



2020 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: 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 2020 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 1/1/2020 To:12/31/2020

Please indicate your cost report year.

From: 01/01/2020 To:12/31/2020

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: 478-954-4191

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	366,139,503
Total Inpatient Admissions accounting for Inpatient Revenue	12,951
Outpatient Gross Patient Revenue	377,455,076
Total Outpatient Visits accounting for Outpatient Revenue	187,601
Medicare Contractual Adjustments	255,791,993
Medicaid Contractual Adjustments	79,713,021
Other Contractual Adjustments:	122,005,691
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	29,819,431
Gross Indigent Care:	30,577,936
Gross Charity Care:	22,867,429
Uncompensated Indigent Care (net):	30,577,936
Uncompensated Charity Care (net):	22,856,544
Other Free Care:	1,824,488
Other Revenue/Gains:	28,143,561
Total Expenses:	215,577,934

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	1,485,182
Employee Discounts	28,241
Small Bal WO / Underpayments	311,065
Total	1,824,488

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 2020? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2020?

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.?

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 2020? (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	10,580,699	4,713,466	15,294,165
Outpatient	19,997,237	18,153,963	38,151,200
Total	30,577,936	22,867,429	53,445,365

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	10,885
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	10,885

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	10,580,699	4,713,466	15,294,165
Outpatient	19,997,237	18,143,078	38,140,315
Total	30,577,936	22,856,544	53,434,480

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	1,342	15	20,239	0	0	31	35,273
APPLING	0	0	0	0	0	0	7	505
BACON	0	0	0	0	0	0	1	100
BALDWIN	0	0	8	57,540	0	0	19	25,205
BARTOW	0	0	0	0	0	0	1	2,401
BEN HILL	0	0	3	6,730	3	3,664	1	101
BERRIEN	0	0	1	1,227	0	0	3	1,812
BIBB	26	440,936	373	728,413	25	153,088	627	874,218
BLECKLEY	0	0	125	195,164	7	60,835	118	108,777
BROOKS	0	0	1	3,523	0	0	0	0
BRYAN	0	0	0	0	0	0	2	2,733
BULLOCH	0	0	6	34,949	0	0	1	1,495
BURKE	0	0	1	1,125	0	0	3	413
BUTTS	0	0	2	3,013	0	0	5	5,061
Calhoun	0	0	0	0	1	3,877	0	0
CANDLER	0	0	1	1,287	0	0	0	0
CARROLL	0	0	3	7,438	1	11,963	3	3,685
CATOOSA	0	0	0	0	0	0	1	101
CHATHAM	0	0	1	260	1	7,889	5	10,616
CHATTOOGA	0	0	0	0	0	0	3	442
CHEROKEE	0	0	1	1	0	0	7	7,740
CLARKE	0	0	1	1,700	0	0	1	1,255
CLAYTON	1	7,479	9	5,481	6	51,933	23	60,307
CLINCH	0	0	1	7,002	0	0	3	771
COBB	2	75,278	2	1,700	0	0	8	20,345
COFFEE	0	0	0	0	0	0	9	8,219
COLQUITT	0	0	1	4,138	0	0	4	4,278
COLUMBIA	1	1,408	0	0	0	0	1	267
COWETA	0	0	0	0	1	1,544	4	5,627
CRAWFORD	4	49,023	47	58,328	5	92,521	75	90,893
CRISP	1	1,258	33	57,325	9	120,777	40	47,722
DAWSON	0	0	0	0	0	0	1	90

Decatur	0	0	1	165	0	0	4	4,037
DEKALB	3	34,133	4	7,522	0	0	16	23,056
DODGE	0	0	25	23,478	2	300	48	82,402
DOOLY	9	128,786	60	113,290	10	55,976	55	20,839
DOUGHERTY	1	2,616	5	23,703	1	1,628	16	28,172
DOUGLAS	1	8,244	0	0	0	0	3	3,965
Early	0	0	1	145	0	0	0	0
EFFINGHAM	0	0	1	2	0	0	8	5,874
ELBERT	0	0	0	0	0	0	2	2,725
EMANUEL	0	0	4	8,283	0	0	1	3,510
FAYETTE	0	0	1	1,743	0	0	1	2,217
Florida	6	107,838	63	111,948	10	84,246	66	111,363
FORSYTH	0	0	0	0	1	169	0	0
FULTON	1	16,887	5	8,850	0	0	27	33,558
GILMER	0	0	1	44	0	0	0	0
GLYNN	0	0	0	0	0	0	1	4,358
GORDON	0	0	0	0	0	0	1	1,294
Grady	0	0	1	6,800	0	0	0	0
GREENE	1	6,695	0	0	0	0	1	2,997
GWINNETT	1	2,360	12	22,701	0	0	17	23,548
HALL	0	0	0	0	0	0	2	4,257
HANCOCK	0	0	0	0	0	0	2	517
HENRY	0	0	4	4,639	1	19,451	20	38,986
HOUSTON	517	8,258,017	9,063	15,211,939	497	2,781,040	12,200	13,429,204
IRWIN	0	0	1	4,638	1	811	0	0
JASPER	0	0	0	0	0	0	1	4,121
JEFF DAVIS	0	0	1	3,401	0	0	0	0
JEFFERSON	0	0	0	0	0	0	1	100
JOHNSON	0	0	8	2,436	0	0	2	2,959
JONES	0	0	0	0	0	0	19	19,526
LAMAR	0	0	0	0	0	0	5	15,872
LAURENS	2	28,442	24	21,912	2	29,645	30	40,159
LEE	0	0	0	0	0	0	5	4,858
LIBERTY	0	0	3	5,601	0	0	6	728
Lowndes	0	0	7	16,853	0	0	7	12,553
MACON	17	136,347	197	296,628	20	102,169	144	167,998
MADISON	0	0	0	0	0	0	2	1,547
MCDUFFIE	1	12,937	0	0	0	0	0	0
MERIWETHER	0	0	2	6,147	0	0	2	1,576
MITCHELL	0	0	1	1,121	0	0	1	2,734
MONROE	0	0	3	5,799	1	1,951	23	28,701
MONTGOMERY	0	0	1	2,000	0	0	1	126
MORGAN	0	0	0	0	1	8,982	0	0
MUSCOGEE	0	0	4	2,457	1	820	8	8,859

North Carolina	2	23,748	12	15,963	2	47,633	29	58,442
Other Out of State	6	106,734	110	137,737	7	30,014	131	182,701
Paulding	0	0	0	0	0	0	5	4,629
Peach	61	878,154	1,153	1,976,454	62	549,662	1,634	1,730,338
PIERCE	0	0	0	0	0	0	1	2,167
PIKE	0	0	1	1,500	0	0	3	4,550
POLK	0	0	0	0	2	5,748	2	4,404
PULASKI	7	77,463	138	182,972	14	65,913	181	170,510
PUTNAM	0	0	7	2,167	0	0	9	11,446
Randolph	0	0	0	0	0	0	2	5,542
RICHMOND	0	0	2	2,582	0	0	7	9,901
Rockdale	0	0	1	4	0	0	5	7,956
SCHLEY	0	0	2	3,279	0	0	2	1,369
South Carolina	1	8,262	9	16,898	4	107,289	31	35,270
SPALDING	0	0	1	4,195	0	0	2	5,794
STEWART	2	27,369	2	18,458	0	0	1	2,056
SUMTER	2	12,243	22	49,796	5	17,833	13	10,913
TALBOT	0	0	0	0	1	4,578	1	82
TATTNALL	0	0	1	2,239	0	0	0	0
TAYLOR	9	35,692	166	319,567	12	118,878	156	193,223
TELFAIR	1	30,384	2	6,433	1	5,076	9	36,753
Tennessee	1	10,024	13	11,672	3	43,981	30	30,966
THOMAS	0	0	0	0	0	0	1	292
TIFT	0	0	2	4,274	3	3,356	11	11,621
TOOMBS	0	0	1	7,517	0	0	8	2,832
TOWNS	0	0	1	8,975	0	0	0	0
TREUTLEN	0	0	0	0	0	0	1	402
TROUP	1	11,754	1	2,262	0	0	3	4,543
TURNER	0	0	0	0	0	0	2	5,594
TWIGGS	4	25,469	57	86,493	3	58,186	56	58,047
UPSON	1	11,968	2	7,051	2	52,289	15	20,533
Walton	0	0	2	1,535	0	0	0	0
WARE	0	0	0	0	0	0	1	1,486
WASHINGTON	0	0	1	300	0	0	7	7,637
WAYNE	0	0	1	6,235	1	520	2	1,079
WHEELER	0	0	1	739	0	0	1	768
WILCOX	0	0	6	6,282	1	1,852	16	17,994
WILKINSON	0	0	7	2,829	1	5,378	12	49,636
WORTH	1	1,410	0	0	0	0	4	2,740
Total	695	10,580,700	11,862	19,997,236	731	4,713,465	16,149	18,153,964

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 2020?
(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 2020.

Patient Category		SFY 2018	SFY2020	SFY2020
		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	14,317,036	16,260,899
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	10,248,705	12,618,724
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	SFY2020	SFY2020
7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
0	9,435	9,367

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. Melinda Hartley

Date: 7/23/2021

Title: Chief Operating 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: 7/23/2021

Title: Chief Financial Officer

Comments:

Chief Executive Officer out on leave: Chief Operating Officer signing in his absence.