



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2011 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP502

Facility Name: East Georgia Regional Medical Center

County: Bulloch

Street Address: 1499 Fair Road

City: Statesboro

Zip: 30458-0803

Mailing Address: PO Box 1048

Mailing City: Statesboro

Mailing Zip: 30459-1048

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: 1/1/2011 To:12/31/2011

Please indicate your cost report year.

From: 10/01/2010 To:09/30/2011

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: Eric Smith

Contact Title: CFO

Phone: 912-486-1701

Fax: 912-871-2353

E-mail: eric.smith@hma.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	239,538,830
Total Inpatient Admissions accounting for Inpatient Revenue	8,562
Outpatient Gross Patient Revenue	340,855,390
Total Outpatient Visits accounting for Outpatient Revenue	86,735
Medicare Contractual Adjustments	138,455,321
Medicaid Contractual Adjustments	41,537,804
Other Contractual Adjustments:	178,465,285
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	21,786,256
Uncompensated Indigent Care (net):	5,889,025
Uncompensated Charity Care (net):	25,451,324
Other Free Care:	0
Other Revenue/Gains:	441,654
Total Expenses:	76,387,456

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?

05/06/2009

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.?

Chief Financial Officer

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.)?

NA

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	3,757,994	7,629,780	11,387,774
Outpatient	2,131,031	17,821,544	19,952,575
Total	5,889,025	25,451,324	31,340,349

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	3,757,994	7,629,780	11,387,774
Outpatient	2,131,031	17,821,544	19,952,575
Total	5,889,025	25,451,324	31,340,349

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	0	0	18	22,775
APPLING	0	0	0	0	0	0	11	14,108
BACON	0	0	0	0	0	0	1	957
BEN HILL	0	0	0	0	0	0	3	3,260
BERRIEN	0	0	0	0	0	0	2	1,573
BIBB	0	0	0	0	1	3,350	7	12,868
BRANTLEY	0	0	0	0	0	0	2	3,361
BRYAN	3	106,523	3	92,757	21	132,815	331	553,470
BULLOCH	86	2,743,122	208	1,420,433	569	4,836,798	9,409	12,546,849
BURKE	0	0	0	0	0	0	20	43,843
BUTTS	0	0	0	0	0	0	3	592
CALHOUN	0	0	0	0	0	0	1	1,388
CAMDEN	0	0	0	0	0	0	2	5,776
CANDLER	4	134,356	17	118,552	48	433,234	514	796,099
CARROLL	0	0	0	0	0	0	2	14,127
CHATHAM	0	0	0	0	3	509	97	173,067
CHEROKEE	0	0	0	0	0	0	3	3,994
CLARKE	0	0	0	0	0	0	3	1,955
CLAYTON	0	0	0	0	0	0	7	4,066
COBB	0	0	0	0	0	0	29	13,804
COFFEE	0	0	0	0	0	0	2	4,977
COLUMBIA	0	0	0	0	0	0	5	6,596
COWETA	0	0	1	1,920	0	0	5	8,560
CRISP	0	0	0	0	0	0	1	3,552
DADE	0	0	0	0	0	0	1	259
DEKALB	0	0	0	0	1	9,585	33	38,461
DOUGLAS	0	0	0	0	0	0	1	659
EFFINGHAM	0	0	1	989	2	34,353	98	183,542
EMANUEL	8	132,940	11	48,303	45	292,755	283	530,874
EVANS	3	150,787	9	104,805	58	478,698	403	665,127
FANNIN	0	0	0	0	1	16,398	0	0
FAYETTE	0	0	0	0	0	0	14	16,103

FLORIDA	0	0	0	0	0	0	25	35,643
FORSYTH	0	0	0	0	1	10,517	4	4,515
FULTON	0	0	0	0	1	71,247	26	21,314
GLYNN	0	0	0	0	0	0	9	9,761
GREENE	0	0	0	0	0	0	1	928
GWINNETT	0	0	0	0	0	0	22	36,155
HABERSHAM	0	0	0	0	0	0	1	412
HALL	0	0	0	0	0	0	2	3,213
HANCOCK	0	0	0	0	0	0	1	927
HENRY	0	0	0	0	0	0	8	9,047
HOUSTON	0	0	0	0	0	0	8	11,647
IRWIN	0	0	0	0	0	0	1	1,120
JASPER	0	0	0	0	0	0	1	3,174
JEFF DAVIS	0	0	1	656	2	38,606	8	7,903
JEFFERSON	0	0	0	0	1	1,669	9	8,437
JENKINS	0	0	6	35,963	12	99,024	146	189,093
JOHNSON	0	0	0	0	0	0	2	7,383
JONES	0	0	0	0	0	0	1	1,307
LAURENS	0	0	0	0	1	4,532	12	13,319
LIBERTY	0	0	1	6,770	1	45,660	18	14,949
LONG	0	0	0	0	2	3,497	4	7,004
LOWNDES	0	0	0	0	0	0	3	8,553
MCDUFFIE	0	0	0	0	0	0	3	7,564
MCINTOSH	0	0	0	0	0	0	8	1,441
MUSCOGEE	0	0	0	0	0	0	1	2,952
NEWTON	0	0	0	0	0	0	4	6,609
NORTH CAROLINA	0	0	0	0	3	60,253	20	55,189
OGLETHORPE	0	0	0	0	0	0	2	1,331
OTHER OUT OF STAT	0	0	0	0	1	4,701	82	92,516
PEACH	0	0	0	0	0	0	1	3,348
PIERCE	0	0	0	0	0	0	3	7,085
PULASKI	0	0	0	0	0	0	3	4,148
RICHMOND	0	0	0	0	1	10,940	22	33,532
ROCKDALE	0	0	0	0	0	0	2	6,270
SCREVEN	15	411,830	29	203,715	77	739,935	857	1,189,188
SOUTH CAROLINA	0	0	0	0	8	64,235	52	70,246
SUMTER	0	0	0	0	0	0	2	4,987
TATTNALL	2	78,436	5	53,720	30	206,218	161	172,406
TELFAIR	0	0	0	0	1	6,537	1	898
TENNESSEE	0	0	0	0	0	0	11	17,387
TIFT	0	0	0	0	1	5,900	0	0
TOOMBS	0	0	1	601	0	0	45	37,064
TREUTLEN	0	0	4	41,847	1	11,592	5	582
TROUP	0	0	0	0	0	0	4	1,409

UPSON	0	0	0	0	0	0	3	3,408
WARE	0	0	0	0	0	0	3	1,309
WARREN	0	0	0	0	0	0	1	2,260
WASHINGTON	0	0	0	0	0	0	9	5,420
WAYNE	0	0	0	0	0	0	9	6,421
WHEELER	0	0	0	0	1	6,222	3	6,154
WILCOX	0	0	0	0	0	0	1	963
WILKES	0	0	0	0	0	0	3	2,882
WORTH	0	0	0	0	0	0	2	4,129
Total	121	3,757,994	297	2,131,031	894	7,629,780	12,946	17,821,544

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.	769,304	5,062,266	6,706,858
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	0	0
C.	Other Patients in accordance with the department approved policy.	11,336,339	27,564,980	32,286,709

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
9,645	13,943	13,246

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: Bob Bigley

Date: 7/12/2012

Title: 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: Eric Smith

Date: 7/12/2012

Title: CFO

Comments: