



2013 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP375

Facility Name: Southern Crescent Behavioral Hlth System-Anchor Hospital Campus

County: Clayton

Street Address: 5454 Yorktowne Drive

City: College Park

Zip: 30349

Mailing Address: 5454 Yorktowne Drive

Mailing City: College Park

Mailing Zip: 30349-5317

2. Report Period

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

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 1/1/2013 To:12/31/2013

Please indicate your cost report year.

From: 01/01/2013 To:12/31/2013

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: Pamela F Whitehead

Contact Title: Chief Financial Officer

Phone: 678-251-3370

Fax: 678-251-3361

E-mail: pam.whitehead@uhsinc.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	50,301,720
Total Inpatient Admissions accounting for Inpatient Revenue	3,981
Outpatient Gross Patient Revenue	6,869,803
Total Outpatient Visits accounting for Outpatient Revenue	14,791
Medicare Contractual Adjustments	17,459,171
Medicaid Contractual Adjustments	511,855
Other Contractual Adjustments:	7,274,038
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	956,687
Uncompensated Indigent Care (net):	0
Uncompensated Charity Care (net):	1,995,508
Other Free Care:	580,484
Other Revenue/Gains:	27,168
Total Expenses:	19,561,802

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	51,897
Admin Discounts	9,293
Employee Discounts	0
Denials,etc	519,294
Total	580,484

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?

08/18/2000

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.?

BOM

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.)?

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	0	1,532,756	1,532,756
Outpatient	0	462,752	462,752
Total	0	1,995,508	1,995,508

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	0	1,532,756	1,532,756
Outpatient	0	462,752	462,752
Total	0	1,995,508	1,995,508

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	13	8,105	8	5,755
Baldwin	0	0	0	0	8	14,471	4	1,215
Banks	0	0	0	0	1	1,184	0	0
Barrow	0	0	0	0	2	1,307	6	2,160
Bartow	0	0	0	0	12	30,661	10	3,789
Bibb	0	0	0	0	33	69,843	39	13,260
Bleckley	0	0	0	0	1	295	0	0
Bulloch	0	0	0	0	1	2,207	0	0
Burke	0	0	0	0	2	476	0	0
Butts	0	0	0	0	3	1,592	13	4,071
Carroll	0	0	0	0	6	27,936	10	2,534
Catoosa	0	0	0	0	5	17,214	2	1,040
Chattahoochee	0	0	0	0	0	0	2	2,970
Chattooga	0	0	0	0	4	1,533	0	0
Cherokee	0	0	0	0	10	24,321	18	11,076
Clarke	0	0	0	0	12	30,138	15	5,382
Clayton	0	0	0	0	48	53,871	103	33,942
Cobb	0	0	0	0	62	65,392	90	39,056
Coweta	0	0	0	0	27	75,095	37	16,348
Crawford	0	0	0	0	2	200	0	5
Crisp	0	0	0	0	5	5,068	6	2,295
Dawson	0	0	0	0	5	586	0	0
Decatur	0	0	0	0	1	2,625	0	0
DeKalb	0	0	0	0	77	144,381	107	37,809
Dodge	0	0	0	0	0	0	1	510
Dooly	0	0	0	0	0	0	4	775
Douglas	0	0	0	0	20	30,198	24	10,789
Effingham	0	0	0	0	0	0	0	180
Elbert	0	0	0	0	2	2,618	3	720
Evans	0	0	0	0	0	0	2	1,890
Fannin	0	0	0	0	0	0	7	1,370
Fayette	0	0	0	0	49	58,820	34	10,475

Florida	0	0	0	0	4	2,711	17	4,020
Floyd	0	0	0	0	16	92,341	20	5,405
Forsyth	0	0	0	0	2	919	3	1,980
Franklin	0	0	0	0	0	0	1	420
Fulton	0	0	0	0	156	370,428	274	109,041
Gilmer	0	0	0	0	2	3,998	1	870
Glynn	0	0	0	0	0	0	2	600
Gordon	0	0	0	0	2	3,564	5	1,830
Greene	0	0	0	0	2	2,199	1	330
Gwinnett	0	0	0	0	15	19,954	41	13,243
Habersham	0	0	0	0	1	1,368	0	0
Hall	0	0	0	0	3	10,154	6	2,040
Haralson	0	0	0	0	5	19,197	5	1,620
Harris	0	0	0	0	3	1,709	1	900
Hart	0	0	0	0	1	19,275	5	6,789
Heard	0	0	0	0	5	3,493	4	1,200
Henry	0	0	0	0	70	61,751	63	20,349
Houston	0	0	0	0	6	5,118	12	3,332
Jackson	0	0	0	0	2	2,261	2	340
Jones	0	0	0	0	0	0	1	150
Lamar	0	0	0	0	1	488	1	720
Laurens	0	0	0	0	3	2,122	5	510
Liberty	0	0	0	0	1	1,227	0	0
Lumpkin	0	0	0	0	1	231	3	780
Macon	0	0	0	0	2	1,339	0	0
Madison	0	0	0	0	6	6,593	16	5,570
Meriwether	0	0	0	0	2	1,767	3	840
Monroe	0	0	0	0	3	2,652	5	1,860
Morgan	0	0	0	0	1	595	1	450
Murray	0	0	0	0	1	998	2	1,140
Muscogee	0	0	0	0	16	28,881	22	7,219
Newton	0	0	0	0	3	3,395	7	2,106
North Carolina	0	0	0	0	2	2,036	7	2,988
Oconee	0	0	0	0	1	1,936	3	962
Other Out of State	0	0	0	0	14	32,736	28	3,028
Paulding	0	0	0	0	11	18,301	8	3,025
Peach	0	0	0	0	1	825	1	240
Pickens	0	0	0	0	1	1,184	5	990
Pike	0	0	0	0	1	448	0	0
Polk	0	0	0	0	6	13,754	3	870
Putnam	0	0	0	0	1	1,184	0	0
Richmond	0	0	0	0	5	993	5	2,827
Rockdale	0	0	0	0	6	11,250	4	1,868
Schley	0	0	0	0	2	3,783	0	0

South Carolina	0	0	0	0	2	396	8	2,794
Spalding	0	0	0	0	5	6,280	11	4,688
Stephens	0	0	0	0	1	1,206	0	0
Sumter	0	0	0	0	0	0	4	840
Talbot	0	0	0	0	1	1,400	2	60
Taliaferro	0	0	0	0	1	1,184	0	0
Taylor	0	0	0	0	0	0	5	3,263
Telfair	0	0	0	0	1	1,184	0	0
Tennessee	0	0	0	0	3	3,249	10	3,503
Tift	0	0	0	0	0	0	1	180
Toombs	0	0	0	0	0	0	1	60
Troup	0	0	0	0	29	37,949	29	9,552
Twiggs	0	0	0	0	0	0	3	390
Upson	0	0	0	0	5	8,510	8	2,440
Walker	0	0	0	0	3	1,716	0	0
Walton	0	0	0	0	1	2,340	7	2,940
Warren	0	0	0	0	1	14,724	4	695
Wheeler	0	0	0	0	0	0	2	420
White	0	0	0	0	1	456	0	0
Whitfield	0	0	0	0	18	21,669	17	9,059
Wilkes	0	0	0	0	1	280	0	0
Wilkinson	0	0	0	0	2	918	0	0
Total	0	0	0	0	872	1,532,756	1,250	462,752

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	SFY2013	SFY2014
		7/1/11-6/30/12	7/1/12-6/30/13	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	0	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	0	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 2012	SFY2013	SFY2014
7/1/11-6/30/12	7/1/12-6/30/13	7/1/13-6/30/14
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: Margaret Collier

Date: 8/29/2014

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: Pamela F. Whitehead

Date: 8/29/2014

Title: CFO

Comments: