



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

2023 Hospital Financial Survey

Part A : General Information

**1. Identification**

UID:HOSP626

**Facility Name:** Candler Hospital, Inc.

**County:** Chatham

**Street Address:** 5353 Reynolds St

**City:** Savannah

**Zip:** 31405

**Mailing Address:** 5353 Reynolds St

**Mailing City:** Savannah

**Mailing Zip:** 31405

**Medicaid Provider Number:** 000000327A

**Medicare Provider Number:** 110024

**2. Report Period**

Please report data for the hospital fiscal year ending during calendar year 2023 only.  
***Do not use a different report period.***

**Please indicate your hospital fiscal year.**

From: 7/1/2022 To:7/1/2023

**Please indicate your cost report year.**

From: 07/01/2022 To:07/01/2023

☐

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:** Tami Jeffers

**Contact Title:** Reimbursement Manager

**Phone:** 912-819-7578

**Fax:** 912-819-8664

**E-mail:** jeffersta@sjchs.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	471,755,921
Total Inpatient Admissions accounting for Inpatient Revenue	11,036
Outpatient Gross Patient Revenue	1,420,832,639
Total Outpatient Visits accounting for Outpatient Revenue	314,818
Medicare Contractual Adjustments	829,393,157
Medicaid Contractual Adjustments	131,328,925
Other Contractual Adjustments:	406,241,418
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	17,715,638
Gross Indigent Care:	4,313,732
Gross Charity Care:	68,067,616
Uncompensated Indigent Care (net):	4,313,732
Uncompensated Charity Care (net):	68,067,616
Other Free Care:	512,194
Other Revenue/Gains:	678,981
Total Expenses:	382,446,705

### 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	512,194
Employee Discounts	0
	0
<b>Total</b>	<b>512,194</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 2023? (Check box if yes.) ☒

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2023?

02/21/2023

### 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 2023? (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	2,541,024	20,133,722	22,674,746
Outpatient	1,772,708	47,933,894	49,706,602
<b>Total</b>	<b>4,313,732</b>	<b>68,067,616</b>	<b>72,381,348</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	0
<b>Total</b>	<b>0</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	2,541,024	20,133,722	22,674,746
Outpatient	1,772,708	47,933,894	49,706,602
<b>Total</b>	<b>4,313,732</b>	<b>68,067,616</b>	<b>72,381,348</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
Alabama	0	0	0	0	1	15,486	26	29,965
Appling	0	0	2	873	0	0	42	31,794
Atkinson	0	0	0	0	4	164,827	19	316,473
Bacon	0	0	0	0	1	33,993	10	14,686
Baldwin	0	0	0	0	0	0	1	1,769
Bartow	0	0	0	0	0	0	2	601
Ben Hill	0	0	0	0	1	29,955	1	2,044
Bibb	0	0	0	0	4	6,479	10	9,780
Bleckley	0	0	0	0	1	1,556	2	516
Brantley	0	0	0	0	1	1,875	10	60,694
Bryan	3	130,049	32	43,426	72	1,455,640	1,086	2,382,582
Bulloch	0	0	4	1,306	22	403,155	411	967,035
Burke	0	0	0	0	0	0	4	4,723
Butts	0	0	0	0	0	0	3	6,197
Camden	0	0	0	0	1	21,198	6	101
Candler	3	361,526	2	1,667	3	18,157	81	224,005
Carroll	0	0	0	0	1	22,200	2	3,068
Catoosa	0	0	0	0	0	0	1	50,326
Charlton	0	0	0	0	0	0	2	3,372
Chatham	36	1,644,483	422	843,353	965	14,180,601	19,023	33,889,498
Cherokee	0	0	0	0	0	0	5	16,064
Clay	0	0	0	0	0	0	2	3,373
Clayton	0	0	0	0	0	0	8	20,962
Clinch	0	0	0	0	0	0	3	461
Cobb	0	0	0	0	3	94,610	17	59,467
Coffee	0	0	0	0	6	123,781	34	118,089
Colquitt	0	0	0	0	0	0	1	2,966
Columbia	0	0	0	0	0	0	9	8,413
Cook	0	0	0	0	0	0	1	234
Coweta	0	0	0	0	0	0	3	2,662
Crawford	0	0	0	0	0	0	1	3,010
Decatur	0	0	0	0	0	0	1	4,289

DeKalb	0	0	0	0	0	0	25	45,933
Dodge	0	0	0	0	1	79,515	1	3,013
Dooly	0	0	0	0	0	0	1	2,592
Dougherty	0	0	0	0	0	0	9	46,611
Douglas	0	0	0	0	0	0	2	4,569
Effingham	0	0	33	15,972	99	755,182	1,342	2,020,092
Elbert	0	0	0	0	0	0	2	11,763
Emanuel	0	0	0	0	3	101,811	76	160,571
Evans	0	0	0	0	7	99,220	100	185,863
Fayette	0	0	0	0	0	0	4	14,859
Florida	2	11,098	1	6,948	16	204,331	199	391,544
Floyd	0	0	0	0	0	0	1	4,560
Fulton	0	0	0	0	1	14,641	33	37,756
Glynn	0	0	4	48,220	6	121,794	150	198,249
Greene	0	0	0	0	0	0	3	2,193
Gwinnett	0	0	1	8,329	1	16,023	12	12,069
Hall	0	0	0	0	0	0	1	1,922
Haralson	0	0	0	0	0	0	1	2,210
Harris	0	0	0	0	0	0	1	1,310
Henry	0	0	0	0	0	0	2	12,018
Houston	0	0	0	0	0	0	9	24,640
Irwin	0	0	0	0	0	0	1	4,302
Jackson	0	0	0	0	1	1,540	3	5,286
Jeff Davis	2	261,999	1	502	3	85,607	21	24,203
Jefferson	0	0	0	0	0	0	4	4,194
Jenkins	0	0	0	0	2	3,643	54	61,761
Jones	0	0	0	0	1	1,140	0	0
Laurens	0	0	0	0	0	0	17	20,588
Lee	0	0	0	0	1	78,513	0	0
Liberty	1	596	64	287,956	37	120,160	758	1,424,397
Long	0	0	25	87,510	9	203,623	115	280,269
Lowndes	0	0	0	0	1	4,185	8	16,154
Lumpkin	0	0	0	0	0	0	2	413
Macon	0	0	0	0	0	0	1	874
McIntosh	0	0	0	0	2	15,275	66	123,743
Meriwether	0	0	0	0	0	0	1	7,633
Montgomery	0	0	0	0	0	0	13	12,191
Muscogee	0	0	0	0	0	0	8	4,725
Newton	0	0	0	0	0	0	2	4,297
North Carolina	0	0	1	1,004	6	30,569	64	218,743
Other Out of State	0	0	5	17,222	23	267,757	313	692,081
Paulding	0	0	0	0	0	0	3	4,377
Pierce	0	0	0	0	1	16,805	31	39,467
Putnam	2	128,143	0	0	0	0	0	0

Richmond	0	0	0	0	3	14,365	21	61,229
Rockdale	0	0	0	0	0	0	1	995
Screven	2	3,130	11	8,725	19	442,293	117	169,943
South Carolina	0	0	47	202,875	50	501,927	1,237	2,116,829
Spalding	0	0	0	0	2	49,537	0	0
Stephens	0	0	0	0	0	0	1	2,459
Sumter	0	0	0	0	0	0	1	210
Tattnall	0	0	38	189,677	4	73,785	190	491,658
Telfair	0	0	0	0	0	0	9	4,928
Tennessee	0	0	0	0	5	66,102	31	51,755
Thomas	0	0	0	0	0	0	1	1,337
Toombs	0	0	4	5,023	5	18,073	51	153,730
Treutlen	0	0	0	0	0	0	4	58,376
Union	0	0	0	0	0	0	1	2,803
Walker	0	0	0	0	0	0	2	683
Walton	0	0	0	0	0	0	8	12,873
Ware	0	0	0	0	5	99,720	37	85,953
Wayne	0	0	2	2,120	6	73,073	100	259,204
Wheeler	0	0	0	0	0	0	12	38,409
Whitfield	0	0	0	0	0	0	5	42,151
Wilcox	0	0	0	0	0	0	3	5,115
<b>Total</b>	<b>51</b>	<b>2,541,024</b>	<b>699</b>	<b>1,772,708</b>	<b>1,406</b>	<b>20,133,722</b>	<b>26,118</b>	<b>47,933,894</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 2023?  
(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 2023.

Patient Category		SFY 2022 7/1/21-6/30/22	SFY2023 7/1/22-6/30/23	SFY2024 7/1/23-6/30/24
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	4,313,732	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	0	0
C.	Other Patients in accordance with the department approved policy.	0	68,067,616	0

### 3. Patients Served

Indicate the number of patients served by SFY.

SFY2022 7/1/21-6/30/22	SFY2023 7/1/22-6/30/23	SFY2024 7/1/23-6/30/24
0	13,693	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:** Paul P. Hinchey

**Date:** 7/29/2024

**Title:** President & 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:** Allen R. Butcher

**Date:** 7/29/2024

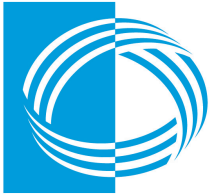
**Title:** CFO

**Comments:**

# 2023 Hospital Financial Survey Hospital Financial Statements Reconciliation Addendum

UID: HOSP626- Candler Hospital, Inc.

Section 1: Hospital Only Data from Hospital Financial Survey (HFS):											
HFS Source:	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	Total Deductions of All Types (Sum Col 2-9)	Net Patient Revenue (Col 1 - 10)
	1	2	3	4	5	6	7	8	9	10	11
Inpatient Gross Patient Revenue	471,755,921										
Outpatient Gross Patient Revenue	1,420,832,639										
Per Part C, 1. Financial Table		829,393,157	131,328,925	406,241,418	0	17,715,638			512,194		
Per Part E, 1. Indigent and Charity Care							4,313,732	68,067,616			
Totals per HFS	1,892,588,560	829,393,157	131,328,925	406,241,418	0	17,715,638	4,313,732	68,067,616	512,194	1,457,572,680	435,015,880
Section 2: Reconciling Items to Financial Statements:										(B)	(B)
Non-Hospital Services:											
> Professional Fees	0									0	
> Home Health Agency	0									0	
> SNF/NF Swing Bed Services	0									0	
> Nursing Home	24,328,033									22,607,635	
> Hospice	0									0	
> Freestanding Ambulatory Surg. Centers	0									0	
> Wellness Center	167,138									0	
> NA	0									0	
> NA	0									0	
> NA	0									0	
> NA	0									0	
> NA	0									0	
Bad Debt (Expense per Financials) (A)										0	
Indigent Care Trust Fund Income										(715,891)	
Other Reconciling Items:											
> Provider Tax	0									4,667,963	
> Provider Fee Revenue	0									(2,885,253)	
> Reference Lab	9,047,389									3,872,081	
> NA	0									0	
Total Reconciling Items	33,542,560									27,546,535	5,996,025
Total Per Form	1,926,131,120									1,485,119,215	441,011,905
Total Per Financial Statements	1,926,131,120										441,011,906
Unreconciled Difference (Must be Zero)	0										(1)
(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.											



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2023 Hospital Financial Survey**

**Part A : General Information**

**1. Identification**

**UID:HOSP621**

**Facility Name:** St. Joseph's Hospital, Inc

**County:** Chatham

**Street Address:** 11705 Mercy Boulevard

**City:** Savannah

**Zip:** 31419

**Mailing Address:** 11705 Mercy Boulevard

**Mailing City:** Savannah

**Mailing Zip:** 31419

**Medicaid Provider Number:** 000001801A

**Medicare Provider Number:** 110043

**2. Report Period**

Please report data for the hospital fiscal year ending during calendar year 2023 only.  
***Do not use a different report period.***

**Please indicate your hospital fiscal year.**

From: 7/1/2022 To:6/30/2023

**Please indicate your cost report year.**

From: 07/01/2022 To:06/30/2023

☐

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:** Tami Jeffers

**Contact Title:** Reimbursement Manager

**Phone:** 912-819-7578

**Fax:** 912-819-8664

**E-mail:** jeffersta@sjchs.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	641,559,721
Total Inpatient Admissions accounting for Inpatient Revenue	9,622
Outpatient Gross Patient Revenue	735,648,844
Total Outpatient Visits accounting for Outpatient Revenue	179,645
Medicare Contractual Adjustments	692,283,027
Medicaid Contractual Adjustments	69,578,392
Other Contractual Adjustments:	244,968,629
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	14,991,097
Gross Indigent Care:	2,238,718
Gross Charity Care:	53,105,670
Uncompensated Indigent Care (net):	2,238,718
Uncompensated Charity Care (net):	53,105,670
Other Free Care:	2,358,193
Other Revenue/Gains:	16,028,402
Total Expenses:	310,924,514

### 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	2,358,193
Employee Discounts	0
	0
<b>Total</b>	<b>2,358,193</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 2023? (Check box if yes.) ☒

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2023?

02/21/2023

### 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 2023? (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	1,530,234	26,139,767	27,670,001
Outpatient	708,484	26,965,903	27,674,387
<b>Total</b>	<b>2,238,718</b>	<b>53,105,670</b>	<b>55,344,388</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	0
<b>Total</b>	<b>0</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	1,530,234	26,139,767	27,670,001
Outpatient	708,484	26,965,903	27,674,387
<b>Total</b>	<b>2,238,718</b>	<b>53,105,670</b>	<b>55,344,388</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
Alabama	0	0	0	0	5	57,965	20	36,791
Appling	0	0	0	0	6	185,430	13	68,304
Atkinson	0	0	0	0	0	0	2	7,741
Bacon	0	0	0	0	3	210,522	2	838
Baldwin	0	0	0	0	0	0	2	4,595
Bartow	0	0	0	0	0	0	1	3,221
Berrien	0	0	0	0	0	0	1	4,962
Bibb	0	0	0	0	0	0	13	34,008
Brantley	0	0	1	67	2	56,342	4	2,282
Bryan	3	173,333	31	41,873	137	2,126,815	1,268	2,338,847
Bulloch	0	0	1	646	20	281,809	197	455,755
Burke	0	0	0	0	0	0	6	18,168
Camden	0	0	0	0	0	0	13	24,062
Candler	0	0	0	0	0	0	27	80,283
Carroll	0	0	0	0	0	0	2	9,460
Charlton	0	0	0	0	0	0	3	1,084
Chatham	31	1,121,189	140	411,239	669	14,773,195	9,166	17,675,420
Cherokee	0	0	0	0	0	0	3	4,185
Clarke	0	0	0	0	0	0	1	451
Clayton	0	0	0	0	0	0	2	7,144
Cobb	0	0	0	0	1	446	14	46,579
Coffee	0	0	0	0	3	116,308	7	20,855
Colquitt	0	0	0	0	0	0	3	4,940
Columbia	0	0	0	0	0	0	1	2,069
DeKalb	0	0	0	0	2	60,242	14	33,377
Dodge	0	0	0	0	0	0	1	807
Dooly	0	0	0	0	0	0	1	1,825
Dougherty	0	0	0	0	0	0	2	3,869
Douglas	0	0	0	0	2	92,519	4	12,164
Effingham	5	136,611	21	144,305	75	1,624,689	613	868,193
Emanuel	0	0	0	0	3	1,991	13	13,633
Evans	1	130	0	0	8	105,698	38	88,452

Florida	0	0	1	26,784	16	436,302	140	292,591
Floyd	0	0	0	0	0	0	4	1,235
Fulton	0	0	0	0	2	32,589	8	26,970
Glynn	0	0	2	1,784	3	12,959	62	83,818
Grady	0	0	0	0	0	0	1	495
Gwinnett	0	0	0	0	2	325	6	19,870
Hall	0	0	0	0	0	0	3	1,728
Haralson	0	0	0	0	0	0	1	1,583
Houston	0	0	0	0	1	4,412	11	9,820
Jasper	0	0	0	0	0	0	2	3,043
Jeff Davis	0	0	1	592	0	0	8	50,193
Jenkins	0	0	0	0	0	0	13	33,813
Johnson	0	0	0	0	0	0	1	1,114
Lanier	0	0	0	0	0	0	2	8,457
Laurens	0	0	0	0	1	19,471	7	15,298
Liberty	4	47,395	26	28,915	98	2,481,529	935	2,190,743
Lincoln	0	0	0	0	0	0	1	1,153
Long	1	29,275	3	3,286	13	299,403	91	168,346
Lowndes	0	0	0	0	0	0	2	10,966
McIntosh	0	0	2	1,558	6	22,358	129	154,664
Montgomery	0	0	1	903	0	0	9	12,553
Muscogee	0	0	0	0	2	40,777	2	22,306
Newton	0	0	0	0	0	0	5	5,583
North Carolina	0	0	0	0	5	92,538	38	80,942
Oglethorpe	0	0	0	0	1	69,834	0	0
Other Out of State	0	0	2	2,266	22	533,718	194	456,026
Peach	0	0	0	0	1	10,523	5	1,574
Pierce	0	0	0	0	1	2,468	13	29,824
Putnam	0	0	0	0	0	0	1	389
Richmond	0	0	0	0	1	10,876	9	11,644
Rockdale	0	0	0	0	0	0	1	1,712
Screven	0	0	0	0	6	75,434	44	131,932
South Carolina	2	22,301	12	38,568	25	543,766	285	712,862
Spalding	0	0	0	0	0	0	1	2,449
Stephens	0	0	0	0	0	0	1	866
Sumter	0	0	0	0	1	149,554	1	1,208
Tattnall	0	0	0	0	11	484,171	56	171,775
Tennessee	0	0	0	0	3	69,684	18	33,055
Toombs	0	0	0	0	1	650	23	59,222
Treutlen	0	0	0	0	1	14,842	1	1,722
Walker	0	0	0	0	0	0	2	386
Walton	0	0	0	0	2	6,541	1	3,942
Ware	0	0	0	0	2	136,293	10	25,476
Washington	0	0	0	0	0	0	2	2,941

Wayne	0	0	4	5,698	20	848,491	71	242,853
Wheeler	0	0	0	0	1	46,288	0	0
Worth	0	0	0	0	0	0	3	2,397
<b>Total</b>	<b>47</b>	<b>1,530,234</b>	<b>248</b>	<b>708,484</b>	<b>1,184</b>	<b>26,139,767</b>	<b>13,680</b>	<b>26,965,903</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 2023?  
(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 2023.

Patient Category		SFY 2022 7/1/21-6/30/22	SFY2023 7/1/22-6/30/23	SFY2024 7/1/23-6/30/24
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	2,238,718	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	0	0
C.	Other Patients in accordance with the department approved policy.	0	53,105,670	0

### 3. Patients Served

Indicate the number of patients served by SFY.

SFY2022 7/1/21-6/30/22	SFY2023 7/1/22-6/30/23	SFY2024 7/1/23-6/30/24
0	9,382	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:** Paul P. Hinchey

**Date:** 7/20/2024

**Title:** President & 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:** Allen R. Butcher

**Date:** 7/20/2024

**Title:** Chief Financial Officer

**Comments:**

# 2023 Hospital Financial Survey Hospital Financial Statements Reconciliation Addendum

UID: HOSP621- St. Joseph's Hospital, Inc

Section 1: Hospital Only Data from Hospital Financial Survey (HFS):											
HFS Source:	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	Total Deductions of All Types (Sum Col 2-9)	Net Patient Revenue (Col 1 - 10)
	1	2	3	4	5	6	7	8	9	10	11
Inpatient Gross Patient Revenue	641,559,721										
Outpatient Gross Patient Revenue	735,648,844										
Per Part C, 1. Financial Table		692,283,027	69,578,392	244,968,629	0	14,991,097			2,358,193		
Per Part E, 1. Indigent and Charity Care							2,238,718	53,105,670			
Totals per HFS	1,377,208,565	692,283,027	69,578,392	244,968,629	0	14,991,097	2,238,718	53,105,670	2,358,193	1,079,523,726	297,684,839
Section 2: Reconciling Items to Financial Statements:									(B)		(B)
Non-Hospital Services:											
> Professional Fees	0									0	
> Home Health Agency	0									0	
> SNF/NF Swing Bed Services	0									0	
> Nursing Home	18,176									(10,469)	
> Hospice	0									0	
> Freestanding Ambulatory Surg. Centers	0									0	
> NA	0									0	
> NA	0									0	
> NA	0									0	
> NA	0									0	
> NA	0									0	
> NA	0									0	
Bad Debt (Expense per Financials) (A)										0	
Indigent Care Trust Fund Income										(1,534,809)	
Other Reconciling Items:											
> Provider Fee Tax	0									3,583,608	
> Provider Fee Revenue	0									(1,144,379)	
> Reference Lab	32,990,354									29,244,107	
> NA	0									0	
Total Reconciling Items	33,008,530									30,138,058	2,870,472
Total Per Form	1,410,217,095									1,109,661,784	300,555,311
Total Per Financial Statements	1,410,217,095										300,555,312
Unreconciled Difference (Must be Zero)	0										(1)
(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.											