



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2013 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP366

Facility Name: Gwinnett Medical Center

County: Gwinnett

Street Address: 1000 Medical Center Boulevard

City: Lawrenceville

Zip: 30046

Mailing Address: PO Box 1190

Mailing City: Lawrenceville

Mailing Zip: 30046

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2013 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 7/1/2012 To:6/30/2013

Please indicate your cost report year.

From: 07/01/2012 To:06/30/2013

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: Hans Schermerhorn

Contact Title: Senior Governmental Reimbursement Advisor

Phone: 678-312-5622

Fax: 770-339-3459

E-mail: hschermerhorn@gwinnettmedicalcenter.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	672,909,754
Total Inpatient Admissions accounting for Inpatient Revenue	22,149
Outpatient Gross Patient Revenue	739,233,712
Total Outpatient Visits accounting for Outpatient Revenue	259,317
Medicare Contractual Adjustments	365,184,937
Medicaid Contractual Adjustments	113,811,889
Other Contractual Adjustments:	338,142,650
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	78,556,892
Uncompensated Indigent Care (net):	45,927,449
Uncompensated Charity Care (net):	38,130,817
Other Free Care:	2,318,999
Other Revenue/Gains:	42,665,139
Total Expenses:	401,912,422

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	2,318,999
Employee Discounts	0
	0
Total	2,318,999

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 2013? (Check box if yes.) ☒

2. Effective Date

What was the effective date of the policy or policies in effect during 2013?

05/01/2011

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.?

Assistant VP, Revenue Mgmt

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.)?

300%

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 2013? (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	22,298,564	15,186,697	37,485,261
Outpatient	23,999,246	22,944,120	46,943,366
Total	46,297,810	38,130,817	84,428,627

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	135,000
Other Counties	0
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	235,361
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	370,361

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	22,113,384	15,186,697	37,300,081
Outpatient	23,814,065	22,944,120	46,758,185
Total	45,927,449	38,130,817	84,058,266

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	1	370	9	16,540
Appling	0	0	0	0	0	0	1	549
Banks	1	50,122	1	350	0	0	0	0
Barrow	40	531,292	351	1,003,096	62	737,786	604	1,536,142
Bartow	0	0	0	0	1	2,867	4	5,061
Bibb	0	0	0	0	0	0	1	400
Burke	0	0	0	0	0	0	1	1,622
Butts	0	0	0	0	0	0	3	10,791
Carroll	0	0	0	0	1	3,843	4	6,332
Catoosa	0	0	3	927	0	0	0	0
Chatham	0	0	2	1,214	0	0	7	12,016
Cherokee	0	0	3	12,797	0	0	11	27,712
Clarke	2	30,625	10	19,680	0	0	19	68,859
Clayton	0	0	3	2,488	2	40,620	24	62,529
Cobb	0	0	23	77,509	3	83,150	30	85,207
Coffee	0	0	0	0	0	0	1	5,437
Colquitt	0	0	0	0	0	0	2	1,688
Columbia	1	75,971	0	0	0	0	1	1,987
Cook	0	0	0	0	0	0	1	2,016
Coweta	1	69,128	0	0	1	42,170	5	8,238
Dawson	0	0	2	2,222	2	19,218	6	14,502
Decatur	0	0	0	0	0	0	1	340
DeKalb	61	1,275,686	235	1,103,030	32	585,489	460	1,256,517
Dougherty	1	20,080	0	0	0	0	2	3,425
Douglas	1	15,929	1	819	0	0	9	12,856
Elbert	0	0	1	1,675	0	0	3	4,336
Fannin	0	0	0	0	1	15,671	0	0
Fayette	0	0	1	13,503	1	41,324	0	0
Florida	4	177,182	10	41,197	5	39,660	15	38,500
Floyd	0	0	1	417	1	58,262	7	22,534
Forsyth	0	0	5	20,741	1	1,170	11	56,747
Franklin	0	0	14	7,139	0	0	1	1,031

