



2021 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP606

Facility Name: Floyd Medical Center

County: Floyd

Street Address: P O Box 233

City: Rome

Zip: 30162-0233

Mailing Address: P O Box 233

Mailing City: Rome

Mailing Zip: 30162-0233

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2021 only.
Do not use a different report period.

Please indicate your hospital fiscal year.

From: 7/1/2020 To:6/30/2021

Please indicate your cost report year.

From: 07/01/2020 To:06/30/2021

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: Clarice Cable

Contact Title: AVP of Finance

Phone: 706-509-6078

Fax: 706-509-6070

E-mail: clarice.cable@atriumhealth.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	787,793,365
Total Inpatient Admissions accounting for Inpatient Revenue	13,711
Outpatient Gross Patient Revenue	1,048,924,475
Total Outpatient Visits accounting for Outpatient Revenue	292,451
Medicare Contractual Adjustments	693,664,262
Medicaid Contractual Adjustments	245,775,855
Other Contractual Adjustments:	306,029,747
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	95,370,511
Gross Indigent Care:	44,402,122
Gross Charity Care:	55,837,767
Uncompensated Indigent Care (net):	44,402,122
Uncompensated Charity Care (net):	55,837,767
Other Free Care:	3,453,972
Other Revenue/Gains:	10,947,393
Total Expenses:	354,763,143

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	1,930,809
Employee Discounts	0
Self Admin Drug Discount	1,523,163
Total	3,453,972

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 2021? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2021?

09/01/2020

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.)?

400% /

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 2021? (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	18,502,115	15,103,868	33,605,983
Outpatient	25,900,007	40,733,899	66,633,906
Total	44,402,122	55,837,767	100,239,889

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	18,502,115	15,103,868	33,605,983
Outpatient	25,900,007	40,733,899	66,633,906
Total	44,402,122	55,837,767	100,239,889

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	9	399,361	21	185,371	27	584,129	110	251,551
Banks	0	0	0	0	0	0	1	1,244
Barrow	0	0	1	28	0	0	3	4,882
Bartow	32	966,718	770	1,046,549	82	1,208,667	1,424	3,036,338
Bibb	0	0	0	0	0	0	1	3,387
Butts	0	0	4	55	0	0	0	0
Carroll	1	50,459	21	152,850	8	139,775	70	108,544
Catoosa	0	0	0	0	0	0	18	29,902
Charlton	0	0	0	0	0	0	1	4,481
Chatham	0	0	1	7,358	0	0	5	11,075
Chattahoochee	0	0	0	0	0	0	1	805
Chattooga	47	1,570,354	515	1,934,764	115	1,737,694	1,943	4,730,337
Cherokee	33	1,133,884	267	1,150,789	67	1,496,211	640	1,513,229
Clarke	0	0	0	0	0	0	1	18,902
Clayton	0	0	1	9,101	0	0	14	14,997
Cobb	1	28,201	140	437,804	5	77,105	172	275,142
Coffee	0	0	0	0	0	0	1	1,147
Coweta	0	0	1	346	1	31,584	6	8,506
Crawford	0	0	1	6,339	0	0	0	0
Dade	0	0	0	0	0	0	10	21,555
Dawson	0	0	1	1,255	0	0	1	2,291
DeKalb	0	0	4	75,164	0	0	33	96,549
Douglas	1	37,686	1	87	1	1,790	15	36,268
Fannin	0	0	0	0	0	0	1	343
Fayette	0	0	0	0	1	839	2	1,404
Florida	1	24,083	4	38,979	1	12,968	18	54,621
Floyd	305	9,779,516	4,523	15,294,312	460	6,200,723	9,410	20,754,259
Forsyth	1	12,760	11	25,230	0	0	8	33,892
Franklin	0	0	0	0	0	0	3	25,168
Fulton	0	0	3	21,179	1	16,325	10	18,143
Gilmer	0	0	1	9	5	13,690	7	24,494
Gordon	18	815,443	622	1,733,557	53	523,301	1,026	2,327,903

Gwinnett	2	55,664	4	3,895	2	41,003	22	43,794
Habersham	0	0	0	0	1	4,350	2	3,762
Hall	1	23,408	0	0	0	0	10	40,742
Haralson	6	122,349	30	49,271	10	150,392	69	185,606
Heard	0	0	0	0	0	0	1	5,940
Henry	0	0	1	166	0	0	2	4,455
Houston	0	0	1	65	1	52,491	0	0
Jackson	0	0	0	0	0	0	1	492
Laurens	0	0	0	0	0	0	1	904
Lee	0	0	0	0	0	0	1	4,113
Lumpkin	0	0	0	0	0	0	1	2,263
Madison	0	0	1	4,680	1	5,256	6	11,369
McIntosh	0	0	1	1,503	0	0	1	810
Murray	1	65,165	20	47,743	9	141,774	30	52,525
Muscogee	0	0	0	0	0	0	4	4,983
Newton	0	0	7	3,600	1	1,273	12	25,468
North Carolina	0	0	0	0	1	294	7	15,230
Oconee	0	0	2	3,825	0	0	1	2,040
Oglethorpe	0	0	0	0	0	0	1	7,778
Other Out of State	1	27,019	2	39,400	2	18,891	63	88,806
Paulding	7	203,641	72	78,160	9	169,306	110	227,602
Pickens	1	1,408	1	1,879	0	0	8	32,158
Polk	91	3,023,281	1,052	3,343,543	185	2,161,475	2,255	5,804,110
Pulaski	0	0	0	0	0	0	1	1,445
Putnam	0	0	1	78	0	0	1	2,801
Richmond	0	0	0	0	0	0	7	40,352
South Carolina	0	0	0	0	1	11,551	2	2,772
Spalding	0	0	0	0	0	0	1	15,561
Stewart	0	0	0	0	0	0	1	9
Sumter	0	0	0	0	0	0	1	2,281
Taylor	0	0	0	0	0	0	2	2,721
Tennessee	1	14,777	15	88,624	0	0	18	17,972
Tift	0	0	1	3,701	0	0	0	0
Troup	0	0	0	0	0	0	1	7,575
Upton	0	0	0	0	0	0	4	12,602
Walker	2	62,130	54	109,708	14	272,046	191	359,565
Walton	0	0	0	0	0	0	3	30,158
White	0	0	3	25	1	14,904	0	0
Whitfield	2	84,807	6	-985	2	14,062	85	261,776
Total	564	18,502,114	8,187	25,900,007	1,067	15,103,869	17,881	40,733,899

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 2021?
 (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 2021.

Patient Category		SFY 2018	SFY2021	SFY2021
		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	0	44,402,122
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	6,157,114
C.	Other Patients in accordance with the department approved policy.	0	0	49,680,653

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2018	SFY2021	SFY2021
7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
0	0	12,431

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:

Date: 7/12/2022

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: 7/12/2022

Title:

Comments:

**2021 Hospital Financial Survey Hospital Financial Statements Reconciliation Addendum
HOSP606- Floyd Medical Center**

Section 1: Hospital Only Data from Hospital Financial Survey (HFS):

HFS Source:	Contractual Adj's, Hill Burton, Bad Debt, Gross Indigent and Charity Care, and Other Free Care										Total Deductions of All Types (Sum Col 2-9)	Net Patient Revenue (Col 1 - 10)
	Part C, 1 Gross Patient Charges	Part C, 1 Medicare Contractual Adjs	Part C, 1 Medicaid Contractual Adjs	Part C, 1 Other Contractual Adjs	Part C, 1 Hill Burton Obligations	Part C, 1 Bad Debt	Part E, 1 Gross Indigent Care (IP & OP)	Part E, 1 Gross Charity Care (IP & OP)	Part C, 1 Other Free Care	Part C, 1		
Inpatient Gross Patient Revenue	1	2	3	4	5	6	7	8	9	10	11	
Outpatient Gross Patient Revenue	787,793,365											
Per Part C, 1, Financial Table	1,048,924,475	693,664,262	245,775,855	306,029,747	0	95,370,511	44,402,122	55,837,767	3,453,972			
Per Part E, 1, Indigent and Charity Care		693,664,262	245,775,855	306,029,747	0	95,370,511	44,402,122	55,837,767	3,453,972	1,444,534,236	392,183,604	
Totals per HFS to Financial Statements:									(B)		(B)	
Section 2: Reconciling Items to Financial Statements:												
Non-Hospital Services:												
> Professional Fees	78,173,287											38,737,785
> Home Health Agency	0											0
> SNFINF Swing Bed Services	0											0
> Nursing Home	0											0
> Hospice	12,578,766											8,729,914
> Freestanding Ambulatory Surg. Centers	0											0
> EMS	21,087,424											14,452,630
> RETAIL PHARMACY	4,378,987											3,220,657
> CHEROKEE MC	84,283,292											72,177,294
> N/A	0											0
> N/A	0											0
> N/A	0											0
Bad Debt (Expense per Financials) (A)												0
Indigent Care Trust Fund Income												0
Other Reconciling Items:												-4,126,207
> GME RECLASS	0											-1,067,028
> PROVIDER TAX REVENUE	0											-4,654,958
> ROUNDING	-1											0
> N/A	0											0
Total Reconciling Items	200,501,755											127,470,087
Total Per Form	2,037,219,595											1,572,004,323
Total Per Financial Statements	2,037,219,595											465,215,272
Unreconciled Difference (Must be Zero)	0											0

(A) Due to specific differences in the presentation of data on the HFS, Bad Debt per Financials may differ from the amount reported on the HFS-proper (Part C).

(B) Taxable Net Patient Revenue will equal Net Patient Revenue in Section 1 column 11, plus Other Free Care in Section 1 column 9.