



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2013 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP621

Facility Name: St. Joseph's Hospital

County: Chatham

Street Address: 11705 Mercy Boulevard

City: Savannah

Zip: Savannah

Mailing Address: 11705 Mercy Boulevard

Mailing City: Savannah

Mailing Zip: 31419-1791

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: Tami Jeffers

Contact Title: Decision Support Analyst

Phone: 912-819-7578

Fax: 912-819-8664

E-mail: jeffersta@sjchs.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	503,146,473
Total Inpatient Admissions accounting for Inpatient Revenue	10,868
Outpatient Gross Patient Revenue	221,314,177
Total Outpatient Visits accounting for Outpatient Revenue	179,097
Medicare Contractual Adjustments	322,791,088
Medicaid Contractual Adjustments	41,379,786
Other Contractual Adjustments:	138,630,536
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	23,721,261
Uncompensated Indigent Care (net):	5,652,870
Uncompensated Charity Care (net):	18,384,659
Other Free Care:	326,798
Other Revenue/Gains:	12,146,668
Total Expenses:	170,444,719

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	326,798
Employee Discounts	0
	0
Total	326,798

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?

05/22/2013

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.)?

500%

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	4,356,673	10,347,115	14,703,788
Outpatient	1,296,197	8,037,544	9,333,741
Total	5,652,870	18,384,659	24,037,529

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	4,356,673	10,347,115	14,703,788
Outpatient	1,296,197	8,037,544	9,333,741
Total	5,652,870	18,384,659	24,037,529

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	3	29,162	2	5,352
Appling	5	25,346	0	0	31	600,050	36	98,215
Atkinson	0	0	1	2,265	1	2,200	1	368
Bacon	0	0	0	0	3	26,355	5	24,886
Baldwin	0	0	0	0	0	0	1	541
Barrow	0	0	0	0	0	0	3	3,508
Bartow	0	0	0	0	1	5,431	0	0
Ben Hill	0	0	0	0	0	0	1	891
Bibb	0	0	0	0	0	0	4	4,329
Bleckley	0	0	0	0	0	0	3	4,164
Brantley	0	0	1	765	8	102,624	7	8,330
Bryan	14	219,416	83	149,383	130	676,551	755	785,313
Bulloch	6	181,731	6	37,258	21	93,353	114	212,184
Camden	0	0	0	0	2	915	5	7,462
Candler	2	141,936	4	12,245	10	78,937	15	24,554
Carroll	0	0	0	0	0	0	4	1,041
Chatham	94	2,283,383	380	667,152	502	2,886,392	4,831	4,812,500
Clayton	0	0	2	600	0	0	3	3,055
Clinch	0	0	1	5,355	0	0	0	0
Cobb	0	0	0	0	0	0	1	140
Coffee	1	53,288	0	0	11	13,784	9	18,610
Colquitt	0	0	0	0	0	0	1	2,802
Cook	1	60,754	0	0	0	0	0	0
Crisp	0	0	0	0	0	0	2	1,602
DeKalb	0	0	2	2,615	0	0	3	1,321
Effingham	8	114,868	24	28,566	96	734,832	445	415,228
Emanuel	4	22,833	4	8,980	12	115,520	22	26,236
Evans	2	55,980	2	100	8	866,445	43	184,632
Fannin	0	0	1	915	0	0	0	0
Fayette	0	0	0	0	1	265	0	0
Florida	1	46,968	2	6,454	4	42,439	35	52,519
Floyd	0	0	0	0	1	18,675	2	3,563

Fulton	1	33,085	9	48,012	1	202	5	3,840
Glynn	0	0	4	16,447	8	464,908	43	46,271
Grady	0	0	0	0	0	0	1	400
Gwinnett	0	0	0	0	0	0	2	4,676
Hall	1	42,741	0	0	1	34,051	0	0
Haralson	0	0	0	0	0	0	1	623
Henry	0	0	0	0	1	228	0	0
Houston	0	0	2	2,868	0	0	0	0
Jasper	0	0	0	0	0	0	1	65
Jeff Davis	4	38,044	5	2,400	17	637,790	15	16,079
Jefferson	0	0	0	0	1	32,922	0	0
Jenkins	0	0	1	1,828	3	78,767	0	0
Lamar	0	0	0	0	0	0	1	76
Laurens	0	0	1	277	1	1,104	4	37,786
Lee	0	0	0	0	0	0	2	900
Liberty	15	308,101	43	138,393	124	628,112	529	532,928
Long	2	31,368	4	648	16	63,923	40	95,439
Lowndes	0	0	0	0	1	1,250	1	241
Madison	1	1,170	0	0	0	0	0	0
McIntosh	1	250	6	6,358	8	69,225	50	33,243
Meriwether	0	0	0	0	0	0	1	276
Monroe	0	0	0	0	0	0	1	200
Montgomery	2	18,754	1	6,105	4	40,502	8	15,577
Morgan	0	0	0	0	1	7,547	1	2,308
Muscogee	0	0	0	0	0	0	1	88
North Carolina	0	0	0	0	0	0	7	7,619
Oconee	0	0	0	0	0	0	1	65
Other Out of State	0	0	5	8,541	8	38,806	57	69,378
Paulding	0	0	0	0	1	200	1	18
Peach	0	0	0	0	0	0	1	4,797
Pierce	1	9,068	5	22,654	6	45,124	5	2,981
Putnam	0	0	2	5,256	0	0	1	1,509
Richmond	0	0	0	0	1	7,304	6	2,641
Screven	0	0	1	15,860	10	-39,484	23	23,589
South Carolina	5	103,797	6	22,930	47	328,683	114	102,821
Sumter	0	0	0	0	0	0	1	100
Tattnall	9	280,504	4	22,151	43	300,905	53	111,829
Telfair	0	0	1	15,423	2	2,619	8	11,908
Tennessee	1	250	1	396	0	0	10	15,487
Tift	0	0	0	0	0	0	3	8,498
Toombs	6	180,776	4	35,009	30	570,979	29	32,899
Treutlen	0	0	0	0	2	78,653	2	13,927
Troup	0	0	0	0	0	0	3	4,208
Turner	0	0	0	0	0	0	1	237

Upton	0	0	0	0	0	0	1	1,580
Walton	0	0	0	0	0	0	1	1,856
Ware	0	0	0	0	0	0	5	2,283
Washington	0	0	0	0	0	0	5	13,992
Wayne	6	102,262	1	1,988	34	583,894	57	108,101
Wheeler	0	0	0	0	5	74,971	2	859
Total	193	4,356,673	619	1,296,197	1,221	10,347,115	7,457	8,037,544

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: Paul P. Hinchey

Date: 7/31/2014

Title: President & 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: Greg Schaack

Date: 7/31/2014

Title: CFO

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.