



## 2011 Hospital Financial Survey

### Part A : General Information

#### 1. Identification

UID:HOSP719

**Facility Name:** Georgia Health Sciences University

**County:** Richmond

**Street Address:** 1120 Fifteenth Street

**City:** Augusta

**Zip:** 30912

**Mailing Address:** 1120 Fifteenth Street

**Mailing City:** Augusta

**Mailing Zip:** 30912

#### 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:** Matt Driskell

**Contact Title:** Director of Managed Care and Reimbursement

**Phone:** 706-721-6822

**Fax:** 706-434-5056

**E-mail:** mdriskell@georgiahealth.edu

## 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	725,869,751
Total Inpatient Admissions accounting for Inpatient Revenue	19,988
Outpatient Gross Patient Revenue	552,437,159
Total Outpatient Visits accounting for Outpatient Revenue	428,994
Medicare Contractual Adjustments	172,233,259
Medicaid Contractual Adjustments	237,410,651
Other Contractual Adjustments:	347,267,543
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	45,697,958
Uncompensated Indigent Care (net):	46,609,059
Uncompensated Charity Care (net):	15,264,099
Other Free Care:	0
Other Revenue/Gains:	92,652,621
Total Expenses:	491,136,409

### 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 2011? (Check box if yes.)

### 2. Effective Date

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

07/01/2010

### 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.?

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.)?

250%

## 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	32,637,967	11,414,013	44,051,980
Outpatient	13,971,092	3,850,086	17,821,178
<b>Total</b>	<b>46,609,059</b>	<b>15,264,099</b>	<b>61,873,158</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	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
<b>Total</b>	<b>0</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	32,637,967	11,414,013	44,051,980
Outpatient	13,971,092	3,850,086	17,821,178
<b>Total</b>	<b>46,609,059</b>	<b>15,264,099</b>	<b>61,873,158</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	9	14,848	0	0	0	0
Atkinson	1	23,017	0	0	0	0	0	0
Bacon	0	0	8	10,602	0	0	1	64
Baldwin	11	297,352	39	63,939	0	0	11	2,944
Banks	1	25,303	0	0	0	0	0	0
Barrow	2	66,125	23	39,236	0	0	0	0
Bartow	0	0	4	25,620	0	0	0	0
Bibb	1	89,404	1	1,164	0	0	0	0
Bleckley	0	0	0	0	1	1,100	4	329
Brantley	1	98,041	5	6,010	0	0	0	0
Brooks	0	0	5	4,385	0	0	0	0
Bryan	0	0	7	18,866	0	0	0	0
Bulloch	17	642,740	70	146,717	6	617,348	24	21,683
Burke	57	1,669,326	322	422,334	12	198,252	83	33,386
Butts	0	0	12	49,275	0	0	0	0
Candler	2	15,782	9	21,520	2	42,206	1	44
Chatham	8	501,077	37	59,293	0	0	0	0
Clarke	0	0	13	56,570	0	0	7	1,890
Clayton	1	6,110	4	1,003	0	0	1	3,550
Coffee	0	0	28	83,032	0	0	2	1,890
Colquitt	1	18,030	12	18,698	0	0	0	0
Columbia	91	2,086,263	914	1,321,396	27	397,340	182	125,616
Crawford	0	0	1	12,521	0	0	0	0
Dawson	0	0	1	287	0	0	66	9,061
DeKalb	1	161,629	1	9,914	1	1,100	3	1,435
Dodge	2	28,102	5	1,006	0	0	25	12,061
Dougherty	0	0	6	22,795	1	52,100	0	0
Elbert	6	267,559	28	40,624	2	124,755	4	1,370
Emanuel	26	1,370,799	109	168,880	6	25,391	17	8,840
Evans	1	19,156	3	746	0	0	0	0
Fayette	1	13	30	165	0	0	0	0
Florida	0	0	24	16,254	0	0	21	4,939

Forsyth	0	0	1	3	0	0	0	0
Franklin	1	6,721	5	3,231	0	0	0	0
Fulton	2	327,218	7	34,885	0	0	13	1,620
Glascocock	13	148,883	137	1,655,124	1	26,940	0	0
Glynn	1	14,716	2	904	0	0	0	0
Grady	2	27,336	0	0	0	0	0	0
Greene	3	143,008	34	23,554	0	0	0	0
Gwinnett	3	45,944	11	21,819	0	0	3	1,302
Habersham	0	0	13	43,155	0	0	0	0
Hall	0	0	3	1,089	0	0	0	0
Hancock	5	132,062	55	98,838	1	8,117	9	7,275
Harris	0	0	0	0	1	1,100	2	476
Hart	0	0	3	3,511	1	880	2	953
Houston	0	0	4	20,258	0	0	1	477
Jackson	4	46,538	51	138,074	0	0	1	3,319
Jasper	0	0	13	8,526	0	0	0	0
Jeff Davis	1	200,863	6	1,545	0	0	5	14,155
Jefferson	35	902,624	394	623,967	13	225,377	52	41,768
Jenkins	15	117,999	122	287,828	6	323,729	13	26
Johnson	9	610,928	80	81,888	0	0	1	1,098
Jones	0	0	4	72	0	0	2	824
Lanier	1	93,232	30	84,713	0	0	0	0
Laurens	6	164,690	99	147,094	2	337,322	7	872
Liberty	0	0	3	3,500	0	0	0	0
Lincoln	13	43,274	167	379,600	6	7,857	28	4,063
Long	0	0	2	5,113	0	0	0	0
Lowndes	0	0	4	1,639	0	0	0	0
Lumpkin	0	0	0	0	0	0	2	4,460
Macon	0	0	0	0	0	0	1	294
Madison	0	0	6	41,336	0	0	0	0
Marion	0	0	248	485,538	0	0	0	0
McDuffie	48	2,368,467	0	0	0	0	0	0
Mitchell	2	69,416	3	3,935	0	0	2	2,499
Montgomery	0	0	5	746	0	0	7	8,202
Morgan	0	0	16	63,296	1	864	0	0
Murray	1	52,139	1	93	0	0	0	0
Newton	0	0	6	16,503	0	0	6	4,275
Oconee	0	0	2	20,834	2	74,892	1	70
Oglethorpe	0	0	3	50,168	0	0	3	18,851
Other Out of State	0	0	51	83,356	0	0	5	2,229
Paulding	1	15,097	12	24,342	0	0	0	0
Peach	1	33,115	0	0	0	0	0	0
Pierce	0	0	1	1,103	0	0	8	1,077
Pike	1	31,778	5	1,489	0	0	0	0

Pulaski	0	0	0	0	0	0	8	16,844
Putnam	4	90,603	36	52,471	0	0	0	0
Richmond	653	12,801,154	4,586	4,960,037	98	1,809,601	885	784,403
Rockdale	0	0	15	76,916	0	0	15	11,523
Screven	15	431,588	128	299,531	5	272,910	9	5,653
South Carolina	78	2,788,360	281	568,915	221	6,421,023	1,587	2,607,905
Sumter	1	9,342	4	22,794	1	1,100	0	0
Taliaferro	7	137,862	45	71,196	0	0	8	17,479
Tattnall	2	16,591	45	129,883	0	0	0	0
Telfair	4	271,634	8	20,521	0	0	0	0
Tennessee	1	176,109	0	0	0	0	0	0
Terrell	0	0	5	3,074	1	2,325	0	0
Thomas	3	227,882	0	0	0	0	0	0
Tift	1	2,021	3	11,810	1	10,709	2	5,918
Toombs	2	34,163	37	24,923	1	8,556	2	981
Treutlen	1	61,289	13	9,245	0	0	4	5,774
Troup	0	0	2	1,362	0	0	0	0
Turner	0	0	1	132	0	0	0	0
Union	1	26,678	5	16,608	0	0	2	374
Walton	0	0	4	2,922	0	0	0	0
Ware	1	6,753	14	10,170	2	11,914	5	3,742
Warren	19	848,338	95	95,698	3	38,279	9	8,522
Washington	29	936,545	132	209,013	10	335,573	42	19,301
Wayne	1	29,121	0	0	0	0	1	1,857
Wheeler	0	0	12	24,897	0	0	0	0
Whitfield	1	47,171	2	2,002	0	0	0	0
Wilkes	22	712,887	133	249,666	2	35,353	35	10,523
Wilkinson	0	0	4	6,937	0	0	0	0
<b>Total</b>	<b>1,245</b>	<b>32,637,967</b>	<b>8,949</b>	<b>13,971,092</b>	<b>437</b>	<b>11,414,013</b>	<b>3,240</b>	<b>3,850,086</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 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	46,818,263	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	15,054,896	0
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	13,797	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:** Greg Damron

**Date:** 7/10/2012

**Title:** Interim Sr. V.P. of Finance/CFO

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:** Greg Damron

**Date:** 7/10/2012

**Title:** Interim Sr. V.P. of Finance/CFO

**Comments:**