Fulton	14	241,703	61	343,261	9	334,933	84	186,564
Gilmer	0	0	0	0	1	72,368	2	667
Glynn	0	0	0	0	1	102,234	0	0
Greene	0	0	0	0	0	0	1	202
Gwinnett	845	17,615,717	5,964	19,958,065	665	12,159,428	8,189	18,042,597
Habersham	0	0	1	2,167	0	0	1	400
Hall	14	413,837	80	255,728	5	53,262	119	249,381
Haralson	0	0	0	0	0	0	1	1,830
Harris	0	0	0	0	0	0	4	3,718
Hart	0	0	1	1,408	1	18,789	5	15,347
Henry	3	51,152	4	16,511	0	0	8	20,728
Jackson	16	522,488	71	348,668	24	331,850	146	246,127
Jasper	0	0	0	0	0	0	1	777
Laurens	0	0	0	0	2	210,919	0	0
Lowndes	0	0	1	1,753	0	0	0	0
Lumpkin	0	0	1	5,729	0	0	1	313
Macon	0	0	0	0	0	0	1	961
Madison	3	86,513	1	279	2	38,410	19	73,572
Meriwether	1	140,161	0	0	0	0	0	0
Monroe	0	0	3	10,345	0	0	0	0
Morgan	0	0	0	0	0	0	5	2,706
Muscogee	0	0	1	10,849	0	0	2	1,090
Newton	0	0	8	20,603	1	25,691	24	70,441
North Carolina	0	0	7	24,929	0	0	4	6,656
Oconee	0	0	6	21,530	0	0	0	0
Other Out of State	20	354,179	82	232,073	6	73,994	146	383,691
Paulding	0	0	2	19,778	0	0	3	1,842
Peach	0	0	0	0	0	0	2	6,031
Polk	0	0	0	0	0	0	1	3,576
Putnam	0	0	1	801	0	0	4	2,221
Randolph	0	0	0	0	0	0	1	718
Richmond	0	0	0	0	0	0	6	16,477
Rockdale	2	47,742	19	160,413	1	57,906	23	43,788
South Carolina	0	0	1	2,630	1	17,080	4	5,070
Spalding	0	0	0	0	0	0	2	846
Stephens	0	0	0	0	0	0	3	11,304
Tennessee	1	3,280	5	7,200	0	0	7	17,397
Towns	1	179,020	2	684	0	0	5	1,075
Troup	0	0	1	8,220	0	0	0	0
Twiggs	1	243,318	0	0	0	0	1	1,003
Upson	0	0	1	3,689	0	0	2	12,129
Walker	0	0	0	0	0	0	2	2,005
Walton	13	153,439	60	228,560	8	18,233	148	229,462
Washington	0	0	0	0	0	0	2	2,157

White	0	0	2	1,250	0	0	3	1,407
Whitfield	0	0	1	1,725	0	0	2	4,500
Wilkes	0	0	1	763	0	0	3	9,430
Worth	0	0	1	831	0	0	0	0
Total	1,046	22,298,564	7,055	23,999,246	841	15,186,697	10,230	22,944,120

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 2013?
(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 2013.

Patient Category		SFY 2012 7/1/11-6/30/12	SFY2013 7/1/12-6/30/13	SFY2014 7/1/13-6/30/14
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	46,297,810	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	10,025,528	0
C.	Other Patients in accordance with the department approved policy.	0	28,105,289	0

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2012 7/1/11-6/30/12	SFY2013 7/1/12-6/30/13	SFY2014 7/1/13-6/30/14
0	10,894	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: Philip R. Wolfe

Date: 9/2/2014

Title: President and 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: Thomas Y. McBride III

Date: 9/2/2014

Title: Executive Vice President and CFO

Comments:

Deductions were estimated for professional fees due to lack of transaction code to specifically identify professional fee contractals and adjustments for accounts that had both hospital and professional fee charges. Indigent and Charity Care charges reported in E.1. of the survey represent charges written off to indigent or charity and are net of payments from any payor including state programs. Payments reported in E.2. of the survey are payments for indigent or charity care that were not posted at the account level. A 10% Self-Pay Discount was offered starting in FY12 due to requirements for retaining tax exempt status. If this discount had not been made, amount would likely be classified as Bad Debt, Indigent or Charity. Amounts are being categorized as "Other Contractals" per HFS instructions.