	1	1,900	2	1,920
Dougherty	0	0	0	0	2	2,200	3	2,665
Douglas	0	0	0	0	1	27,912	13	7,972
Elbert	0	0	0	0	1	2,200	0	0
Fannin	0	0	0	0	1	810	1	480
Fayette	0	0	0	0	24	19,227	26	7,631
Florida	0	0	0	0	9	12,858	9	2,965
Floyd	0	0	0	0	11	38,837	6	3,480
Forsyth	0	0	0	0	5	1,903	8	348

Franklin	0	0	0	0	1	106	0	0
Fulton	0	0	0	0	133	300,037	190	94,166
Gilmer	0	0	0	0	1	303	2	6,728
Gordon	0	0	0	0	2	2,873	0	0
Greene	0	0	0	0	4	4,827	0	0
Gwinnett	0	0	0	0	12	29,893	21	11,223
Habersham	0	0	0	0	4	712	0	0
Hall	0	0	0	0	1	3,195	9	3,152
Haralson	0	0	0	0	3	9,199	7	2,276
Harris	0	0	0	0	1	2,071	2	480
Hart	0	0	0	0	1	1,367	0	0
Heard	0	0	0	0	3	44	2	1,140
Henry	0	0	0	0	69	72,759	44	17,572
Houston	0	0	0	0	16	37,018	14	6,559
Jackson	0	0	0	0	2	6,510	1	270
Jeff Davis	0	0	0	0	1	744	0	0
Jefferson	0	0	0	0	3	2,730	3	1,577
Jones	0	0	0	0	1	300	1	960
Lamar	0	0	0	0	5	2,571	1	360
Laurens	0	0	0	0	2	2,915	1	1,680
Lee	0	0	0	0	0	0	2	495
Lumpkin	0	0	0	0	2	3,663	5	2,281
Macon	0	0	0	0	2	2,100	0	0
Madison	0	0	0	0	1	910	1	450
McDuffie	0	0	0	0	1	1,100	2	1,362
Meriwether	0	0	0	0	0	0	2	1,290
Monroe	0	0	0	0	2	5,369	1	2,340
Montgomery	0	0	0	0	0	0	1	510
Murray	0	0	0	0	11	7,974	2	1,020
Muscogee	0	0	0	0	23	35,262	23	11,808
Newton	0	0	0	0	3	3,603	9	4,135
North Carolina	0	0	0	0	4	5,911	5	1,410
Other Out of State	0	0	0	0	24	49,063	22	15,823
Paulding	0	0	0	0	7	6,329	3	960
Peach	0	0	0	0	7	5,239	2	1,440
Pickens	0	0	0	0	0	0	1	420
Pike	0	0	0	0	4	3,120	3	422
Polk	0	0	0	0	7	22,838	12	6,920
Putnam	0	0	0	0	1	7,710	0	0
Richmond	0	0	0	0	6	3,350	4	750
Rockdale	0	0	0	0	2	17,731	13	5,726
South Carolina	0	0	0	0	4	2,562	11	11,560
Spalding	0	0	0	0	20	32,977	28	17,465
Stephens	0	0	0	0	1	1,259	4	1,616

Stewart	0	0	0	0	0	0	1	180
Sumter	0	0	0	0	1	1,000	0	0
Talbot	0	0	0	0	1	1,100	3	1,548
Taylor	0	0	0	0	1	1,285	1	780
Tennessee	0	0	0	0	5	6,246	6	1,308
Tift	0	0	0	0	0	0	1	330
Troup	0	0	0	0	36	68,046	26	12,820
Twiggs	0	0	0	0	1	1,100	0	0
Upson	0	0	0	0	12	36,695	12	5,113
Walker	0	0	0	0	12	27,292	1	90
Walton	0	0	0	0	6	4,485	6	3,840
Washington	0	0	0	0	0	0	0	0
White	0	0	0	0	1	2,200	1	810
Whitfield	0	0	0	0	27	68,037	11	2,568
Wilcox	0	0	0	0	2	2,264	1	90
Wilkes	0	0	0	0	1	1,680	0	0
Wilkinson	0	0	0	0	1	1,100	4	1,196
Total	0	0	0	0	950	1,576,293	975	460,731

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 2010?
(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 2010.

Patient Category		SFY 2010	SFY2010	SFY2012
		7/1/09-6/30/10	7/1/10-6/30/11	7/1/11-6/30/12
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	0	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	0	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 2010	SFY2010	SFY2012
7/1/09-6/30/10	7/1/10-6/30/11	7/1/11-6/30/12
0	0	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: Jennifer Morgan

Date: 8/19/2011

Title: 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: April Hughes

Date: 8/19/2011

Title: Regional Finance Director

Comments:

Currently, there is not a CFO at this facility but I am the Regional for the majority of the UHS GA facilities.