



## 2010 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 2010 only.

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

**Please indicate your hospital fiscal year.**

From: 7/1/2009 To:6/30/2010

**Please indicate your cost report year.**

From: 07/01/2009 To:06/30/2010

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:** Walter Evans

**Contact Title:** Contoller

**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	291,310,224
Total Inpatient Admissions accounting for Inpatient Revenue	11,804
Outpatient Gross Patient Revenue	283,516,210
Total Outpatient Visits accounting for Outpatient Revenue	127,227
Medicare Contractual Adjustments	154,423,183
Medicaid Contractual Adjustments	60,274,607
Other Contractual Adjustments:	189,375,090
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	28,493,474
Uncompensated Indigent Care (net):	4,590,651
Uncompensated Charity Care (net):	11,059,485
Other Free Care:	1,275,289
Other Revenue/Gains:	8,789,637
Total Expenses:	140,990,383

### 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 2010? (Check box if yes.)

### 2. Effective Date

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

01/01/2010

### 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 Patient Financials Service

#### **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.)?

300%

## 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	2,763,584	4,494,435	7,258,019
Outpatient	3,383,440	6,565,050	9,948,490
<b>Total</b>	<b>6,147,024</b>	<b>11,059,485</b>	<b>17,206,509</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	1,556,373
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
<b>Total</b>	<b>1,556,373</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	2,063,868	4,494,435	6,558,303
Outpatient	2,526,783	6,565,050	9,091,833
<b>Total</b>	<b>4,590,651</b>	<b>11,059,485</b>	<b>15,650,136</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
Alabama	0	0	0	0	1	502	1	502
Bacon	0	0	0	0	0	0	4	3,550
Barrow	0	0	0	0	1	16,745	2	2,547
Bartow	0	0	0	0	0	0	1	80
Ben Hill	0	0	0	0	0	0	3	79
Bibb	0	0	0	0	0	0	12	4,326
Brantley	0	0	0	0	0	0	1	2,315
Bulloch	0	0	0	0	0	0	3	417
Butts	7	63,006	52	51,740	59	99,691	318	143,810
Camden	0	0	0	0	1	611	0	0
Carroll	0	0	0	0	0	0	8	5,337
Chatham	0	0	0	0	1	2,947	1	66
Cherokee	0	0	0	0	0	0	1	337
Clarke	0	0	0	0	0	0	2	273
Clay	0	0	0	0	0	0	1	55
Clayton	60	440,267	357	412,250	270	979,830	2,730	1,655,100
Cobb	0	0	0	0	1	6,241	37	13,826
Coffee	0	0	0	0	0	0	2	746
Colquitt	0	0	3	2,768	0	0	1	551
Cook	0	0	0	0	0	0	1	100
Coweta	0	0	1	7	5	6,056	17	10,363
Crawford	0	0	0	0	0	0	1	35
Crisp	0	0	3	809	0	0	0	0
Dade	0	0	0	0	0	0	1	50
Dawson	0	0	0	0	0	0	7	6,715
Decatur	0	0	0	0	0	0	8	10,624
DeKalb	4	400	14	39,781	27	92,276	196	120,895
Dodge	0	0	0	0	1	7,727	0	0
Dooly	0	0	0	0	0	0	1	2,461
Dougherty	0	0	0	0	1	1,068	0	0
Douglas	0	0	0	0	0	0	19	5,815
Echols	0	0	0	0	0	0	1	603

Fayette	1	956	6	11,453	5	162,780	12	166,896
Florida	0	0	0	0	0	0	1	136
Floyd	0	0	0	0	0	0	1	100
Fulton	2	22,438	13	18,415	26	50,769	219	90,244
Gilmer	0	0	1	1,312	1	428	2	888
Glynn	0	0	0	0	0	0	2	165
Gwinnett	0	0	4	5,314	1	7,128	29	17,437
Habersham	0	0	0	0	0	0	1	401
Hall	0	0	0	0	0	0	3	1,578
Hancock	0	0	0	0	2	727	0	0
Haralson	0	0	0	0	0	0	2	1,627
Harris	0	0	0	0	0	0	2	580
Hart	0	0	0	0	0	0	3	1,883
Heard	0	0	0	0	0	0	7	4,842
Henry	263	2,108,569	2,617	2,723,727	615	2,645,389	6,267	3,722,979
Houston	0	0	0	0	0	0	7	1,320
Irwin	0	0	0	0	0	0	1	825
Jackson	1	922	1	2	6	44,672	28	23,798
Jasper	1	9,588	3	590	2	880	20	8,113
Jefferson	0	0	0	0	0	0	1	99
Lamar	1	5,741	3	1,745	11	51,070	60	24,082
Lanier	0	0	0	0	0	0	1	62
Laurens	0	0	1	3	0	0	4	300
Liberty	0	0	0	0	0	0	1	114
Lowndes	0	0	0	0	1	1,434	2	5,553
Lumpkin	0	0	0	0	0	0	3	357
Macon	0	0	2	133	0	0	0	0
Madison	0	0	0	0	0	0	1	445
Marion	0	0	0	0	0	0	1	25
Meriwether	0	0	0	0	1	952	5	470
Monroe	0	0	2	201	1	690	45	18,126
Morgan	0	0	0	0	1	439	1	1,186
Muscogee	0	0	0	0	0	0	2	1,324
Newton	0	0	6	6,846	9	46,349	69	44,617
Other Out of State	4	20,768	47	28,814	11	76,181	74	47,652
Paulding	0	0	0	0	0	0	3	1,244
Pickens	0	0	0	0	0	0	1	329
Pike	1	2,104	1	1,905	1	537	15	11,993
Polk	0	0	0	0	0	0	1	845
Putnam	0	0	0	0	0	0	6	2,058
Quitman	0	0	1	44	0	0	0	0
Rockdale	0	0	0	0	4	3,016	23	18,570
Seminole	0	0	0	0	0	0	1	12
Spalding	9	88,825	55	75,554	58	154,673	578	329,358

Stephens	0	0	0	0	2	2,748	0	0
Stewart	0	0	0	0	0	0	1	284
Sumter	0	0	0	0	0	0	3	300
Taylor	0	0	0	0	0	0	2	1,450
Tift	0	0	0	0	1	838	4	1,366
Toombs	0	0	1	23	0	0	0	0
Troup	0	0	0	0	1	12,922	5	2,187
Union	0	0	0	0	0	0	2	1,973
Upson	0	0	1	4	2	4,190	14	5,210
Walton	0	0	0	0	2	11,915	3	5,440
Ware	0	0	0	0	1	14	0	0
Washington	0	0	0	0	0	0	1	317
Worth	0	0	0	0	0	0	1	2,312
<b>Total</b>	<b>354</b>	<b>2,763,584</b>	<b>3,195</b>	<b>3,383,440</b>	<b>1,133</b>	<b>4,494,435</b>	<b>10,921</b>	<b>6,565,050</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 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	6,147,024	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	11,059,485	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	15,603	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:** 7/8/2011

**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:** GARY CHAWK

**Date:** 7/8/2011

**Title:** VICE PRESIDENT AND CFO

**Comments:**