



2018 Hospital Financial Survey

Part A : General Information

1. Identification

UID:hosp716

Facility Name: University Hospital

County: Richmond

Street Address: 1350 Walton Way

City: Augusta

Zip: 30901-2629

Mailing Address: 1350 Walton Way

Mailing City: Augusta

Mailing Zip: 30901-2629

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: Phyllis C. Wright

Contact Title: Decision Support Director

Phone: 706-828-2445

Fax: 706-828-2490

E-mail: pwright@uh.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	894,778,474
Total Inpatient Admissions accounting for Inpatient Revenue	26,315
Outpatient Gross Patient Revenue	770,867,815
Total Outpatient Visits accounting for Outpatient Revenue	426,609
Medicare Contractual Adjustments	678,997,469
Medicaid Contractual Adjustments	131,945,374
Other Contractual Adjustments:	219,594,524
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	25,918,615
Gross Indigent Care:	60,908,528
Gross Charity Care:	45,425,432
Uncompensated Indigent Care (net):	60,908,528
Uncompensated Charity Care (net):	45,425,432
Other Free Care:	87,869
Other Revenue/Gains:	11,526,653
Total Expenses:	463,272,790

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	87,869
Employee Discounts	0
	0
Total	87,869

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?

01/01/2018

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.)?

200%

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	37,880,238	23,303,423	61,183,661
Outpatient	23,028,290	22,122,009	45,150,299
Total	60,908,528	45,425,432	106,333,960

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

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	37,880,238	23,303,423	61,183,661
Outpatient	23,028,290	22,122,009	45,150,299
Total	60,908,528	45,425,432	106,333,960

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
Appling	0	0	0	0	0	0	2	435
Baldwin	0	0	1	3,235	1	12,708	5	2,947
Banks	0	0	0	0	0	0	1	1,554
Barrow	0	0	0	0	0	0	4	2,756
Bibb	2	13,086	4	2,820	2	43,506	7	2,723
Brooks	0	0	1	525	0	0	0	0
Bryan	3	97,800	4	64,839	0	0	6	14,406
Bulloch	0	0	0	0	2	13,595	18	14,619
Burke	102	1,783,623	238	729,282	35	476,622	363	443,700
Butts	0	0	0	0	0	0	2	682
Camden	0	0	0	0	1	26,972	0	0
Candler	1	3,996	2	1,543	1	13,643	4	15,132
Carroll	0	0	0	0	1	1,774	3	2,240
Charlton	1	1,300	0	0	0	0	0	0
Chatham	2	12,866	10	12,239	1	11,682	14	12,504
Cherokee	1	29,524	0	0	1	32,558	7	3,831
Clarke	0	0	1	1,037	1	12,467	5	6,053
Clayton	1	670	0	0	0	0	9	2,933
Cobb	1	16	1	641	0	0	14	14,273
Coffee	0	0	1	32,104	0	0	1	417
Colquitt	0	0	0	0	0	0	1	468
Columbia	204	3,400,232	725	1,833,204	180	2,902,321	2,233	2,337,436
Cook	0	0	0	0	0	0	1	713
Coweta	1	10,682	2	8,848	0	0	0	0
Dade	0	0	0	0	0	0	1	135
Decatur	0	0	1	1,264	0	0	2	1,412
DeKalb	1	7,466	4	7,256	0	0	23	20,165
Dodge	0	0	1	3,156	0	0	2	6,371
Dooly	0	0	0	0	0	0	1	647
Douglas	0	0	0	0	0	0	1	354
Early	1	16,319	0	0	0	0	0	0
Effingham	1	335	0	0	0	0	1	340

Elbert	0	0	1	3,488	0	0	0	0
Emanuel	13	97,844	25	291,388	3	31,397	35	49,342
Evans	0	0	0	0	0	0	1	271
Fayette	0	0	0	0	0	0	3	3,677
Floyd	0	0	0	0	0	0	1	434
Forsyth	0	0	0	0	0	0	1	438
Franklin	0	0	0	0	0	0	1	135
Fulton	2	9,517	5	12,227	2	18,663	24	28,849
Glascocock	22	399,880	33	87,308	10	30,152	31	17,451
Glynn	2	2,404	0	0	0	0	0	0
Greene	3	1,606	6	5,822	1	135	5	34,934
Gwinnett	0	0	1	5,830	0	0	18	51,394
Hall	1	17,408	1	3,010	1	9,328	1	377
Hancock	9	170,829	10	45,074	2	17,794	3	1,364
Harris	0	0	1	408	0	0	2	205
Hart	1	17,379	0	0	2	5,836	0	0
Henry	0	0	1	231	0	0	9	10,618
Houston	0	0	2	4,827	0	0	6	2,130
Jackson	0	0	0	0	0	0	4	1,376
Jasper	0	0	0	0	0	0	1	350
Jeff Davis	0	0	1	2,411	0	0	0	0
Jefferson	68	735,436	142	591,724	33	316,515	220	319,851
Jenkins	19	163,696	49	76,620	8	113,276	37	43,349
Johnson	3	4,625	11	23,564	0	0	8	15,130
Jones	0	0	1	403	0	0	3	1,453
Lamar	0	0	0	0	0	0	0	0
Lanier	1	9,818	0	0	0	0	0	0
Laurens	4	51,810	4	15,032	0	0	6	66,316
Lee	0	0	0	0	0	0	1	4,770
Liberty	0	0	2	4,381	0	0	2	3,431
Lincoln	42	796,576	81	343,723	16	156,416	96	100,227
Lowndes	1	16,425	1	2,270	1	16,425	3	2,548
Lumpkin	0	0	0	0	0	0	1	41
Macon	0	0	0	0	0	0	1	123
Madison	0	0	1	1,783	0	0	5	4,591
Marion	0	0	0	0	0	0	1	22,898
McDuffie	189	1,964,783	263	773,622	77	995,328	302	528,200
Mitchell	0	0	0	0	0	0	1	220
Monroe	0	0	0	0	0	0	1	319
Montgomery	0	0	2	258	0	0	6	2,714
Morgan	0	0	2	1,263	0	0	2	3,485
Newton	0	0	0	0	0	0	2	1,393
Oconee	2	28,089	2	7,767	0	0	3	7,800
Oglethorpe	1	5,255	1	24,486	1	5,255	0	0

Other Out of State	24	317,417	103	146,096	38	530,267	333	333,158
Peach	0	0	0	0	0	0	1	135
Putnam	2	14,632	1	358	0	0	1	3,149
Rabun	0	0	0	0	0	0	1	608
Richmond	1,122	21,975,371	6,227	14,009,472	461	9,097,770	3,724	12,067,355
Rockdale	0	0	0	0	0	0	1	122
Screven	8	140,197	10	9,217	2	20,208	28	22,920
South Carolina	545	4,678,811	1,435	3,335,628	407	8,038,696	3,823	5,127,820
Spalding	0	0	0	0	0	0	1	322
Stephens	1	20,573	1	9,584	1	20,573	2	3,621
Taliaferro	1	1,316	6	40,567	1	1,086	7	18,216
Tattnall	0	0	1	11,729	0	0	0	0
Telfair	0	0	0	0	0	0	5	3,673
Thomas	1	13	0	0	0	0	0	0
Toombs	1	1,580	4	32,375	0	0	10	24,471
Treutlen	0	0	0	0	0	0	2	246
Troup	0	0	0	0	1	7,933	1	492
Union	0	0	0	0	0	0	1	151
Upson	2	25	1	10,169	0	0	0	0
Walker	0	0	1	1,390	0	0	1	1,390
Walton	0	0	0	0	0	0	4	1,575
Ware	0	0	1	591	0	0	2	217
Warren	46	416,559	74	293,914	22	208,816	67	168,786
Washington	35	253,792	37	61,091	11	74,917	38	76,982
Wayne	0	0	0	0	0	0	2	1,079
White	0	0	0	0	1	3,843	0	0
Wilcox	0	0	0	0	1	11,087	0	0
Wilkes	26	188,657	35	35,196	9	23,859	49	24,071
Total	2,519	37,880,238	9,582	23,028,290	1,338	23,303,423	11,682	22,122,009

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	0	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	0	0
C.	Other Patients in accordance with the department approved policy.	0	53,166,980	53,166,980

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	12,561	12,561

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: James R. Davis

Date: 7/17/2019

Title: 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: David A. Belkoski

Date: 7/17/2019

Title: CFO

Comments: