



2022 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP439

Facility Name: Houston Medical Center

County: Houston

Street Address: 1600 Watson Blvd

City: Warner Robins

Zip: 31093

Mailing Address: 1600 Watson Blvd

Mailing City: Warner Robins

Mailing Zip: 31093

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2022 only.
Do not use a different report period.

Please indicate your hospital fiscal year.

From: 1/1/2022 To:12/31/2022

Please indicate your cost report year.

From: 01/01/2022 To:12/31/2022

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.

3. Trauma Center Designation Change During the Report Period

Check the box to the right if your facility experienced a change in trauma center designation during the report period.

If your facility's trauma center designation changed, provide the date and type of change.

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey.

Contact Name: Darcie Winsper
Contact Title: Director of Finance
Phone: 478-322-4861
Fax: 000-000-0000
E-mail: DWINSPER@HHC.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	379,356,925
Total Inpatient Admissions accounting for Inpatient Revenue	12,230
Outpatient Gross Patient Revenue	435,589,731
Total Outpatient Visits accounting for Outpatient Revenue	233,697
Medicare Contractual Adjustments	284,349,363
Medicaid Contractual Adjustments	91,000,150
Other Contractual Adjustments:	148,681,034
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	23,916,196
Gross Indigent Care:	33,609,155
Gross Charity Care:	18,604,313
Uncompensated Indigent Care (net):	33,609,155
Uncompensated Charity Care (net):	18,604,313
Other Free Care:	3,619,901
Other Revenue/Gains:	9,271,991
Total Expenses:	250,539,897

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	3,599,071
	20,829
Total	3,619,900

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 2022? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2022?

06/01/2019

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.?

Chief Financial Officer

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.)?

300%

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 2022? (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	14,414,936	3,936,175	18,351,111
Outpatient	19,194,219	14,668,138	33,862,357
Total	33,609,155	18,604,313	52,213,468

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	14,414,936	3,936,175	18,351,111
Outpatient	19,194,219	14,668,138	33,862,357
Total	33,609,155	18,604,313	52,213,468

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	17	20,048	0	0	3	7,743
Appling	0	0	1	2,550	0	0	0	0
Baldwin	0	0	6	9,353	0	0	6	9,287
Banks	1	57,133	0	0	0	0	0	0
Barrow	1	12,749	1	998	2	2,680	0	0
Ben Hill	0	0	4	2,215	0	0	3	2,835
Berrien	0	0	1	127	0	0	2	1,238
Bibb	13	240,593	496	692,173	38	405,512	518	829,644
Bleckley	3	42,641	73	103,880	5	26,803	90	134,954
Brooks	0	0	2	748	0	0	0	0
Bryan	0	0	1	1,509	0	0	0	0
Bulloch	2	5,083	1	2,285	4	21,964	0	0
Burke	0	0	1	397	0	0	0	0
Butts	3	2,786	0	0	1	7,579	0	0
Carroll	0	0	1	2,233	0	0	0	0
Chatham	0	0	10	14,150	0	0	4	3,673
Cherokee	0	0	4	5,172	0	0	5	1,991
Clarke	0	0	3	0	0	0	1	404
Clayton	0	0	15	20,264	0	0	4	8,980
Cobb	1	2,016	11	22,914	0	0	2	622
Coffee	0	0	1	1,625	0	0	1	675
Colquitt	0	0	3	4,214	0	0	0	0
Columbia	0	0	2	1,512	0	0	2	12,503
Cook	0	0	1	1,626	0	0	0	0
Coweta	0	0	2	1,110	0	0	0	0
Crawford	1	15,168	59	52,688	2	35,823	38	53,873
Crisp	1	20,947	17	57,333	0	0	20	32,842
Decatur	0	0	2	4,795	0	0	1	1,000
DeKalb	0	0	16	18,311	0	0	11	15,673
Dodge	2	61,061	39	40,849	2	22,635	32	75,976
Dooly	4	9,918	75	170,907	11	127,222	85	154,374
Dougherty	1	128,779	17	24,813	0	0	14	27,266

Douglas	0	0	4	7,198	0	0	0	0
Effingham	0	0	2	10,261	0	0	1	74
Emanuel	0	0	0	0	0	0	1	1
Fayette	0	0	3	4,830	0	0	1	696
Florida	1	33,781	49	58,404	7	100,466	61	55,594
Floyd	0	0	3	6,547	0	0	0	0
Forsyth	1	2,358	1	4,234	0	0	0	0
Fulton	1	360	14	26,609	0	0	9	39,474
Glynn	0	0	1	1,872	0	0	0	0
Gordon	0	0	1	594	0	0	0	0
Greene	0	0	0	0	0	0	1	2
Gwinnett	2	6,643	11	13,395	0	0	3	5,723
Hall	0	0	2	2,162	0	0	1	7,000
Hancock	0	0	1	600	0	0	1	1
Harris	0	0	2	3,133	0	0	0	0
Henry	0	0	14	37,394	0	0	3	4,336
Houston	188	2,760,172	9,245	10,780,696	644	11,463,796	9,418	14,787,237
Jasper	0	0	0	0	1	10,911	0	0
Johnson	0	0	0	0	0	0	3	3,719
Jones	0	0	55	-1,388	3	26,703	18	47,577
Lamar	0	0	1	250	0	0	0	0
Laurens	0	0	31	36,469	0	0	17	40,586
Lee	0	0	5	3,272	0	0	0	0
Liberty	1	5,956	1	2,382	0	0	0	0
Long	0	0	0	0	0	0	1	450
Lowndes	0	0	1	2,426	1	14,233	0	0
Macon	0	0	111	34,080	21	87,205	165	182,641
Madison	0	0	0	0	0	0	1	3
Marion	0	0	3	4,750	0	0	0	0
McDuffie	0	0	1	109	0	0	0	0
Meriwether	0	0	1	25,407	0	0	0	0
Mitchell	0	0	2	121	1	10,822	2	2,529
Monroe	0	0	14	35,245	1	58,440	13	10,415
Muscogee	0	0	7	5,374	0	0	2	5,589
Newton	0	0	7	11,253	0	0	2	4,352
North Carolina	2	2,999	20	27,226	1	41,093	14	984
Other Out of State	7	126,784	120	172,857	0	0	114	126,532
Paulding	0	0	2	2,863	0	0	0	0
Peach	32	291,836	1,210	1,620,660	89	1,386,597	1,223	1,820,711
Pulaski	6	50,246	101	117,541	19	151,574	153	191,015
Putnam	0	0	3	2,358	0	0	1	1
Richmond	0	0	1	1,623	0	0	0	0
Rockdale	0	0	5	16,502	0	0	0	0
Schley	0	0	3	1,263	0	0	2	8,192

Seminole	0	0	0	0	0	0	1	2,576
South Carolina	0	0	13	14,982	4	3,601	21	10,124
Spalding	0	0	1	1,360	0	0	0	0
Stephens	0	0	1	398	0	0	0	0
Stewart	0	0	1	179	0	0	0	0
Sumter	0	0	12	10,027	0	0	17	26,667
Talbot	0	0	2	1,173	0	0	0	0
Taylor	1	1,628	92	107,062	12	176,289	142	279,574
Telfair	0	0	5	7,969	1	11,810	7	1,370
Tennessee	0	0	19	30,675	0	0	4	1,451
Thomas	0	0	0	0	0	0	2	5,306
Tift	0	0	4	5,568	0	0	1	2,538
Toombs	0	0	1	1,684	0	0	1	743
Turner	0	0	5	2,100	0	0	1	2,656
Twiggs	1	47,074	52	40,389	4	221,151	75	96,772
Upton	0	0	8	29,464	0	0	2	8,220
Walton	0	0	0	0	0	0	1	3,683
Ware	0	0	1	3,879	0	0	0	0
Washington	0	0	3	5,753	0	0	12	7,421
Wayne	0	0	2	5,421	0	0	1	297
Wheeler	0	0	3	11,610	0	0	0	0
Wilcox	1	7,464	11	10,936	1	27	18	16,826
Wilkinson	0	0	12	15,672	0	0	2	5,712
Worth	0	0	1	466	0	0	2	1,296
Total	277	3,936,175	12,189	14,668,138	875	14,414,936	12,383	19,194,219

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 2022?
(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 2022.

Patient Category		SFY 2021	SFY2022	SFY2023
		7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	17,400,992	16,208,167
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	8,187,954	10,416,360

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2021	SFY2022	SFY2023
7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
0	8,180	5,820

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: 

Date: 7/20/2023

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: 

Date: 7/20/2023

Title: *VP/CEO*

Comments: