



## 2021 Hospital Financial Survey

### Part A : General Information

#### 1. Identification

UID:Hosp521

**Facility Name:** Tift Regional Medical Center

**County:** Tift

**Street Address:** PO Box 747

**City:** Tifton

**Zip:** 31793-0747

**Mailing Address:** PO Box 747

**Mailing City:** Tifton

**Mailing Zip:** 31793-0747

#### 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: 10/1/2020 To:9/30/2021

**Please indicate your cost report year.**

From: 01/01/2020 To:09/30/2021

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:** Jesus Ruiz

**Contact Title:** Reimbursement Consultant

**Phone:** 404-788-4861

**Fax:** 678-823-6919

**E-mail:** [jesus.ruiz@rsgga.com](mailto:jesus.ruiz@rsgga.com)

## 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	430,631,916
Total Inpatient Admissions accounting for Inpatient Revenue	8,457
Outpatient Gross Patient Revenue	817,617,986
Total Outpatient Visits accounting for Outpatient Revenue	218,922
Medicare Contractual Adjustments	575,887,517
Medicaid Contractual Adjustments	165,130,789
Other Contractual Adjustments:	134,152,574
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	79,465,667
Gross Indigent Care:	31,624,734
Gross Charity Care:	17,796,130
Uncompensated Indigent Care (net):	28,890,013
Uncompensated Charity Care (net):	17,558,647
Other Free Care:	12,524,545
Other Revenue/Gains:	72,482,925
Total Expenses:	335,261,729

### 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	10,526,193
Admin Discounts	466,454
Employee Discounts	786,072
Non Covered Charges	745,826
<b>Total</b>	<b>12,524,545</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 2021? (Check box if yes.)

### 2. Effective Date

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

02/10/2020

### 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.)?

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 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	8,974,236	5,836,809	14,811,045
Outpatient	22,650,498	11,959,321	34,609,819
<b>Total</b>	<b>31,624,734</b>	<b>17,796,130</b>	<b>49,420,864</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	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	2,972,204
<b>Total</b>	<b>2,972,204</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	7,886,472	5,801,686	13,688,158
Outpatient	21,003,541	11,756,961	32,760,502
<b>Total</b>	<b>28,890,013</b>	<b>17,558,647</b>	<b>46,448,660</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
Appling	0	0	7	70,693	0	0	0	0
Atkinson	5	230,552	88	206,250	3	77,284	66	101,302
Bacon	0	0	2	5,729	1	862	3	4,023
Ben Hill	17	669,163	538	1,468,335	27	316,783	372	426,191
Berrien	19	336,155	588	1,173,094	64	377,889	649	985,652
Bibb	0	0	0	0	0	0	1	250
Brooks	0	0	9	4,427	0	0	3	7,228
Camden	0	0	0	0	0	0	2	1,401
Chattooga	0	0	2	1,068	0	0	0	0
Cherokee	0	0	1	79	0	0	5	792
Clinch	0	0	12	28,411	0	0	7	9,031
Cobb	0	0	0	0	0	0	6	1,278
Coffee	9	156,020	125	363,297	18	111,420	154	241,258
Colquitt	14	360,110	415	1,220,725	10	52,150	194	1,140,725
Columbia	0	0	0	0	0	0	1	236
Cook	35	759,317	752	2,118,567	62	1,159,429	502	675,066
Crisp	2	2,241	53	92,463	2	3,836	66	247,541
Decatur	0	0	1	56	0	0	2	37,769
DeKalb	0	0	0	0	0	0	4	1,047
Dodge	0	0	0	0	0	0	2	61
Dooly	0	0	1	3,981	0	0	1	1,323
Dougherty	4	153,326	66	220,821	3	7,037	61	155,311
Douglas	0	0	11	1,168	0	0	8	16,557
Fayette	0	0	0	0	1	343	0	0
Florida	2	7,340	4	2,188	0	0	3	3,135
Floyd	0	0	2	1,610	0	0	0	0
Glynn	0	0	0	0	1	7,008	0	0
Gordon	0	0	6	730	0	0	0	0
Grady	0	0	1	2,371	0	0	0	0
Houston	0	0	1	439	0	0	0	0
Irwin	12	176,460	289	643,254	30	75,738	247	383,515
Jeff Davis	0	0	5	8,273	0	0	9	50,591

