Georgia Department of Community Health

2012 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP412

Facility Name: Gordon Hospital

County: Gordon

Street Address: 1035 Red Bud Road

City: Calhoun

Zip: 30701-6000

Mailing Address: P O Box 12938

Mailing City: Calhoun

Mailing Zip: 30703-7013

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: To:

Please indicate your cost report year.
From: To:

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: C Rodman

Contact Title: Controller

Phone: 706-879-4714

Fax: 706-629-4842

E-mail: crodman@ahss.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	146,317,931
Total Inpatient Admissions accounting for Inpatient Revenue	4,838
Outpatient Gross Patient Revenue	176,067,890
Total Outpatient Visits accounting for Outpatient Revenue	80,193
Medicare Contractual Adjustments	107,234,927
Medicaid Contractual Adjustments	42,243,346
Other Contractual Adjustments:	49,430,446
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	10,231,001
Uncompensated Indigent Care (net):	6,275,055
Uncompensated Charity Care (net):	25,100,224
Other Free Care:	0
Other Revenue/Gains:	3,362,148
Total Expenses:	68,966,351

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?

12/21/2009

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.)?

400%

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	2,433,707	9,734,827	12,168,534
Outpatient	3,841,348	15,365,397	19,206,745
Total	**6,275,055**	**25,100,224**	**31,375,279**

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	2,433,707	9,734,827	12,168,534
Outpatient	3,841,348	15,365,397	19,206,745
Total	**6,275,055**	**25,100,224**	**31,375,279**

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
BANKS	0	0	1	3,091	0	0	3	12,362
BARTOW	13	169,021	165	479,348	53	676,083	842	1,917,393
BERRIEN	0	21,385	0	3,147	1	85,542	2	12,588
CAMDEN	0	6,827	1	2,948	1	27,306	8	11,792
CARROLL	0	0	1	4,870	0	0	4	19,479
CATOOSA	0	716	2	11,378	1	2,862	13	45,514
CHATHAM	0	0	0	1,145	0	0	3	4,580
CHATTOOGA	0	23,626	2	6,043	2	94,502	13	24,174
CHEROKEE	0	4,194	3	10,021	1	16,778	17	40,082
CLAYTON	0	9,227	0	2,567	1	36,909	3	10,269
COBB	1	69,897	4	12,952	2	279,589	22	51,808
DAWSON	0	0	0	5,313	0	0	2	21,254
DEKALB	0	0	1	2,400	0	0	5	9,598
DOUGLAS	0	0	0	323	0	0	1	1,290
EARLY	0	0	0	143	0	0	1	574
FANNIN	0	0	1	1,788	0	0	4	7,153
FLOYD	3	119,521	18	72,184	14	478,085	94	288,736
FORSYTH	0	0	0	342	0	0	2	1,370
FULTON	0	0	0	437	0	0	1	1,747
GILMER	0	6,109	1	8,130	1	24,436	8	32,521
GORDON	124	1,580,643	1,024	2,632,353	498	6,322,569	5,226	10,529,394
GRADY	0	3,000	0	130	1	11,999	1	520
GWINNETT	0	0	1	1,887	0	0	3	7,550
HALL	0	0	0	1,064	0	0	2	4,255
HARALSON	0	0	0	365	0	0	1	1,461
HART	0	0	0	190	0	0	1	762
HEARD	0	0	0	166	0	0	1	665
HENRY	0	0	1	961	0	0	6	3,844
LAMAR	0	0	0	1,279	0	0	2	5,118
LAURENS	0	0	0	1,131	0	0	2	4,525
LUMPKIN	0	0	0	822	0	0	1	3,289
MACON	0	0	1	1,123	0	0	4	4,490

MURRAY	10	187,986	58	154,012	41	751,943	298	616,046
MUSCOGEE	0	0	0	440	0	0	3	1,762
NEWTON	0	0	0	2,014	0	0	3	8,057
OTHER OUT OF STAT	4	86,078	53	157,045	16	344,313	269	628,178
PAULDING	0	6,432	1	4,944	1	25,730	6	19,778
PICKENS	1	16,903	2	10,158	2	67,614	10	40,633
POLK	0	5,578	1	7,481	1	22,311	7	29,926
ROCKDALE	0	0	0	1,329	0	0	1	5,317
SPALDING	0	0	1	2,705	0	0	3	10,821
TIFT	0	0	0	241	0	0	1	966
WALKER	0	2,747	7	13,059	2	10,988	35	52,237
WALTON	0	4,793	0	146	1	19,170	1	585
WHITE	0	0	0	251	0	0	2	1,006
WHITFIELD	8	109,024	86	217,482	30	436,098	437	869,928
Total	**164**	**2,433,707**	**1,436**	**3,841,348**	**670**	**9,734,827**	**7,374**	**15,365,397**

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	1,641,219	1,496,308
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	1,641,219	1,496,310
C.	Other Patients in accordance with the department approved policy.	0	13,129,750	11,970,473

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	5,050	4,594

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 incaccurate 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: Pete Weber

Date: 7/19/2013

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: Cory Reeves

Date: 7/19/2013

Title: CFO

Comments:

On the Indigent Care Trust Fund Addendum, the titles for the dates on section #2 appear to not be updated.