



**INDIGENT CARE PROGRAM**

**ANNUAL REPORT**

**Fiscal Year Ending June 30, 2011**

**COLUMBUS REGIONAL HEALTHCARE SYSTEM  
ANNUAL REPORT**

**MUSCOGEE COUNTY INDIGENT CARE PROGRAM  
Period Ending June 30, 2011**

**Introduction:**

On behalf of The Medical Center Hospital Authority, we are pleased to present the annual report on indigent health care services for the fiscal year ending June 30, 2011. On July 8, 1992, the Columbus Consolidated Government and The Medical Center Hospital Authority entered into a contract to provide inpatient and outpatient health care for the community's indigent sick as well as for acute inpatient care and certain outpatient care for the community's prison population.<sup>1</sup> During the fiscal year ending June 30, 2011, services provided by The Medical Center included **302 inpatient admissions, 27,235 outpatient visits, and 113,603 outpatient prescriptions filled for program beneficiaries.**

The objective of the Indigent Care Program is to provide health care services to Columbus residents who are not covered under a private or governmental insurance plan. Individuals who meet residency and income requirements of the Indigent Care Program will have access to a primary care clinic and various specialty clinics staffed by qualified physicians and other medical personnel. The clinics provide diagnosis and treatment, health awareness and education. If inpatient admissions are required, patients are admitted to The Medical Center where they have access to a full range of diagnostic and treatment programs.

The remainder of this annual report will provide additional information describing the enrollment process and utilization of the indigent and prisoner care programs during the past fiscal year. This report has been prepared in accordance with Section 10 of the contract between The Medical Center Hospital Authority and Columbus Consolidated Government for the provision of indigent and prisoner care.<sup>2</sup>

**ENROLLMENT PROCESS:**

All individuals requesting enrollment in the Indigent Care Program must make application in person to the Indigent Care Program Account Services office located at the 700 Center Street, Suite 102. The applicant will be asked to provide information

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<sup>1</sup> A contract for provision of hospital care to indigent persons residing in Muscogee County and prisoners. Contract dated July 8, 1992, effective July 1, 1992.

<sup>2</sup> Annual reports from The Medical Center Hospital Authority summarizing performance under this contract and the operation of the indigent care and prisoner care programs contemplated hereunder. (Contract for the provision of hospital care to indigent persons residing in Columbus, Georgia and prisoners, effective July 1, 1992.)

sufficient to determine eligibility in the Indigent Care Program.<sup>3</sup> The following information is required:

A. Residency

1. Participation in the Indigent Care Program is limited to those persons qualifying as residents of Muscogee County.
2. Proof of residency will be in the form of a valid Georgia driver's license showing a current address and/or telephone, utility or rental receipt showing residency in Muscogee County. An alternative verification statement may be provided from the applicant's employer or from a representative of a state or federal agency verifying the applicant's current address.

B. Indigent Status

1. Determination of indigent status will be based on the current income eligibility scale that is 125% of the current Federal Poverty Income Guideline. See Table 1 for a listing of the Federal Poverty Income Guidelines in effect during the fiscal year ending June 30, 2011.

2011 Annual Income Levels	Table 1
Family Size	Income Level
1	\$10,890
2	\$14,710
3	\$18,530
4	\$22,350
5	\$26,170
6	\$29,990
7	\$33,810
8	\$37,630

SOURCE: These figures are derived from the 2011 poverty income guidelines for all states other than Alaska and Hawaii as published in the Federal Register on January 20, 2011, Volume 76, #13, Pages 3637-3638. For Family Units over 8, add \$3,820 per member.

2. A guarantor will be designated who will be that individual legally responsible for the debts of the family or who earns the majority income and knowingly assumes responsibility for payment of the family's deductible and cost share.

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<sup>3</sup> Determination that a person is qualified as an indigent resident of Columbus, Georgia in need of hospital care or is a prisoner of Columbus, Georgia in need of acute inpatient or outpatient hospital care; determination of indigency status to be made by The Medical Center pursuant to policies and procedures to be established. [Contract for provision of hospital care to indigent persons residing in Columbus, Georgia and prisoners, effective July 1, 1992.]

3. A family for the purposes of the Indigent Care Program shall consist of individuals related by marriage, birth, adoption or legal guardianship occupying the same domicile. A single individual who is not living with relatives will also be considered a family. If a household includes more than one family or related individual, the Indigent Care Guidelines shall be applied separately to each family and/or unrelated individual and not to the household as a whole.
4. Income will be defined as total cash receipts before taxes from all sources to include money, wages and salaries before any deductions, net receipts from farm or farm self-employment, regular payments from social security, railroad retirement, unemployment compensation, workers compensation, strike benefits from union funds, veterans benefits, public assistance, training stipends, alimony, child support, military family allotments, other regular support from an absent family member or someone not living in the household, private pensions, regular insurance or annuity payments, income from dividends, college or university scholarships, grants, fellowships and assistantships, interest, rent, royalty, or periodic receipts from trusts. Proof of such income will be required and will consist of check stubs showing earnings, social security income, public assistance, veterans benefits or any other source of regular income. The guarantor will provide at least three such stubs from a regular source showing income over the previous six months. Statements from employers, state agencies, or other sources of income verifying regular income may be submitted.
5. Upon verification of residency, family size and income level, the income eligibility scales will be utilized in order to determine family deductible and inpatient cost share.

#### C. Other Health Care Coverage

It is the intent of the Indigent Care Program to provide coverage for individuals who otherwise are not eligible or cannot afford coverage from other sources. Before families or individuals within families can qualify, each must present evidence that they are not covered under any other health care plan including Medicare and Medicaid. If the applicant is enrolled or is eligible for enrollment in another private or governmental third-party plan, the individual will not be eligible for health care services in the Indigent Care Program. Certain exemptions apply for services that are not provided under private or governmental insurance programs. The Account Services Office will assist applicants that may qualify for other third-party programs.

D. Review of Eligibility

The Indigent Care Program enrollment process requires a reevaluation of the applicant's eligibility on a quarterly basis. Applicants are required to submit proof in the same manner as the initial admission to the program. There is a verbal verification of residency conducted each month or at clinic visits. In addition, the status of the family deductible is reviewed and the guarantor's financial responsibility is highlighted.

E. Administrative Review

Each applicant is provided a written explanation of the Indigent Care Program eligibility criteria and process. The applicant is provided an oral and written explanation of their acceptance or denial of eligibility and the right to an administrative review. In the case of denial of eligibility, the applicant has five (5) days to institute administrative review of that decision. It is the applicant's responsibility to institute such review. The appropriate administrative personnel perform this review process.

**Enrollment:**

During the fiscal year July 1, 2010 through June 30, 2011, the Muscogee County Indigent Care Program received enrollment applications from **2,878** families. From these applications, approximately **247** or 8.6% of the total applications received were denied for failure to meet eligibility standards established in the program. During the fiscal year 2011 there were **2,631 families** enrolled in the program. **Table 2** provides a distribution of these families by zip code location in Muscogee County.

Distribution by Zip Code (Table 2)	Number of Families	Percent
31829	7	0.27%
31901	308	11.71%
31902	27	1.03%
31903	482	18.32%
31904	421	16.00%
31905	2	0.08%
31906	521	19.80%
31907	656	24.93%
31908	2	0.08%
31909	158	6.01%
31914	3	0.11%
31917	2	0.08%
31995	1	0.04%
Other	41	1.56%
Total Families	2,631	100.00%

**Table 3** provides a summary of enrolled families by employment or major income source. There were **3,732** covered lives approved under the Indigent Care Program during fiscal year 2011 for an average of **1.42 enrolled individuals per approved family**. The number of enrolled individuals per family under the Indigent Care Program is less than the average family size due to the fact that some individuals, especially children, in approved families have private or governmental insurance and are excluded from the Indigent Care Program. **Table 3** indicates that there were **1,450 unemployed individuals** in the program. Utilizing the number responding as unemployed it is assumed that an unemployed head-of-

household with no other financial support represented at least 55% of all families enrolled.

ICP Analysis- Families (Table 3)	FY 11
With employment	787
Unemployed but receiving SSA, Disability, Work Comp, Support, etc.	394
Unemployed	1450
Total Covered Lives	3,732
Total number of families applying	2,878
Total number of families ineligible	247
Total number of families Enrolled	2,631

#### Clinic Utilization:

Once an individual is qualified under the Indigent Care Program he or she becomes eligible to receive outpatient care through one of the primary or specialty care clinics operated by The Medical Center. In fiscal year 1996 a medical director was hired for the Outpatient Clinic. The Medical

Director has provided direction and leadership for the Clinic in developing programs to provide quality patient care in an outpatient environment and reduce the need for more costly hospital admissions. The Medicine Clinic is the primary care provider for Indigent Care Program participants. This is the primary contact point for patients and serves as a gatekeeper for referral to other specialty clinics. **Total gross charge utilization in the period was \$3,237,604.** There are **14 outpatient specialty clinics** provided for Indigent Care Program patients. During the current reporting period, there were **16,934 clinic visits.** Approximately **51.2%** of all clinic visits are to the medicine clinic. **Table 4** provides distribution of the clinic utilization during fiscal year 2011. In addition to the clinic visits, indigent care patients are eligible for outpatient, diagnostic and therapeutic services at The Medical Center.

#### Pharmacy Utilization:

An integral part of the Indigent Care Program is the operation of the outpatient pharmacy program for enrolled individuals. Individuals enrolled in the Indigent Care Program can receive prescription drugs in the Ambulatory Care Pharmacy located at 1800 10<sup>th</sup> Avenue for prescriptions written by physicians participating in the primary and specialty clinics. During the fiscal year ending June 30, 2011, **113,603 prescriptions** were filled in the Ambulatory Care Pharmacy. **Total gross charge utilization for prescriptions filled during the year was \$4,599,120.** The Ambulatory Care Pharmacy was able to save the program **\$2.26 million** through its access to various manufacturer free drug programs.

Outpatient Clinic Utilization (Table 4)	FY 11
Urology	60
Cardiology	230
Colposcopy/Tumor/GYN	49
Eye	900
Medicine	8,665
Neurology	107
Podiatry	105
Surgery	328
Nephrology	179
Gastroenterology	195
Pulmonary	44
Coumadin	392
Labs & Injections	4,456
Pharmacotherapy	1,224
<b>Total Clinic Visits</b>	<b>16,934</b>

#### Physician Services:

Historically, community physicians have provided services for the Indigent Care Program without any compensation for their services. Beginning in fiscal year 1996, contracts were entered into with various community physicians providing services for the program so that they may receive some compensation for their services. Total physician contract

payments during the year were **\$305,885**. In addition, physician practices affiliated with The Medical Center reported service utilization to patients in the program of **\$559,509** in fiscal year 2011.

**Hospital Inpatient Utilization:**

There were **270 admissions**, excluding prisoner care, for an average of 22.5 patients per month. Patients requiring inpatient services during the fiscal year accounted for 1,224 patient days, an average length-of-stay of 4.5 days. The distribution of admissions by major service type is provided in **Table 5a**. For the care rendered to the inpatients during the fiscal year, The Medical Center recorded **\$6,607,732** in Indigent Care Program Inpatient gross charges.

Inpatient Service (Table 5a)	Admissions	Patient Days	ALOS	Total Charges
Family Medicine	79	404	5.1	\$1,784,352
General Medicine	126	654	5.2	\$3,284,903
General Surgery	16	13	0.8	\$445,433
Gynecology	16	43	2.7	\$251,176
Neurosurgery	7	24	3.4	\$182,105
Oncology	1	1	1.0	\$35,085
Orthopedics	8	26	3.3	\$270,533
Pulmonary	1	9	9.0	\$35,857
Trauma	9	33	3.7	\$216,540
Urology	3	10	3.3	\$41,410
All Other	4	7	1.8	\$60,336
<b>Total</b>	<b>270</b>	<b>1,224</b>	<b>4.5</b>	<b>\$6,607,732</b>

**Hospital Outpatient Utilization:**

There were **5,652 outpatient hospital encounters**, excluding prisoner care, recorded during fiscal year 2011 for an average of 471 per month. The distribution among various outpatient services at The Medical Center is provided in **Table 5b**. For the outpatient care rendered to program patients, The Medical Center recorded **\$8,448,224** in gross charges during fiscal year 2011.

Outpatient Service (Table 5b)	Encounters	Total Charges
Cardiology	27	\$184,408
Ear Nose Throat	6	\$42,332
Family Med	4,506	\$4,291,036
Gastroenterology	70	\$201,003
General Surgery	93	\$756,278
General Med	92	\$457,205
Gynecology	57	\$341,620
Nephrology	2	\$2,359
Neurosurgery	83	\$340,500
Oncology	152	\$671,640
Ophthalmology	11	\$73,678
Orthopedics	170	\$362,136
Radiology	319	\$444,006

Urology	19	\$158,483
Wound Care	30	\$72,034
All Other	15	\$49,507
<b>Total</b>	<b>5,652</b>	<b>\$8,448,224</b>

**Collection Performance:**

Upon determination of eligibility for participation in the Indigent Care Program, participants are assigned a family deductible. This represents the portion of charges for which the participant will be responsible. The family deductible is based upon the family income level. The family deductible will not exceed 15% of gross annual income of the immediate family for any given year.

The guarantor will be responsible for the payment of the lesser of the family deductible or total charges upon the completion of the first service under the Indigent Care Program. The guarantor will be responsible for all charges for other services until the deductible is paid in full.

If the guarantor is unable to pay the deductible, provisions for deferred payments are as follows:

1. Guarantor will be required to make a minimum payment per visit plus a set amount per month until the deductible is paid in full.
2. All deductibles should be current at each re-screening date.
3. Failure to maintain the deferred payment requirements may result in disqualification.
4. All amounts owed should be paid by June 30 of each year to qualify for eligibility for the next fiscal year.

An account will be considered delinquent when after ninety-days (90) no payment has been applied to an account and no arrangements have been made for payments. Delinquent accounts are subject to referral to an outside collection agency for collection.

The guarantor must inform the program of any insurance or third party benefits and assign any and all third party benefits to the program.

**Prisoner Utilization:**

Beginning July 1, 1992, inpatient and outpatient care for Columbus, Georgia prisoners was included under the Indigent Care Program, with certain limitations as more fully described in the contract. During the fiscal year ended June 30, 2011, The Medical Center provided inpatient care to **32 prisoners**, representing total gross charges of **\$600,613**. The Medical Center also realized **1,215 outpatient prisoner visits** during the year, an average of three (3) visits per day. Total gross charges for prisoner outpatient visits were **\$1,146,210** (includes hospital and physician costs.). Total inpatient and outpatient gross charge utilization attributable to prisoner care was **\$1,746,823**.

Total fiscal year 2011 hospital charge utilization for prisoner care exceeded the contract limit amount of \$500,000 by **\$1,246,823**. Per the contract, the Columbus Consolidated Government agrees to pay The Medical Center 50% of the amount of billed charges in excess of the limit or **\$623,412**.

**Summary:**

On July 1, 1992, the Columbus Consolidated Government and The Medical Center Hospital Authority reaffirmed their commitment to provide essential health care services to the poor and uninsured residents of our community. This agreement has been carried out by The Medical Center and Columbus Ambulatory Healthcare Services providing thousands of patients' access to a wide range of quality health care services. Total gross charges and physician costs incurred for services rendered to Indigent Care Program patients and prisoners during fiscal year 2011 were approximately **\$25.39 million**. A summary of patient charge utilization and receipts is provided in **Table 6**.

Utilization Summary by Service Type (Table 6)	Volume	Patient Charge Utilization
ICP Inpatient	270	\$6,607,732
Prisoner Inpatient	32	\$600,613
<b>Total Hospital Inpatient</b>	<b>302</b>	<b>\$7,208,344</b>
ICP Clinic Operations	16,934	\$3,237,604
ICP Hospital Outpatient	5,652	\$8,448,224
Prisoner Outpatient	730	\$1,033,318
<b>Total Hospital Outpatient</b>	<b>23,316</b>	<b>\$12,719,146</b>
<b>ICP Pharmacy</b>	<b>113,603</b>	<b>\$4,599,120</b>
Contracted Physicians		\$305,885
TMC Physician Practices	3,434	\$446,617
TMC Physician Prisoner Care	485	\$112,892
<b>Total Physician</b>	<b>3,919</b>	<b>\$865,394</b>
<b>Total</b>	<b>141,140</b>	<b>\$25,392,004</b>

The Medical Center Hospital Authority received **\$12,538,635** from the Columbus Consolidated Government in nine equal installments beginning October 2010 and ending in June 2011. **Table 7** illustrates the relationship between total service utilization provided and payments received.

Summary Indigent Care Program FY 2011 Table 7	
Total Patient Charges and Physician Payments	\$25,392,004
Payments Received	\$12,538,635
Balance Due – Prisoner Care	\$ 623,412
Deficit	\$12,233,224
Percent Deficit	48.2%