



## 2021 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 2021 only.

***Do not use a different report period.***

**Please indicate your hospital fiscal year.**

From: 1/1/2021 To:12/31/2021

**Please indicate your cost report year.**

From: 01/01/2021 To:12/31/2021

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	412,132,676
Total Inpatient Admissions accounting for Inpatient Revenue	13,315
Outpatient Gross Patient Revenue	419,818,413
Total Outpatient Visits accounting for Outpatient Revenue	231,845
Medicare Contractual Adjustments	272,589,420
Medicaid Contractual Adjustments	85,936,523
Other Contractual Adjustments:	157,496,969
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	26,650,010
Gross Indigent Care:	29,497,429
Gross Charity Care:	22,746,496
Uncompensated Indigent Care (net):	29,497,429
Uncompensated Charity Care (net):	22,735,145
Other Free Care:	2,696,867
Other Revenue/Gains:	19,888,375
Total Expenses:	239,711,327

### 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	2,090,841
Employee Discounts	24,512
Underpayments & Sm Bal Write Offs	581,514
<b>Total</b>	<b>2,696,867</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 2021? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2021?

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 2021? (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	11,369,198	4,841,560	16,210,758
Outpatient	18,128,231	17,904,936	36,033,167
<b>Total</b>	<b>29,497,429</b>	<b>22,746,496</b>	<b>52,243,925</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	11,351
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
<b>Total</b>	<b>11,351</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	11,369,198	4,841,560	16,210,758
Outpatient	18,128,231	17,893,585	36,021,816
<b>Total</b>	<b>29,497,429</b>	<b>22,735,145</b>	<b>52,232,574</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
ALABAMA	2	6,666	13	7,155	1	12,706	22	44,278
APPLING	0	0	2	1,194	0	0	1	22
ATKINSON	0	0	1	4,229	0	0	0	0
BACON	0	0	0	0	0	0	2	2,263
BALDWIN	0	0	6	5,116	0	0	12	93,488
BARROW	0	0	0	0	0	0	2	3,404
BEN HILL	1	61,943	6	6,263	0	0	3	3,263
BERRIEN	0	0	1	404	0	0	1	501
BIBB	22	448,640	494	821,267	30	240,967	779	927,380
BLECKLEY	7	61,493	108	107,585	4	124,596	111	66,397
BULLOCH	0	0	3	2,533	0	0	5	3,595
BURKE	0	0	0	0	0	0	1	1,474
BUTTS	0	0	1	2,118	0	0	3	6,271
CALHOUN	0	0	1	1,823	0	0	0	0
CAMDEN	0	0	1	3,533	0	0	1	965
CARROLL	0	0	0	0	0	0	1	4,216
CHATHAM	1	13,298	0	0	0	0	9	9,021
CHATTOOGA	0	0	0	0	0	0	1	488
Cherokee	0	0	0	0	0	0	3	2,763
CLARKE	0	0	0	0	0	0	4	7,361
Clayton	1	15,478	10	10,120	0	0	7	7,229
COBB	0	0	8	8,867	0	0	19	26,624
COFFEE	2	3,351	1	335	0	0	1	682
COLQUITT	2	236,920	1	3,366	1	72,850	3	7,515
COLUMBIA	0	0	1	1	0	0	3	4,390
COOK	0	0	0	0	0	0	1	194
COWETA	0	0	1	3,203	0	0	5	4,533
CRAWFORD	3	49,868	51	73,011	3	85,168	74	99,835
CRISP	3	12,494	24	35,042	0	0	36	73,312
DAWSON	0	0	2	1,015	0	0	2	4,123
DEKALB	0	0	13	23,980	0	0	17	14,662
DODGE	2	56,500	35	27,676	2	5,621	43	34,524

DOOLY	4	122,891	72	114,428	10	59,870	130	167,836
DOUGHERTY	5	61,572	16	47,990	0	0	26	35,530
DOUGLAS	0	0	1	4,197	0	0	0	0
EARLY	0	0	0	0	0	0	2	1,999
EMANUEL	0	0	1	2	0	0	1	130
FAYETTE	0	0	1	827	0	0	3	1,779
FLORIDA	11	370,867	73	74,535	4	8,809	58	83,068
FORSYTH	0	0	1	797	0	0	0	0
FULTON	1	4,200	10	14,215	0	0	20	28,986
GLYNN	0	0	0	0	0	0	1	2,005
GORDON	0	0	0	0	0	0	1	214
GWINNETT	0	0	8	6,428	0	0	17	14,019
HALL	0	0	0	0	0	0	2	5,309
HANCOCK	0	0	0	0	0	0	2	236
HARRIS	0	0	0	0	0	0	3	1,089
HEARD	0	0	1	2,128	0	0	1	217
HENRY	0	0	2	4,243	5	33,650	23	34,642
HOUSTON	475	7,448,721	8,901	14,178,258	446	3,266,190	12,486	12,950,998
JASPER	0	0	2	2,659	0	0	1	3,448
JEFFERSON	0	0	1	2,675	0	0	2	206
JENKINS	3	48,141	0	0	0	0	1	121
JOHNSON	0	0	7	6,375	1	8,928	0	0
JONES	1	13,246	13	10,382	1	13,516	26	71,611
LAMAR	0	0	3	704	0	0	6	6,745
LAURENS	5	88,693	24	29,984	2	39,576	31	29,481
Lee	0	0	1	2,670	0	0	2	1,947
LIBERTY	0	0	6	10,546	1	0	7	9,406
LOWNDES	0	0	4	4,267	0	0	5	4,664
MACON	19	564,313	217	211,924	10	50,350	160	199,523
MADISON	0	0	0	0	0	0	1	558
MITCHELL	0	0	1	400	0	0	2	3,392
MONROE	0	0	17	27,867	1	33,463	20	18,229
MONTGOMERY	0	0	1	2,283	0	0	1	14
MURRAY	0	0	1	2,953	0	0	0	0
Muscogee	0	0	5	105	0	0	7	9,468
NEWTON	0	0	0	0	1	2,024	3	7,196
NORTH CAROLINA	0	0	10	16,900	2	2,998	34	58,115
OGLETHORPE	0	0	0	0	0	0	1	200
OTHER OUT OF STAT	3	31,627	82	50,739	15	74,547	180	272,365
PAULDING	0	0	1	5,986	0	0	2	14,534
PEACH	64	1,224,130	1,113	1,415,433	71	409,016	1,815	1,916,549
PICKENS	0	0	0	0	0	0	2	615
PIERCE	0	0	0	0	0	0	1	2,593
PIKE	0	0	0	0	0	0	1	100

POLK	0	0	0	0	0	0	2	4,501
PULASKI	10	112,106	143	177,839	10	156,138	143	145,828
PUTNAM	0	0	3	954	0	0	5	4,118
Randolph	0	0	0	0	2	35,607	0	0
RICHMOND	0	0	2	2,404	0	0	7	13,875
ROCKDALE	0	0	2	3,932	0	0	2	2,297
SCHLEY	0	0	5	9,135	1	17,397	4	10,341
SOUTH CAROLINA	1	3,847	11	6,393	0	0	15	21,403
SPALDING	0	0	2	292	0	0	3	8,472
SUMTER	1	14,403	18	29,755	1	19,509	14	17,410
TALBOT	0	0	1	7,237	0	0	1	2,056
TATTNALL	0	0	5	17,955	0	0	0	0
TAYLOR	8	218,151	163	257,041	7	23,976	117	114,509
TELFAIR	2	45,719	14	34,511	0	0	14	3,006
TENNESSEE	0	0	18	11,916	0	0	17	12,048
TIFT	0	0	0	0	0	0	2	4,454
TREUTLEN	1	4,747	0	0	0	0	0	0
TURNER	0	0	0	0	0	0	1	1,222
TWIGGS	0	0	68	85,590	3	6,153	55	65,579
UPSON	0	0	0	0	1	1,830	8	7,281
Walton	0	0	1	8,559	0	0	2	4,096
WARE	0	0	2	25	0	0	4	4,209
WASHINGTON	1	11,770	2	3,886	0	0	3	3,780
WAYNE	0	0	4	1,641	0	0	1	185
Webster	0	0	0	0	0	0	1	677
WHEELER	0	0	0	0	0	0	2	2,848
WHITE	0	0	0	0	0	0	1	1,626
WILCOX	1	13,403	20	65,056	3	36,105	23	23,615
WILKINSON	0	0	4	1,375	1	0	14	7,847
WORTH	0	0	0	0	0	0	2	3,742
<b>Total</b>	<b>662</b>	<b>11,369,198</b>	<b>11,868</b>	<b>18,128,232</b>	<b>640</b>	<b>4,841,560</b>	<b>16,722</b>	<b>17,904,935</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 2021?  
(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 2021.

Patient Category		SFY 2020	SFY2021	SFY2022
		7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	10,730,660	12,015,837
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	15,768,262	13,729,168
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 2020	SFY2021	SFY2022
7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
0	8,733	6,688

## 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:** 7/22/2022

**Title:** 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:** 7/22/2022

**Title:** Chief Financial Officer

**Comments:**