



2020 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP435

Facility Name: Tanner Medical Center-Carrollton

County: Carroll

Street Address: 705 Dixie Street

City: Carrollton

Zip: 30117-3818

Mailing Address: 705 Dixie Street

Mailing City: Carrollton

Mailing Zip: 30117-3818

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: 7/1/2019 To:6/30/2020

Please indicate your cost report year.

From: 07/01/2019 To:06/30/2020

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: Carol S. Crews

Contact Title: CFO

Phone: 770-812-9580

Fax: 770-812-9897

E-mail: ccrews@tanner.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	372,019,558
Total Inpatient Admissions accounting for Inpatient Revenue	8,675
Outpatient Gross Patient Revenue	507,045,629
Total Outpatient Visits accounting for Outpatient Revenue	113,562
Medicare Contractual Adjustments	365,023,368
Medicaid Contractual Adjustments	83,125,357
Other Contractual Adjustments:	72,053,630
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	29,456,160
Gross Indigent Care:	38,456,497
Gross Charity Care:	6,262,926
Uncompensated Indigent Care (net):	38,456,497
Uncompensated Charity Care (net):	6,262,926
Other Free Care:	21,565,086
Other Revenue/Gains:	24,286,228
Total Expenses:	244,624,488

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	20,710,550
Admin Discounts	854,536
Employee Discounts	0
	0
Total	21,565,086

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?

07/01/2019

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.)?

350%

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	10,885,095	1,648,235	12,533,330
Outpatient	27,571,402	4,614,691	32,186,093
Total	38,456,497	6,262,926	44,719,423

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	10,885,095	1,648,235	12,533,330
Outpatient	27,571,402	4,614,691	32,186,093
Total	38,456,497	6,262,926	44,719,423

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	94	1,122,413	972	1,943,520	32	222,590	366	286,082
Appling	1	11,613	0	0	1	17,420	0	0
Banks	0	0	1	886	0	0	0	0
Bartow	1	372	3	4,089	2	2,574	5	2,264
Bibb	0	0	4	4,971	0	0	1	319
Bulloch	0	0	2	1,751	0	0	0	0
Butts	0	0	2	1,520	0	0	0	0
Camden	0	0	3	1,088	0	0	1	76
Carroll	679	5,628,871	11,089	19,338,681	215	816,009	4,044	3,200,409
Catoosa	0	0	1	673	0	0	0	0
Chatham	0	0	1	150	1	1,936	2	420
Chattooga	0	0	3	1,403	0	0	0	0
Cherokee	0	0	5	170	0	0	3	572
Clayton	0	0	15	86,300	0	0	10	3,000
Cobb	7	368,612	34	60,313	0	0	15	13,192
Coffee	0	0	2	1,953	0	0	0	0
Columbia	0	0	3	2,522	0	0	1	258
Cook	0	0	1	443	0	0	0	0
Coweta	20	303,580	148	230,680	3	22,674	75	59,676
DeKalb	0	0	17	16,720	0	0	8	5,876
Dougherty	0	0	3	5,778	0	0	1	124
Douglas	22	364,252	231	507,500	8	124,743	119	117,856
Elbert	0	0	1	278	0	0	1	679
Emanuel	0	0	0	0	0	0	1	1,177
Fayette	1	1,340	4	5,888	0	0	1	2,614
Florida	2	34,238	41	55,811	1	585	6	9,479
Floyd	0	0	20	21,675	0	0	4	3,322
Forsyth	0	0	2	3,981	0	0	0	0
Franklin	0	0	4	5,802	0	0	0	0
Fulton	2	28,474	26	44,247	0	0	22	11,455
Gilmer	0	0	5	1,008	0	0	1	52
Gordon	0	0	1	2,488	0	0	1	146

Gwinnett	1	209	17	22,840	0	0	9	4,523
Hall	0	0	0	0	0	0	2	4,503
Haralson	183	2,227,097	1,674	2,619,900	62	292,302	545	433,334
Harris	0	0	3	857	0	0	0	0
Hart	0	0	1	430	0	0	0	0
Heard	46	558,826	820	1,903,050	16	108,751	250	230,012
Henry	0	0	3	1,433	0	0	6	2,290
Houston	0	0	1	125	0	0	1	55
Jasper	0	0	0	0	0	0	1	1,319
Lowndes	0	0	0	0	0	0	1	229
Lumpkin	0	0	3	6,504	0	0	1	923
Madison	0	0	0	0	0	0	1	513
McIntosh	0	0	1	1,424	0	0	0	0
Meriwether	1	120	6	4,234	0	0	4	2,951
Morgan	0	0	1	1,013	0	0	3	5,198
Murray	0	0	1	7,926	0	0	0	0
Muscogee	1	760	5	2,224	0	0	1	553
Newton	0	0	5	4,783	0	0	10	3,845
North Carolina	0	0	13	13,010	0	0	4	69,021
Other Out of State	4	129,173	79	153,682	1	630	20	16,055
Paulding	5	1,017	102	112,739	1	36,458	43	64,241
Peach	0	0	2	214	0	0	0	0
Pickens	0	0	0	0	0	0	1	1,493
Pike	1	4,119	1	150	0	0	0	0
Polk	6	59,244	87	171,836	2	1,563	22	30,368
Randolph	0	0	2	7,269	0	0	0	0
Richmond	0	0	7	25,065	0	0	2	561
Rockdale	0	0	13	17,613	0	0	2	595
South Carolina	0	0	2	2,433	0	0	1	170
Spalding	1	1,440	8	4,124	0	0	0	0
Sumter	0	0	1	321	0	0	2	561
Tennessee	2	1,699	13	33,927	0	0	1	1,325
Terrell	0	0	1	2,417	0	0	0	0
Thomas	0	0	0	0	0	0	2	1,385
Toombs	0	0	0	0	0	0	2	1,465
Troup	3	37,626	67	93,674	0	0	32	16,045
Upton	0	0	2	2,770	0	0	3	1,090
Walker	0	0	0	0	0	0	1	75
Warren	0	0	1	840	0	0	1	945
Webster	0	0	1	286	0	0	0	0
Total	1,083	10,885,095	15,587	27,571,402	345	1,648,235	5,662	4,614,691

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	6,262,926	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	38,456,496	0
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	22,677	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: Loy Howard

Date: 7/26/2021

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: Carol S. Crews

Date: 7/26/2021

Title: CFO

Comments:

Survey was submitted on 07/23/21 at 9:30 am but system was frozen. Resubmitted on 07/26/2021.