



## 2013 Hospital Financial Survey

### Part A : General Information

#### 1. Identification

UID:HOSP712

**Facility Name:** Medical Center of Central Georgia

**County:** Bibb

**Street Address:** 777 Hemlock Street

**City:** Macon

**Zip:** 31201

**Mailing Address:** 777 Hemlock Street

**Mailing City:** Macon

**Mailing Zip:** 31201

#### 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:** H. Bryan Forlines

**Contact Title:** AVP Government Relations and Reimbursement

**Phone:** 478-633-6966

**Fax:** 478-633-5381

**E-mail:** forlines.bryan@mccg.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	1,289,199,757
Total Inpatient Admissions accounting for Inpatient Revenue	34,142
Outpatient Gross Patient Revenue	643,708,173
Total Outpatient Visits accounting for Outpatient Revenue	386,650
Medicare Contractual Adjustments	711,646,626
Medicaid Contractual Adjustments	288,979,773
Other Contractual Adjustments:	155,612,038
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	46,547,255
Uncompensated Indigent Care (net):	84,035,153
Uncompensated Charity Care (net):	69,658,307
Other Free Care:	4,307,558
Other Revenue/Gains:	61,220,974
Total Expenses:	639,498,510

### 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	4,357,886
Employee Discounts	31,221
	0
<b>Total</b>	<b>4,389,107</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?

10/01/2012

### 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.?

Darrell McDaniel

#### **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.)?

270

## 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	52,722,905	37,446,520	90,169,425
Outpatient	31,644,379	32,472,747	64,117,126
<b>Total</b>	<b>84,367,284</b>	<b>69,919,267</b>	<b>154,286,551</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	500,000
Other Counties	0
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	93,091
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>593,091</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	52,515,323	37,310,109	89,825,432
Outpatient	31,519,830	32,348,198	63,868,028
<b>Total</b>	<b>84,035,153</b>	<b>69,658,307</b>	<b>153,693,460</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
Appling	1	15,000	4	1,627	0	0	4	983
Atkinson	1	1,187	3	496	0	0	4	9,549
Bacon	0	0	0	0	1	24,562	1	327
Baker	0	0	2	1,859	0	0	1	1,764
Baldwin	116	2,046,678	1,773	736,194	100	1,954,344	1,159	1,162,560
Banks	0	0	1	354	1	32,332	0	0
Barrow	0	0	3	64	0	0	3	1,715
Bartow	0	0	0	0	0	0	6	6,071
Ben Hill	11	254,405	48	67,262	10	334,635	20	57,968
Berrien	2	61,149	24	10,542	4	117,493	8	11,408
Bibb	1,532	27,107,725	35,768	23,486,605	992	14,384,674	28,144	21,676,530
Bleckley	24	542,173	124	126,603	23	376,594	72	114,791
Brantley	0	0	0	0	0	0	1	166
Brooks	2	9,877	6	738	1	30,591	2	265
Bryan	0	0	1	231	0	0	1	298
Bulloch	6	178,943	5	30,048	1	6,618	11	5,469
Butts	3	73,098	96	30,677	7	64,649	55	63,783
Calhoun	0	0	8	1,380	0	0	1	3,053
Carroll	1	547	1	286	0	0	2	1,514
Catoosa	0	0	1	82	0	0	12	3,415
Charlton	0	0	0	0	0	0	1	375
Chatham	3	90,245	12	10,651	2	71,748	21	25,015
Chattahoochee	0	0	3	405	0	0	1	486
Cherokee	0	0	1	375	0	0	10	2,489
Clarke	1	43,232	8	3,335	0	0	6	5,094
Clay	0	0	12	177	0	0	0	0
Clayton	2	18,115	30	5,806	2	53,092	37	25,886
Clinch	0	0	5	720	0	0	0	0
Cobb	2	21,592	11	2,382	3	73,536	26	12,787
Coffee	11	425,606	42	22,895	5	128,458	14	9,314
Colquitt	5	86,411	27	3,575	4	139,001	9	8,836
Columbia	1	315	2	562	1	37,978	11	5,222

Cook	6	208,530	29	12,717	5	78,104	10	13,854
Coweta	0	0	3	66	1	6,770	7	15,571
Crawford	52	655,640	574	544,150	42	868,980	615	523,414
Crisp	29	1,120,621	137	326,937	15	359,921	34	104,071
Dawson	0	0	0	0	0	0	1	247
Decatur	1	3,562	9	7,156	0	0	3	637
DeKalb	6	68,913	28	171,577	7	239,968	33	46,168
Dodge	40	1,578,712	182	78,308	29	558,021	70	205,740
Dooly	21	591,098	101	104,296	11	387,927	29	65,233
Dougherty	3	79,289	57	75,965	3	22,855	19	28,694
Douglas	1	39,056	3	2,119	1	4,602	5	4,313
Early	0	0	9	5,155	0	0	0	0
Echols	0	0	5	650	0	0	1	64
Effingham	1	1,794	1	48	0	0	5	3,645
Elbert	0	0	1	22	0	0	0	0
Emanuel	2	12,208	13	6,082	3	28,323	7	10,333
Fayette	0	0	2	522	0	0	2	626
Floyd	2	22,072	2	3,275	0	0	4	4,937
Forsyth	0	0	0	0	1	44,548	2	569
Franklin	0	0	0	0	0	0	2	193
Fulton	0	0	28	11,226	2	16,285	61	80,088
Gilmer	0	0	5	1,931	0	0	25	16,689
Gordon	1	520	1	5,782	0	0	3	6,005
Grady	1	306	12	3,631	0	0	1	5,971
Greene	1	2,250	7	1,683	0	0	3	6,050
Gwinnett	2	3,112	14	16,415	0	0	38	27,689
Habersham	0	0	0	0	0	0	1	253
Hall	1	47,834	5	850	0	0	4	3,511
Hancock	35	325,631	142	109,692	11	153,444	60	103,323
Harris	1	91,346	7	23,826	0	0	3	11,041
Henry	2	9,992	70	18,829	3	20,773	66	52,822
Houston	93	2,021,309	1,128	752,045	142	2,683,596	1,146	1,416,385
Irwin	6	205,020	22	15,666	5	147,083	16	32,102
Jackson	0	0	3	244	0	0	3	7,617
Jasper	11	185,166	31	17,387	8	133,107	49	78,872
Jeff Davis	0	0	7	77,405	2	9,654	3	3,993
Jefferson	0	0	4	222	1	16,344	3	1,224
Jenkins	0	0	1	600	0	0	1	600
Johnson	1	38,720	50	42,097	2	29,853	21	18,679
Jones	35	718,545	1,016	715,378	81	1,478,545	1,655	1,236,067
Lamar	10	82,654	142	70,155	15	505,383	132	238,484
Lanier	1	74,892	7	362	0	0	5	653
Laurens	26	641,248	259	188,823	31	493,194	147	227,267
Lee	0	0	13	3,251	0	0	5	4,414

Liberty	0	0	0	0	0	0	1	183
Lincoln	0	0	1	22	0	0	1	174
Long	0	0	3	4,217	0	0	3	5,110
Lowndes	3	3,587	88	39,592	2	27,735	13	13,613
Lumpkin	0	0	0	0	0	0	2	1,089
Macon	22	238,678	79	97,559	25	755,179	87	127,186
Marion	1	500	5	1,205	0	0	0	0
McDuffie	0	0	2	15,468	0	0	1	691
McIntosh	0	0	0	0	0	0	2	155
Meriwether	1	57,835	9	1,009	5	78,871	2	877
Miller	0	0	1	22	0	0	0	0
Mitchell	0	0	16	111,863	0	0	6	998
Monroe	67	2,081,476	933	620,881	85	1,876,704	860	810,588
Montgomery	1	15,860	2	2,222	4	35,968	1	2,200
Morgan	1	1,629	10	3,997	0	0	7	5,831
Muscogee	3	49,977	48	7,706	5	148,886	25	14,629
Newton	0	0	15	1,942	2	346,000	14	14,190
Oconee	0	0	0	0	0	0	3	1,987
Oglethorpe	0	0	0	0	1	130,961	2	1,648
Other Out of State	38	670,440	254	225,353	45	832,515	474	457,639
Paulding	0	0	4	710	0	0	3	4,886
Peach	74	1,685,194	482	485,122	79	1,344,711	677	842,044
Pickens	0	0	1	257	0	0	0	0
Pierce	0	0	0	0	0	0	3	3,835
Pike	2	35,576	28	2,146	5	218,759	11	94,416
Polk	0	0	1	475	0	0	0	0
Pulaski	15	290,670	80	73,392	8	97,910	52	118,422
Putnam	17	670,050	191	244,071	27	543,745	157	255,006
Quitman	0	0	0	0	0	0	2	3,272
Randolph	1	131,141	5	4,695	1	117,694	1	959
Richmond	1	5,391	6	1,363	0	0	4	899
Rockdale	0	0	8	2,799	0	0	4	1,255
Schley	2	45,769	12	2,662	0	0	0	0
Screven	0	0	2	531	0	0	0	0
Spalding	6	96,231	87	31,282	5	65,930	37	25,056
Stephens	0	0	2	62	0	0	0	0
Sumter	8	109,050	92	35,821	8	226,943	12	28,379
Talbot	4	305,269	3	362	3	97,348	0	0
Tattnall	2	66,742	3	152	1	17,154	5	8,053
Taylor	40	703,040	133	107,700	26	587,845	87	227,292
Telfair	14	306,144	37	39,749	7	178,072	23	89,983
Terrell	1	71,902	8	1,662	0	0	0	0
Thomas	2	59,366	32	7,748	3	70,531	7	6,114
Tift	17	832,883	86	35,186	15	611,141	22	67,615

Toombs	1	884	23	11,931	1	17,508	8	13,164
Treutlen	2	41,316	9	2,897	2	52,478	6	3,540
Troup	0	0	3	495	1	4,100	4	2,351
Turner	2	39,191	15	18,158	0	0	7	50,337
Twiggs	36	1,032,507	654	353,639	12	320,493	577	421,538
Union	0	0	1	22	1	21,085	0	0
Upson	48	1,004,994	208	478,003	36	974,314	128	245,249
Walker	0	0	0	0	0	0	5	3,186
Walton	0	0	3	990	1	9,215	8	2,521
Ware	0	0	4	735	0	0	3	913
Washington	11	200,132	53	79,946	12	350,985	47	72,401
Wayne	1	15,000	8	2,375	1	22,701	3	1,228
Webster	0	0	3	1,102	0	0	0	0
Wheeler	2	75,213	18	26,210	1	29,063	10	45,758
Whitfield	0	0	0	0	1	7,184	0	0
Wilcox	16	639,321	37	32,551	5	215,775	12	29,476
Wilkes	3	2,912	42	21,957	3	36,444	39	23,904
Wilkinson	52	1,330,697	635	435,767	32	518,494	496	485,700
Worth	0	0	21	4,120	4	338,494	4	9,966
<b>Total</b>	<b>2,632</b>	<b>52,722,905</b>	<b>46,657</b>	<b>31,644,379</b>	<b>2,053</b>	<b>37,446,520</b>	<b>37,911</b>	<b>32,472,747</b>



## 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.	53,690,127	-62,884,897	-59,581,225
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.	38,083,351	-33,693,958	-26,796,776
C.	Other Patients in accordance with the department approved policy.	6,527,192	-5,175,665	-1,921,453

### 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:** Ninfa M. Saunders

**Date:** 8/12/2014

**Title:** President and 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:** Rhonda S. Perry

**Date:** 8/12/2014

**Title:** EVP and CFO

**Comments:**