



2011 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

Mailing Address: 777 Hemlock Street

Mailing City: Macon

Mailing Zip: 31201

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: 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	1,148,398,234
Total Inpatient Admissions accounting for Inpatient Revenue	32,936
Outpatient Gross Patient Revenue	571,813,301
Total Outpatient Visits accounting for Outpatient Revenue	350,886
Medicare Contractual Adjustments	510,444,530
Medicaid Contractual Adjustments	242,975,494
Other Contractual Adjustments:	262,507,095
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	35,502,016
Uncompensated Indigent Care (net):	73,932,113
Uncompensated Charity Care (net):	24,697,911
Other Free Care:	8,190,296
Other Revenue/Gains:	46,773,859
Total Expenses:	578,035,949

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?

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 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	48,389,095	19,470,310	67,859,405
Outpatient	26,078,968	5,379,151	31,458,119
Total	74,468,063	24,849,461	99,317,524

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	687,500
Other Counties	0
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	0
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	687,500

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	47,989,170	19,336,090	67,325,260
Outpatient	25,942,943	5,361,821	31,304,764
Total	73,932,113	24,697,911	98,630,024

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	4	8,971	0	0	0	0
ATKINSON	0	0	5	4,810	0	0	0	0
Bacon	0	0	3	10,155	0	0	0	0
Baldwin	84	1,871,373	1,454	698,429	20	724,215	40	139,097
Barrow	0	0	4	496	0	0	0	0
Bartow	0	0	1	54	0	0	0	0
Ben Hill	11	201,007	46	80,280	4	75,165	4	62,498
Berrien	4	155,459	37	38,900	0	0	0	0
BIBB	1,402	26,521,119	30,241	18,912,338	235	7,006,447	2,317	2,990,794
Bleckley	16	326,495	120	110,338	5	745,240	6	5,448
Brantley	0	0	1	874	0	0	0	0
Brooks	1	2,040	6	6,335	0	0	0	0
Bryan	0	0	1	269	0	0	0	0
Bulloch	0	0	5	6,408	0	0	0	0
Burke	0	0	1	356	0	0	0	0
Butts	3	68,812	53	74,679	1	18,868	5	16,779
CALHOUN	0	0	6	2,029	0	0	0	0
Camden	0	0	2	367	0	0	0	0
Candler	0	0	2	480	0	0	0	0
Carroll	0	0	2	72	0	0	0	0
CHATHAM	0	0	18	7,646	0	0	0	0
CHATTAHOOCHEE	0	0	4	2,905	0	0	0	0
Cherokee	0	0	3	13,003	0	0	0	0
Clarke	0	0	6	18,389	0	0	0	0
Clay	0	0	11	556	0	0	1	40
CLAYTON	1	7,995	19	3,825	0	0	0	0
Clinch	0	0	1	20	0	0	0	0
Cobb	0	0	19	8,996	1	13,776	0	0
Coffee	1	1,340	41	20,335	3	204,995	0	0
Colquitt	1	9,746	26	18,863	0	0	0	0
Cook	0	0	11	22,562	0	0	0	0
Coweta	0	0	1	20	0	0	0	0

Crawford	50	674,776	461	493,326	8	195,742	76	166,008
Crisp	27	952,344	98	90,667	4	216,349	2	16,876
Dade	0	0	1	3	0	0	0	0
Decatur	3	69,778	6	2,321	0	0	0	0
DeKalb	0	0	26	45,355	0	0	0	0
Dodge	43	1,707,176	128	156,888	13	351,740	15	81,157
Dooly	7	240,904	58	45,201	2	141,985	5	10,936
Dougherty	2	74,815	59	20,218	0	0	0	0
Douglas	3	77,542	2	439	0	0	3	20,320
EARLY	0	0	6	1,107	1	4,507	12	13,689
Echols	1	14,058	0	0	0	0	0	0
Effingham	0	0	3	797	0	0	0	0
Emanuel	4	26,734	20	32,025	2	153,138	0	0
Fannin	1	519,511	0	0	0	0	0	0
Fayette	0	0	4	1,332	0	0	1	56
Floyd	0	0	1	699	0	0	0	0
FORSYTH	0	0	25	8,932	0	0	0	0
Fulton	6	65,746	27	9,536	4	172,851	3	16,652
Glascocock	1	23,900	1	553	0	0	0	0
Glynn	2	21,729	6	4,734	0	0	0	0
Grady	0	0	9	805	0	0	2	1,939
Greene	1	9,685	3	359	0	0	0	0
Gwinnett	0	0	4	544	0	0	0	0
Habersham	0	0	1	820	0	0	0	0
Hall	0	0	4	993	0	0	1	80
Hancock	15	155,384	95	85,987	3	55,449	6	24,089
Heard	0	0	1	90	0	0	0	0
Henry	1	20,548	36	27,915	2	39,241	0	0
Houston	90	1,987,876	952	741,999	41	1,917,276	126	504,206
Irwin	2	84,693	22	30,595	0	0	0	0
Jackson	0	0	3	270	0	0	0	0
Jasper	11	127,593	45	36,032	2	34,972	2	19,700
Jeff Davis	1	30,905	2	20,414	0	0	0	0
Jefferson	1	7,664	7	3,114	0	0	0	0
Johnson	5	204,245	37	20,212	0	0	0	0
Jones	36	1,261,794	1,074	506,912	22	412,063	211	190,101
Lamar	19	226,337	67	47,545	5	198,006	3	49,290
Lanier	0	0	3	517	0	0	0	0
Laurens	29	918,609	261	249,744	4	436,432	6	24,163
Lee	0	0	16	23,845	0	0	1	1,185
Liberty	0	0	4	374	0	0	0	0
Long	0	0	2	93	0	0	0	0
Lowndes	2	34,317	78	62,351	1	10,854	2	7,514
Macon	22	353,353	109	147,499	3	321,405	14	29,846

Marion	0	0	3	4,419	0	0	0	0
MCINTOSH	0	0	3	1,378	0	0	0	0
Meriwether	2	14,364	7	48,375	1	46,646	0	0
Miller	0	0	4	661	2	129,015	0	0
Mitchell	1	29,366	6	390	0	0	0	0
Monroe	46	1,103,114	586	550,799	20	579,013	47	115,261
Montgomery	1	6,909	7	1,257	1	26,155	0	0
Morgan	0	0	3	631	2	25,420	0	0
Muscogee	5	151,115	27	8,080	1	384	6	45,580
Newton	1	50,395	18	14,610	1	53,911	1	80
Oconee	2	54,937	3	6,107	0	0	0	0
Oglethorpe	0	0	1	241	0	0	0	0
Other Out of State	45	645,779	308	337,047	10	193,506	13	53,075
Paulding	0	0	3	964	0	0	0	0
Peach	49	1,697,695	479	233,794	12	380,576	37	50,089
Pierce	0	0	4	582	0	0	0	0
Pike	4	128,329	6	23,629	2	8,724	3	2,938
Pulaski	13	515,958	103	167,297	4	221,345	13	63,547
Putnam	30	533,526	140	170,382	13	523,615	13	54,436
RABUN	0	0	6	1,155	0	0	0	0
RANDOLPH	0	0	6	2,037	0	0	0	0
RICHMOND	0	0	2	1,317	0	0	0	0
Rockdale	1	22,393	6	661	0	0	0	0
Schley	1	149,631	7	5,519	1	229	0	0
Seminole	0	0	2	220	0	0	0	0
Spalding	5	278,004	33	27,060	0	0	2	115
Stewart	0	0	1	20	0	0	0	0
Sumter	12	508,159	70	45,758	2	93,799	3	18,296
TALBOT	0	0	9	3,237	0	0	0	0
TATTNALL	0	0	5	1,893	0	0	0	0
Taylor	19	577,831	79	72,131	7	116,570	8	42,455
Telfair	4	62,352	30	34,799	0	0	2	912
TERRELL	0	0	14	10,688	0	0	0	0
Thomas	2	47,819	10	1,196	0	0	0	0
Tift	6	225,448	78	36,160	1	35,018	0	0
Toombs	3	32,977	13	11,603	0	0	0	0
Treutlen	2	2,617	10	13,535	0	0	0	0
Troup	1	29,828	7	340	0	0	0	0
Turner	3	86,900	14	8,189	2	621,644	0	0
Twiggs	34	476,087	575	386,160	11	553,158	94	150,834
Union	0	0	1	20	0	0	0	0
Upson	28	936,171	157	257,052	11	853,958	17	233,804
Walker	0	0	1	200	0	0	0	0
Walton	0	0	2	220	0	0	0	0

Ware	0	0	3	44,779	0	0	0	0
Warren	0	0	1	852	0	0	0	0
Washington	4	56,510	34	25,033	1	38,298	2	8,444
Wayne	0	0	4	507	0	0	0	0
Webster	0	0	1	20	0	0	0	0
Wheeler	6	69,269	15	13,622	1	28,639	0	0
Wilcox	7	322,998	34	82,407	2	34,689	1	14,002
WILKES	1	5,644	30	22,115	0	0	5	1,172
Wilkinson	37	474,390	576	385,709	7	1,455,282	72	131,648
Worth	7	35,178	39	15,189	0	0	0	0
Total	2,291	48,389,095	39,507	26,078,968	501	19,470,310	3,203	5,379,151

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	45,676,129	27,193,138
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	11,888,308	5,879,597
C.	Other Patients in accordance with the department approved policy.	0	5,005,603	3,674,749

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	0	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: A. Donald Faulk, Jr.

Date: 7/13/2012

Title: President / 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: Rhonda S. Perry

Date: 7/13/2012

Title: VP / CFO

Comments: