



## 2018 Hospital Financial Survey

### Part A : General Information

#### 1. Identification

UID:hosp366

**Facility Name:** Gwinnett Medical Center

**County:** Gwinnett

**Street Address:** PO Box 348

**City:** Lawrenceville

**Zip:** 30046-0348

**Mailing Address:** PO Box 348

**Mailing City:** Lawrenceville

**Mailing Zip:** 30046-0348

#### 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: 7/1/2017 To:6/30/2018

**Please indicate your cost report year.**

From: To:

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:** Susan Samson

**Contact Title:** Interim Reimbursement Manager

**Phone:** 678-312-5527

**Fax:** 770-339-3459

**E-mail:** [ssamson@gwinnettmedicalcenter.org](mailto:ssamson@gwinnettmedicalcenter.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	991,878,580
Total Inpatient Admissions accounting for Inpatient Revenue	22,781
Outpatient Gross Patient Revenue	1,132,977,168
Total Outpatient Visits accounting for Outpatient Revenue	273,127
Medicare Contractual Adjustments	636,097,663
Medicaid Contractual Adjustments	201,622,180
Other Contractual Adjustments:	550,908,127
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	65,147,717
Gross Indigent Care:	36,615,293
Gross Charity Care:	115,716,770
Uncompensated Indigent Care (net):	36,190,289
Uncompensated Charity Care (net):	115,716,770
Other Free Care:	1,911,490
Other Revenue/Gains:	44,936,906
Total Expenses:	526,875,859

### 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	1,911,490
Employee Discounts	0
	0
<b>Total</b>	<b>1,911,490</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 2018? (Check box if yes.)

### 2. Effective Date

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

09/01/2015

### 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 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	18,687,707	57,006,166	75,693,873
Outpatient	17,927,586	58,710,604	76,638,190
<b>Total</b>	<b>36,615,293</b>	<b>115,716,770</b>	<b>152,332,063</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	180,000
Other Counties	0
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	245,004
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
<b>Total</b>	<b>425,004</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	18,687,707	57,006,166	75,693,873
Outpatient	17,502,582	58,710,604	76,213,186
<b>Total</b>	<b>36,190,289</b>	<b>115,716,770</b>	<b>151,907,059</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	0	0	3	22,828	12	597,703	78	241,235
Baldwin	0	0	0	0	0	0	4	654
Banks	1	138,227	2	175	4	116,018	21	62,182
Barrow	18	273,984	233	602,254	140	2,183,849	903	2,112,917
Bartow	0	0	0	0	2	87,026	18	60,327
Bibb	1	37,413	0	0	2	0	12	11,310
Bulloch	0	0	0	0	0	0	1	2,467
Candler	0	0	0	0	0	0	1	3,048
Carroll	0	0	0	0	0	0	13	30,002
Catoosa	0	0	1	15,680	0	0	0	0
Charlton	0	0	0	0	0	0	1	1,548
Chatham	0	0	0	0	0	0	10	45,039
Cherokee	2	34,019	5	7,336	1	627	18	52,797
Clarke	0	0	2	4,087	0	0	48	78,047
Clayton	1	863	8	64,836	10	392,145	82	228,142
Cobb	8	43,331	25	28,536	20	521,972	106	306,965
Coffee	0	0	0	0	0	0	4	14,041
Colquitt	0	0	0	0	0	0	1	8,104
Columbia	0	0	0	0	1	1,218	4	2,419
Coweta	0	0	0	0	1	2,130	5	31,994
Crisp	1	1,225	0	0	0	0	0	0
Dawson	0	0	1	2,511	2	34,227	7	16,560
Decatur	0	0	0	0	0	0	3	3,261
Dekalb	22	688,524	247	684,019	169	4,390,099	1,401	4,164,366
Dooly	0	0	0	0	0	0	3	810
Dougherty	0	0	0	0	4	2,498	7	21,004
Douglas	0	0	2	3,026	5	125,317	25	76,352
Effingham	0	0	0	0	0	0	1	4,779
Elbert	0	0	0	0	0	0	5	4,930
Emanuel	0	0	0	0	0	0	1	19,383
Evans	0	0	0	0	0	0	1	1,656
Fannin	1	826	1	960	0	0	0	0

Fayette	0	0	3	5,435	1	195	1	127
Florida	0	0	13	27,770	15	245,258	132	368,058
Floyd	0	0	0	0	1	72,057	9	49,315
Forsyth	3	33,668	9	9,742	12	193,080	29	67,420
Franklin	0	0	0	0	1	82,326	12	37,792
Fulton	17	295,206	109	257,814	55	1,033,170	371	1,187,290
Glynn	0	0	1	34,074	1	36,423	0	0
Gordon	0	0	0	0	0	0	1	3,203
Greene	0	0	1	998	0	0	0	0
Gwinnett	612	14,379,136	5,097	14,530,491	2,046	40,030,981	17,822	43,690,428
Habersham	2	26,091	3	10,278	4	51,257	11	28,156
Hall	6	252,716	38	39,388	25	256,221	198	414,691
Haralson	0	0	0	0	0	0	3	14,728
Harris	0	0	0	0	0	0	1	1,544
Hart	0	0	1	1,259	0	0	2	584
Heard	0	0	0	0	0	0	1	552
Henry	0	0	13	51,145	3	42,316	25	12,198
Houston	0	0	1	1,397	0	0	5	4,070
Jackson	3	109,048	55	148,200	29	220,706	168	234,287
Jasper	0	0	0	0	5	73,246	5	32,540
Lamar	0	0	0	0	0	0	1	537
Liberty	0	0	0	0	0	0	5	19,887
Lincoln	0	0	0	0	0	0	1	357
Long	0	0	0	0	0	0	2	17,461
Lowndes	0	0	0	0	0	0	4	7,203
Lumpkin	0	0	0	0	1	13,484	8	18,879
Madison	1	130,521	3	23,669	3	170,018	9	12,947
McDuffie	0	0	0	0	0	0	1	19,338
Meriwether	0	0	0	0	0	0	7	21,725
Monroe	0	0	0	0	1	21,113	0	0
Morgan	0	0	1	16,520	2	294,501	13	60,934
Muscogee	0	0	0	0	0	0	3	2,239
Newton	2	144,565	20	1,096	8	129,210	109	258,835
North Carolina	1	136,230	2	3,704	8	164,274	59	236,844
Oconee	0	0	5	2,021	1	10,508	13	22,324
Oglethorpe	0	0	0	0	0	0	1	4,432
Other Out of State	10	228,725	22	71,758	30	1,188,452	250	657,365
Paulding	0	0	1	620	1	28,878	15	36,259
Peach	0	0	0	0	0	0	2	1,415
Pickens	1	22,428	0	0	0	0	0	0
Pike	0	0	0	0	0	0	1	511
Polk	0	0	1	1,698	0	0	11	24,326
Putnam	0	0	0	0	0	0	1	10,242
Rabun	0	0	0	0	0	0	6	3,141

Randolph	0	0	0	0	0	0	1	9,638
Richmond	1	1,260	0	0	0	0	7	7,917
Rockdale	3	40,720	26	15,642	5	109,562	68	192,653
South Carolina	0	0	1	2,500	8	32,205	60	145,851
Spalding	0	0	0	0	0	0	7	32,015
Stephens	0	0	3	56,208	4	36,554	9	23,216
Talbot	0	0	0	0	0	0	1	589
Tattnall	0	0	0	0	0	0	1	565
Taylor	0	0	0	0	1	670	0	0
Tennessee	0	0	12	2,644	8	496,254	19	35,403
Thomas	0	0	0	0	0	0	1	1,013
Tift	0	0	0	0	0	0	1	1,238
Toombs	0	0	0	0	0	0	1	8,626
Towns	1	1,892	3	514	1	29,908	3	27,471
Troup	0	0	0	0	0	0	2	27,319
Union	0	0	0	0	1	291	3	2,681
Upson	1	1,675	0	0	1	1,275	1	2,067
Walker	0	0	0	0	0	0	4	5,153
Walton	48	1,664,514	288	1,168,380	215	3,486,944	1,076	2,912,535
Washington	0	0	0	0	0	0	1	4,114
White	1	900	0	0	0	0	14	61,121
Whitfield	0	0	1	2,388	0	0	3	3,456
Wilcox	0	0	2	5,901	0	0	1	3,571
Wilkinson	0	0	0	0	0	0	3	9,354
Worth	0	0	0	0	0	0	1	599
<b>Total</b>	<b>768</b>	<b>18,687,707</b>	<b>6,265</b>	<b>17,929,502</b>	<b>2,870</b>	<b>57,006,166</b>	<b>23,390</b>	<b>58,708,688</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 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	36,615,293	0
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	13,032,583	0
C.	Other Patients in accordance with the department approved policy.	0	102,684,188	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	33,293	0

## 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:** Phillip R. Wolfe

**Date:** 8/8/2019

**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:** Thomas Y. McBride

**Date:** 8/8/2019

**Title:** Executive Vice President & CFO

**Comments:**

Deductions were estimated for professional fees due to lack of transaction codes to specifically identify professional fee contractals and adjustments for accounts that had both hospital and professional fee charges. Indigent and Charity Care charges reported on E.1. of the survey represent charges written off to indigent or charity and are net of payments from any payor including state programs. Payments reported in E.2. of the survey are payments for indigent or charity care that were not posted at the patient account level. A 10% Self-Pay Discount was offered starting in FY 2012 due to requirements for retaining tax exempt status. If this discount had not been made, the amount would likely be classified as Bad Debt, Indigent or Charity. Amounts are being categorized as other contractals per HFS instructions. Additionally in light of the issues with Provider Fee Add-on (11.88%) data integrity, the amounts included in this survey are estimated using the payments received from Medicaid and Medicaid CMOs. Should correct information be distributed, the survey can either be amended or corrected at audit.