Georgia Department of Community Health

2013 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP603

Facility Name: Athens Regional Medical Center

County: Clarke

Street Address: 1199 Prince Avenue

City: Athens

Zip: Athens

Mailing Address: 1199 Prince Avenue

Mailing City: Athens

Mailing Zip: 30606-2793

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: 10/1/2012 To:9/30/2013

Please indicate your cost report year.
From: 10/01/2012 To:09/30/2013

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: Todd Cox

Contact Title: Director Corporate Reimbursement

Phone: 706-475-5926

Fax: 706-475-5925

E-mail: todd.cox@athenshealth.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	670,154,896
Total Inpatient Admissions accounting for Inpatient Revenue	20,643
Outpatient Gross Patient Revenue	585,602,230
Total Outpatient Visits accounting for Outpatient Revenue	296,938
Medicare Contractual Adjustments	444,457,025
Medicaid Contractual Adjustments	138,526,762
Other Contractual Adjustments:	222,532,179
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	56,449,878
Uncompensated Indigent Care (net):	18,061,121
Uncompensated Charity Care (net):	29,113,628
Other Free Care:	0
Other Revenue/Gains:	11,002,697
Total Expenses:	339,335,770

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 2013? (Check box if yes.) ☑

2. Effective Date

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

01/23/2003

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.?

Darrel Lawson

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	7,277,214	13,132,205	20,409,419
Outpatient	10,783,907	15,981,423	26,765,330
Total	**18,061,121**	**29,113,628**	**47,174,749**

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	7,277,214	13,132,205	20,409,419
Outpatient	10,783,907	15,981,423	26,765,330
Total	**18,061,121**	**29,113,628**	**47,174,749**

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	8	5,744
Bacon	0	0	0	0	0	0	1	773
Baldwin	0	0	0	0	0	0	1	4,030
Banks	11	110,311	54	48,950	0	0	102	90,506
Barrow	50	959,973	535	600,223	79	998,031	1,177	612,598
Bartow	0	0	0	0	1	41,701	0	0
Berrien	0	0	0	0	0	0	2	727
Brooks	0	0	0	0	1	6,236	0	0
Bryan	0	0	1	3,826	0	0	0	0
Chatham	0	0	0	0	1	20,324	6	17,586
Cherokee	0	0	3	42,497	0	0	0	0
Clarke	147	1,794,482	2,245	3,397,855	435	4,008,384	8,839	8,025,946
Cobb	1	28,699	0	0	1	0	12	16,681
Coffee	0	0	0	0	0	0	1	4,624
Colquitt	0	0	0	0	0	0	2	1,276
Dawson	0	0	0	0	0	0	2	7,611
DeKalb	1	484,048	2	7,535	3	360,764	14	12,647
Elbert	16	258,149	106	230,264	56	1,242,603	454	1,114,881
Florida	1	71,023	5	7,288	2	33,755	0	0
Floyd	0	0	0	0	0	0	2	953
Franklin	27	254,510	199	566,554	41	293,419	369	438,380
Fulton	0	0	0	0	0	0	23	14,392
Gilmer	0	0	0	0	0	0	1	1,139
Gordon	0	0	1	2,222	0	0	0	0
Greene	6	3,602	60	98,167	28	164,692	199	191,892
Gwinnett	0	0	28	22,170	6	129,556	103	48,562
Habersham	0	0	13	67,417	3	96,207	38	70,034
Hall	0	0	6	3,312	0	0	56	41,958
Hancock	1	13,452	2	8,946	0	0	2	1,798
Hart	12	488,485	134	551,876	16	324,469	224	329,660
Heard	0	0	0	0	0	0	1	2,739
Henry	0	0	0	0	0	0	2	5,481

Houston	0	0	0	0	1	5,047	4	1,074
Jackson	55	571,214	658	1,016,944	126	699,165	1,455	870,495
Jasper	0	0	2	8,546	0	0	18	118,438
Jefferson	0	0	0	0	0	0	2	10,965
Jenkins	0	0	0	0	0	0	1	1,521
Liberty	0	0	0	0	0	0	2	1,847
Lincoln	0	0	0	0	1	1,132	3	182
Lowndes	0	0	0	0	0	0	1	1,787
Lumpkin	0	0	0	0	0	0	2	1,426
Madison	48	476,017	745	995,422	161	2,289,789	2,492	2,256,653
McDuffie	0	0	1	1,053	0	0	0	0
Morgan	20	69,789	97	344,950	37	494,003	217	68,059
Muscogee	0	0	0	0	0	0	1	0
Newton	0	0	11	43,427	0	0	40	82,129
North Carolina	0	0	0	0	4	96,945	28	13,571
Oconee	20	240,062	377	557,939	47	89,925	579	55,838
Oglethorpe	16	211,631	217	356,366	41	556,571	609	499,330
Other Out of State	0	0	15	1,368	3	67,180	84	51,870
Paulding	0	0	1	5,320	0	0	0	0
Peach	0	0	0	0	0	0	2	895
Putnam	11	341,526	18	54,517	11	108,914	73	146,819
Rabun	0	0	6	51,741	0	0	4	13,411
Richmond	0	0	0	0	0	0	6	6,711
Screven	0	0	6	7,419	0	0	2	2,630
South Carolina	0	0	0	0	7	170,438	23	40,223
Spalding	0	0	0	0	0	0	3	3,369
Stephens	4	142,047	71	482,071	7	84,068	61	99,432
Taliaferro	2	34,712	7	62,186	5	59,308	46	45,776
Tennessee	1	73,768	4	3,038	0	0	5	8,419
Toombs	0	0	0	0	0	0	1	1,640
Troup	0	0	0	0	0	0	1	470
Union	0	0	0	0	0	0	2	1,649
Walker	0	0	0	0	0	0	1	3,586
Walton	20	649,717	317	908,589	42	539,944	502	441,864
Ware	0	0	0	0	0	0	4	6,882
Warren	0	0	1	1,536	0	0	0	0
White	0	0	8	73,012	1	104,156	0	0
Wilkes	0	0	39	149,362	4	45,476	61	58,783
Wilkinson	0	0	0	0	0	0	1	1,060
Total	**470**	**7,277,217**	**5,995**	**10,783,908**	**1,171**	**13,132,202**	**17,977**	**15,981,422**

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	12,299,379	5,761,743
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	25,697,473	3,416,155
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 7/1/11-6/30/12	SFY2013 7/1/12-6/30/13	SFY2014 7/1/13-6/30/14
0	10,883	516

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 incaccurate 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: Jim Hopkins

Date: 8/15/2014

Title: Acting 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: Wendy Cook

Date: 8/15/2014

Title: CFO

Comments: