



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2012 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP502

Facility Name: East Georgia Regional Medical Center

County: Bulloch

Street Address: 1499 Fair Road

City: Statesboro

Zip: 30458-0803

Mailing Address: PO Box 1048

Mailing City: Statesboro

Mailing Zip: 30459-1048

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

Please indicate your cost report year.

From: 10/01/2011 To:09/30/2012

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: Joanna Zimmerman

Contact Title: CFO

Phone: 912-486-1701

Fax: 912-871-2353

E-mail: joanna.zimmerman@hma.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	276,750,934
Total Inpatient Admissions accounting for Inpatient Revenue	0
Outpatient Gross Patient Revenue	383,842,207
Total Outpatient Visits accounting for Outpatient Revenue	0
Medicare Contractual Adjustments	161,340,525
Medicaid Contractual Adjustments	40,227,904
Other Contractual Adjustments:	215,201,036
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	27,661,021
Uncompensated Indigent Care (net):	4,559,177
Uncompensated Charity Care (net):	37,993,595
Other Free Care:	0
Other Revenue/Gains:	356,430
Total Expenses:	78,710,057

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?

05/06/2009

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.)?

125%

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	2,597,657	15,374,197	17,971,854
Outpatient	1,961,520	22,619,398	24,580,918
Total	4,559,177	37,993,595	42,552,772

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	2,597,657	15,374,197	17,971,854
Outpatient	1,961,520	22,619,398	24,580,918
Total	4,559,177	37,993,595	42,552,772

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	0	0	4	10,369
Appling	0	0	0	0	2	5,322	9	9,083
Bacon	0	0	0	0	0	0	1	24,502
Baldwin	0	0	0	0	0	0	2	955
Banks	0	0	0	0	0	0	2	0
Barrow	0	0	0	0	0	0	5	1,220
Berrien	0	0	0	0	0	0	5	1,047
Bibb	0	0	0	0	1	20,871	5	9,418
Bleckley	0	0	0	0	0	0	2	0
Brantley	0	0	0	0	4	39,882	2	8,729
Bryan	10	139,040	16	46,139	74	557,234	727	1,036,084
Bulloch	70	1,512,874	190	1,283,768	1,108	9,442,237	11,207	15,047,319
Burke	0	0	0	0	5	70,244	51	78,832
Camden	0	0	0	0	0	0	7	9,100
Candler	3	100,968	1	8,696	91	871,596	669	1,076,101
Carroll	0	0	0	0	0	0	8	25,650
Chatham	0	0	3	1,086	4	41,292	166	236,547
Cherokee	0	0	0	0	3	39,494	7	2,702
Clarke	0	0	0	0	0	0	3	1,171
Clayton	0	0	0	0	1	3,934	8	11,602
Cobb	0	0	3	429	0	0	33	35,952
Coffee	0	0	0	0	0	0	8	1,302
Colquitt	0	0	0	0	0	0	1	4,435
Columbia	0	0	0	0	0	0	17	10,071
Cook	0	0	0	0	0	0	2	54,029
Coweta	0	0	0	0	1	5,720	6	13,181
Decatur	0	0	0	0	0	0	1	761
DeKalb	0	0	0	0	5	9,002	44	39,043
Dougherty	0	0	0	0	0	0	4	4,915
Douglas	0	0	0	0	0	0	3	2,735
Effingham	1	1,132	6	87,359	15	83,307	129	130,155
Emanuel	8	153,934	29	178,328	58	904,244	450	693,936

Evans	11	260,350	26	99,895	81	713,213	626	868,052
Fayette	0	0	0	0	0	0	8	8,781
Florida	0	0	0	0	9	63,251	55	95,825
Forsyth	0	0	0	0	0	0	3	3,062
Fulton	1	85,189	0	0	2	0	44	19,433
Glynn	0	0	0	0	0	0	16	20,879
Gordon	0	0	0	0	0	0	11	19,841
Greene	0	0	0	0	0	0	1	2,204
Gwinnett	0	0	0	0	6	0	46	79,173
Habersham	0	0	0	0	0	0	1	4,395
Hall	0	0	0	0	1	7,784	8	23,551
Harris	0	0	0	0	0	0	1	1,131
Hart	0	0	0	0	0	0	1	1,919
Henry	0	0	0	0	3	21,946	10	15,976
Houston	1	50,096	0	0	2	0	9	28,551
Jeff Davis	0	0	0	0	0	0	10	2,776
Jefferson	0	0	0	0	3	76,608	6	9,835
Jenkins	0	0	1	48,495	29	186,608	204	267,650
Johnson	0	0	1	1,431	1	22,996	7	6,264
Laurens	0	0	0	0	2	22,548	21	25,434
Liberty	0	0	0	0	0	0	26	25,010
Long	0	0	0	0	1	9,479	3	15,882
Lowndes	0	0	0	0	1	15,159	0	0
Macon	0	0	0	0	0	0	3	665
Marion	0	0	0	0	0	0	2	4,823
McDuffie	0	0	0	0	0	0	4	1,798
Montgomery	0	0	1	48,452	3	54,885	11	15,331
Morgan	0	0	0	0	0	0	1	2,772
Muscogee	0	0	0	0	0	0	4	11,518
Newton	0	0	0	0	0	0	5	2,895
North Carolina	0	0	0	0	0	0	4	35,311
Oglethorpe	0	0	0	0	0	0	2	0
Other Out of State	0	0	0	0	19	182,034	99	130,599
Paulding	0	0	0	0	0	0	4	0
Peach	0	0	0	0	0	0	2	0
Pickens	0	0	0	0	0	0	2	0
Pierce	0	0	1	4,523	0	0	6	4,918
Putnam	0	0	0	0	0	0	2	0
Richmond	0	0	0	0	2	0	21	23,305
Rockdale	0	0	0	0	0	0	4	3,835
Screven	18	150,135	16	97,122	179	1,487,449	1,124	1,962,490
South Carolina	0	0	0	0	5	162,899	54	78,364
Spalding	0	0	0	0	0	0	4	9,558
Sumter	0	0	0	0	1	14,413	0	0

Talbot	0	0	0	0	0	0	1	559
Telfair	1	64,197	0	0	2	0	2	2,951
Tennessee	0	0	0	0	1	29,166	9	8,409
Thomas	0	0	0	0	0	0	1	901
Tift	0	0	0	0	0	0	5	2,780
Toombs	1	36,341	2	46,107	15	159,673	83	81,913
Treutlen	2	40,692	0	0	0	0	6	52,921
Upson	0	0	0	0	0	0	3	6,574
Walker	0	0	0	0	0	0	2	0
Ware	0	0	0	0	0	0	7	3,768
Warren	0	0	0	0	0	0	3	3,757
Washington	0	0	0	0	0	0	3	4,079
Wayne	0	0	1	7,569	2	48,163	16	26,958
Wheeler	0	0	0	0	1	4,253	3	1,703
Wilkinson	0	0	0	0	0	0	1	0
Worth	0	0	0	0	0	0	3	9,494
Total	127	2,594,948	297	1,959,399	1,743	15,376,906	16,211	22,621,519

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.	5,062,266	6,706,858	1,347,277
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.	27,564,980	32,286,709	37,289,370

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
13,943	13,246	17,675

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: Bob Bigley

Date: 5/1/2014

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: Joanna Zimmerman

Date: 5/1/2014

Title: CFO

Comments: