



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2011 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP366

Facility Name: Gwinnett Medical Center

County: Gwinnett

Street Address: 1000 Medical Center Boulevard

City: Lawrenceville

Zip: 30045

Mailing Address: PO Box 1190

Mailing City: Lawrenceville

Mailing Zip: 30046

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2011 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 7/1/2010 To:6/30/2011

Please indicate your cost report year.

From: 07/01/2010 To:06/30/2011

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: Hans Schermerhorn

Contact Title: Senior Governmental Reimbursement Advisor

Phone: 678-312-5622

Fax: 770-339-3459

E-mail: hschermerhorn@gwinnettmedicalcenter.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	474,991,537
Total Inpatient Admissions accounting for Inpatient Revenue	19,272
Outpatient Gross Patient Revenue	612,846,573
Total Outpatient Visits accounting for Outpatient Revenue	279,280
Medicare Contractual Adjustments	182,117,198
Medicaid Contractual Adjustments	95,736,255
Other Contractual Adjustments:	327,020,131
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	78,747,159
Uncompensated Indigent Care (net):	39,678,494
Uncompensated Charity Care (net):	21,032,853
Other Free Care:	1,450,364
Other Revenue/Gains:	35,227,887
Total Expenses:	329,841,289

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 2011? (Check box if yes.) ☒

2. Effective Date

What was the effective date of the policy or policies in effect during 2011?

03/01/2007

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.?

Assistant Vice President, Revenue Management

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 2011? (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	19,543,674	10,204,065	29,747,739
Outpatient	20,495,713	10,828,788	31,324,501
Total	40,039,387	21,032,853	61,072,240

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	298,038
Other Counties	0
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	62,855
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	360,893

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	19,363,227	10,204,065	29,567,292
Outpatient	20,315,267	10,828,788	31,144,055
Total	39,678,494	21,032,853	60,711,347

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	1	65,006	2	27,577	1	200	2	1,694
Baldwin	0	0	0	0	1	56,847	0	0
Banks	0	0	2	21,275	0	0	0	0
Barrow	44	972,146	392	1,201,815	79	437,027	508	721,185
Bartow	0	0	1	942	0	0	0	0
Bibb	0	0	1	1,512	0	0	0	0
Carroll	1	23,438	0	0	0	0	0	0
Cherokee	0	0	3	6,808	0	0	1	5,409
Clarke	2	97,726	7	39,029	0	0	5	1,841
Clayton	0	0	4	10,537	2	623	1	1
Cobb	2	22,037	18	75,062	0	0	18	81,533
Coweta	1	32,336	0	0	1	119,748	1	759
Dawson	0	0	9	53,725	0	0	0	0
DeKalb	43	1,168,122	217	622,129	42	417,654	198	276,822
Dougherty	0	0	0	0	1	3,370	3	1,323
Douglas	0	0	3	41,591	2	1,643	1	2,056
Emanuel	0	0	1	50	0	0	1	150
Fayette	0	0	1	3,758	0	0	0	0
Florida	0	0	1	3,822	0	0	2	563
Floyd	0	0	0	0	0	0	1	570
Forsyth	2	12,237	8	155,129	2	16,864	4	193
Franklin	0	0	18	4,474	0	0	0	0
Fulton	7	166,798	48	197,674	6	89,369	42	42,302
Gilmer	0	0	0	0	0	0	14	10,552
Greene	1	18,956	0	0	1	1,036	0	0
Gwinnett	799	15,438,983	5,737	16,936,938	799	8,569,031	5,793	9,214,546
Habersham	2	51,421	1	678	2	28,863	14	26,642
Hall	9	168,017	112	315,788	10	8,824	65	76,804
Hart	0	0	1	3,854	0	0	2	2,878
Henry	2	11,411	5	23,653	3	54,316	3	1,983
Houston	0	0	0	0	0	0	1	150
Jackson	14	157,798	97	266,940	19	67,596	107	171,020

Jefferson	1	3,961	1	4,121	0	0	0	0
Lowndes	1	23,485	5	894	1	1,130	1	652
Lumpkin	2	314,515	8	14,788	0	0	0	0
Macon	1	80,622	0	0	0	0	0	0
Madison	0	0	2	16,602	0	0	0	0
Monroe	0	0	5	237	0	0	0	0
Morgan	0	0	1	19,372	1	21,877	0	0
Muscogee	0	0	1	1,879	0	0	0	0
Newton	1	10,358	11	65,008	4	66,161	10	19,480
North Carolina	1	52,893	1	1,395	0	0	0	0
Oconee	0	0	1	320	1	2,399	2	3,505
Oglethorpe	0	0	1	3,082	0	0	0	0
Other Out of State	11	368,823	47	114,971	4	79,771	34	41,396
Peach	0	0	3	11,725	0	0	0	0
Putnam	0	0	1	113	0	0	0	0
Richmond	1	4,762	0	0	0	0	0	0
Rockdale	1	18,130	9	50,164	2	91,108	12	22,210
South Carolina	0	0	0	0	0	0	1	100
Stephens	0	0	0	0	0	0	1	3,080
Tennessee	0	0	0	0	0	0	2	2,456
Terrell	0	0	1	8,557	0	0	12	19,788
Tift	0	0	0	0	0	0	1	6,665
Towns	0	0	0	0	0	0	1	620
Twiggs	0	0	0	0	0	0	1	3,652
Union	0	0	2	6,024	0	0	0	0
Upson	0	0	0	0	0	0	1	636
Walker	0	0	0	0	1	257	2	211
Walton	8	233,400	67	160,331	3	50,141	36	62,312
White	1	26,293	1	1,370	1	18,210	1	1,049
Total	959	19,543,674	6,857	20,495,713	989	10,204,065	6,905	10,828,788

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 2011?
(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 2011.

Patient Category		SFY 2010 7/1/09-6/30/10	SFY2011 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	40,039,387	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	7,873,913	0
C.	Other Patients in accordance with the department approved policy.	0	13,158,940	0

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2010 7/1/09-6/30/10	SFY2011 7/1/10-6/30/11	SFY2012 7/1/11-6/30/12
0	7,425	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: Philip R. Wolfe

Date: 7/10/2012

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: Thomas Y. McBride III

Date: 7/10/2012

Title: Executive Vice President and CFO

Comments:

Deductions were estimated for professional fees due to lack of transaction code to specifically identify professional fee contractals and adjustments for accounts that had both hospital and professional fee charges. Indigent and Charity Care charges reported in E.1. of the survey represent charges written off to indigent or charity and are net of payments from any payor including state programs. Payments reported in E.2. of the survey are payments for indigent or charity care that were not posted at the account level.