



2011 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

Mailing Address: 1199 Prince Avenue

Mailing City: Athens

Mailing Zip: 30606

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: 10/1/2010 To:9/30/2011

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: 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	587,259,365
Total Inpatient Admissions accounting for Inpatient Revenue	20,470
Outpatient Gross Patient Revenue	583,513,327
Total Outpatient Visits accounting for Outpatient Revenue	304,224
Medicare Contractual Adjustments	387,087,494
Medicaid Contractual Adjustments	104,914,466
Other Contractual Adjustments:	231,138,175
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	47,378,627
Uncompensated Indigent Care (net):	25,139,357
Uncompensated Charity Care (net):	23,346,168
Other Free Care:	0
Other Revenue/Gains:	4,605,787
Total Expenses:	349,725,565

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?

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.?

Pam Hartley

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	13,477,385	11,932,801	25,410,186
Outpatient	11,661,972	11,413,367	23,075,339
Total	25,139,357	23,346,168	48,485,525

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	13,477,385	11,932,801	25,410,186
Outpatient	11,661,972	11,413,367	23,075,339
Total	25,139,357	23,346,168	48,485,525

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	2	983	0	0	0	0
Bacon	0	0	1	802	0	0	0	0
Baldwin	1	3	1	15	0	0	3	90
Banks	26	189,137	215	138,816	16	65,130	115	64,815
Barrow	133	1,063,719	1,506	1,211,734	115	1,045,541	632	900,665
Bibb	1	17,920	1	33,444	3	8,272	3	646
Bulloch	0	0	1	4	0	0	0	0
Butts	0	0	3	171	0	0	0	0
Carroll	0	0	1	8	0	0	0	0
Chatham	1	45,310	8	59,012	0	0	3	13,098
Cherokee	0	0	4	17,400	0	0	0	0
Clarke	545	3,326,909	8,524	3,342,033	515	4,642,137	3,536	3,931,710
Clayton	0	0	8	211	0	0	0	0
Cobb	0	0	8	21,539	3	1,501	7	11,980
Colquitt	0	0	1	4,206	0	0	0	0
Columbia	0	0	0	0	0	0	3	1,696
Coweta	0	0	2	2,341	0	0	0	0
Dawson	0	0	7	41	0	0	0	0
DeKalb	0	0	7	13,431	0	0	0	0
Douglas	0	0	1	3	0	0	0	0
Elbert	87	566,512	701	472,712	121	1,805,068	354	350,438
Florida	0	0	3	1,435	0	0	0	0
Forsyth	1	43	0	0	0	0	0	0
Franklin	91	1,619,460	590	687,119	69	178,856	239	213,414
Fulton	1	1,382	13	16,403	0	0	7	255,741
Gilmer	0	0	1	46	0	0	0	0
Greene	63	917,596	446	295,157	62	139,921	154	347,045
Gwinnett	12	412,946	173	172,165	20	56,093	66	180,882
Habersham	5	19	37	40,593	3	25,491	10	51,267
Hall	3	894	58	7,293	7	9,961	3	248
Hancock	2	1,423	8	24,647	3	7,514	0	0
Harris	0	0	1	1,869	0	0	0	0

Hart	60	710,784	359	205,380	66	256,866	210	235,527
Houston	0	0	1	15	0	0	0	0
Irwin	0	0	1	8	0	0	0	0
Jackson	207	1,206,470	2,417	1,360,322	138	533,001	832	766,996
Jasper	1	74,838	23	34,410	0	0	13	7,348
Lamar	0	0	4	369	0	0	0	0
Laurens	0	0	1	4	0	0	0	0
Lincoln	0	0	3	3,599	3	20,529	0	0
Macon	1	3	0	0	0	0	0	0
Madison	223	1,783,026	2,609	1,681,610	180	1,768,198	1,108	1,960,212
McDuffie	0	0	2	326	0	0	0	0
Morgan	51	265,559	381	99,254	79	488,955	233	366,275
Newton	2	1,425	31	6,359	7	114,393	13	117,703
North Carolina	0	0	1	2,160	0	0	3	1,126
Oconee	79	289,044	943	501,066	66	234,814	459	504,455
Oglethorpe	108	348,078	760	313,491	59	193,372	374	324,617
Other Out of State	0	0	1	4	0	0	3	85,585
Pike	0	0	2	5	0	0	0	0
Putnam	9	121,338	91	107,620	23	38,394	33	108,523
Rabun	2	20,527	7	1,745	0	0	0	0
Richmond	0	0	0	0	3	11,357	0	0
Rockdale	0	0	15	18,805	7	5,479	7	1,103
Screven	0	0	1	580	0	0	0	0
South Carolina	2	1,396	3	346	3	8,272	3	2,057
Spalding	0	0	0	0	3	4,474	3	248
Stephens	11	158,546	140	205,359	7	12,250	105	170,704
Taliaferro	4	1,466	57	18,914	13	68,936	16	8,114
Telfair	0	0	1	13	0	0	0	0
Tennessee	1	14,642	0	0	0	0	0	0
Thomas	1	3	0	0	0	0	0	0
Towns	0	0	2	1,054	0	0	0	0
Union	0	0	2	15	0	0	7	8,189
Walton	78	315,978	629	473,028	49	179,689	236	396,007
White	0	0	7	1,653	0	0	3	1,021
Wilkes	7	987	109	58,806	3	8,339	49	23,817
Wilkinson	0	0	1	24	0	0	0	0
Total	1,819	13,477,383	20,936	11,661,977	1,646	11,932,803	8,845	11,413,362

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	SFY2011	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	33,985,008	7,986,523
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	4,335,010	2,178,983
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	SFY2011	SFY2012
7/1/09-6/30/10	7/1/10-6/30/11	7/1/11-6/30/12
0	22,760	10,490

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: James E Thaw

Date: 6/6/2013

Title: President and 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: Wendy Cook

Date: 6/6/2013

Title: VP Finance

Comments: