



2023 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP439

Facility Name: Houston Healthcare - Warner Robins

County: Houston

Street Address: 1600 Watson Blvd

City: Warner Robins

Zip: 31093

Mailing Address: 1600 Watson Blvd

Mailing City: Warner Robins

Mailing Zip: 31093

Medicaid Provider Number: 000000976A

Medicare Provider Number: 11-0069

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: 1/1/2023 To:12/31/2023

Please indicate your cost report year.

From: 01/01/2023 To:12/31/2023

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: Darcie Winsper

Contact Title: Director of Finance

Phone: 478-322-4861

Fax: 000-000-0000

E-mail: DWINSPER@HHC.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	370,045,750
Total Inpatient Admissions accounting for Inpatient Revenue	11,628
Outpatient Gross Patient Revenue	455,033,550
Total Outpatient Visits accounting for Outpatient Revenue	219,282
Medicare Contractual Adjustments	294,097,629
Medicaid Contractual Adjustments	69,206,524
Other Contractual Adjustments:	158,710,569
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	26,232,669
Gross Indigent Care:	26,026,117
Gross Charity Care:	21,811,270
Uncompensated Indigent Care (net):	26,026,117
Uncompensated Charity Care (net):	21,811,270
Other Free Care:	1,685,518
Other Revenue/Gains:	9,226,534
Total Expenses:	244,794,744

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	0
Employee Discounts	1,666,251
Prompt Pay Discount	19,267
Total	1,685,518

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?

06/01/2019

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.)?

300%

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	9,601,527	4,259,900	13,861,427
Outpatient	16,424,590	17,551,370	33,975,960
Total	26,026,117	21,811,270	47,837,387

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	9,601,527	4,259,900	13,861,427
Outpatient	16,424,590	17,551,370	33,975,960
Total	26,026,117	21,811,270	47,837,387

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	3	48,251	14	8,148	1	38,917	4	7,504
Appling	0	0	0	0	0	0	4	183
Atkinson	0	0	0	0	0	0	2	258
Bacon	0	0	1	627	0	0	0	0
Baldwin	1	0	14	24,808	2	13,782	7	13,849
Ben Hill	0	0	4	4,812	1	15,693	3	2,598
Berrien	0	0	0	0	0	0	1	4,739
Bibb	38	265,435	572	723,252	27	348,520	531	990,445
Bleckley	0	0	98	88,844	9	188,316	106	219,297
Brooks	0	0	1	1,608	0	0	0	0
Bulloch	0	0	3	10,794	0	0	1	215
Burke	0	0	1	3,598	0	0	0	0
Butts	0	0	0	0	0	0	3	3,053
Camden	0	0	1	4,730	0	0	0	0
Candler	0	0	2	2,372	0	0	0	0
Carroll	0	0	3	8,127	0	0	0	0
Chatham	0	0	9	3,338	0	0	3	334
Cherokee	0	0	1	2,958	0	0	1	2
Clarke	0	0	9	8,871	1	1,600	5	6,284
Clayton	0	0	6	5,290	0	0	10	12,576
Cobb	1	15,857	16	23,560	1	13,652	0	0
Coffee	0	0	2	4,933	0	0	2	8,320
Colquitt	0	0	2	246	0	0	1	7,872
Columbia	0	0	3	11,591	0	0	1	1,590
Cook	0	0	1	537	0	0	0	0
Coweta	0	0	2	4,907	0	0	0	0
Crawford	0	0	51	77,402	2	54,337	50	69,830
Crisp	4	19,662	26	24,837	1	47,846	13	30,533
Decatur	1	16,683	3	10,640	0	0	0	0
DeKalb	0	0	7	10,862	0	0	5	8,476
Dodge	0	0	29	40,476	3	33,257	22	21,466
Dooly	4	37,254	62	55,698	4	156,039	104	200,794

Dougherty	0	0	6	10,022	1	11,630	5	11,770
Douglas	0	0	5	2,351	0	0	1	5,050
Effingham	0	0	2	3,596	0	0	0	0
Elbert	0	0	1	3,651	0	0	0	0
Fayette	0	0	4	8,021	0	0	0	0
Florida	2	25,707	62	166,711	2	16,101	59	104,096
Floyd	0	0	1	166	0	0	0	0
Forsyth	1	14,527	3	5,922	0	0	1	2,402
Fulton	2	110,942	7	9,675	1	20,386	6	9,151
Glascocock	0	0	0	0	0	0	1	4,652
Glynn	0	0	5	10,079	0	0	0	0
Greene	0	0	1	109	1	34,797	0	0
Gwinnett	0	0	22	61,146	0	0	4	8,361
Hall	0	0	4	13,588	1	10,679	0	0
Hancock	0	0	1	233	0	0	1	4,189
Henry	1	4,300	18	37,468	0	0	4	930
Houston	385	2,809,599	10,978	13,238,548	530	6,947,168	9,433	12,405,555
Irwin	0	0	1	5,665	0	0	0	0
Jackson	0	0	2	7,713	0	0	1	386
Jasper	0	0	5	3,480	0	0	1	670
Jeff Davis	0	0	2	4,899	0	0	0	0
Jefferson	0	0	1	100	0	0	0	0
Johnson	0	0	2	1,651	0	0	3	731
Jones	1	0	44	47,464	0	0	27	42,744
Lamar	1	30,766	5	9,931	0	0	0	0
Laurens	1	1,588	36	35,101	1	14,534	19	37,210
Lee	2	0	7	21,486	0	0	0	0
Liberty	0	0	0	0	0	0	1	635
Lowndes	0	0	8	21,837	0	0	1	760
Macon	12	54,430	145	196,688	24	309,276	150	160,095
Marion	0	0	2	141	0	0	3	12,348
McIntosh	0	0	1	411	0	0	0	0
Mitchell	0	0	0	0	1	4,882	2	4,293
Monroe	2	1,381	25	36,906	0	0	9	10,039
Montgomery	0	0	0	0	0	0	2	500
Muscogee	0	0	10	25,280	0	0	3	14,596
Newton	0	0	3	10,900	0	0	0	0
North Carolina	0	0	14	19,614	3	34,196	12	13,422
Other Out of State	8	60,723	119	212,762	6	40,708	95	79,947
Paulding	1	2,181	3	13,641	0	0	1	127
Peach	67	503,661	1,290	1,554,016	66	928,458	1,166	1,400,112
Pike	0	0	1	2,556	0	0	0	0
Polk	0	0	0	0	0	0	1	6,170
Pulaski	7	148,947	141	149,179	8	98,931	129	86,803

Putnam	0	0	6	7,923	0	0	2	2,419
Rabun	0	0	1	3,896	0	0	0	0
Richmond	0	0	8	29,359	0	0	1	4,863
Rockdale	0	0	4	7,724	0	0	4	3,005
Schley	1	2,376	1	3,212	0	0	1	7,095
South Carolina	1	372	13	26,463	1	6,730	14	14,358
Spalding	0	0	2	256	0	0	1	169
Stewart	0	0	1	3,563	0	0	0	0
Sumter	0	0	28	36,092	1	85	11	4,104
Talbot	0	0	4	4,911	0	0	0	0
Tattnall	0	0	0	0	0	0	1	2,675
Taylor	5	8,878	96	66,114	9	104,827	115	139,607
Telfair	0	0	10	4,961	1	15,882	6	4,874
Tennessee	0	0	8	14,789	0	0	6	9,603
Terrell	0	0	1	1,976	0	0	0	0
Tift	0	0	10	32,153	0	0	3	760
Toombs	0	0	5	2,795	0	0	2	4,890
Troup	0	0	3	4,001	0	0	0	0
Turner	0	0	8	8,204	1	626	2	1,922
Twiggs	3	8,467	79	76,379	3	29,005	62	112,464
Union	0	0	1	204	0	0	0	0
Upson	1	0	3	3,782	0	0	2	8,791
Walton	1	61,029	0	0	0	0	1	2,421
Ware	0	0	3	2,069	0	0	1	3
Washington	0	6,885	3	3,237	3	5,981	4	7,631
Wayne	0	0	0	0	1	28,162	3	686
Webster	0	0	1	1,930	0	0	0	0
Wheeler	0	0	0	0	0	0	2	558
White	0	0	1	3,306	0	0	0	0
Wilcox	0	0	28	44,696	2	20,206	18	52,654
Wilkinson	0	0	11	23,226	1	6,317	5	1,072
Worth	0	0	3	13,580	0	0	0	0
Total	557	4,259,901	14,272	17,551,374	720	9,601,526	12,287	16,424,586

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	SFY2023	SFY2024
		7/1/21-6/30/22	7/1/22-6/30/23	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	0	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	0	0

3. Patients Served

Indicate the number of patients served by SFY.

SFY2022	SFY2023	SFY2024
7/1/21-6/30/22	7/1/22-6/30/23	7/1/23-6/30/24
0	0	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: Charles Briscoe

Date: 7/19/2024

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: Sean Whilden

Date: 7/19/2024

Title: Vice President / CFO

Comments: