



2022 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP521

Facility Name: Tift Regional Medical Center

County: Tift

Street Address: 901 East 18th Street

City: Tifton

Zip: 31793

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 2022 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 10/1/2021 To:9/30/2022

Please indicate your cost report year.

From: 10/01/2021 To:09/30/2022

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 F. Ruiz, CPA

Contact Title: Reimbursement Consultant

Phone: 404-788-4861

Fax: 678-823-6919

E-mail: 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	435,575,447
Total Inpatient Admissions accounting for Inpatient Revenue	9,047
Outpatient Gross Patient Revenue	799,518,956
Total Outpatient Visits accounting for Outpatient Revenue	200,881
Medicare Contractual Adjustments	532,775,090
Medicaid Contractual Adjustments	153,905,585
Other Contractual Adjustments:	107,957,588
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	72,279,910
Gross Indigent Care:	33,481,479
Gross Charity Care:	13,667,852
Uncompensated Indigent Care (net):	33,481,479
Uncompensated Charity Care (net):	13,667,852
Other Free Care:	12,078,175
Other Revenue/Gains:	13,790,882
Total Expenses:	360,889,011

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	11,021,788
Admin Discounts	345,517
Employee Discounts	294,766
Denied Claims	416,104
Total	12,078,175

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 2022? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2022?

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 2022? (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	10,122,480	4,355,687	14,478,167
Outpatient	23,358,999	9,312,165	32,671,164
Total	33,481,479	13,667,852	47,149,331

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	10,122,480	4,355,687	14,478,167
Outpatient	23,358,999	9,312,165	32,671,164
Total	33,481,479	13,667,852	47,149,331

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	9	3,519	0	0	0	0
Atkinson	10	481,487	125	315,561	2	3,112	45	84,579
Ben Hill	17	483,213	654	2,572,458	17	77,028	364	277,715
Berrien	43	701,956	634	2,074,383	30	277,713	531	824,183
Brooks	0	0	28	13,189	0	0	4	8,859
Butts	0	0	4	1,030	0	0	0	0
Calhoun	0	0	1	553	0	0	0	0
Cherokee	0	0	1	32	0	0	0	0
Clinch	1	61,691	15	79,774	0	0	4	426
Cobb	0	0	0	0	1	1,125	0	0
Coffee	4	43,566	135	310,751	0	0	86	84,501
Colquitt	16	266,107	367	964,503	5	80,476	142	268,676
Cook	44	685,197	753	1,972,157	36	862,706	497	664,312
Coweta	0	0	1	6,494	0	0	0	0
Crisp	5	165,277	88	111,483	0	0	32	9,659
Decatur	0	0	1	0	0	0	11	3,348
Dodge	2	109,301	10	22,863	0	0	2	652
Dooly	0	0	10	71,958	0	0	0	0
Dougherty	2	52,803	68	187,642	3	23,329	75	96,693
Douglas	0	0	33	310,000	0	0	1	2,520
Florida	5	143,430	27	60,038	1	14,681	20	55,345
Gilmer	0	0	1	1,826	0	0	0	0
Glynn	0	0	3	6,765	0	0	0	0
Grady	0	0	1	476	0	0	0	0
Gwinnett	0	0	2	8,099	0	0	0	0
Habersham	0	0	0	0	0	0	1	282
Haralson	0	0	0	0	0	0	1	3,972
Houston	1	41,385	4	3,508	0	0	3	1,329
Irwin	15	393,962	283	732,086	10	28,636	200	234,886
Jeff Davis	0	0	5	25,261	0	0	3	221
Lanier	4	89,474	24	54,950	1	1,484	69	146,388
Laurens	0	0	0	0	0	0	3	2,540

Lee	0	0	35	135,180	0	0	9	9,834
Lowndes	8	176,238	174	569,130	3	3,566	120	313,888
Mitchell	0	0	3	2,892	0	0	2	748
Montgomery	0	0	2	1,227	0	0	0	0
Other Out of State	1	1,500	8	17,800	0	0	6	8,354
Peach	0	0	3	5,110	0	0	0	0
Putnam	0	0	2	26,525	0	0	0	0
Quitman	0	0	0	0	0	0	2	143
Spalding	0	0	1	10,678	0	0	0	0
Sumter	1	25,333	9	33,853	0	0	0	0
Taylor	0	0	1	7	0	0	2	27
Telfair	0	0	2	7,982	0	0	0	0
Tennessee	0	0	0	0	0	0	1	225
Thomas	0	0	5	17,157	0	0	20	8,760
Tift	229	4,528,779	4,254	9,680,560	148	2,506,770	2,796	4,635,708
Troup	0	0	1	354	0	0	0	0
Turner	55	1,446,422	1,028	2,072,337	16	280,559	387	483,987
Union	0	0	6	3,876	0	0	0	0
Upson	0	0	1	1,414	0	0	0	0
Ware	0	0	10	11,815	0	0	1	8,689
Washington	0	0	17	46,958	0	0	0	0
Whitfield	0	0	1	338	0	0	0	0
Wilcox	2	22,550	48	97,680	2	67,439	51	78,149
Worth	10	202,809	306	704,767	18	127,063	391	992,567
Total	475	10,122,480	9,204	23,358,999	293	4,355,687	5,882	9,312,165

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 2022?
(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 2022.

Patient Category		SFY 2021	SFY2022	SFY2023
		7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	22,428,955	11,052,524
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	9,940,676	3,727,176
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 2021	SFY2022	SFY2023
7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
0	11,789	4,065

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: 7/11/2023

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: 7/11/2023

Title:

Comments: