



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2010 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP603

Facility Name: Athens Regional Medical Center

County: Clarke

Street Address: 1199 Prince Avenue

City: Athens

Zip: 30606-2793

Mailing Address: 1199 Prince Avenue

Mailing City: Athens

Mailing Zip: 30606-2793

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: 10/1/2009 To:9/30/2010

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: Todd Cox

Contact Title: Director, Corporate Reimbursement

Phone: 706-475-5926

Fax: 706-475-5925

E-mail: tcox@armc.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	564,044,751
Total Inpatient Admissions accounting for Inpatient Revenue	20,556
Outpatient Gross Patient Revenue	561,500,028
Total Outpatient Visits accounting for Outpatient Revenue	306,422
Medicare Contractual Adjustments	380,586,751
Medicaid Contractual Adjustments	113,792,889
Other Contractual Adjustments:	176,030,793
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	66,877,285
Uncompensated Indigent Care (net):	38,190,071
Uncompensated Charity Care (net):	11,685,082
Other Free Care:	0
Other Revenue/Gains:	3,485,327
Total Expenses:	339,419,235

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?

01/23/2003

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.?

Dominique Bennett

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 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	20,847,327	7,762,382	28,609,709
Outpatient	17,342,744	3,922,700	21,265,444
Total	38,190,071	11,685,082	49,875,153

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	20,847,327	7,762,382	28,609,709
Outpatient	17,342,744	3,922,700	21,265,444
Total	38,190,071	11,685,082	49,875,153

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	13	4	1,815	2	1,779	1	51
BANKS	28	378,252	228	233,553	11	37,742	34	16,908
BARROW	117	2,653,353	1,412	1,293,156	76	477,375	261	275,165
BARTOW	0	0	1	2,418	0	0	0	0
BIBB	0	0	4	11,339	0	0	0	0
CHATHAM	0	0	1	443	0	0	0	0
CHEROKEE	1	21,244	10	7,513	0	0	1	164
CLARKE	488	5,852,969	6,763	5,975,842	381	2,352,595	1,582	1,462,791
CLAYTON	1	8	3	6,084	0	0	1	1,092
COBB	2	25,458	7	8,207	0	0	0	0
COFFEE	0	0	1	46	0	0	0	0
COLQUITT	0	0	1	1,695	0	0	0	0
COLUMBIA	0	0	5	3,484	0	0	1	201
COOK	0	0	1	6	0	0	0	0
COWETA	2	74,342	9	10,955	0	0	1	560
CRISP	0	0	1	5,205	0	0	0	0
DAWSON	0	0	2	1,346	1	1,100	0	0
DECATUR	0	0	1	11,948	0	0	0	0
DeKalb	0	0	7	3,707	0	0	1	953
DOUGHERTY	1	24,871	0	0	0	0	0	0
DOUGLAS	1	13,624	2	9,879	0	0	0	0
ELBERT	78	742,395	512	607,313	61	425,080	114	70,336
FANNIN	0	0	3	3,520	0	0	1	3,220
FAYETTE	1	20,165	2	1,671	0	0	0	0
FLORIDA	0	0	2	1,530	0	0	1	46
FORSYTH	1	40,439	7	10,454	0	0	0	0
FRANKLIN	55	668,954	477	632,352	50	814,295	129	148,822
FULTON	3	20,843	5	9,440	1	878	4	8,787
GILMER	0	0	3	9,715	0	0	0	0
GLYNN	0	0	1	873	0	0	0	0
GREENE	44	601,823	303	455,596	35	134,397	62	46,916
GWINNETT	11	66,644	150	167,071	6	13,883	21	78,733

HABERSHAM	6	11,169	30	28,341	3	9,506	7	2,191
HALL	7	14,965	69	51,569	3	21,018	13	37,423
HANCOCK	1	72,622	11	20,001	2	2,944	0	0
HART	34	295,359	278	373,889	23	122,577	66	40,485
HOUSTON	0	0	2	10,576	0	0	0	0
JACKSON	173	2,838,060	1,866	1,951,826	129	1,281,146	399	551,733
JASPER	0	0	8	180,149	0	0	6	4,990
LAMAR	0	0	1	93	0	0	0	0
LAURENS	0	0	9	104	0	0	0	0
LUMPKIN	0	0	1	2,413	0	0	2	2,532
MACON	0	0	0	0	1	1,100	0	0
MADISON	197	2,354,043	1,972	2,095,392	131	717,293	502	532,861
MCDUFFIE	0	0	1	1,569	0	0	0	0
MCINTOSH	0	0	2	1,818	0	0	0	0
MORGAN	59	557,805	286	318,905	46	276,020	86	81,440
MURRAY	0	0	1	6	0	0	0	0
MUSCOGEE	0	0	1	3	0	0	0	0
NEWTON	3	373,284	53	86,036	3	30,497	6	2,887
NORTH CAROLINA	0	0	1	2,367	1	29,221	2	678
OCONEE	72	1,328,888	855	918,610	63	484,542	200	156,642
OGLETHORPE	52	406,196	661	474,537	44	176,672	183	142,390
OTHER OUT OF STAT	2	24,149	10	48,392	4	64,348	12	21,900
PEACH	0	0	1	782	0	0	0	0
PICKENS	0	0	1	6	0	0	0	0
PIKE	2	7,258	1	6	0	0	0	0
PULASKI	0	0	1	6	0	0	0	0
PUTNAM	12	206,745	50	215,293	7	13,410	5	19,032
RABUN	2	16	8	210	0	0	4	29,002
RICHMOND	0	0	4	9,460	0	0	0	0
ROCKDALE	0	0	17	23,490	0	0	1	100
SCREVEN	0	0	1	1	0	0	0	0
SPALDING	1	2	2	740	0	0	0	0
STEPHENS	17	62,344	105	155,375	4	12,351	25	28,289
TALIAFERRO	3	79,663	41	57,701	3	29,475	8	10,787
TENNESSEE	0	0	1	60	0	0	0	0
TIFT	0	0	2	12,779	0	0	0	0
TOOMBS	0	0	1	7,147	0	0	0	0
TROUP	0	0	1	2,937	0	0	0	0
UNION	0	0	2	2,965	0	0	0	0
WALTON	53	912,893	645	611,517	33	118,334	104	132,769
WARE	0	0	0	0	1	25,065	0	0
WARREN	0	0	3	21,166	0	0	0	0
WASHINGTON	0	0	1	8,417	0	0	0	0
WHITE	2	71,686	8	15,257	0	0	4	3,389

WILKES	9	24,783	63	142,657	4	87,739	19	6,435
Total	1,542	20,847,327	17,005	17,342,744	1,129	7,762,382	3,869	3,922,700

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.	0	9,645,352	2,039,730
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	24,300,935	13,889,136
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 7/1/09-6/30/10	SFY2010 7/1/10-6/30/11	SFY2012 7/1/11-6/30/12
0	21,146	13,810

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: John A Drew

Date: 7/8/2011

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: W. Larry Webb

Date: 7/8/2011

Title: Senior Vice President / Chief Financial Officer

Comments: