



## 2012 Hospital Financial Survey

### Part A : General Information

#### 1. Identification

UID:HOSP719

**Facility Name:** Georgia Health Sciences Medical Center

**County:** Richmond

**Street Address:** 1120 Fifteenth Street

**City:** Augusta

**Zip:** 30912-0006

**Mailing Address:** 1120 Fifteenth Street

**Mailing City:** Augusta

**Mailing Zip:** 30912-0006

#### 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:** Angela Ashmore

**Contact Title:** Reimbursement Analyst

**Phone:** 706-721-4258

**Fax:** 706-434-6152

**E-mail:** aashmore@gru.edu

## 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	764,295,565
Total Inpatient Admissions accounting for Inpatient Revenue	19,596
Outpatient Gross Patient Revenue	669,863,248
Total Outpatient Visits accounting for Outpatient Revenue	440,053
Medicare Contractual Adjustments	123,931,066
Medicaid Contractual Adjustments	255,339,962
Other Contractual Adjustments:	484,885,874
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	54,353,148
Uncompensated Indigent Care (net):	50,762,488
Uncompensated Charity Care (net):	18,400,928
Other Free Care:	0
Other Revenue/Gains:	44,679,426
Total Expenses:	506,862,926

### 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?

07/01/2011

### 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.?

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	28,993,097	11,806,020	40,799,117
Outpatient	21,769,391	6,594,908	28,364,299
<b>Total</b>	<b>50,762,488</b>	<b>18,400,928</b>	<b>69,163,416</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	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
<b>Total</b>	<b>0</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	28,993,097	11,806,020	40,799,117
Outpatient	21,769,391	6,594,908	28,364,299
<b>Total</b>	<b>50,762,488</b>	<b>18,400,928</b>	<b>69,163,416</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	7,204	21	19,677	1	28,816	3	2,890
Atkinson	0	0	0	0	1	1,132	11	2,238
Bacon	0	0	3	1,107	0	0	0	0
Baldwin	6	160,531	78	226,390	0	0	5	26,938
Banks	0	0	2	5,540	0	0	0	0
Barrow	1	30,444	2	6,943	0	0	0	0
Bartow	0	0	1	111	0	0	0	0
Bibb	2	23,708	3	20,643	0	0	0	0
Bleckley	3	98,780	6	18,498	0	0	0	0
Brantley	1	74,740	2	3,723	0	0	0	0
Bryan	0	0	3	648	0	0	0	0
Bulloch	16	1,011,924	211	796,615	7	396,957	45	61,078
Burke	43	1,254,330	632	1,091,303	14	71,404	145	66,904
Camden	0	0	0	0	1	1,032	0	0
Candler	0	0	6	40,287	0	0	3	665
Chatham	1	24,554	15	18,220	0	0	1	240
Clarke	1	40,394	12	69,822	0	0	25	4,505
Clayton	0	0	12	7,776	0	0	5	1,085
Cobb	0	0	1	1,518	0	0	2	1,316
Coffee	1	26,999	9	3,213	1	272,192	2	1,849
Columbia	102	2,794,287	1,670	2,841,922	23	303,562	346	290,407
Cook	0	0	4	6,538	0	0	0	0
Crawford	0	0	1	32,217	0	0	0	0
Decatur	1	56,822	3	5,838	0	0	0	0
Dodge	2	190,725	13	26,423	0	0	7	2,084
Dooly	1	9,911	4	1,142	0	0	0	0
Dougherty	1	170,374	12	19,155	1	38,480	9	16,653
Effingham	2	93,094	8	3,424	0	0	0	0
Elbert	4	59,361	31	46,217	0	0	2	12,851
Emanuel	28	232,351	148	295,528	10	387,894	157	67,621
Evans	0	0	4	601	0	0	0	0
Forsyth	0	0	7	6,084	0	0	3	24,092

Franklin	1	76,207	9	11,358	1	1,000	7	51,496
Fulton	1	32,001	3	4,258	0	0	0	0
Glascock	0	0	75	245,442	0	0	0	0
Glynn	0	0	22	55,711	1	197,402	0	0
Greene	1	20,073	33	90,259	0	0	2	1,071
Gwinnett	1	8,520	27	52,572	1	13	9	9,917
Hall	0	0	2	4,889	0	0	0	0
Hancock	3	68,642	63	75,794	0	0	22	120,888
Harris	0	0	12	29,353	1	1,132	1	46
Hart	0	0	2	1,298	0	0	0	0
Houston	0	0	18	48,307	0	0	2	12,045
Jackson	0	0	2	6,185	0	0	0	0
Jasper	1	51,948	15	32,644	0	0	0	0
Jeff Davis	0	0	7	8,305	0	0	0	0
Jefferson	37	479,908	444	571,080	14	832,832	108	95,776
Jenkins	19	527,118	116	120,065	6	64,088	23	87,086
Johnson	9	900,673	45	81,711	2	2,194	0	0
Jones	3	39,614	17	50,779	0	0	0	0
Lamar	0	0	4	3,095	0	0	0	0
Lanier	0	0	12	17,972	1	1,750	3	918
Laurens	4	175,821	105	198,569	1	313,291	30	58,261
Lee	0	0	7	22,598	0	0	0	0
Liberty	1	40,271	0	0	0	0	0	1,412
Lincoln	16	223,638	283	729,430	4	252,080	65	32,571
Long	2	145,680	43	352,547	0	0	0	0
Lowndes	3	241,681	19	102,180	0	0	3	3,710
Lumpkin	0	0	3	5,864	2	11,949	7	15,748
Madison	1	17,353	7	9,254	0	0	1	354
McDuffie	39	893,466	484	764,805	10	38,423	54	41,458
Monroe	0	0	13	25,992	0	0	0	0
Montgomery	0	0	27	44,076	0	0	12	34,322
Morgan	0	0	21	32,304	1	1,156	3	42
Murray	1	14,542	37	83,097	0	0	0	0
Newton	0	0	62	97,706	1	2,750	2	6,276
North Carolina	1	18,698	9	6,215	0	0	0	14,340
Oconee	0	0	7	14,264	0	0	0	0
Oglethorpe	1	190,633	0	0	0	0	0	0
Other Out of State	0	0	11	14,388	1	756	13	4,634
Peach	0	0	4	23,421	0	0	0	0
Pike	1	11,532	4	3,838	0	0	0	0
Pulaski	0	0	0	0	2	17,612	14	14,317
Putnam	7	110,676	72	206,761	0	0	0	10,433
Richmond	536	12,949,825	7,374	9,716,165	134	2,498,379	1,269	873,634
Rockdale	0	0	45	23,378	0	0	1	107

Screven	15	108,766	128	127,930	0	0	0	0
South Carolina	66	3,126,201	525	809,847	236	5,598,144	2,835	4,328,210
Spalding	0	0	5	2,875	0	0	0	0
Stephens	0	0	8	1,746	0	0	0	0
Taliaferro	2	82,333	54	38,226	2	2,197	7	2,691
Tattnall	1	38,787	59	137,034	1	30,329	0	0
Telfair	3	132,836	53	119,693	0	0	0	0
Terrell	2	169,143	10	100,484	0	0	0	0
Tift	0	0	5	9,541	1	116,147	2	477
Toombs	0	0	22	33,871	1	1,132	2	25
Treutlen	0	0	16	10,483	0	0	2	630
Twiggs	0	0	0	0	1	17,418	3	507
Union	0	0	0	0	0	0	4	9,655
Walton	0	0	15	16,815	0	0	8	34,291
Ware	0	0	4	10,710	3	3,829	0	0
Warren	12	170,143	169	177,487	2	44,150	14	1,780
Washington	25	794,235	184	228,639	8	184,771	58	85,762
Wayne	1	19,045	9	7,504	0	0	1	199
Wheeler	0	0	9	18,898	0	0	0	0
White	0	0	4	3,136	0	0	0	0
Wilkes	23	752,555	157	309,420	4	67,427	72	55,579
Wilkinson	0	0	0	0	2	2,200	16	824
<b>Total</b>	<b>1,056</b>	<b>28,993,097</b>	<b>13,925</b>	<b>21,769,391</b>	<b>503</b>	<b>11,806,020</b>	<b>5,446</b>	<b>6,594,908</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	50,871,842	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	18,291,574	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	SFY2012	SFY2013
7/1/10-6/30/11	7/1/11-6/30/12	7/1/12-6/30/13
0	20,823	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:** David S. Hefner

**Date:** 7/26/2013

**Title:** 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:** Greg Damron

**Date:** 7/26/2013

**Title:** Chief Financial Officer

**Comments:**