Lanier	1	390	10	42,753	3	112,735	41	386,925
Laurens	0	0	1	38	0	0	7	5,117
Lee	1	50,912	33	406,640	0	0	11	18,070
Lowndes	7	217,312	127	529,976	9	146,437	86	281,617
Macon	0	0	4	18,871	0	0	0	0
Mitchell	0	0	1	177	2	1,444	8	7,693
Muscogee	1	10,966	1	786	0	0	0	0
North Carolina	0	0	1	990	1	69	0	0
Other Out of State	0	0	5	8,564	0	0	12	12,549
Paulding	0	0	2	2,915	0	0	0	0
Pickens	0	0	0	0	0	0	1	225
Pierce	0	0	1	11,393	0	0	2	10,993
Pike	0	0	8	17,525	0	0	0	0
Schley	0	0	0	0	0	0	1	287
Screven	0	0	1	1,119	0	0	0	0
Stewart	0	0	1	32,121	0	0	1	165
Sumter	0	0	0	0	0	0	2	2,959
Telfair	0	0	5	15,402	0	0	5	11,400
Terrell	0	0	0	0	1	3,497	1	134
Thomas	1	57,399	9	436,818	3	45,085	6	12,447
Tift	184	4,885,010	4,600	10,567,886	369	2,672,199	3,531	5,605,083
Toombs	0	0	3	8,919	0	0	0	0
Towns	1	11,958	0	0	0	0	0	0
Turner	36	647,139	1,029	2,030,950	73	131,380	606	605,809
Ware	0	0	9	12,158	0	0	0	0
Washington	0	0	7	17,319	0	0	2	600
Wayne	0	0	1	0	0	0	0	0
Wilcox	2	22,711	65	98,578	6	98,744	37	46,969
Worth	16	219,755	310	750,571	26	435,440	344	458,996
<b>Total</b>	<b>369</b>	<b>8,974,236</b>	<b>9,213</b>	<b>22,650,498</b>	<b>715</b>	<b>5,836,809</b>	<b>7,072</b>	<b>11,959,321</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 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 2020	SFY2021	SFY2022
		7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	21,667,510	7,222,503
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	13,168,985	4,389,662
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 2020	SFY2021	SFY2022
7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
0	13,027	4,342

## 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:** 7/14/2022

**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:** 7/14/2022

**Title:**

**Comments:**

**2021 Hospital Financial Survey Hospital Financial Statements Reconciliation Addendum  
Hosp521- Tift Regional 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	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part E, 1	Part E, 1	Part C, 1		
	Gross Patient Charges	Medicare Contractual Adjs	Medicaid Contractual Adjs	Other Contractual Adjs	Hill Burton Obligations	Bad Debt	Gross Indigent Care (IP & OP)	Gross Charity Care (IP & OP)	Other Free Care		
	1	2	3	4	5	6	7	8	9	10	11
Inpatient Gross Patient Revenue	430,631,916										
Outpatient Gross Patient Revenue	817,617,986										
Per Part C, 1. Financial Table		575,887,517	165,130,789	134,152,574	0	79,465,667			12,524,545		
Per Part E, 1. Indigent and Charity Care							31,624,734	17,796,130			
<b>Totals per HFS</b>	<b>1,248,249,902</b>	<b>575,887,517</b>	<b>165,130,789</b>	<b>134,152,574</b>	<b>0</b>	<b>79,465,667</b>	<b>31,624,734</b>	<b>17,796,130</b>	<b>12,524,545</b>	<b>1,016,581,956</b>	<b>231,667,946</b>
<b>Section 2: Reconciling Items to Financial Statements:</b>										<b>(B)</b>	<b>(B)</b>
<b>Non-Hospital Services:</b>											
> Professional Fees	32,575,585									25,641	
> Home Health Agency	0									0	
> SNF/NF Swing Bed Services	0									0	
> Nursing Home	0									0	
> Hospice	4,456,756									644,074	
> Freestanding Ambulatory Surg. Centers	0									0	
> Clinic	84,609,849									65,317	
> n/a	0									0	
> n/a	0									0	
> n/a	0									0	
> n/a	0									0	
> n/a	0									0	
Bad Debt (Expense per Financials) (A)										1,334,445	
Indigent Care Trust Fund Income										-6,332,849	
<b>Other Reconciling Items:</b>											
> Provider Fee	0									-3,854,922	
> Non Hospital Charity	0									999,840	
> Charity/Indigent Payments	0									-2,972,204	
> Rounding	1									-1	
<b>Total Reconciling Items</b>	<b>121,642,191</b>									<b>-10,090,659</b>	<b>131,732,850</b>
<b>Total Per Form</b>	<b>1,369,892,093</b>									<b>1,006,491,297</b>	<b>363,400,796</b>
<b>Total Per Financial Statements</b>	<b>1,369,892,093</b>										<b>363,400,796</b>
<b>Unreconciled Difference (Must be Zero)</b>	<b>0</b>										<b>0</b>
<b>(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>											
<b>(B) Taxable Net Patient Revenue will equal Net Patient Revenue in Section 1 column 11, plus Other Free Care in Section 1 column 9.</b>											