



2019 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 2019 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 1/1/2019 To:12/31/2019

Please indicate your cost report year.

From: 01/01/2019 To:12/31/2019

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: Carol Amos

Contact Title: Director of Finance

Phone: 478-542-7827

Fax: 478-975-6655

E-mail: camos@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	341,719,514
Total Inpatient Admissions accounting for Inpatient Revenue	13,327
Outpatient Gross Patient Revenue	419,930,104
Total Outpatient Visits accounting for Outpatient Revenue	221,171
Medicare Contractual Adjustments	283,758,117
Medicaid Contractual Adjustments	83,349,344
Other Contractual Adjustments:	116,362,692
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	35,593,337
Gross Indigent Care:	32,496,692
Gross Charity Care:	5,198,188
Uncompensated Indigent Care (net):	32,496,692
Uncompensated Charity Care (net):	5,159,199
Other Free Care:	1,390,406
Other Revenue/Gains:	33,191,538
Total Expenses:	212,743,927

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	1,226,689
Employee Discounts	36,006
Underpayments & Small Bal W/O Discounts	127,711
Total	1,390,406

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 2019? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2019?

10/09/2019

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.?

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 2019? (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	12,184,079	1,944,771	14,128,850
Outpatient	20,312,613	3,253,417	23,566,030
Total	32,496,692	5,198,188	37,694,880

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	38,989
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	38,989

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	12,184,079	1,944,771	14,128,850
Outpatient	20,312,613	3,214,428	23,527,041
Total	32,496,692	5,159,199	37,655,891

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	20,033	5	4,111	0	0	0	0
BALDWIN	1	9,969	0	0	0	0	4	6,680
BANKS	0	0	2	5,815	0	0	0	0
BEN HILL	0	0	0	0	0	0	1	75
BERRIEN	0	0	1	2,231	0	0	0	0
BIBB	42	539,605	443	859,843	13	103,669	93	109,027
BLECKLEY	7	77,121	171	139,239	1	1,269	28	10,031
BULLOCH	2	0	1	838	0	0	0	0
BURKE	0	0	1	2,093	0	0	0	0
BUTTS	2	0	8	15,157	1	2,389	1	397
CAMDEN	0	0	1	816	0	0	0	0
CHATTOOGA	0	0	0	0	0	0	3	273
Cherokee	0	0	1	1,826	0	0	0	0
Clayton	0	0	10	27,344	0	0	3	992
COBB	0	0	5	228	0	0	2	1,801
COFFEE	0	0	3	5,370	0	0	4	811
COLQUITT	0	0	9	86,731	0	0	0	0
COWETA	0	0	3	3,946	0	0	0	0
CRAWFORD	7	151,820	69	126,175	0	0	15	11,101
CRISP	10	84,400	38	21,024	0	0	4	3,229
DECATUR	0	0	1	3	0	0	0	0
DEKALB	0	0	6	12,953	0	0	0	0
DODGE	10	155,397	61	166,716	0	0	8	10,994
DOOLY	5	104,010	106	146,086	2	26,336	20	3,220
DOUGHERTY	0	0	8	9,065	0	0	0	0
Early	0	0	3	1,079	0	0	0	0
ELBERT	0	0	1	2,501	0	0	0	0
EMANUEL	0	0	4	31,444	0	0	0	0
Florida	1	3,990	39	61,610	0	0	1	21
FLOYD	0	0	1	2,424	0	0	0	0
FULTON	0	0	10	30,288	0	0	0	0
Grady	0	0	2	3,195	0	0	0	0

GREENE	0	0	1	300	0	0	0	0
Gwinnett	0	0	7	4,168	0	0	0	0
HARRIS	0	0	1	1,246	0	0	0	0
HENRY	0	0	0	0	0	0	3	3,304
HOUSTON	762	8,348,379	12,105	15,454,408	398	1,334,238	3,454	2,445,476
IRWIN	0	0	0	0	1	904	0	0
JACKSON	0	0	1	5,187	0	0	0	0
JASPER	0	0	10	8,480	0	0	2	3,235
JEFFERSON	0	0	1	4,177	0	0	0	0
JOHNSON	0	0	3	19,148	0	0	0	0
JONES	0	0	1	394	1	245	0	0
LAMAR	0	0	1	375	0	0	0	0
LAURENS	2	38,723	20	26,237	0	0	28	7,583
LOWNDES	1	7,924	0	0	0	0	0	0
LUMPKIN	0	0	0	0	0	0	6	4,014
MACON	32	386,437	242	411,384	5	4,778	31	47,928
MADISON	0	0	1	2,239	0	0	0	0
MARION	0	0	1	1,911	0	0	0	0
MERIWETHER	0	0	2	0	0	0	0	0
MITCHELL	0	0	3	7,564	0	0	0	0
MONROE	2	53,932	8	10,635	0	0	3	10,013
MONTGOMERY	0	0	0	0	0	0	1	517
MORGAN	0	0	1	4,820	0	0	0	0
MURRAY	0	0	0	0	0	0	2	515
Muscogee	1	19,794	2	2,791	0	0	0	0
NEWTON	0	0	1	300	0	0	0	0
North Carolina	0	0	7	10,768	3	25,797	1	927
Other Out of State	14	171,866	55	56,965	7	9,720	20	8,894
PEACH	146	1,433,755	1,669	1,880,655	68	346,413	518	414,583
POLK	0	0	1	19,986	0	0	0	0
PULASKI	21	201,919	179	32,501	4	5,364	65	29,268
PUTNAM	4	0	1	1,221	0	0	1	850
RICHMOND	0	0	4	5,843	0	0	0	0
ROCKDALE	0	0	1	400	0	0	0	0
Screven	0	0	2	5,743	0	0	0	0
South Carolina	1	8,701	8	20,722	0	0	0	0
SPALDING	0	0	6	17,318	0	0	0	0
SUMTER	4	1,638	19	18,184	0	0	3	1,024
TAYLOR	15	75,051	284	56,745	15	76,101	39	62,353
TELFAIR	0	0	3	7,715	1	1,217	5	29,058
Tennessee	0	0	15	56,814	0	0	0	0
THOMAS	0	0	0	0	1	1,725	1	195
TIFT	0	0	3	2,259	0	0	2	3,621
TROUP	0	0	1	300	0	0	0	0

TURNER	1	1,366	1	2,047	0	0	2	4,758
TWIGGS	7	118,217	68	118,928	3	459	14	15,362
UPSON	0	0	0	0	0	0	2	336
WALTON	0	0	2	2,358	0	0	0	0
WASHINGTON	0	0	4	3,405	0	0	0	0
WHITE	0	0	0	0	1	1,131	0	0
WILCOX	8	141,848	46	242,685	1	3,013	5	950
WILKINSON	4	28,187	4	9,682	0	0	0	0
WORTH	0	0	1	3,455	0	0	0	0
Total	1,113	12,184,082	15,809	20,312,614	526	1,944,768	4,395	3,253,416

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 2019?
(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 2019.

Patient Category		SFY 2018	SFY2019	SFY2019
		7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	2,434,164	2,764,024
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	14,099,515	18,397,178
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 2018	SFY2019	SFY2019
7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
0	4,601	4,521

Reconciliation Addendum

This section is printed in landscape format on a separate PDF file.

Nurse Employment Addendum

This section is printed 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: 8/7/2020

Title:

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: 8/7/2020

Title:

Comments:

Nurse Employment Addendum: this is not data previously maintained. The HR Department has started notating Nurses they hire with a licenses other than the State of Georgia; but, they do not know if Nurses with a Georgia license are licensed in other states. They ran a report of the nurses checked as multistate and 20 were on the list. Duration was calculated using the Hire Date to 12/31/19.