



2018 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP439

Facility Name: Houston Medical Center

County: Houston

Street Address: 1601 Watson Boulevard

City: Warner Robins

Zip: 31093

Mailing Address: P O Box 2886

Mailing City: Warner Robins

Mailing Zip: 31099-2886

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2018 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 1/1/2018 To:12/31/2018

Please indicate your cost report year.

From: 01/01/2018 To:12/31/2018

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: AMY GRUBE

Contact Title: REIMBURSEMENT ANALYST

Phone: 478-975-5320

Fax: 478-975-6917

E-mail: AGRUBE@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	314,093,779
Total Inpatient Admissions accounting for Inpatient Revenue	13,183
Outpatient Gross Patient Revenue	385,597,610
Total Outpatient Visits accounting for Outpatient Revenue	206,980
Medicare Contractual Adjustments	253,427,045
Medicaid Contractual Adjustments	75,856,111
Other Contractual Adjustments:	104,578,196
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	31,454,525
Gross Indigent Care:	35,567,763
Gross Charity Care:	5,014,581
Uncompensated Indigent Care (net):	35,567,763
Uncompensated Charity Care (net):	4,969,161
Other Free Care:	801,847
Other Revenue/Gains:	7,589,484
Total Expenses:	206,491,962

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	672,176
Employee Discounts	29,066
Underpayments & Small Balance Write-Offs	100,605
Total	801,847

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 2018? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2018?

02/06/2014

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 2018? (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	12,323,684	1,602,102	13,925,786
Outpatient	23,244,079	3,412,479	26,656,558
Total	35,567,763	5,014,581	40,582,344

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	45,420
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	45,420

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	12,323,684	1,602,102	13,925,786
Outpatient	23,244,079	3,367,059	26,611,138
Total	35,567,763	4,969,161	40,536,924

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	1	34,313	22	5,212	0	0	0	0
APPLING	0	0	1	2,113	0	0	0	0
BALDWIN	3	37,028	14	39,145	0	0	8	6,205
BARTOW	1	12,851	0	0	0	0	0	0
BEN HILL	0	0	1	3,369	0	0	3	1,201
BIBB	37	582,790	509	805,218	10	45,613	102	156,042
BLECKLEY	11	78,959	121	175,000	0	0	26	23,573
BROOKS	0	0	1	936	0	0	0	0
BULLOCH	1	11,137	0	0	0	0	0	0
BUTTS	0	0	12	23,590	0	0	0	0
Calhoun	0	0	2	1,421	0	0	0	0
CAMDEN	0	0	4	5,623	0	0	0	0
CANDLER	0	0	1	2,598	0	0	0	0
CARROLL	1	1,340	6	13,914	0	0	0	0
CHATHAM	0	0	2	3,952	0	0	0	0
CHEROKEE	0	0	1	3,433	0	0	0	0
CLAYTON	2	14,184	8	5,106	0	0	2	7,198
COBB	0	0	9	15,921	0	0	2	42,990
COFFEE	0	0	3	6,491	0	0	3	6,435
COLQUITT	2	92,773	3	4,575	0	0	1	270
COLUMBIA	0	0	1	1,174	0	0	0	0
COWETA	0	0	1	836	0	0	0	0
CRAWFORD	3	44,253	76	83,828	3	1,893	5	3,796
CRISP	1	16,229	37	126,386	0	0	0	0
DAWSON	0	0	1	2,969	0	0	0	0
DEKALB	0	0	5	5,123	0	0	0	0
DODGE	7	86,740	49	56,611	1	855	8	3,816
DOOLY	6	72,497	96	245,159	2	14,099	18	7,790
DOUGHERTY	0	0	5	28,480	0	0	6	3,929
EMANUEL	0	0	1	434	0	0	1	0
Florida	5	40,710	56	114,823	2	2,845	3	427
FRANKLIN	0	0	0	0	0	0	1	850

