



2010 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP703

Facility Name: Memorial Health University Medical Center

County: Chatham

Street Address: 4700 Waters Avenue

City: Savannah

Zip: 31404

Mailing Address: P O Box 23089

Mailing City: Savannah

Mailing Zip: 31404

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: Chris Rowell

Contact Title: Senior Financial Analyst

Phone: 912-350-8606

Fax: 912-350-8126

E-mail: rowelch1@memorialhealth.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	969,040,094
Total Inpatient Admissions accounting for Inpatient Revenue	26,301
Outpatient Gross Patient Revenue	627,446,929
Total Outpatient Visits accounting for Outpatient Revenue	280,923
Medicare Contractual Adjustments	408,703,445
Medicaid Contractual Adjustments	219,567,288
Other Contractual Adjustments:	373,619,591
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	48,331,029
Uncompensated Indigent Care (net):	96,156,069
Uncompensated Charity Care (net):	9,972,785
Other Free Care:	9,938,013
Other Revenue/Gains:	26,048,276
Total Expenses:	450,311,525

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?

01/01/2007

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, Corporate Patient Financial Services

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.)?

250

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	64,990,692	8,008,495	72,999,187
Outpatient	31,165,377	3,071,372	34,236,749
Total	96,156,069	11,079,867	107,235,936

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)	766,417
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	340,665
Total	1,107,082

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	64,990,692	7,484,869	72,475,561
Outpatient	31,165,377	2,487,916	33,653,293
Total	96,156,069	9,972,785	106,128,854

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	3	98,631	12	71,051	3	64,656	9	9,111
Appling	17	462,274	18	65,068	1	54,977	1	11,175
Atkinson	11	398,339	6	24,039	4	0	3	3
Bacon	6	308,297	6	82,545	1	119,774	0	0
Baldwin	1	87,108	0	0	0	0	0	0
Bibb	2	126,083	0	0	0	0	0	0
Brantley	6	180,719	6	10,316	1	-24,460	0	0
Bryan	67	1,861,120	537	1,512,859	3	38,384	38	100,484
Bulloch	45	2,158,572	151	531,750	5	-9,064	9	14,692
Burke	1	-2,691	13	39,539	0	0	0	0
Camden	2	24,564	23	92,906	0	0	0	0
Candler	8	213,192	35	219,225	3	80,064	1	4,209
Charlton	1	46,061	3	2,922	0	0	0	0
Chatham	1,343	33,651,641	9,230	21,204,282	108	1,460,706	570	752,541
Cherokee	0	0	4	5,857	0	0	0	0
Clarke	0	0	2	6,633	0	0	0	0
Clayton	2	154,936	1	34,959	0	0	0	0
Cobb	3	59,751	11	12,832	0	0	0	0
Coffee	15	676,931	13	25,648	2	29,882	0	0
Columbia	3	1,470	0	0	0	0	0	0
Cook	3	226,075	1	8,517	0	0	0	0
DeKalb	3	80,711	10	32,860	0	0	0	0
Dodge	3	510,814	0	0	0	0	0	0
Dougherty	1	1,431	2	4,033	0	0	0	0
Effingham	168	5,079,896	841	2,894,120	22	354,505	49	133,283
Emanuel	8	260,304	21	74,086	1	2,015	0	0
Evans	21	844,535	36	162,471	2	176,156	2	159
Florida	25	1,598,276	32	69,489	5	-86,053	35	46,956
Forsyth	1	5,027	0	0	0	0	0	0
Fulton	3	39,621	6	3,845	0	0	0	0
Glynn	24	1,281,871	42	158,829	4	153,250	0	0
Gordon	2	5,886	1	2,466	0	0	0	0

Gwinnett	2	24,990	4	26,224	0	0	1	1,032
Habersham	0	0	1	2,556	0	0	0	0
Hall	0	0	1	21,101	0	0	0	0
Haralson	0	0	1	740	0	0	0	0
Henry	0	0	9	55,910	0	0	0	0
Houston	1	7,101	0	0	0	0	0	0
Irwin	0	0	2	1,178	0	0	0	0
Jackson	0	0	2	1,416	0	0	0	0
Jeff Davis	17	712,645	14	60,821	2	112,416	0	0
Jefferson	0	0	1	12,501	0	0	0	0
Jenkins	0	0	4	3,844	0	0	0	0
Laurens	2	44,487	3	32,894	0	0	1	3,978
Liberty	92	2,753,001	262	768,636	9	4,321	6	8,835
Long	10	354,607	30	101,303	0	0	0	0
Macon	1	21,572	0	0	0	0	0	0
McIntosh	8	268,598	35	68,199	1	8,144	1	9,295
Monroe	0	0	3	2,846	0	0	0	0
Montgomery	5	209,313	10	80,730	3	141,927	0	0
Morgan	2	634	1	1,391	0	0	0	0
North Carolina	6	241,995	0	0	3	104,363	20	35,149
Other Out of State	28	500,355	41	125,971	27	531,431	79	62,283
Peach	1	19,589	0	0	0	0	1	14,143
Pierce	12	380,475	13	66,609	1	73,156	0	0
Richmond	1	26,791	6	7,658	0	0	0	0
Screven	8	221,496	30	165,058	4	21,478	1	446
South Carolina	93	4,062,395	211	1,170,051	170	4,252,297	735	1,849,156
Spalding	1	29,608	1	1,131	0	0	0	0
Tattnall	32	1,474,581	52	258,056	2	109,315	1	-64
Telfair	4	121,196	1	1,109	0	0	0	0
Tennessee	0	0	2	2,102	0	0	2	408
Thomas	0	0	1	4,254	0	0	0	0
Tift	1	80,849	0	0	0	0	0	0
Toombs	29	765,580	40	248,741	4	88,822	2	14,098
Treutlen	2	61,665	11	53,750	0	0	0	0
Walton	1	54,024	1	545	0	0	0	0
Ware	6	128,031	13	80,666	0	0	0	0
Wayne	49	1,982,898	61	384,239	5	146,033	0	0
Wheeler	1	771	0	0	0	0	0	0
Total	2,213	64,990,692	11,930	31,165,377	396	8,008,495	1,567	3,071,372

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	12,256,588	11,849,098
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	1,510,536	1,652,163
C.	Other Patients in accordance with the department approved policy.	0	1,322,562	1,831,887

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	8,856	7,250

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: Maggie Gill

Date: 7/8/2011

Title: President and 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: Bob Tynan

Date: 7/8/2011

Title: Vice President of Finance

Comments: