



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2012 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: 30045-7694

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 2012 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 7/1/2011 To:6/30/2012

Please indicate your cost report year.

From: 07/01/2011 To:06/30/2012

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@gwinnettmmedicalcenter.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	552,667,870
Total Inpatient Admissions accounting for Inpatient Revenue	20,973
Outpatient Gross Patient Revenue	662,859,904
Total Outpatient Visits accounting for Outpatient Revenue	255,103
Medicare Contractual Adjustments	282,841,448
Medicaid Contractual Adjustments	121,617,217
Other Contractual Adjustments:	293,755,290
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	82,612,755
Uncompensated Indigent Care (net):	44,648,939
Uncompensated Charity Care (net):	19,974,698
Other Free Care:	1,703,638
Other Revenue/Gains:	1,462,492
Total Expenses:	342,726,051

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 2012? (Check box if yes.) ☒

2. Effective Date

What was the effective date of the policy or policies in effect during 2012?

05/01/2011

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.)?

300%

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 2012? (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	21,604,609	9,902,503	31,507,112
Outpatient	23,473,965	10,072,195	33,546,160
Total	45,078,574	19,974,698	65,053,272

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	240,190
Other Counties	0
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	189,445
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	429,635

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	21,389,791	9,902,503	31,292,294
Outpatient	23,259,148	10,072,195	33,331,343
Total	44,648,939	19,974,698	64,623,637

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	1,224	0	0	1	920	0	0
Barrow	66	1,196,051	389	1,485,764	75	942,645	421	561,820
Bartow	0	0	1	221	0	0	1	250
Bibb	1	25,246	1	5,163	0	0	0	0
Carroll	0	0	1	3,251	0	0	0	0
Cherokee	0	0	10	71,831	0	0	4	30,871
Clarke	0	0	17	233,644	0	0	0	0
Clayton	2	40,266	3	12,443	0	0	2	5,835
Cobb	3	108,300	18	54,556	5	104,390	14	19,462
Columbia	1	13,743	0	0	0	0	0	0
Cook	0	0	1	6,272	0	0	0	0
Coweta	1	343	2	1,809	0	0	2	5,314
Dawson	2	10,275	4	23,583	0	0	1	150
DeKalb	51	991,722	269	1,121,653	12	334,871	165	370,912
Douglas	0	0	1	22,947	0	0	0	0
Elbert	0	0	1	7,279	0	0	0	0
Fannin	0	0	1	12,750	1	29,855	0	0
Fayette	0	0	3	3,120	0	0	0	0
Florida	1	747	5	3,374	1	36,577	1	5,751
Floyd	0	0	0	0	0	0	2	349
Forsyth	6	179,458	27	91,998	11	106,148	16	90,072
Franklin	0	0	5	445	1	205	1	2,693
Fulton	19	258,530	80	170,316	4	80,048	49	59,302
Gilmer	0	0	2	2,313	0	0	0	0
Glynn	0	0	1	997	0	0	0	0
Gwinnett	890	17,147,778	6,314	18,952,510	621	7,403,553	4,710	8,366,424
Habersham	0	0	3	14,078	0	0	4	5,492
Hall	15	535,907	116	388,264	17	116,985	80	82,175
Hart	1	11,908	2	24,061	1	70,783	0	0
Henry	3	159,778	3	8,597	2	81,827	4	18,225
Houston	3	16,023	4	854	0	0	0	0
Jackson	12	256,925	67	221,613	13	95,652	83	77,663

Laurens	3	28,974	0	0	0	0	0	0
Lumpkin	0	0	2	11,205	0	0	0	0
Madison	0	0	4	18,646	1	1,100	3	12,845
Meriwether	0	0	0	0	0	0	1	239
Monroe	0	0	0	0	0	0	1	1,430
Morgan	1	81,884	0	0	0	0	0	0
Muscogee	1	13,775	1	1,477	0	0	0	0
Newton	2	146,367	31	64,138	2	27,559	24	65,334
North Carolina	1	1,072	7	4,421	0	0	8	8,887
Oconee	0	0	5	14,159	1	1,070	0	0
Oglethorpe	0	0	0	0	0	0	1	4,083
Other Out of State	17	255,882	58	183,452	11	163,666	42	153,804
Paulding	1	16,516	2	12,298	0	0	0	0
Polk	0	0	1	2,720	0	0	0	0
Putnam	0	0	3	7,821	0	0	0	0
Rockdale	2	64,625	12	21,635	2	29,429	0	0
South Carolina	0	0	1	348	0	0	2	5,795
Spalding	0	0	1	5,164	0	0	0	0
Stephens	1	24,297	0	0	0	0	2	4,197
Taliaferro	0	0	0	0	0	0	1	3,587
Tennessee	0	0	2	978	1	1,893	2	3,262
Troup	1	16,993	2	14,043	1	1,417	1	55
Union	0	0	2	6,335	0	0	2	12,802
Walker	0	0	1	622	0	0	1	168
Walton	0	0	58	131,423	8	269,826	45	42,954
Ware	0	0	0	0	0	0	1	49,993
White	0	0	2	6,988	2	2,084	0	0
Wilkes	0	0	1	20,386	0	0	0	0
Total	1,108	21,604,609	7,547	23,473,965	794	9,902,503	5,697	10,072,195

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 2012?
(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 2012.

Patient Category		SFY 2011 7/1/10-6/30/11	SFY2012 7/1/11-6/30/12	SFY2013 7/1/12-6/30/13
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	45,078,575	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	7,947,545	0
C.	Other Patients in accordance with the department approved policy.	0	12,027,152	0

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2011 7/1/10-6/30/11	SFY2012 7/1/11-6/30/12	SFY2013 7/1/12-6/30/13
0	7,020	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: 12/11/2013

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: 12/11/2013

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. A 10% Self-Pay Discount was offered starting in FY12 due to requirements for retaining tax exempt status. If this discount had not been made, amount would likely be classified as Bad Debt, Indigent or Charity, therefore, amount was categorized as Bad Debt on the HFS.