



2021 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP427

Facility Name: Polk Medical Center

County: Polk

Street Address: 2360 Rockmart Hwy

City: Cedartown

Zip: 30125

Mailing Address: 2360 Rockmart Hwy

Mailing City: Cedartown

Mailing Zip: 30125

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: ccable@floyd.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	10,931,365
Total Inpatient Admissions accounting for Inpatient Revenue	26
Outpatient Gross Patient Revenue	119,978,480
Total Outpatient Visits accounting for Outpatient Revenue	34,032
Medicare Contractual Adjustments	32,219,987
Medicaid Contractual Adjustments	24,239,569
Other Contractual Adjustments:	16,648,391
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	17,394,154
Gross Indigent Care:	2,854,508
Gross Charity Care:	9,084,568
Uncompensated Indigent Care (net):	2,854,508
Uncompensated Charity Care (net):	9,084,568
Other Free Care:	328,272
Other Revenue/Gains:	2,066,137
Total Expenses:	25,608,120

Summary

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	247,866
Employee Discounts	0
Self Admin Drug Discount	80,406
Total	328,272

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?

04/01/2020

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	52,191	21,230	73,421
Outpatient	2,802,317	9,063,338	11,865,655
Total	2,854,508	9,084,568	11,939,076

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	52,191	21,230	73,421
Outpatient	2,802,317	9,063,338	11,865,655
Total	2,854,508	9,084,568	11,939,076

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	12	32,811	0	0	50	82,206
Barrow	0	0	0	0	0	0	3	2,249
Bartow	0	0	13	25,566	1	1,710	122	218,683
Carroll	0	0	1	175	0	0	44	71,180
Catoosa	0	0	0	0	0	0	2	2,018
Chattooga	0	0	0	0	1	4,223	8	17,639
Cherokee	0	0	4	9,037	0	0	37	55,379
Clayton	0	0	0	0	0	0	1	1,637
Cobb	1	1,288	3	8,165	0	0	49	76,222
Coweta	0	0	0	0	0	0	1	1,243
DeKalb	0	0	2	17,219	0	0	3	7,827
Douglas	0	0	1	1,983	0	0	13	13,753
Fannin	0	0	0	0	0	0	1	1,599
Florida	0	0	0	0	0	0	10	8,304
Floyd	3	44,538	63	111,455	0	0	533	725,460
Forsyth	0	0	1	4,985	0	0	2	1,002
Fulton	0	0	3	5,552	0	0	13	16,134
Gilmer	0	0	0	0	0	0	1	6,868
Gordon	0	0	1	10,299	0	0	12	22,225
Gwinnett	0	0	0	0	0	0	13	12,828
Hall	0	0	1	5,162	0	0	2	3,660
Haralson	0	0	34	141,813	0	0	168	284,693
Henry	0	0	0	0	0	0	2	1,270
Houston	0	0	0	0	0	0	2	3,008
Jackson	0	0	0	0	0	0	1	1,253
Lowndes	0	0	0	0	0	0	1	1,570
Monroe	0	0	0	0	0	0	2	1,797
Murray	0	0	0	0	0	0	3	1,772
Muscogee	0	0	0	0	0	0	1	1,756
Newton	0	0	0	0	0	0	1	139
North Carolina	0	0	0	0	0	0	3	11,012
Oglethorpe	0	0	0	0	0	0	1	4,561

Other Out of State	0	0	2	8,260	0	0	22	31,744
Paulding	0	0	23	40,584	0	0	235	382,438
Pickens	0	0	0	0	0	0	3	1,224
Polk	6	6,365	862	2,379,252	4	15,297	4,815	6,957,638
Rockdale	0	0	0	0	0	0	1	842
South Carolina	0	0	0	0	0	0	6	11,296
Spalding	0	0	0	0	0	0	1	2,241
Tennessee	0	0	0	0	0	0	3	1,698
Troup	0	0	0	0	0	0	2	1,883
Walker	0	0	0	0	0	0	3	10,694
Whitfield	0	0	0	0	0	0	1	692
Total	10	52,191	1,026	2,802,318	6	21,230	6,197	9,063,337

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	2,854,508
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	204,687
C.	Other Patients in accordance with the department approved policy.	0	0	8,879,881

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	4,562

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 HOSP427- Polk 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										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	Total Deductions of All Types (Sum Col 2-9)		
Inpatient Gross Patient Revenue	10,931,365											11
Outpatient Gross Patient Revenue	119,978,480											
Per Part C, 1. Financial Table		32,219,987	24,239,569	16,648,391	0	17,394,154			328,272			
Per Part E, 1. Indigent and Charity Care							2,854,508	9,084,568				
Totals per HFS	130,909,845	32,219,987	24,239,569	16,648,391	0	17,394,154	2,854,508	9,084,568	328,272	102,769,449	28,140,396	(B)

Section 2: Reconciling Items to Financial Statements:

Non-Hospital Services:												
> Professional Fees	339020.0											225,478
> Home Health Agency	0											0
> SNF/NF Swing Bed Services	4,363,150											810,029
> Nursing Home	0											0
> Hospice	0											0
> Freestanding Ambulatory Surg. Centers	0											0
> n/a	0											0
> n/a	0.0											0
> n/a	0.0											0
> n/a	0.0											0.0
> n/a	0											0
> na	0											0
Bad Debt (Expense per Financials) (A)												0
Indigent Care Trust Fund Income												0
Other Reconciling Items:												
> n/a	0.0											0.0
> n/a	0											0
> n/a	0											0
> n/a	0											0
Total Reconciling Items	4,702,170											178,350
Total Per Form	135,612,015											32,664,216
Total Per Financial Statements	135,612,015.0											32,664,216
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.