



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2012 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP375

Facility Name: Southern Crescent Behavioral Hlth System-Anchor Hospital Campus

County: Clayton

Street Address: 5454 Yorktowne Drive

City: College Park

Zip: 30349-5317

Mailing Address: 5454 Yorktowne Drive

Mailing City: College Park

Mailing Zip: 30349-5317

2. Report Period

Please report data for the hospital fiscal year ending during calender year 2012 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 1/1/2012 To:12/31/2012

Please indicate your cost report year.

From: 01/01/2012 To:12/31/2012

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: Pamela F. Whitehead

Contact Title: CFO

Phone: 678-251-3370

Fax: 678-251-3361

E-mail: pam.whitehead@uhsinc.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	49,537,260
Total Inpatient Admissions accounting for Inpatient Revenue	3,992
Outpatient Gross Patient Revenue	7,557,790
Total Outpatient Visits accounting for Outpatient Revenue	16,284
Medicare Contractual Adjustments	15,512,051
Medicaid Contractual Adjustments	905,388
Other Contractual Adjustments:	9,478,699
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	482,806
Uncompensated Indigent Care (net):	0
Uncompensated Charity Care (net):	2,110,874
Other Free Care:	588,873
Other Revenue/Gains:	35,243
Total Expenses:	18,230,451

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?

08/18/2000

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.?

BOM

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.)?

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	0	1,478,199	1,478,199
Outpatient	0	632,675	632,675
Total	0	2,110,874	2,110,874

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	0	1,478,199	1,478,199
Outpatient	0	632,675	632,675
Total	0	2,110,874	2,110,874

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	6	6,604	11	5,895
Baldwin	0	0	0	0	11	10,739	7	1,822
Barrow	0	0	0	0	2	2,645	5	6,833
Bartow	0	0	0	0	7	6,647	14	8,881
Bibb	0	0	0	0	52	77,295	44	26,569
Bleckley	0	0	0	0	1	128	0	0
Butts	0	0	0	0	3	4,308	1	720
Candler	0	0	0	0	1	1,156	0	0
Carroll	0	0	0	0	25	20,942	20	7,256
Catoosa	0	0	0	0	1	7,048	1	150
Chatham	0	0	0	0	1	8,623	6	4,704
Chattooga	0	0	0	0	8	10,482	11	4,554
Cherokee	0	0	0	0	7	12,035	13	5,808
Clarke	0	0	0	0	26	32,416	26	17,483
Clayton	0	0	0	0	41	60,689	65	28,176
Cobb	0	0	0	0	50	96,590	81	37,449
Coffee	0	0	0	0	1	1,132	1	1,170
Colquitt	0	0	0	0	0	0	2	482
Columbia	0	0	0	0	2	5,390	3	2,352
Coweta	0	0	0	0	32	37,487	41	23,802
Crawford	0	0	0	0	3	3,494	2	335
Crisp	0	0	0	0	7	8,106	0	0
Dade	0	0	0	0	0	0	1	900
Dawson	0	0	0	0	0	0	2	840
DeKalb	0	0	0	0	69	95,473	134	68,873
Dodge	0	0	0	0	3	2,885	2	969
Dooly	0	0	0	0	1	1,132	0	0
Douglas	0	0	0	0	16	21,796	19	5,805
Effingham	0	0	0	0	1	3,894	1	450
Elbert	0	0	0	0	0	0	3	1,908
Fannin	0	0	0	0	4	4,368	1	654
Fayette	0	0	0	0	27	43,893	28	11,393

Florida	0	0	0	0	0	0	10	5,370
Floyd	0	0	0	0	28	44,915	21	13,343
Forsyth	0	0	0	0	1	1,132	3	1,306
Franklin	0	0	0	0	1	206	8	2,971
Fulton	0	0	0	0	177	361,927	300	149,116
Gilmer	0	0	0	0	0	0	6	2,190
Gordon	0	0	0	0	7	9,464	2	1,450
Greene	0	0	0	0	1	1,156	1	690
Gwinnett	0	0	0	0	16	18,053	26	10,146
Hall	0	0	0	0	4	4,544	8	3,153
Hancock	0	0	0	0	2	2,312	2	603
Haralson	0	0	0	0	11	10,516	5	2,232
Harris	0	0	0	0	2	2,288	0	0
Hart	0	0	0	0	3	1,540	3	2,279
Heard	0	0	0	0	4	8,584	1	93
Henry	0	0	0	0	62	69,111	68	31,766
Houston	0	0	0	0	9	7,659	14	7,189
Jackson	0	0	0	0	9	9,679	8	2,660
Jasper	0	0	0	0	2	2,257	1	630
Jefferson	0	0	0	0	2	2,288	0	0
Jenkins	0	0	0	0	0	0	1	30
Johnson	0	0	0	0	2	20,246	0	0
Jones	0	0	0	0	4	15,776	8	5,305
Lamar	0	0	0	0	5	6,310	8	3,501
Laurens	0	0	0	0	2	2,312	2	720
Liberty	0	0	0	0	0	0	1	570
Long	0	0	0	0	0	0	1	300
Lumpkin	0	0	0	0	2	2,417	0	0
Macon	0	0	0	0	0	0	1	330
Madison	0	0	0	0	2	1,870	4	1,052
McDuffie	0	0	0	0	2	2,312	0	0
Meriwether	0	0	0	0	7	7,227	2	1,244
Monroe	0	0	0	0	2	11,144	2	726
Morgan	0	0	0	0	2	2,288	1	180
Murray	0	0	0	0	9	10,243	10	4,747
Muscogee	0	0	0	0	16	32,326	34	17,366
Newton	0	0	0	0	4	4,544	4	2,839
North Carolina	0	0	0	0	0	0	5	2,070
Oconee	0	0	0	0	0	0	1	90
Oglethorpe	0	0	0	0	2	2,288	0	0
Other Out of State	0	0	0	0	5	21,635	13	4,197
Paulding	0	0	0	0	6	4,836	15	5,493
Peach	0	0	0	0	1	1,156	2	600
Pickens	0	0	0	0	3	3,468	0	0

Pike	0	0	0	0	5	7,194	0	0
Polk	0	0	0	0	13	13,195	6	2,970
Putnam	0	0	0	0	7	8,114	3	2,390
Richmond	0	0	0	0	4	5,862	9	3,200
Rockdale	0	0	0	0	1	1,822	4	1,404
South Carolina	0	0	0	0	1	1,156	8	2,665
Spalding	0	0	0	0	16	15,648	7	4,483
Stephens	0	0	0	0	1	459	6	13,140
Sumter	0	0	0	0	4	3,617	0	0
Talbot	0	0	0	0	1	1,156	2	1,186
Taylor	0	0	0	0	1	269	0	0
Tennessee	0	0	0	0	2	3,545	4	2,010
Tift	0	0	0	0	0	0	2	222
Troup	0	0	0	0	39	44,839	30	14,011
Twiggs	0	0	0	0	1	1,156	1	180
Union	0	0	0	0	0	0	3	2,010
Upson	0	0	0	0	11	11,111	13	5,071
Walker	0	0	0	0	4	4,624	7	3,176
Walton	0	0	0	0	7	8,012	11	6,654
Ware	0	0	0	0	1	4,498	0	0
Warren	0	0	0	0	1	1,156	2	148
Washington	0	0	0	0	1	1,250	0	0
White	0	0	0	0	1	1,100	2	560
Whitfield	0	0	0	0	24	33,696	6	1,695
Wilcox	0	0	0	0	1	1,156	0	0
Wilkes	0	0	0	0	1	1,575	1	720
Wilkinson	0	0	0	0	4	3,407	0	0
Worth	0	0	0	0	1	1,156	0	0
Total	0	0	0	0	978	1,478,199	1,274	632,675

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	0	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	0	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 2011 7/1/10-6/30/11	SFY2012 7/1/11-6/30/12	SFY2013 7/1/12-6/30/13
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: Margaret Collier

Date: 8/2/2013

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: Pamela F. Whitehead

Date: 8/2/2013

Title: CFO

Comments: