



## 2009 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 2009 only.

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

**Please indicate your hospital fiscal year.**

From: 1/1/2009 To:12/31/2009

**Please indicate your cost report year.**

From: 01/01/2009 To:12/31/2009

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 & 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	952,121,846
Total Inpatient Admissions accounting for Inpatient Revenue	29,480
Outpatient Gross Patient Revenue	470,887,104
Total Outpatient Visits accounting for Outpatient Revenue	595,190
Medicare Contractual Adjustments	153,612,915
Medicaid Contractual Adjustments	197,372,415
Other Contractual Adjustments:	175,814,593
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	78,796,734
Uncompensated Indigent Care (net):	199,545,757
Uncompensated Charity Care (net):	87,988,637
Other Free Care:	67,226,914
Other Revenue/Gains:	33,673,023
Total Expenses:	536,209,123

### 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 2009? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2009?

08/10/2009

### 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.?

Director of Patient Access

#### **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 2009? (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	164,049,633	41,889,122	205,938,755
Outpatient	176,762,846	46,099,515	222,862,361
<b>Total</b>	<b>340,812,479</b>	<b>87,988,637</b>	<b>428,801,116</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	58,517,763
Other Counties	15,610,332
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	19,276,433
Federal Government	44,464,844
Non-Government Sources	397,350
Charitable Contributions	3,000,000
Trust Fund From Sale Of Public Hospital	0
All Other	0
<b>Total</b>	<b>141,266,722</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	96,051,085	41,889,122	137,940,207
Outpatient	103,494,672	46,099,515	149,594,187
<b>Total</b>	<b>199,545,757</b>	<b>87,988,637</b>	<b>287,534,394</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	0	0	8	1,164	0	0	2	77
Atkinson	0	0	6	884	0	0	2	793
Bacon	0	0	5	1,078	0	0	1	64
Baker	0	0	10	2,429	0	0	6	2,056
Baldwin	0	0	8	2,192	0	0	0	0
Banks	7	493,255	245	96,147	0	0	102	31,698
Barrow	10	6,650	115	47,250	0	14,836	24	29,438
Bartow	11	144,433	159	46,285	0	0	27	6,161
Ben Hill	0	0	3	750	0	0	0	0
Berrien	0	0	82	17,472	0	0	23	1,859
Bibb	0	0	15	2,092	2	3,408	0	0
Bleckley	0	0	5	4,451	0	0	0	0
Brooks	0	0	1	141	0	0	0	0
Butts	8	297,571	136	60,065	0	0	16	8,015
Camden	0	0	17	2,896	0	0	12	3,196
Candler	0	0	0	0	1	11,509	2	337
Carroll	0	0	226	120,882	0	0	40	19,599
Charlton	0	0	3	1,394	0	0	0	0
Chatham	0	0	8	3,248	0	0	0	0
Chattahoochee	0	0	1	198	0	0	0	0
Cherokee	30	1,551,174	321	142,896	0	0	181	87,573
Clarke	2	53,013	52	20,986	0	0	0	0
Clay	0	0	54	11,786	0	0	2	154
Clayton	306	5,505,849	8,884	3,450,787	78	1,531,891	2,775	840,459
Clinch	0	0	4	1,198	0	0	0	0
Cobb	155	2,389,961	4,542	2,041,365	61	2,551,010	1,605	579,465
Coffee	0	0	3	199	0	0	1	67
Colquitt	0	0	3	595	0	0	0	0
Columbia	1	128	3	1,091	0	36	1	297
Cook	0	0	3	221	0	0	0	0
Coweta	22	206,607	617	310,790	7	114,796	203	201,691
Crisp	0	0	26	5,937	0	0	0	0

Dade	0	0	0	118	0	0	0	0
Dawson	5	97,242	57	40,659	0	1,268	4	512
Decatur	0	0	0	0	0	0	1	91
DeKalb	1,990	44,826,144	95,643	53,829,268	769	11,780,301	38,666	16,697,000
Dodge	0	0	36	6,937	0	0	6	367
Douglas	27	809,948	1,265	483,555	27	580,276	485	160,255
Early	0	0	3	585	0	0	2	580
Echols	0	0	42	9,311	0	0	20	3,696
Elbert	1	94,754	60	30,901	0	29,143	31	9,178
Evans	0	0	3	574	0	0	0	0
Fannin	0	0	24	7,062	0	0	4	1,513
Fayette	24	376,179	412	148,033	0	0	87	13,708
Floyd	0	0	76	45,652	2	767	26	7,018
Forsyth	10	33,108	219	99,602	3	4,105	70	71,026
Franklin	5	594,112	65	39,526	0	0	0	0
Fulton	5,167	95,270,317	210,982	109,104,583	1,395	21,080,855	60,804	25,256,886
Gilmer	1	11,289	152	36,357	0	2,884	50	8,359
Glascock	0	0	11	1,758	0	0	0	0
Gordon	0	0	1	92	0	0	0	0
Grady	0	0	8	1,798	0	0	0	0
Greene	3	174,407	332	130,166	0	0	96	51,634
Gwinnett	150	3,246,451	7,041	3,363,572	80	1,639,918	2,615	1,214,897
Habersham	2	155,164	50	22,233	0	0	2	53
Hall	8	1,416,858	92	61,514	11	28,480	79	11,291
Hancock	2	1,048	21	2,261	0	0	2	133
Haralson	0	0	53	81,692	0	232,496	0	0
Harris	1	56,068	0	0	0	0	0	0
Hart	2	35,298	9	3,992	1	9,587	4	1,047
Heard	1	29,912	37	18,210	0	0	0	0
Henry	40	1,167,482	1,242	546,333	6	575,141	435	141,727
Houston	0	0	2	237	0	0	0	0
Jackson	4	114,921	29	14,811	0	0	4	1,766
Jasper	0	0	40	17,467	0	0	3	628
Lamar	3	1,009	52	51,281	3	156,742	6	4,001
Laurens	1	7,340	0	190	0	0	2	188
Liberty	0	0	0	18,044	0	0	2	2,669
Lincoln	0	0	3	324	0	0	6	775
Lumpkin	10	261,271	24	13,732	0	0	1	112
Madison	1	94,518	28	9,507	0	0	1	64
Marion	0	0	1	35	0	0	1	110
McDuffie	0	0	1	312	0	0	0	0
McIntosh	0	0	13	7,541	0	2,734	0	1,324
Meriwether	9	138,404	360	172,742	0	0	108	23,410
Miller	0	0	5	1,973	0	0	0	0

Monroe	3	208,924	0	0	0	0	3	669
Morgan	3	131,313	11	4,421	2	4,280	27	24,700
Murray	0	0	1	436	0	0	0	0
Muscogee	2	30,052	19	6,566	0	0	0	0
Newton	33	190,422	800	318,250	16	341,442	177	98,268
Oconee	0	0	7	3,285	0	0	0	0
Oglethorpe	0	0	4	1,022	0	0	2	4,077
Other Out of State	109	955,664	1,611	743,622	49	1,081,463	401	219,834
Paulding	4	2,138	53	12,388	0	0	5	553
Peach	0	0	37	9,708	0	0	3	513
Pickens	0	0	0	0	0	0	4	34,879
Pike	7	195,427	29	18,020	0	0	0	0
Polk	2	36,960	34	33,495	2	24,384	5	1,423
Putnam	1	718	2	285	0	0	0	0
Rabun	1	5,918	9	1,416	0	0	0	0
Randolph	0	0	0	0	0	0	1	210
Rockdale	0	0	1,014	395,410	0	0	248	154,046
Spalding	29	1,211,816	238	172,048	0	0	98	20,113
Stephens	2	50,543	27	14,967	0	0	1	124
Sumter	0	0	2	338	0	0	0	0
Talbot	1	1,427	2	179	0	0	0	0
Taliaferro	0	0	5	1,075	0	0	0	0
Tattnall	0	0	2	392	0	0	0	0
Taylor	0	0	9	1,358	0	0	0	0
Thomas	0	0	0	0	0	0	1	54
Towns	0	25	3	205	0	25	3	204
Troup	8	448,577	128	76,023	2	77,815	21	4,672
Turner	0	0	0	551	0	0	0	0
Union	0	0	2	230	0	0	1	113
Upson	6	434,933	56	36,952	0	0	12	9,800
Walton	0	482,891	182	69,284	0	0	59	25,421
Warren	0	0	2	1,407	0	0	0	0
Webster	0	0	4	1,229	2	7,530	1	429
Whitfield	0	0	2	183	0	0	0	0
Wilkes	0	0	9	13,997	0	0	5	396
Worth	0	0	2	695	0	0	0	0
<b>Total</b>	<b>8,230</b>	<b>64,049,633</b>	<b>338,365</b>	<b>76,762,846</b>	<b>2,519</b>	<b>41,889,122</b>	<b>109,726</b>	<b>46,099,515</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 2009?  
(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 2009.

Patient Category		SFY 2008	SFY2009	SFY2010
		7/1/07-6/30/08	7/1/08-6/30/09	7/1/09-6/30/10
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	66,720,743	66,720,743
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	21,496,828	21,496,828
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 2008	SFY2009	SFY2010
7/1/07-6/30/08	7/1/08-6/30/09	7/1/09-6/30/10
0	34,611	34,611

## 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 A. Young

**Date:** 8/6/2010

**Title:** President/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:** 8/6/2010

**Title:** Senior Vice President/Chief Financial Officer

**Comments:**