



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2013 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP626

Facility Name: Candler Hospital

County: Chatham

Street Address: 5353 Reynolds Street

City: Savannah

Zip: Savannah

Mailing Address: 5353 Reynolds Street

Mailing City: Savannah

Mailing Zip: 31405

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	397,583,845
Total Inpatient Admissions accounting for Inpatient Revenue	12,245
Outpatient Gross Patient Revenue	513,731,277
Total Outpatient Visits accounting for Outpatient Revenue	401,310
Medicare Contractual Adjustments	322,606,664
Medicaid Contractual Adjustments	78,538,720
Other Contractual Adjustments:	237,047,951
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	27,216,197
Uncompensated Indigent Care (net):	6,789,661
Uncompensated Charity Care (net):	23,801,250
Other Free Care:	449,810
Other Revenue/Gains:	14,006,233
Total Expenses:	211,683,113

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	449,810
Employee Discounts	0
	0
Total	449,810

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	3,445,429	7,942,011	11,387,440
Outpatient	3,344,232	15,859,239	19,203,471
Total	6,789,661	23,801,250	30,590,911

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	3,445,429	7,942,011	11,387,440
Outpatient	3,344,232	15,859,239	19,203,471
Total	6,789,661	23,801,250	30,590,911

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	40,526	4	387
Appling	4	144,279	1	7,760	5	84,575	26	35,761
Atkinson	1	19,670	1	2,265	0	0	0	0
Bacon	0	0	1	664	1	3,830	4	2,125
Barrow	0	0	0	0	0	0	1	72
Ben Hill	0	0	0	0	0	0	1	258
Bibb	0	0	0	0	0	0	4	1,110
Brantley	0	0	0	0	3	4,825	1	13,618
Bryan	2	1,955	45	148,690	87	254,976	759	720,610
Bulloch	3	72,835	54	73,219	21	67,247	236	317,893
Burke	1	22,116	1	20,841	1	26,328	2	685
Camden	0	0	2	1,383	1	1,156	14	2,400
Candler	0	0	1	21,523	3	3,608	32	50,105
Chatham	131	1,928,075	999	2,398,728	1,043	5,198,707	13,239	11,283,400
Cherokee	0	0	0	0	1	228	1	509
Clarke	0	0	0	0	0	0	1	224
Clayton	1	37,425	0	0	2	2,115	9	6,713
Cobb	0	0	1	436	0	0	5	544
Coffee	0	0	1	5,885	2	2,461	15	17,074
Columbia	0	0	0	0	0	0	1	63
Cook	0	0	0	0	0	0	1	1,691
Crisp	0	0	1	2,102	0	0	0	0
DeKalb	0	0	0	0	0	0	13	2,731
Dougherty	0	0	0	0	0	0	1	206
Douglas	0	0	1	2,123	0	0	4	226
Effingham	9	165,032	104	134,967	165	522,801	1,062	1,185,495
Emanuel	2	27,954	5	60,444	7	92,698	50	43,285
Evans	1	942	2	6,174	14	143,390	76	153,815
Fayette	0	0	0	0	0	0	2	805
Florida	0	0	3	12,087	4	3,885	49	59,589
Franklin	0	0	0	0	0	0	1	1,235
Fulton	3	53,447	6	26,328	4	2,611	14	6,238

Gilmer	0	0	0	0	0	0	2	1,203
Glynn	1	40,624	5	38,224	5	96,480	36	34,410
Gwinnett	0	0	0	0	0	0	5	340
Harris	0	0	0	0	0	0	1	35
Henry	0	0	0	0	0	0	8	4,569
Houston	0	0	0	0	0	0	4	590
Jackson	0	0	0	0	0	0	2	1,305
Jeff Davis	2	68,207	6	20,887	7	149,628	16	71,294
Jenkins	0	0	1	12,713	1	700	3	1,800
Johnson	0	0	0	0	0	0	7	8,809
Laurens	0	0	0	0	1	8,811	9	22,290
Lee	0	0	0	0	0	0	6	4,482
Liberty	5	162,755	32	66,011	56	188,848	522	481,999
Long	0	0	5	17,899	7	55,131	54	51,627
Lowndes	0	0	0	0	1	71,837	4	6,020
Lumpkin	0	0	0	0	0	0	2	7,140
McIntosh	3	336,161	0	0	9	24,380	63	83,873
Mitchell	0	0	0	0	0	0	1	436
Montgomery	1	26,496	0	0	2	2,572	15	41,606
Morgan	0	0	0	0	0	0	1	5,386
Muscogee	1	12,298	0	0	0	0	2	97
Newton	0	0	0	0	0	0	3	1,108
North Carolina	0	0	1	12,783	1	1,928	21	33,822
Other Out of State	1	3,350	2	1,162	6	10,400	59	46,824
Paulding	0	0	0	0	0	0	1	65
Peach	0	0	0	0	0	0	2	1,824
Pierce	0	0	0	0	3	7,153	10	15,896
Putnam	0	0	2	1,057	0	0	1	1,015
Richmond	0	0	0	0	1	19,683	5	7,126
Rockdale	0	0	0	0	1	675	0	0
Screven	4	95,190	7	28,707	27	65,141	81	73,444
South Carolina	2	65,799	50	149,662	53	278,296	654	432,891
Spalding	0	0	0	0	0	0	3	4,598
Sumter	0	0	0	0	0	0	1	5,383
Tattnell	1	642	7	57,415	25	117,747	137	179,176
Taylor	0	0	0	0	0	0	2	2,123
Telfair	0	0	0	0	0	0	2	2,987
Tennessee	0	0	0	0	0	0	3	8,428
Tift	0	0	0	0	0	0	1	393
Toombs	2	1,540	4	3,844	11	20,605	34	80,283
Treutlen	0	0	4	4,273	0	0	1	247
Turner	0	0	0	0	0	0	1	14
Upson	0	0	0	0	0	0	1	2,314
Walton	0	0	0	0	0	0	1	103

Ware	0	0	0	0	4	16,076	9	29,237
Washington	0	0	0	0	0	0	3	3,490
Wayne	2	158,637	3	3,976	12	228,028	78	185,537
Wheeler	0	0	0	0	8	121,925	2	1,413
Wilcox	0	0	0	0	0	0	1	1,320
Total	183	3,445,429	1,358	3,344,232	1,606	7,942,011	17,508	15,859,239

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	6,789,661	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	23,801,250	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	20,655	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 CMO's, we request the department identify this amount and adjust our Medicaid contractuals accordingly.