



## 2010 Hospital Financial Survey

### Part A : General Information

#### 1. Identification

UID:HOSP712

**Facility Name:** Medical Center of Central Georgia

**County:** Bibb

**Street Address:** 777 Hemlock Street

**City:** Macon

**Zip:** 31201-2102

**Mailing Address:** 777 Hemlock Street

**Mailing City:** Macon

**Mailing Zip:** 31201-2102

#### 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:** Darrell McDaniel

**Contact Title:** Assistant Director

**Phone:** 478-633-1134

**Fax:** 478-633-1861

**E-mail:** McDaniel.darrell@mccg.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	1,125,338,183
Total Inpatient Admissions accounting for Inpatient Revenue	32,746
Outpatient Gross Patient Revenue	544,677,181
Total Outpatient Visits accounting for Outpatient Revenue	359,528
Medicare Contractual Adjustments	489,106,971
Medicaid Contractual Adjustments	262,049,911
Other Contractual Adjustments:	213,059,619
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	24,141,079
Uncompensated Indigent Care (net):	74,053,880
Uncompensated Charity Care (net):	27,100,824
Other Free Care:	6,776,408
Other Revenue/Gains:	21,216,221
Total Expenses:	564,920,057

### 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?

11/28/2007

### 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.?

Vice President/CFO

#### **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	48,822,105	20,708,491	69,530,596
Outpatient	25,700,819	6,861,378	32,562,197
<b>Total</b>	<b>74,522,924</b>	<b>27,569,869</b>	<b>102,092,793</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	937,500
Other Counties	0
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	589
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>938,089</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	48,587,583	20,473,969	69,061,552
Outpatient	25,466,297	6,626,855	32,093,152
<b>Total</b>	<b>74,053,880</b>	<b>27,100,824</b>	<b>101,154,704</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
APPLING	0	0	3	6,108	0	0	0	0
ATKINSON	0	0	9	1,901	0	0	0	0
BACON	0	0	6	3,070	0	0	0	0
BAKER	0	0	1	19	0	0	0	0
BALDWIN	59	2,030,655	1,245	697,981	24	860,917	52	121,752
BARROW	1	106,517	4	670	0	0	0	0
BARTOW	0	0	1	19	0	0	0	0
BEN HILL	13	536,000	65	93,521	3	330,886	7	33,522
BERRIEN	1	25,958	18	10,929	0	0	1	71
BIBB	1,163	23,731,460	27,748	18,414,196	296	6,443,524	3,209	4,133,545
BLECKLEY	13	288,648	116	108,937	1	11,024	2	7,517
BRANTLEY	0	0	5	2,691	0	0	0	0
BROOKS	0	0	6	1,225	0	0	0	0
BRYAN	0	0	1	64	0	0	0	0
BULLOCH	2	940	1	122	0	0	0	0
BURKE	0	0	2	6,818	0	0	0	0
BUTTS	3	104,780	55	65,737	8	281,782	6	16,302
CALHOUN	1	15,440	3	779	0	0	0	0
CANDLER	0	0	2	546	0	0	0	0
CARROLL	1	94,841	0	0	0	0	0	0
CHATHAM	3	47,921	5	1,479	1	16,366	0	0
CHATTAHOOCHEE	0	0	3	57	4	184,840	4	1,452
CHEROKEE	0	0	0	0	1	27,403	0	0
CLARKE	0	0	3	179	1	93,282	0	0
CLAY	0	0	9	853	0	0	0	0
CLAYTON	1	722	14	5,185	1	13,971	1	76
CLINCH	0	0	11	4,516	0	0	0	0
COBB	1	103,359	10	5,575	0	0	0	0
COFFEE	0	0	46	26,472	0	0	0	0
COLQUITT	0	0	22	4,583	0	0	0	0
COLUMBIA	0	0	3	6,002	0	0	0	0
COOK	4	500,047	14	28,149	0	0	0	0

COWETA	0	0	2	38	1	33,198	1	9,459
CRAWFORD	37	551,181	495	505,411	16	350,683	102	131,923
CRISP	16	959,279	80	99,853	3	299,913	6	60,648
DECATUR	0	0	4	996	0	0	0	0
DEKALB	3	96,691	10	22,937	1	10,320	7	32,049
DODGE	19	1,069,888	166	266,622	4	675,977	10	57,628
DOOLY	5	78,669	69	45,399	4	418,407	3	24,565
DOUGHERTY	3	45,477	51	47,829	0	0	2	15,295
DOUGLAS	0	0	1	15	0	0	0	0
EARLY	0	0	8	5,158	0	0	0	0
ECHOLS	0	0	2	38	0	0	0	0
EFFINGHAM	0	0	1	18	0	0	0	0
ELBERT	0	0	4	4,350	0	0	0	0
EMANUEL	1	242,706	24	6,606	1	55,249	0	0
EVANS	0	0	1	166	0	0	0	0
FAYETTE	0	0	7	1,106	0	0	1	67
FORSYTH	1	6,760	1	72	0	0	0	0
FULTON	6	296,011	34	37,817	4	483,773	1	67
GILMER	0	0	2	170	0	0	0	0
GLYNN	0	0	4	10,570	0	0	0	0
GREENE	3	12,381	11	4,745	0	0	1	67
Gwinnett	1	12	5	621	1	11,886	0	0
HABERSHAM	0	0	1	60	0	0	0	0
HALL	0	0	2	1,289	0	0	0	0
HANCOCK	7	124,192	64	101,409	5	257,953	6	57,530
HARRIS	0	0	2	826	0	0	0	0
HENRY	3	112,044	27	41,388	3	59,724	1	4,906
HOUSTON	88	2,468,980	895	737,002	39	2,466,248	109	340,941
IRWIN	3	186,054	42	9,629	0	0	1	300
JASPER	4	36,767	26	7,067	3	76,673	4	20,958
JEFF DAVIS	0	0	4	8,463	0	0	0	0
JEFFERSON	0	0	4	191	0	0	0	0
JENKINS	0	0	2	5,322	0	0	0	0
JOHNSON	6	52,822	33	12,122	3	38,823	2	621
JONES	69	1,766,254	1,179	796,337	30	807,957	327	484,477
LAMAR	14	590,286	46	80,328	5	411,440	5	45,273
LANIER	0	0	5	1,579	0	0	0	0
LAURENS	29	692,414	193	177,366	12	267,481	23	59,225
LEE	3	171	17	3,054	0	0	0	0
LIBERTY	0	0	7	9,312	0	0	0	0
LOWNDES	4	57,362	81	36,368	1	18,511	4	30,343
MACON	26	628,976	105	253,363	5	173,749	7	36,995
MADISON	0	0	3	1,761	0	0	0	0
MARION	0	0	5	4,382	0	0	0	0

MCDUFFIE	0	0	2	105	0	0	0	0
MERIWETHER	4	151,630	9	1,576	0	0	0	0
MITCHELL	0	0	8	3,000	1	13,329	0	0
MONROE	32	975,260	526	390,289	19	438,665	100	228,895
MONTGOMERY	0	0	2	1,174	0	0	0	0
MORGAN	1	3,727	12	25,614	0	0	2	238
MUSCOGEE	0	0	34	6,603	0	0	0	0
NEWTON	1	7,800	13	9,826	2	27,937	4	1,563
OCONEE	0	0	1	294	0	0	0	0
Other Out of State	44	1,316,788	206	200,536	14	800,793	14	25,953
PEACH	63	1,960,640	497	296,803	22	508,103	86	198,805
PICKENS	2	125,890	0	0	0	0	0	0
PIERCE	0	0	1	19	0	0	0	0
PIKE	4	242,022	10	4,072	4	3,387	5	37,412
PULASKI	15	653,973	80	82,592	4	42,110	8	20,278
PUTNAM	27	655,327	118	75,606	15	379,637	14	40,441
RABUN	0	0	1	34	0	0	0	0
RANDOLPH	0	0	3	2,337	0	0	0	0
RICHMOND	0	0	3	2,849	0	0	0	0
ROCKDALE	0	0	5	429	0	0	1	166
SCHLEY	3	163,450	7	2,850	0	0	0	0
SEMINOLE	0	0	1	44	0	0	0	0
SPALDING	4	59,645	28	28,941	4	123,267	0	0
STEWART	0	0	1	764	0	0	0	0
SUMTER	5	184,411	77	137,378	2	23,997	2	5,782
TALBOT	1	32,708	8	999	1	32,965	0	0
TATTNALL	1	31,388	4	2,173	0	0	1	3,494
TAYLOR	24	505,957	84	161,575	6	244,788	9	100,114
TELFAIR	4	199,634	40	23,728	3	41,822	8	62,163
TERRELL	1	39,722	13	8,442	0	0	0	0
THOMAS	0	0	6	1,217	1	23,430	0	0
TIFT	7	123,495	79	72,835	3	80,632	1	1,297
TOOMBS	2	86,104	19	21,017	3	244,411	0	0
Treutlen	3	75,933	31	38,933	0	0	0	0
TROUP	0	0	3	56	0	0	0	0
TURNER	1	11,831	6	980	0	0	0	0
TWIGGS	29	935,901	603	372,613	16	345,151	128	134,785
UPSON	36	1,206,327	125	217,633	25	1,184,717	36	129,431
WALKER	0	0	1	646	0	0	0	0
WALTON	0	0	4	410	0	0	0	0
WARE	0	0	3	80	0	0	0	0
WARREN	0	0	1	17	0	0	0	0
WASHINGTON	9	343,374	39	44,230	0	0	8	2,370
WAYNE	0	0	2	46	0	0	0	0

WEBSTER	0	0	2	38	0	0	0	0
WHEELER	3	103,915	15	5,656	3	204,570	1	800
WHITFIELD	0	0	2	1,036	0	0	0	0
WILCOX	6	76,311	41	57,034	3	90,499	2	16,917
WILKES	1	43,257	51	24,939	0	0	12	4,131
WILKINSON	36	799,219	582	521,169	11	672,321	106	118,769
WORTH	2	43,801	19	2,044	0	0	0	0
<b>Total</b>	<b>1,988</b>	<b>48,822,105</b>	<b>36,584</b>	<b>25,700,819</b>	<b>643</b>	<b>20,708,491</b>	<b>4,453</b>	<b>6,861,378</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	46,869,016	27,653,908
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	12,183,138	6,095,400
C.	Other Patients in accordance with the department approved policy.	0	5,560,606	3,730,725

### 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	6,882	3,906

## 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:** A. Donald Faulk, Jr.

**Date:** 7/21/2011

**Title:** President/C.E.O

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:** Rhonda S. Perry

**Date:** 7/21/2011

**Title:** Vice President/C.F.O.

**Comments:**

This is revised survey to account for a late change made to charity and indigent charges (and deductions) and to correct for that change, bad debt deductions reduced to make net revenue tie to financials.