



## 2008 Hospital Financial Survey

### Part A : General Information

#### 1. Identification

UID:HOSP710

**Facility Name:** Grady Memorial Hospital

**County:** Fulton

**Street Address:** 80 Jesse Hill, Jr. Drive, S.E.

**City:** Atlanta

**Zip:** 30303-3050

**Mailing Address:** 80 Jesse Hill, Jr. Drive, SE

**Mailing City:** Atlanta

**Mailing Zip:** 30303-3050

#### 2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2008 only.

***Do not use a different report period.***

**Please indicate your hospital fiscal year.**

From: 1/1/2008 To:12/31/2008

**Please indicate your cost report year.**

From: 01/01/2008 To:12/31/2008

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.

### Part B : Survey Contact Information

*Person authorized to respond to inquiries about the responses to this survey.*

**Contact Name:** Esther Bailes

**Contact Title:** Director of Cost and Reimbursement

**Phone:** 404-616-0606

**Fax:** 404-616-1999

**E-mail:** ebailes@gmh.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	739,145,789
Total Inpatient Admissions accounting for Inpatient Revenue	27,571
Outpatient Gross Patient Revenue	422,848,265
Total Outpatient Visits accounting for Outpatient Revenue	665,782
Medicare Contractual Adjustments	102,055,365
Medicaid Contractual Adjustments	156,254,364
Other Contractual Adjustments:	135,133,726
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	9,319,284
Uncompensated Indigent Care (net):	215,017,868
Uncompensated Charity Care (net):	78,529,837
Other Free Care:	17,671,464
Other Revenue/Gains:	14,006,680
Total Expenses:	586,617,834

### 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	0
	0
<b>Total</b>	<b>0</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 2008? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2008?

03/31/2004

### 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.?

Tommie McCommon

#### **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.)?

250%

## 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 2008? (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	240,856,906	38,569,717	279,426,623
Outpatient	124,967,037	39,960,120	164,927,157
<b>Total</b>	<b>365,823,943</b>	<b>78,529,837</b>	<b>444,353,780</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	63,072,121
Other Counties	15,536,668
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	20,821,378
Federal Government	50,832,444
Non-Government Sources	543,464
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
<b>Total</b>	<b>150,806,075</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	0	0	0
Outpatient	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</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
Appling	1	25	4	189	0	0	0	0
Baker	0	0	4	14,166	0	0	0	0
Baldwin	2	847	6	2,367	0	0	0	0
Banks	6	78,352	68	95,054	4	25,619	42	34,262
Barrow	12	406,644	69	62,826	0	0	35	18,663
Bartow	15	71,316	130	50,086	0	0	10	5,920
Berrien	0	0	17	6,457	0	0	0	0
Bibb	0	0	12	2,862	1	6,421	1	243
Bleckley	0	0	1	201	0	0	0	0
Brooks	0	0	1	342	0	0	0	0
Bryan	0	0	1	226	0	0	0	0
Butts	11	925,208	32	17,068	3	9,181	26	3,473
Camden	0	0	8	2,214	0	0	5	426
Candler	0	0	0	0	0	0	2	1,371
Carroll	30	655,775	140	34,735	3	31,629	92	62,738
Chatham	0	0	13	2,625	0	0	1	95
Chattooga	0	0	2	1,685	0	0	0	0
Cherokee	35	855,209	254	145,438	11	92,803	232	188,833
Clarke	8	175,738	34	12,868	0	0	3	722
Clay	0	0	28	9,300	0	0	2	219
Clayton	434	8,057,450	5,518	2,564,299	116	1,362,721	2,594	784,981
Clinch	0	0	4	383	0	0	0	0
Cobb	254	3,568,376	3,307	1,619,085	128	2,114,231	1,693	835,738
Coffee	0	0	0	0	0	0	3	1,261
Colquitt	0	0	6	1,079	0	0	0	0
Columbia	0	0	2	294	0	0	0	0
Coweta	69	949,129	274	138,892	0	133,993	160	116,208
Crawford	0	0	3	426	0	0	0	0
Crisp	2	7,897	44	32,278	0	0	2	200
Dade	0	0	1	53	0	0	0	0
Dawson	5	214,988	23	65,807	1	1,384	5	467
Decatur	0	0	20	7,736	0	0	1	51

DeKalb	3,920	66,546,097	71,962	37,852,205	814	12,766,274	30,301	14,401,793
Dodge	0	0	5	38,290	0	0	0	0
Dougherty	0	0	3	8,501	0	0	0	0
Douglas	91	2,205,227	761	360,646	29	171,700	567	231,749
Early	0	0	1	158	0	0	0	0
Echols	0	0	11	6,558	0	0	10	793
Effingham	2	24,571	2	2,026	0	0	0	0
Elbert	1	6,173	7	6,974	1	1,233	9	1,535
Emanuel	0	0	2	346	0	0	0	0
Evans	0	0	1	429	0	0	0	0
Fannin	1	677	20	2,879	0	0	0	0
Fayette	42	420,001	287	139,298	2	5,373	124	15,294
Floyd	0	637,717	81	91,250	14	9,000	16	6,488
Forsyth	14	185,617	142	112,787	0	376,819	86	39,085
Franklin	4	91,089	21	7,751	3	11,751	5	6,359
Fulton	9,455	30,528,384	145,599	75,571,697	1,233	16,271,256	45,646	20,844,702
Gilmer	1	34,714	23	11,087	0	0	0	0
Glascock	0	0	10	6,722	0	0	0	0
Glynn	0	0	11	4,428	0	0	0	0
Gordon	4	18,084	2	320	0	0	0	0
Greene	3	61,903	87	76,508	6	25,612	44	8,090
Gwinnett	328	7,246,219	5,417	2,787,946	136	2,182,580	3,217	1,564,094
Habersham	9	443,299	50	24,142	0	0	3	19,534
Hall	30	1,690,519	143	131,936	5	105,925	75	62,439
Hancock	0	0	1	216	0	0	3	290
Haralson	4	192,267	20	5,408	0	0	3	4,384
Harris	0	0	5	975	1	647	1	54
Hart	1	1,195	1	106	0	0	0	0
Heard	4	6,194	12	12,595	2	2,728	13	3,470
Henry	114	1,725,275	702	315,925	30	487,773	429	158,010
Jackson	7	19,296	10	1,158	0	0	2	355
Jasper	7	141,735	27	15,377	0	0	3	2,441
Lamar	11	117,472	32	8,675	3	90,004	10	1,720
Laurens	0	0	7	2,331	0	0	0	0
Liberty	0	0	0	0	1	5,343	1	31
Lincoln	0	0	3	1,865	0	0	0	0
Lumpkin	8	342,670	7	2,081	0	0	13	1,643
Macon	2	55,530	2	140	0	0	0	0
Madison	4	31,898	8	2,974	0	0	1	117
Marion	0	0	1	164	0	0	0	0
McDuffie	0	0	1	888	0	0	0	0
McIntosh	0	0	31	43,347	4	11,493	12	2,451
Meriwether	14	236,076	218	115,458	5	319,829	113	100,754
Mitchell	1	7,414	1	2,019	0	0	0	0

Monroe	7	395,749	9	4,796	0	0	1	225
Morgan	1	26,081	16	21,349	1	13,545	10	9,051
Muscogee	2	9,167	19	13,297	0	171	3	274
Newton	38	1,044,290	433	268,592	13	87,162	173	34,338
Oconee	2	348,655	36	94,012	0	0	0	0
Oglethorpe	1	10,668	12	4,155	0	25,764	3	11,062
Other Out of State	192	4,326,282	1,031	1,054,798	27	659,474	351	100,179
Paulding	34	943,484	95	67,749	10	263,577	17	23,185
Peach	1	326	18	2,433	0	0	0	0
Pickens	7	46,680	37	12,594	0	0	3	741
Pike	6	24,753	12	20,269	0	0	0	0
Polk	12	208,622	33	8,840	0	0	0	0
Putnam	0	0	8	6,750	0	0	1	748
Randolph	0	0	2	201	1	16,615	1	121
Richmond	6	144,959	25	15,295	0	0	9	1,062
Rockdale	71	1,203,269	674	297,173	24	440,193	367	200,405
Screven	0	0	3	4,746	0	0	0	0
Spalding	36	1,119,054	161	99,799	10	148,123	34	12,722
Stephens	0	11,507	3	1,075	3	31,655	13	3,260
Sumter	0	0	0	0	0	0	2	148
Talbot	0	0	1	419	0	0	0	0
Taylor	0	0	4	314	0	0	0	0
Tift	0	0	2	598	0	0	0	0
Towns	0	0	0	0	2	11,793	4	383
Troup	7	22,961	80	108,881	4	194,687	10	4,230
Union	0	0	4	1,881	0	0	2	15,135
Upson	7	107,527	25	33,694	0	0	0	0
Walton	11	1,540,238	127	80,112	9	53,636	34	9,205
Ware	0	0	2	132	0	0	0	0
Washington	0	0	3	318	0	0	0	0
Webster	0	0	4	1,984	0	0	0	0
White	2	72,646	0	23,579	0	0	0	100
Whitfield	2	265,721	8	47,411	0	0	0	0
Wilkes	0	0	1	2,164	0	0	0	0
<b>Total</b>	<b>15,412</b>	<b>40,856,906</b>	<b>238,651</b>	<b>24,967,037</b>	<b>2,660</b>	<b>38,569,717</b>	<b>86,654</b>	<b>39,960,120</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 2008?  
(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 2008.

Patient Category		SFY 2007	SFY2008	SFY2009
		7/1/06-6/30/07	7/1/07-6/30/08	7/1/08-6/30/09
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	65,050,710	65,050,710
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	18,287,202	18,287,202
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 2007	SFY2008	SFY2009
7/1/06-6/30/07	7/1/07-6/30/08	7/1/08-6/30/09
0	29,827	29,827

## 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:** Michael Young

**Date:** 10/1/2009

**Title:** Chief Executive Officer

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:** Sue McCarthy

**Date:** 10/1/2009

**Title:** Chief Financial Officer

**Comments:**

Please note - We compile the data for the Hosital Financial Survey using charges forgone, in other words, writeoffs. This new application does not allow for negative amounts; therefore, we had to eliminate prior year adjustments when the net amounts by County resulted in a negative number.