GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2010 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP502

Facility Name: East Georgia Regional Medical Center

County: Bulloch

Street Address: 1499 Fair Road

City: Statesboro

Zip: 30458-0803

Mailing Address: PO Box 1048

Mailing City: Statesboro

Mailing Zip: 30459-1048

2. Report Period

Please report data for the hospital fiscal year ending during calender 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: 10/01/2009 To:09/30/2010

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: Eric Smith

Contact Title: CFO

Phone: 912-486-1701

Fax: 912-871-2353

E-mail: eric.smith@HMA.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	238,308,476
Total Inpatient Admissions accounting for Inpatient Revenue	8,474
Outpatient Gross Patient Revenue	282,412,536
Total Outpatient Visits accounting for Outpatient Revenue	94,083
Medicare Contractual Adjustments	136,625,858
Medicaid Contractual Adjustments	37,658,528
Other Contractual Adjustments:	146,662,868
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	21,204,498
Uncompensated Indigent Care (net):	4,591,313
Uncompensated Charity Care (net):	26,762,605
Other Free Care:	0
Other Revenue/Gains:	692,096
Total Expenses:	72,255,021

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?

05/06/2009

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.?

Chief Financial Officer

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.)?

NA

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	3,042,394	11,064,076	14,106,470
Outpatient	1,548,919	15,698,529	17,247,448
Total	**4,591,313**	**26,762,605**	**31,353,918**

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	3,042,394	11,064,076	14,106,470
Outpatient	1,548,919	15,698,529	17,247,448
Total	**4,591,313**	**26,762,605**	**31,353,918**

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	0	0	18	15,122
Appling	0	0	0	0	1	16,301	15	40,559
Bacon	0	0	0	0	0	0	1	1,120
Barrow	0	0	0	0	0	0	2	0
Bartow	0	0	0	0	0	0	3	2,110
Ben Hill	0	0	0	0	0	0	2	3,818
Berrien	0	0	2	313	0	0	0	0
Bibb	0	0	0	0	0	0	13	6,577
Brantley	0	0	0	0	0	0	2	9,410
Bryan	5	255,404	26	204,580	41	510,137	641	799,349
Bulloch	73	1,985,510	198	1,091,958	679	6,413,407	9,866	10,043,471
Burke	0	0	0	0	0	0	26	23,452
Calhoun	0	0	0	0	0	0	1	792
Camden	0	0	0	0	0	0	9	16,319
Candler	3	146,553	3	5,017	51	682,392	588	706,518
Carroll	0	0	0	0	0	0	2	2,011
Charlton	0	0	0	0	0	0	1	254
Chatham	0	0	0	0	6	102,565	147	161,720
Chattooga	0	0	0	0	0	0	2	1,260
Cherokee	0	0	0	0	0	0	4	844
Clarke	0	0	0	0	0	0	1	675
Clay	0	0	0	0	0	0	2	1,181
Clayton	0	0	0	0	1	27,752	9	20,136
Clinch	0	0	0	0	0	0	1	140
Cobb	0	0	0	0	0	0	34	25,720
Coffee	0	0	0	0	2	0	2	1,202
Colquitt	0	0	0	0	0	0	1	1,098
Columbia	0	0	0	0	0	0	14	17,425
Cook	0	0	0	0	0	0	1	2,446
Coweta	0	0	0	0	0	0	4	4,140
Crawford	0	0	0	0	0	0	2	4,479
Dawson	0	0	0	0	0	0	3	2,384

Decatur	0	0	0	0	0	0	1	254
DeKalb	0	0	0	0	1	8,644	38	23,135
Dodge	0	0	0	0	0	0	1	608
Dougherty	0	0	0	0	0	0	5	5,052
Douglas	0	0	2	24,436	0	0	3	1,380
Early	0	0	0	0	0	0	2	1,519
Effingham	0	0	7	1,821	11	140,487	148	180,752
Elbert	0	0	2	1,512	0	0	0	0
Emanuel	6	182,591	13	78,816	47	546,106	391	498,878
Evans	3	71,900	2	3,077	54	526,433	403	497,886
Fayette	0	0	0	0	0	0	12	12,464
Florida	0	0	0	0	1	12,319	35	24,287
Forsyth	0	0	0	0	0	0	5	13,555
Franklin	0	0	0	0	0	0	1	561
Fulton	0	0	0	0	1	5,488	44	24,641
Glynn	0	0	0	0	2	11,542	17	20,202
Gwinnett	0	0	0	0	5	0	27	41,653
Hall	0	0	0	0	0	0	3	2,656
Hancock	0	0	0	0	0	0	2	1,410
Henry	0	0	0	0	0	0	12	9,686
Houston	0	0	0	0	0	0	13	4,226
Irwin	0	0	0	0	0	0	1	201
Jackson	0	0	0	0	0	0	4	6,307
Jasper	0	0	0	0	0	0	3	2,063
Jeff Davis	0	0	0	0	0	0	6	3,443
Jefferson	0	0	0	0	0	0	17	9,481
Jenkins	2	31,715	0	0	13	108,314	206	218,735
Johnson	0	0	2	25,891	1	21,871	15	24,841
Laurens	0	0	0	0	2	15,788	13	7,388
Lee	0	0	0	0	0	0	1	3,133
Liberty	0	0	0	0	0	0	25	50,733
Lincoln	0	0	0	0	0	0	6	6,405
Long	0	0	0	0	0	0	4	0
Lowndes	0	0	0	0	0	0	3	5,172
Madison	2	15,473	3	6,258	2	0	1	231
McDuffie	0	0	0	0	0	0	1	254
McIntosh	0	0	0	0	0	0	11	4,566
Mitchell	0	0	0	0	0	0	1	1,812
Montgomery	0	0	0	0	4	84,266	32	19,182
Morgan	0	0	0	0	0	0	1	733
Muscogee	0	0	0	0	0	0	6	2,811
Newton	0	0	0	0	0	0	2	3,381
North Carolina	0	0	0	0	2	46,963	19	51,025
Oglethorpe	0	0	0	0	0	0	1	523

Other Out of State	0	0	0	0	5	18,029	90	87,853
Paulding	0	0	0	0	0	0	1	262
Peach	0	0	0	0	0	0	4	1,392
Pickens	0	0	0	0	0	0	0	2
Pierce	0	0	0	0	0	0	4	2,860
Pulaski	0	0	0	0	0	0	1	298
Putnam	0	0	0	0	0	0	0	2
Randolph	0	0	0	0	0	0	1	696
Richmond	0	0	0	0	0	0	29	19,277
Rockdale	0	0	0	0	0	0	3	5,384
Schley	0	0	0	0	0	0	1	1,240
Screven	9	239,495	16	85,790	99	1,117,274	1,160	1,326,669
South Carolina	0	0	0	0	6	41,400	43	58,340
Spalding	0	0	0	0	1	16,307	4	7,701
Sumter	0	0	0	0	0	0	4	2,375
Tattnall	3	53,084	41	16,876	45	367,741	315	282,693
Tennessee	0	0	0	0	0	0	9	8,975
Thomas	0	0	0	0	0	0	6	5,356
Tift	0	0	0	0	0	0	2	2,886
Toombs	2	60,670	3	2,574	12	174,280	89	95,365
Treutlen	0	0	0	0	0	0	1	395
Troup	0	0	0	0	0	0	1	254
Union	0	0	0	0	0	0	2	423
Walker	0	0	0	0	1	48,269	3	1,064
Walton	0	0	0	0	0	0	1	20,771
Ware	0	0	0	0	0	0	4	2,783
Warren	0	0	0	0	0	0	3	2,175
Washington	0	0	0	0	0	0	2	6,623
Wayne	0	0	0	0	0	0	18	34,695
White	0	0	0	0	0	0	1	472
Whitfield	0	0	0	0	0	0	4	16,291
Total	**108**	**3,042,395**	**320**	**1,548,919**	**1,096**	**11,064,075**	**14,765**	**15,698,529**

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 7/1/09-6/30/10	SFY2010 7/1/10-6/30/11	SFY2012 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.	-225,493	769,304	5,062,266
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.	10,787,559	11,336,339	27,564,980

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2010 7/1/09-6/30/10	SFY2010 7/1/10-6/30/11	SFY2012 7/1/11-6/30/12
3,379	9,645	13,943

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: Robert Bigley

Date: 6/3/2015

Title: Chief Executive Officer

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: Eric Smith

Date: 6/3/2015

Title: Chief Financial Officer

Comments: