



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2013 Hospital Financial Survey**

**Part A : General Information**

**1. Identification**

**UID:HOSP716**

**Facility Name:** University Hospital

**County:** Richmond

**Street Address:** 1350 Walton Way

**City:** Augusta

**Zip:** Augusta

**Mailing Address:** 1350 Walton Way

**Mailing City:** Augusta

**Mailing Zip:** 30901-2629

**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: 1/1/2013 To:12/31/2013

**Please indicate your cost report year.**

From: 01/01/2013 To:12/31/2013

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:** Phyllis Wright

**Contact Title:** Decision Support Manager

**Phone:** 706-828-2445

**Fax:** 706-828-2490

**E-mail:** pwright@uh.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	724,074,457
Total Inpatient Admissions accounting for Inpatient Revenue	21,711
Outpatient Gross Patient Revenue	480,270,455
Total Outpatient Visits accounting for Outpatient Revenue	210,542
Medicare Contractual Adjustments	463,602,149
Medicaid Contractual Adjustments	98,137,625
Other Contractual Adjustments:	178,483,496
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	30,262,048
Uncompensated Indigent Care (net):	30,365,516
Uncompensated Charity Care (net ):	39,590,489
Other Free Care:	1,355,981
Other Revenue/Gains:	54,433,825
Total Expenses:	350,482,938

### 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	1,355,981
Employee Discounts	0
	0
<b>Total</b>	<b>1,355,981</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?

01/01/2013

### 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 Accounts

#### **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	14,381,020	18,146,817	32,527,837
Outpatient	15,984,496	21,443,672	37,428,168
<b>Total</b>	<b>30,365,516</b>	<b>39,590,489</b>	<b>69,956,005</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	14,381,020	18,146,817	32,527,837
Outpatient	15,984,496	21,443,672	37,428,168
<b>Total</b>	<b>30,365,516</b>	<b>39,590,489</b>	<b>69,956,005</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	0	0	1	118	0	0	0	0
Baldwin	0	0	2	7,553	1	943	6	9,719
Barrow	0	0	1	1,026	0	0	0	0
Bartow	1	1,156	1	211	1	64,514	1	211
Bibb	0	0	3	1,707	0	0	8	4,105
Bryan	0	0	0	0	0	0	1	1,104
Bulloch	0	0	3	1,939	1	27,545	8	8,569
Burke	46	308,131	173	339,709	34	587,969	142	365,959
Butts	0	0	0	0	0	0	1	1,432
Candler	0	0	0	0	1	37,855	2	11,613
Carroll	0	0	0	0	0	0	1	215
Charlton	1	1,184	1	915	2	28,917	3	1,361
Chatham	0	0	4	5,384	0	0	12	13,009
Cherokee	0	0	0	0	0	0	1	413
Clarke	0	0	2	1,622	1	18,025	7	10,136
Clay	0	0	0	0	0	0	1	135
Clayton	0	0	0	0	0	0	2	7,213
Cobb	2	19,222	3	1,386	0	0	13	22,038
Coffee	0	0	0	0	0	0	1	1,052
Colquitt	0	0	0	0	0	0	1	135
Columbia	63	1,357,029	606	1,376,354	119	1,549,194	1,734	1,886,071
Coweta	0	0	0	0	0	0	1	894
Crawford	0	0	0	0	0	0	1	999
Crisp	0	0	1	380	0	0	2	1,251
Decatur	0	0	0	0	0	0	1	1,148
DeKalb	0	0	1	249	0	0	12	13,557
Dougherty	0	0	0	0	0	0	1	135
Early	0	0	0	0	0	0	1	350
Effingham	0	0	3	4,693	0	0	4	6,110
Elbert	0	0	0	0	0	0	1	218
Emanuel	8	8,357	18	22,195	7	279,664	21	67,159
Evans	0	0	0	0	1	11,256	2	862

Floyd	0	0	0	0	0	0	1	672
Fulton	0	0	4	2,568	1	11,180	9	9,903
Glascock	4	35,320	11	42,019	4	70,516	26	54,540
Glynn	1	1,184	0	0	0	0	2	1,131
Grady	0	0	1	607	0	0	1	607
Greene	1	1,560	2	1,367	3	14,557	4	8,154
Gwinnett	0	0	1	2,697	1	8,222	5	10,240
Habersham	1	53,003	1	8,886	0	0	1	4,184
Hall	1	101,274	0	0	1	34,027	3	4,153
Hancock	3	26,399	3	1,747	1	593	8	4,591
Hart	0	0	0	0	1	11,543	1	1,197
Henry	0	0	1	319	0	0	3	3,355
Houston	0	0	1	333	0	0	1	333
Jackson	0	0	0	0	0	0	1	211
Jefferson	34	459,380	41	183,222	19	228,520	113	300,863
Jenkins	11	174,443	18	70,470	9	132,952	20	27,739
Johnson	1	67,002	2	6,736	0	0	0	0
Jones	0	0	0	0	0	0	2	412
Lamar	0	0	0	0	0	0	1	438
Laurens	1	13	4	12,620	0	0	7	13,398
Liberty	0	0	1	228	0	0	0	0
Lincoln	14	203,227	50	238,402	10	43,716	71	102,709
Lowndes	0	0	0	0	0	0	1	5,969
Lumpkin	0	0	0	0	0	0	1	84
Madison	0	0	1	20	1	4,524	4	8,464
McDuffie	59	534,040	122	315,262	77	757,841	219	376,896
McIntosh	0	0	0	0	0	0	1	1,098
Montgomery	0	0	0	0	0	0	1	1,543
Murray	0	0	0	0	0	0	1	233
Newton	0	0	0	0	0	0	3	4,680
Oconee	0	0	0	0	0	0	1	70
Oglethorpe	0	0	0	0	0	0	1	52
Other Out of State	11	95,998	46	93,803	13	110,714	214	246,287
Paulding	0	0	1	202	0	0	1	202
Pierce	0	0	2	387	0	0	1	381
Polk	0	0	1	354	0	0	1	354
Putnam	2	9,806	1	342	0	0	3	3,558
Richmond	692	9,013,840	6,536	11,033,225	628	9,569,576	9,763	12,894,470
Rockdale	0	0	1	855	0	0	1	855
Screven	1	1,544	9	23,137	4	161,773	10	17,417
South Carolina	217	1,046,012	1,354	1,804,548	320	3,885,224	3,501	4,656,403
Sumter	1	13	0	0	0	0	1	1,030
Taliaferro	1	1,000	3	7,694	0	0	4	446
Telfair	0	0	0	0	0	0	3	5,277

Tift	0	0	0	0	0	0	1	135
Toombs	1	13	0	0	1	25,172	4	2,713
Treutlen	0	0	1	574	1	25,676	0	0
Troup	0	0	0	0	0	0	1	197
Walker	0	0	1	2,239	0	0	1	2,239
Walton	0	0	1	465	0	0	5	3,642
Ware	0	0	0	0	0	0	1	3,878
Warren	17	311,239	31	172,302	12	143,006	47	55,431
Washington	16	258,865	22	161,774	12	271,032	31	104,275
Wayne	0	0	1	717	0	0	1	717
Wheeler	0	0	0	0	0	0	1	52
Whitfield	0	0	0	0	0	0	1	202
Wilkes	2	290,766	20	28,934	5	30,571	44	58,419
<b>Total</b>	<b>1,213</b>	<b>14,381,020</b>	<b>9,118</b>	<b>15,984,496</b>	<b>1,292</b>	<b>18,146,817</b>	<b>16,146</b>	<b>21,443,672</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 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	34,978,002	34,978,003

### 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	13,884	13,885

## 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:** James R. Davis

**Date:** 2/19/2015

**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:** David A. Belkoski

**Date:** 2/19/2015

**Title:** Senior Vice President/CFO

**Comments:**