



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2013 Hospital Financial Survey**

**Part A : General Information**

**1. Identification**

**UID:HOSP618**

**Facility Name:** South Georgia Medical Center

**County:** Lowndes

**Street Address:** 2501 North Patterson Street

**City:** Valdosta

**Zip:** Valdosta

**Mailing Address:** PO Box 1727

**Mailing City:** Valdosta

**Mailing Zip:** 31603-1727

**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: 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:** Tina Kent

**Contact Title:** Accounting Financial Analyst

**Phone:** 229-259-4794

**Fax:** 229-259-4794

**E-mail:** tina.kent@sgmc.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	384,913,450
Total Inpatient Admissions accounting for Inpatient Revenue	15,495
Outpatient Gross Patient Revenue	389,655,680
Total Outpatient Visits accounting for Outpatient Revenue	123,173
Medicare Contractual Adjustments	265,228,044
Medicaid Contractual Adjustments	78,115,859
Other Contractual Adjustments:	88,255,392
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	41,012,034
Uncompensated Indigent Care (net):	24,135,189
Uncompensated Charity Care (net ):	4,810,663
Other Free Care:	0
Other Revenue/Gains:	26,055,254
Total Expenses:	301,811,111

### 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 2013? (Check box if yes.) ☒

### 2. Effective Date

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

09/19/1988

### 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.?

Director of Patient Financial Services

#### **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.)?

200

## **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	13,905,992	2,521,017	16,427,009
Outpatient	10,229,197	2,289,646	12,518,843
<b>Total</b>	<b>24,135,189</b>	<b>4,810,663</b>	<b>28,945,852</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	13,905,992	2,521,017	16,427,009
Outpatient	10,229,197	2,289,646	12,518,843
<b>Total</b>	<b>24,135,189</b>	<b>4,810,663</b>	<b>28,945,852</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
Alabama	2	9,095	12	5,100	1	30,184	6	3,187
Appling	2	96,517	2	7,854	1	20,012	3	14,562
Atkinson	8	222,058	52	152,037	4	18,361	39	12,133
Bacon	0	0	4	4,357	0	0	0	0
Baker	1	10,647	0	0	0	0	0	0
Bartow	0	0	1	0	0	0	0	0
Ben Hill	3	4,666	14	9,408	0	0	2	4,508
Berrien	53	1,037,710	414	413,820	28	203,120	151	98,176
Bibb	0	0	6	1,514	1	7,479	0	0
Brantley	0	0	6	2,509	0	0	1	136
Brooks	46	347,796	366	443,764	10	58,687	101	124,218
Bryan	0	0	2	1,273	0	0	0	0
Cherokee	0	0	2	1,313	0	0	0	0
Clarke	0	0	3	536	0	0	0	0
Clay	0	0	0	0	0	0	1	1,733
Clinch	33	363,070	187	350,538	9	39,832	62	28,136
Cobb	0	0	1	111	0	0	3	7,410
Coffee	12	307,929	63	93,125	8	56,287	46	87,272
Colquitt	5	65,786	71	54,826	4	7,668	28	7,142
Columbia	0	0	0	0	0	0	3	633
Cook	51	691,427	338	291,780	21	80,898	139	76,306
Crisp	0	0	14	39,881	0	0	0	0
Decatur	0	0	2	329	0	0	0	0
DeKalb	0	0	2	688	0	0	0	0
Dodge	0	0	1	0	0	0	0	0
Dougherty	0	0	6	12,298	0	0	0	0
Douglas	0	0	2	2,123	0	0	0	0
Echols	10	105,612	104	72,498	0	0	30	12,114
Florida	11	210,107	78	73,455	12	162,464	88	119,190
Forsyth	1	750	4	548	0	0	0	0
Fulton	0	0	4	2,957	0	0	0	0
Glynn	0	0	1	28	0	0	0	0

Grady	0	0	1	733	0	0	0	0
Gwinnett	2	12,565	8	8,875	0	0	0	0
Henry	1	32,985	1	134	1	520	4	2,658
Houston	1	0	12	11,483	0	0	0	0
Irwin	0	0	7	2,257	0	0	0	0
Jeff Davis	1	4,475	4	6,358	0	0	6	2,945
Lanier	49	522,517	292	336,247	15	88,917	89	55,753
Laurens	0	0	2	2,514	0	0	1	0
Lee	0	0	7	2,633	0	0	0	0
Liberty	0	0	3	689	0	0	0	0
Lowndes	778	9,375,928	11,013	7,356,336	179	1,220,517	1,998	1,645,297
Macon	0	0	1	1,363	0	0	0	0
Madison	13	65,302	85	34,982	12	449,433	89	80,621
Marion	0	0	2	42	0	0	0	0
McDuffie	0	0	1	5,311	0	0	0	0
McIntosh	0	0	1	13,266	0	0	0	0
Miller	0	0	1	13	0	0	0	0
Mitchell	0	0	7	14,041	0	0	0	0
Murray	0	0	1	211	0	0	0	0
Muscogee	0	0	9	12,954	1	4,305	1	1,206
North Carolina	1	11,350	3	4,999	0	0	0	0
Other Out of State	3	91,343	27	10,958	5	48,915	10	11,251
Peach	1	457	2	675	0	0	0	0
Pierce	1	51,438	2	6,114	1	40	2	275
Polk	0	0	1	451	0	0	0	0
Putnam	0	0	1	111	0	0	0	0
Randolph	0	0	1	1,270	0	0	0	0
Richmond	1	243	12	3,966	0	0	0	0
Rockdale	0	0	2	1,360	0	0	0	0
Seminole	0	0	1	581	0	0	0	0
South Carolina	3	14,587	35	23,762	0	0	1	375
Stewart	0	0	1	395	0	0	0	0
Sumter	1	1,186	5	1,199	0	0	0	0
Taylor	0	0	0	0	0	0	1	491
Telfair	0	0	0	0	1	9,113	0	0
Tennessee	0	0	0	0	1	66,585	0	0
Thomas	1	1,184	43	53,033	0	0	6	2,292
Tift	9	171,498	62	82,307	4	12,342	18	8,682
Toombs	0	0	1	9,419	0	0	0	0
Turner	1	996	6	2,814	1	504	8	17,004
Walton	0	0	0	0	0	0	2	13,364
Ware	3	9,432	11	2,178	0	0	8	1,246
Wayne	1	170	7	1,079	0	0	3	860
Wilcox	0	0	1	6,648	0	0	0	0

Worth	0	0	10	15,236	0	0	0	0
Total	1,109	13,840,826	13,454	10,077,667	320	2,586,183	2,950	2,441,176

## 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	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 7/1/11-6/30/12	SFY2013 7/1/12-6/30/13	SFY2014 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:** Randy Sauls

**Date:** 10/31/2014

**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:** Raymond Snead

**Date:** 10/31/2014

**Title:** Interim Chief Financial Officer

**Comments:**

Due to our inability to accurately identify the PPAA add-on amount received from DCH or Medicaid CMOs we request the Department identify this amount and adjust our Medicaid Contractuals accordingly.