FULTON	3	17,414	6	3,289	0	0	0	0
Grady	0	0	5	5,679	0	0	0	0
GWINNETT	0	0	6	4,143	0	0	0	0
HALL	0	0	2	5,760	0	0	0	0
HANCOCK	0	0	2	6,045	0	0	0	0
HARRIS	0	0	1	4,264	0	0	0	0
HENRY	0	0	29	55,383	0	0	0	0
HOUSTON	680	8,412,384	11,781	17,070,784	291	1,018,968	2,391	2,297,841
IRWIN	0	0	1	2,850	0	0	0	0
JASPER	0	0	8	12,622	0	0	0	0
JEFF DAVIS	0	0	1	119,386	0	0	0	0
JOHNSON	0	0	1	4,668	0	0	0	0
JONES	1	1,343	9	8,639	1	1,169	1	24,403
LAURENS	3	17,488	21	24,145	0	0	2	1,801
LEE	0	0	1	1,457	0	0	0	0
LIBERTY	0	0	2	4,273	0	0	0	0
LOWNDES	0	0	7	5,741	0	0	0	0
MACON	21	270,234	179	257,231	8	33,202	22	53,107
MARION	0	0	2	552	0	0	0	0
MERIWETHER	0	0	3	1,330	0	0	0	0
MONROE	2	20,076	14	21,628	0	0	0	0
MONTGOMERY	0	0	1	820	0	0	0	0
MUSCOGEE	1	18,061	8	15,026	0	0	0	0
NEWTON	0	0	1	222	0	0	0	0
North Carolina	1	10,211	7	7,265	0	0	0	0
Other Out of State	6	62,481	70	96,696	1	1	20	23,417
Paulding	0	0	1	2,446	0	0	0	0
PEACH	115	1,767,637	1,802	2,836,020	64	362,895	573	565,084
PIERCE	0	0	1	700	0	0	0	0
PIKE	0	0	2	1,255	0	0	1	100
PULASKI	15	241,972	239	230,334	0	0	55	54,167
PUTNAM	0	0	0	0	0	0	6	342
RABUN	1	0	1	0	0	0	0	0
RICHMOND	0	0	3	1,945	0	0	0	0
SCHLEY	0	0	6	6,043	0	0	3	2,524
Seminole	0	0	1	0	0	0	0	0
South Carolina	1	6,402	17	52,275	0	0	0	0
Spalding	0	0	17	35,750	0	0	0	0
STEPHENS	0	0	0	0	0	0	2	7,516
SUMTER	4	64,642	10	21,295	0	0	8	8,156
TATTNALL	0	0	5	6,382	0	0	0	0
TAYLOR	22	183,696	220	358,198	6	11,310	54	63,651
TELFAIR	1	7,630	8	8,840	1	9,814	3	810
Tennessee	2	34,378	9	5,270	0	0	0	0

Terrell	0	0	2	2,228	0	0	0	0
Thomas	0	0	2	4,379	0	0	0	0
TIFT	0	0	2	576	0	0	0	0
TOOMBS	0	0	1	701	0	0	0	0
TURNER	0	0	1	1,571	0	0	1	586
TWIGGS	2	23,761	58	75,867	3	5,645	25	32,158
UPSON	2	30,428	6	18,459	0	0	1	1,539
WALTON	0	0	1	0	1	92,856	2	9,136
WASHINGTON	0	0	1	308	0	0	0	0
WHEELER	0	0	1	300	0	0	0	0
WILCOX	2	7,642	32	28,825	2	937	4	1,620
WILKINSON	0	0	7	15,493	0	0	0	0
WORTH	0	0	3	5,280	0	0	0	0
Total	966	12,323,684	15,675	23,244,078	396	1,602,102	3,363	3,412,480

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 2018?
(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 2018.

Patient Category		SFY 2017	SFY2018	SFY2019
		7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	2,327,234	2,687,346
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	18,244,586	17,323,177
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 2017	SFY2018	SFY2019
7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
0	6,060	4,967

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: Charles Briscoe

Date: 7/25/2019

Title: Interim Chief Executive Officer

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: Sean Whilden

Date: 7/25/2019

Title: Chief Financial Officer

Comments:

Houston's Chief Executive Officer, Mr. Cary Martin, retired and Mr. Charles Briscoe was named Interim Chief Executive Officer effective June 1, 2019.