



## 2012 Hospital Financial Survey

### Part A : General Information

#### 1. Identification

UID:HOSP712

**Facility Name:** Medical Center of Central Georgia

**County:** Bibb

**Street Address:** 777 Hemlock Street

**City:** Macon

**Zip:** 31201-2155

**Mailing Address:** 777 Hemlock Street

**Mailing City:** Macon

**Mailing Zip:** 31201

#### 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: 10/1/2011 To:9/30/2012

**Please indicate your cost report year.**

From: 10/01/2010 To:09/30/2011

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:** Darrell McDaniel

**Contact Title:** Assistant Director, Central Business Office

**Phone:** 478-633-1130

**Fax:** 478-633-1861

**E-mail:** mcdaniel.darrell@mccg.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	1,188,140,682
Total Inpatient Admissions accounting for Inpatient Revenue	32,993
Outpatient Gross Patient Revenue	676,094,653
Total Outpatient Visits accounting for Outpatient Revenue	367,885
Medicare Contractual Adjustments	599,882,523
Medicaid Contractual Adjustments	251,570,143
Other Contractual Adjustments:	236,621,289
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	39,327,062
Uncompensated Indigent Care (net):	74,918,604
Uncompensated Charity Care (net):	72,377,929
Other Free Care:	7,960,462
Other Revenue/Gains:	17,275,617
Total Expenses:	612,929,647

### 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 2012? (Check box if yes.)

### 2. Effective Date

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

10/01/2011

### 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.?

Darrell McDaniel

#### **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.)?

270%

## 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	48,804,478	40,434,354	89,238,832
Outpatient	26,368,438	32,189,263	58,557,701
<b>Total</b>	<b>75,172,916</b>	<b>72,623,617</b>	<b>147,796,533</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	500,000
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>500,000</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	48,639,371	40,297,563	88,936,934
Outpatient	26,279,233	32,080,366	58,359,599
<b>Total</b>	<b>74,918,604</b>	<b>72,377,929</b>	<b>147,296,533</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	1	103,034	1	21	1	11,770	3	27,285
ATKINSON	0	0	6	481	0	0	1	63
BACON	1	4,303	6	20,945	0	0	0	0
BAKER	0	0	1	307	0	0	0	0
BALDWIN	84	1,477,299	1,500	771,649	87	1,453,622	955	1,076,866
BANKS	0	0	0	0	0	0	1	229
BARROW	0	0	0	0	1	85,732	2	845
BARTOW	0	0	1	243	0	0	0	0
BEN HILL	14	212,611	43	52,786	12	294,487	16	37,848
BERRIEN	6	153,311	36	11,132	2	37,086	7	5,900
BIBB	1,245	25,678,896	29,868	19,261,367	1,034	16,039,337	25,978	21,307,533
BLECKLEY	14	265,515	102	98,464	24	634,301	97	221,900
BRANTLEY	0	0	0	0	0	0	1	421
BROOKS	1	75,397	5	597	2	28,947	1	571
BRYAN	0	0	0	0	0	0	1	166
BULLOCH	2	956	5	46,162	0	0	8	11,827
BURKE	0	0	1	1,005	0	0	2	4,339
BUTTS	7	212,695	70	30,332	10	221,710	49	37,165
CALHOUN	1	2,568	4	83	0	0	0	0
CAMDEN	0	0	9	925	0	0	4	1,134
CANDLER	0	0	4	3,839	0	0	1	1,080
CARROLL	0	0	5	272	0	0	1	440
CHATHAM	0	0	31	87,804	2	38,939	26	27,995
CHATTAHOOCHEE	0	0	4	270	0	0	2	3,227
CHEROKEE	0	0	3	471	0	0	6	2,839
CLARKE	0	0	4	589	0	0	10	3,246
CLAY	0	0	21	3,362	0	0	1	2,860
CLAYTON	1	667	15	1,916	1	7,665	22	21,496
CLINCH	1	10,878	4	559	1	53,478	0	0
COBB	0	0	20	24,556	3	139,606	43	38,593
COFFEE	7	461,276	47	8,400	6	143,063	10	18,662
COLQUITT	2	16,652	40	21,461	1	101,148	8	2,804

COLUMBIA	0	0	1	87	0	0	2	755
COOK	5	125,034	23	41,922	3	28,995	3	5,435
COWETA	0	0	1	1,117	1	10,196	7	9,115
CRAWFORD	50	1,086,645	490	487,976	51	1,247,303	592	644,514
CRISP	20	619,863	102	61,855	6	142,236	17	112,661
DAWSON	0	0	0	0	0	0	1	4,642
DECATUR	0	0	7	3,723	0	0	2	595
DEKALB	6	71,570	26	14,300	2	44,208	49	41,706
DODGE	29	669,615	159	145,177	32	598,844	85	287,516
DOOLY	13	345,311	48	59,829	8	202,468	24	102,279
DOUGHERTY	6	68,156	70	18,098	5	256,137	15	20,866
DOUGLAS	1	2,190	4	624	1	36,525	3	964
EARLY	1	612	13	12,436	1	612	5	4,146
EFFINGHAM	2	2,330	2	311	1	1,363	1	751
ELBERT	0	0	2	41	0	0	0	0
EMANUEL	3	38,752	35	10,472	3	56,827	8	6,436
FANNIN	0	0	2	722	0	0	0	0
FAYETTE	0	0	0	0	0	0	5	5,625
FLOYD	0	0	1	20	0	0	8	6,184
FORSYTH	0	0	3	1,360	1	14,853	5	2,796
FULTON	2	72,254	23	9,268	8	99,735	40	36,875
GLYNN	0	0	5	3,646	1	18,080	8	4,616
GORDON	0	0	1	218	1	29,397	1	1,018
GRADY	0	0	17	1,379	1	33,931	6	7,100
GREENE	0	0	2	951	1	12,485	3	1,944
Gwinnett	2	6,074	10	3,744	4	79,551	32	40,428
HALL	0	0	0	0	0	0	2	437
HANCOCK	17	497,904	78	47,685	13	223,968	64	86,209
HARALSON	0	0	0	0	0	0	4	3,442
HARRIS	1	99	4	270	0	0	0	0
HENRY	0	0	23	2,405	3	114,778	52	48,635
HOUSTON	93	3,507,706	1,132	690,417	144	2,715,623	997	1,200,741
IRWIN	1	31	30	60,172	3	70,982	5	9,380
JACKSON	0	0	3	408	0	0	5	3,109
JASPER	6	78,922	50	48,441	10	219,905	49	112,990
JEFF DAVIS	2	13,429	14	43,965	1	12,089	2	4,689
JEFFERSON	0	0	9	447	0	0	1	163
JENKINS	0	0	1	139	0	0	0	0
JOHNSON	9	262,280	41	67,095	2	40,743	18	30,413
JONES	38	1,437,217	968	507,037	77	1,905,074	1,553	1,397,263
LAMAR	8	168,028	93	201,469	13	267,450	72	109,243
LANIER	2	2,480	15	3,602	0	0	0	0
LAURENS	24	524,968	250	149,518	32	1,090,891	154	397,696
LEE	0	0	17	4,566	5	20,792	4	3,868

LIBERTY	1	12,176	1	157	0	0	1	164
LONG	0	0	2	3,495	0	0	1	3,415
LOWNDES	3	7,940	92	32,020	4	34,956	14	11,199
MACON	22	475,568	119	127,507	23	559,652	71	149,667
MADISON	0	0	0	0	1	12,366	6	3,766
MARION	0	0	4	1,405	0	0	2	536
MCDUFFIE	0	0	1	286	0	0	3	8,364
MCINTOSH	0	0	0	0	0	0	2	127
MERIWETHER	2	11,874	8	18,173	4	96,397	5	4,005
MILLER	0	0	0	0	1	52,424	0	0
MITCHELL	0	0	37	11,714	0	0	2	2,079
MONROE	40	1,258,864	692	395,107	91	2,305,582	766	991,146
MONTGOMERY	2	76,053	3	693	1	68,986	5	6,951
MORGAN	0	0	8	7,577	0	0	12	19,639
MUSCOGEE	0	0	30	2,611	0	0	19	9,544
NEWTON	2	11,318	15	1,673	4	185,006	20	21,576
OCONEE	0	0	2	228	0	0	1	1,063
Other Out of State	31	273,569	244	227,651	41	739,513	495	386,268
PAULDING	0	0	3	418	0	0	2	1,361
PEACH	65	1,751,599	466	445,995	85	1,968,507	551	775,015
PICKENS	0	0	0	0	1	11,422	0	0
PIERCE	0	0	2	20,695	0	0	2	22,695
PIKE	4	56,715	27	30,681	6	105,104	17	46,010
PULASKI	17	662,934	59	55,210	8	256,232	51	85,090
PUTNAM	36	775,983	192	313,281	22	586,751	170	213,213
RANDOLPH	0	0	1	21	0	0	0	0
RICHMOND	0	0	6	6,271	0	0	19	11,091
ROCKDALE	1	1,144	1	667	0	0	10	7,278
SCHLEY	0	0	11	1,165	2	48,162	10	6,876
SCREVEN	0	0	0	0	0	0	1	523
SPALDING	0	0	46	7,509	5	353,001	38	80,952
STEPHENS	0	0	0	0	0	0	1	668
STEWART	0	0	0	0	0	0	2	5,030
SUMTER	9	426,161	87	24,684	7	117,007	19	46,815
TALBOT	0	0	6	9,668	1	12,535	4	10,785
TATTNALL	1	250	9	4,609	1	12,359	8	3,848
TAYLOR	15	1,130,990	129	87,678	19	279,984	101	191,978
TELFAIR	9	449,205	43	10,780	7	179,426	22	28,290
TERRELL	1	25,219	11	1,627	1	25,219	0	0
THOMAS	0	0	29	999	1	1,817	3	917
TIFT	5	206,816	84	122,389	5	117,622	20	42,768
TOOMBS	1	944	21	3,647	3	146,974	8	4,288
Treutlen	2	96,543	11	5,576	1	17,304	6	3,237
TROUP	1	33,740	3	792	0	0	3	4,194

TURNER	2	32,628	13	1,758	2	218,962	0	0
TWIGGS	24	468,592	632	395,041	29	926,479	496	423,715
UNION	0	0	2	42	0	0	0	0
UPSON	19	921,303	152	133,792	29	807,442	94	241,860
WALKER	0	0	2	42	0	0	0	0
WALTON	0	0	4	19,512	3	36,581	6	13,729
WARE	0	0	1	21	0	0	3	1,986
WASHINGTON	5	58,512	46	114,949	12	322,456	33	40,059
WAYNE	1	2,193	3	327	0	0	3	3,353
WEBSTER	0	0	2	110	0	0	0	0
WHEELER	3	10,136	22	7,514	0	0	6	5,003
WHITE	0	0	0	0	0	0	1	3,457
WHITFIELD	1	7,797	2	57	0	0	0	0
WILCOX	7	143,532	48	23,368	7	190,008	18	40,133
WILKES	2	20,713	42	21,324	2	18,810	27	36,281
WILKINSON	62	1,081,678	605	503,867	35	732,376	472	551,689
WORTH	2	34,261	19	5,145	0	0	1	988
<b>Total</b>	<b>2,126</b>	<b>48,804,478</b>	<b>39,731</b>	<b>26,368,438</b>	<b>2,085</b>	<b>40,434,354</b>	<b>34,813</b>	<b>32,189,263</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 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	SFY2012	SFY2013
		7/1/10-6/30/11	7/1/11-6/30/12	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	60,395,762	61,672,437
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	19,144,842	15,264,039
C.	Other Patients in accordance with the department approved policy.	0	45,676,175	40,430,370

### 3. Patients Served

Indicate the number of patients served by SFY.

SFY 2011	SFY2012	SFY2013
7/1/10-6/30/11	7/1/11-6/30/12	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:** Ninfa M. Saunders

**Date:** 7/26/2013

**Title:** President and 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:** Rhonda S. Perry

**Date:** 7/26/2013

**Title:** VP and CFO

**Comments:**