



2013 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP719

Facility Name: Georgia Regents Medical Center

County: Richmond

Street Address: 1120 15th Street

City: Augusta

Zip: 30912

Mailing Address: 1120 15th Street

Mailing City: Augusta

Mailing Zip: 30912

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: 7/1/2013 To:6/30/2013

Please indicate your cost report year.

From: 07/01/2013 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: Angela Ashmore

Contact Title: Reimbursement Analyst

Phone: 706-721-4258

Fax: 706-434-6152

E-mail: aashmore@gru.edu

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	810,281,391
Total Inpatient Admissions accounting for Inpatient Revenue	18,094
Outpatient Gross Patient Revenue	795,976,289
Total Outpatient Visits accounting for Outpatient Revenue	447,286
Medicare Contractual Adjustments	397,500,482
Medicaid Contractual Adjustments	284,145,811
Other Contractual Adjustments:	294,722,624
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	61,675,026
Uncompensated Indigent Care (net):	58,683,723
Uncompensated Charity Care (net):	21,090,503
Other Free Care:	181,747
Other Revenue/Gains:	92,943,101
Total Expenses:	532,587,975

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
Total	0

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?

06/01/2013

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.?

CFO

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.)?

400%

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	33,097,851	12,993,507	46,091,358
Outpatient	25,585,872	8,096,996	33,682,868
Total	58,683,723	21,090,503	79,774,226

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	33,097,851	12,993,507	46,091,358
Outpatient	25,585,872	8,096,996	33,682,868
Total	58,683,723	21,090,503	79,774,226

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	20	77,427	0	0	0	0
Bacon	0	0	6	3,614	0	0	0	0
Baldwin	9	582,356	66	123,530	2	1,682	0	0
Barrow	0	0	5	9,496	0	0	0	0
Ben Hill	0	0	1	705	0	0	0	0
Bibb	3	143,093	7	2,174	0	0	0	0
Bleckley	2	116,637	15	23,389	0	0	0	0
Brantley	0	0	1	1,506	0	0	0	0
Brooks	1	70,767	9	43,526	0	0	0	0
Bryan	1	5,816	0	0	0	0	5	2,883
Bulloch	23	930,282	187	363,512	1	4,204	8	10,567
Burke	55	1,414,140	592	976,422	7	114,100	197	94,607
Candler	0	0	17	53,237	0	0	0	0
Carroll	2	56,124	14	20,328	0	0	0	0
Chatham	2	278,714	19	27,773	0	0	5	453
Cherokee	0	0	6	23,174	0	0	0	0
Clarke	0	0	4	9,013	0	0	1	3,191
Clayton	2	105,598	4	63,910	0	0	5	826
Clinch	0	0	1	1,317	0	0	0	0
Cobb	1	256,216	19	17,218	0	0	1	152
Coffee	3	144,854	3	3,819	0	0	0	0
Columbia	120	3,282,631	2,094	3,373,635	39	403,393	429	309,635
Cook	0	0	7	97,789	0	0	0	0
Decatur	0	0	6	10,292	0	0	0	0
DeKalb	0	0	65	145,222	0	0	6	5,984
Dooly	1	1,299	3	2,849	0	0	0	0
Dougherty	0	0	27	100,087	0	0	6	7,865
Douglas	0	0	3	1,232	0	0	0	0
Effingham	0	0	14	38,778	0	0	0	0
Elbert	1	33,003	23	32,112	0	0	4	28,657
Emanuel	23	712,158	230	578,428	5	204,223	90	103,193
Evans	3	76,814	21	49,952	0	0	1	1,388

Forsyth	0	0	3	13,625	0	0	0	0
Franklin	2	117,628	16	11,211	1	568	1	139
Fulton	1	1,156	1	647	0	0	0	0
Gilmer	0	0	1	612	0	0	0	0
Glascock	6	195,191	76	73,369	3	15,380	24	2,834
Glynn	3	26,139	44	292,859	0	0	7	24,795
Grady	1	75,141	1	537	0	0	0	0
Greene	0	0	34	126,999	0	0	3	174
Gwinnett	3	122,138	16	84,525	1	6,767	2	2,820
Habersham	0	0	10	18,139	0	0	0	0
Hancock	5	149,781	43	160,915	0	0	4	209
Harris	0	0	25	34,060	0	0	0	0
Hart	1	12,901	1	1,926	0	0	15	5,682
Henry	0	0	0	0	0	0	2	4,947
Houston	1	15,241	11	28,944	0	0	0	0
Jackson	0	0	3	651	0	0	0	0
Jasper	0	0	22	18,441	0	0	0	0
Jeff Davis	2	260,003	3	485	0	0	0	0
Jefferson	52	1,580,519	631	910,018	0	0	71	41,724
Jenkins	23	1,606,854	155	315,675	4	452,921	15	3,223
Johnson	0	0	50	2,693	0	0	4	3,560
Jones	1	7,484	23	15,260	1	39,936	12	7,358
Lamar	0	0	15	18,108	0	0	0	0
Lanier	0	0	8	9,747	0	0	0	0
Laurens	20	943,538	99	292,712	0	0	0	0
Lee	0	0	1	12,854	0	0	4	8,630
Liberty	1	618,095	8	9,270	0	0	0	0
Lincoln	17	1,349,434	259	692,442	4	67,758	62	56,405
Long	1	71,377	32	255,213	0	0	0	0
Lowndes	3	89,493	43	68,764	1	40,409	3	3,767
Lumpkin	2	61,825	7	12,665	0	0	0	0
Macon	1	61,810	0	0	1	21,392	0	0
Madison	0	0	26	53,556	1	975	10	831
McDuffie	38	967,120	484	1,678,606	17	148,817	103	111,978
McIntosh	3	145,225	24	25,378	0	0	0	0
Mitchell	0	0	0	0	0	0	4	1,998
Monroe	2	97,261	8	13,941	0	0	0	0
Montgomery	1	4,601	14	25,392	1	11,469	8	37,171
Morgan	0	0	3	1,548	0	0	8	1,191
Murray	0	0	24	5,708	0	0	0	0
Newton	2	44,241	30	25,251	0	0	2	2,724
Oconee	0	0	6	36,634	0	0	0	0
Oglethorpe	0	0	2	25,247	1	17,537	7	2,314
Other Out of State	1	138,602	43	59,366	1	1,156	7	1,552

Paulding	0	0	6	36,634	0	0	0	0
Peach	0	0	1	249	0	0	0	0
Pierce	0	0	3	1,594	0	0	0	0
Pulaski	2	22,890	6	9,052	0	0	0	0
Putnam	2	191,139	72	104,096	0	0	10	36,258
Richmond	507	12,615,789	7,775	10,993,510	125	2,138,275	1,633	1,202,655
Rockdale	0	0	7	1,561	0	0	0	0
Screven	5	168,751	108	115,228	0	0	9	2,819
South Carolina	34	1,562,732	247	409,117	247	9,123,409	3,188	5,830,909
Spalding	1	15,794	25	64,890	0	0	0	0
Stephens	0	0	9	25,147	1	1,156	2	32
Taliaferro	0	0	18	40,701	0	0	0	0
Tattnall	0	0	87	500,277	0	0	6	9,224
Telfair	0	0	12	57,781	0	0	0	0
Terrell	0	0	7	65,653	0	0	0	0
Tift	2	275,514	12	10,996	0	0	0	0
Toombs	1	114,181	28	26,962	0	0	0	0
Treutlen	1	30,831	11	16,905	1	16,605	9	54,839
Union	2	92,406	15	48,852	0	0	1	10,330
Upson	1	28,458	0	0	0	0	0	0
Walton	0	0	7	19,555	0	0	0	0
Ware	0	0	23	91,262	0	0	0	0
Warren	15	449,476	170	322,434	1	49,941	19	2,971
Washington	19	200,800	135	328,573	6	53,964	22	28,303
Wayne	0	0	8	28,865	0	0	1	2,961
Wheeler	0	0	5	13,337	0	0	0	0
White	2	18,232	7	1,941	0	0	0	0
Wilcox	1	6,402	2	2,912	0	0	0	0
Wilkes	18	10,385	199	432,314	3	57,472	49	20,268
Wilkinson	2	105,612	20	27,812	0	0	0	0
Worth	1	215,157	20	78,203	0	0	0	0
Total	1,061	33,097,849	14,839	25,585,872	475	12,993,509	6,085	8,096,996

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.	0	58,869,114	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	18,191,381	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	SFY2013	SFY2014
7/1/11-6/30/12	7/1/12-6/30/13	7/1/13-6/30/14
0	22,460	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: DR. PETER BUCKLEY

Date: 7/30/2014

Title: 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 DAMRON

Date: 7/30/2014

Title: CFO

Comments: