



2024 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP439

Facility Name: Emory Hospital Warner Robins fka 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 2024 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 1/1/2024 To:12/31/2024

Please indicate your cost report year.

From: 01/01/2024 To:12/31/2024

☐

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: Richard Algood

Contact Title: Corporate Director - Reimbursement

Phone: 404-727-6018

Fax: 404-727-7359

E-mail: richard.algood@emory.edu

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	413,802,419
Total Inpatient Admissions accounting for Inpatient Revenue	12,447
Outpatient Gross Patient Revenue	509,641,983
Total Outpatient Visits accounting for Outpatient Revenue	224,017
Medicare Contractual Adjustments	348,150,069
Medicaid Contractual Adjustments	52,515,206
Other Contractual Adjustments:	204,016,092
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	25,333,246
Gross Indigent Care:	24,154,757
Gross Charity Care:	22,874,652
Uncompensated Indigent Care (net):	24,154,757
Uncompensated Charity Care (net):	22,874,652
Other Free Care:	3,236,012
Other Revenue/Gains:	15,762,809
Total Expenses:	247,238,735

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	3,236,012
Employee Discounts	0
	0
Total	3,236,012

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 2024? (Check box if yes.) ☒

2. Effective Date

What was the effective date of the policy or policies in effect during 2024?

12/20/2022

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 2024? (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	11,956,449	5,603,547	17,559,996
Outpatient	12,198,308	17,271,105	29,469,413
Total	24,154,757	22,874,652	47,029,409

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	11,956,449	5,603,547	17,559,996
Outpatient	12,198,308	17,271,105	29,469,413
Total	24,154,757	22,874,652	47,029,409

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	2	66	0	0	5	16,601
Appling	0	0	1	2	0	0	1	3
Atkinson	0	0	1	1,938	0	0	2	2,111
Bacon	0	0	0	0	0	0	2	981
Baldwin	0	0	5	4,728	0	0	10	14,803
Bartow	0	0	0	0	0	0	1	2,531
Ben Hill	0	0	2	3,307	0	0	2	524
Berrien	0	0	0	0	0	0	4	5,609
Bibb	23	417,734	269	629,147	28	316,610	523	731,240
Bleckley	7	136,449	58	168,468	10	78,610	72	90,917
Brooks	0	0	0	0	0	0	1	142
Bryan	0	0	0	0	0	0	1	55
Bulloch	0	0	0	0	0	0	1	3,563
Butts	0	0	5	5,879	0	0	3	2,603
Calhoun	0	0	0	0	0	0	1	2,381
Camden	0	0	0	0	0	0	3	8,552
Candler	0	0	1	4,310	0	0	14	31,121
Carroll	0	0	0	0	0	0	1	2,217
Chatham	0	0	1	646	1	6,037	6	9,339
Cherokee	0	0	1	141	0	0	9	19,999
Clayton	0	0	2	13,163	0	0	4	11,264
Cobb	1	27,559	1	5,217	1	2,106	11	28,771
Coffee	0	0	0	0	0	0	2	6,636
Colquitt	0	0	0	0	1	3,921	2	594
Columbia	0	0	0	0	0	0	2	1,976
Cook	0	0	3	980	1	150	10	18,231
Crawford	0	0	43	42,311	3	20,367	35	43,533
Crisp	5	79,973	6	2,864	6	25,236	32	51,075
Decatur	1	31,296	0	0	0	0	1	3,358
Dekalb	0	0	3	12,165	2	84,495	14	28,736
Dodge	3	81,913	16	15,734	2	13,138	24	33,531
Dooly	5	148,525	61	85,752	4	23,500	61	82,924

Dougherty	1	9,603	4	10,564	1	36,096	6	11,106
Douglas	0	0	0	0	0	0	4	11,954
Early	0	0	0	0	0	0	1	15
Effingham	0	0	1	12	0	0	4	13,178
Elbert	0	0	1	4,044	0	0	0	0
Emanuel	0	0	2	14,959	0	0	1	4,084
Fayette	0	0	0	0	0	0	3	4,500
Florida	1	21,270	40	54,655	3	19,928	40	135,220
Floyd	0	0	0	0	0	0	2	1,481
Forsyth	0	0	1	670	0	0	0	0
Fulton	2	35,283	3	682	2	19,536	18	30,347
Greene	0	0	0	0	0	0	2	3,539
Gwinnett	0	0	5	8,102	1	11,077	9	24,449
Habersham	0	0	2	5	0	0	0	0
Hall	0	0	2	1,042	0	0	1	104
Hancock	0	0	1	78	0	0	0	0
Harris	0	0	1	1,700	1	5,805	2	3,814
Henry	0	0	1	3,124	0	0	21	27,508
Houston	335	8,440,940	5,384	8,972,588	446	3,965,681	10,169	13,291,608
Irwin	0	0	0	0	0	0	1	1,980
Jackson	0	0	1	1,888	0	0	0	0
Jasper	0	0	0	0	0	0	6	13,222
Jeff Davis	0	0	0	0	0	0	2	198
Jefferson	0	0	6	1,682	0	0	6	18,123
Johnson	0	0	3	497	0	0	1	142
Jones	0	0	27	20,170	2	6,922	34	49,952
Lamar	0	0	0	0	0	0	4	12,089
Lanier	0	0	2	92	0	0	0	0
Laurens	0	0	31	68,171	1	9,978	39	81,915
Lee	0	0	2	624	1	7,760	11	11,731
Liberty	0	0	0	0	0	0	2	11,042
Lowndes	0	0	0	0	0	0	7	8,382
Macon	5	92,359	99	224,425	29	168,274	116	158,016
Madison	2	11,027	1	61	1	3,051	2	5,431
Marion	1	8,119	3	1,452	2	2,302	6	11,916
Meriwether	2	30,123	0	0	0	0	0	0
Mitchell	0	0	0	0	1	200	0	0
Monroe	0	0	4	6,335	0	0	12	13,670
Montgomery	0	0	4	163	0	0	3	1,870
Muscogee	0	0	4	10,441	1	6,470	9	12,512
North Carolina	0	0	5	19,159	0	0	13	14,207
Oconee	1	6,971	0	0	0	0	0	0
Other Out of State	8	310,350	64	43,641	6	7,335	59	96,307
Paulding	0	0	0	0	0	0	1	1,615

Peach	79	1,735,012	764	1,447,412	73	474,043	1,119	1,476,963
Pierce	0	0	2	11,246	0	0	0	0
Pike	0	0	0	0	1	3,609	2	651
Pulaski	8	57,745	125	84,670	11	109,615	112	118,062
Putnam	0	0	1	105	0	0	1	2,316
Richmond	0	0	0	0	0	0	2	1,657
Rockdale	0	0	1	2,420	0	0	3	5,112
Schley	0	0	1	1	0	0	1	2,597
Seminole	0	0	0	0	0	0	1	1,994
South Carolina	3	45,189	8	7,296	1	3,124	14	24,360
Spalding	0	0	3	11,803	0	0	2	2,433
Sumter	1	27,777	9	17,799	3	22,549	17	71,527
Talbot	0	0	0	0	0	0	3	6,670
Tattnall	0	0	0	0	0	0	2	8,247
Taylor	4	85,970	65	67,584	9	55,207	58	72,675
Telfair	0	0	1	575	0	0	4	5,388
Tennessee	0	0	0	0	0	0	8	17,775
Terrell	0	0	0	0	0	0	1	2,084
Thomas	0	0	0	0	0	0	3	7,348
Tift	0	0	0	0	1	963	4	6,827
Toombs	1	15,299	2	1,191	0	0	3	323
Troup	0	0	3	10,674	0	0	3	7,749
Turner	2	73,288	0	0	1	1,850	8	8,786
Twiggs	1	1,708	39	41,151	3	10,607	67	11,390
Union	0	0	0	0	0	0	2	2,133
Upson	0	0	1	404	0	0	5	9,203
Walton	0	0	0	0	0	0	2	20
Ware	0	0	1	2,106	0	0	0	0
Warren	0	0	0	0	0	0	1	1,863
Washington	0	0	5	6,076	1	61,324	2	5,644
Wayne	1	24,964	2	813	0	0	5	6,421
Wilcox	0	0	9	14,587	1	16,074	12	18,858
Wilkinson	0	0	3	2,551	0	0	11	18,607
Worth	0	0	0	0	0	0	1	2,274
Total	503	11,956,446	7,230	12,198,308	662	5,603,550	12,956	17,271,105

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 2024?
(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 2024.

Patient Category		SFY 2022 7/1/21-6/30/22	SFY2024 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	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 7/1/21-6/30/22	SFY2024 7/1/22-6/30/23	SFY2024 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: Kevin Splaine

Date: 8/8/2025

Title: Chief Executive Officer, EHWR, EHP

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: Michael Loftus

Date: 8/8/2025

Title: Chief Financial Officer, EHWR, EHP

Comments: