



## 2010 Hospital Financial Survey

### Part A : General Information

#### 1. Identification

UID:HOSP616

**Facility Name:** Phoebe Putney Memorial Hospital

**County:** Dougherty

**Street Address:** 417 West Third Avenue

**City:** Albany

**Zip:** 31701-1960

**Mailing Address:** PO Box 1828

**Mailing City:** Albany

**Mailing Zip:** 31702-1828

#### 2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2010 only.

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

**Please indicate your hospital fiscal year.**

From: 8/1/2009 To:7/31/2010

**Please indicate your cost report year.**

From: 08/01/2009 To:07/31/2010

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:** PAM DEETER

**Contact Title:** VP/CONTROLLER

**Phone:** 229-312-6752

**Fax:** 229-312-6749

**E-mail:** pdeeter@ppmh.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	498,251,406
Total Inpatient Admissions accounting for Inpatient Revenue	19,218
Outpatient Gross Patient Revenue	594,533,472
Total Outpatient Visits accounting for Outpatient Revenue	307,979
Medicare Contractual Adjustments	341,532,007
Medicaid Contractual Adjustments	154,666,158
Other Contractual Adjustments:	92,606,606
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	52,265,387
Uncompensated Indigent Care (net):	30,975,191
Uncompensated Charity Care (net):	22,161,394
Other Free Care:	983,183
Other Revenue/Gains:	11,049,560
Total Expenses:	378,859,893

### 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 2010? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2010?

12/01/2009

### 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.?

ASST VP-BUSINESS AFFAIRS

#### **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.)?

200%

## 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 2010? (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	11,396,960	7,383,880	18,780,840
Outpatient	19,578,231	14,777,514	34,355,745
<b>Total</b>	<b>30,975,191</b>	<b>22,161,394</b>	<b>53,136,585</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	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
<b>Total</b>	<b>0</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	11,396,960	7,383,880	18,780,840
Outpatient	19,578,231	14,777,514	34,355,745
<b>Total</b>	<b>30,975,191</b>	<b>22,161,394</b>	<b>53,136,585</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
Alabama	5	14,979	33	208,669	1	4,608	4	4,158
Atkinson	2	58,603	2	2,591	1	20	2	2,179
Bacon	0	0	0	0	0	0	1	635
Baker	15	135,927	81	88,685	16	62,423	21	56,324
Baldwin	0	0	1	0	1	7,069	2	1,130
Ben Hill	13	53,948	87	117,686	10	3,351	19	44,474
Berrien	1	999	29	12,845	9	42,971	16	9,878
Bibb	0	0	0	0	1	140	13	19,881
Brooks	0	0	0	0	0	0	1	3,338
Bryan	0	0	0	0	0	0	1	8,772
Bulloch	0	0	0	0	0	0	1	138
Burke	1	1,100	0	0	0	0	0	0
Calhoun	17	28,671	209	260,391	27	257,226	156	236,560
Camden	0	0	2	266	0	0	0	0
Carroll	0	0	2	9,664	0	0	0	0
Chatham	0	0	0	0	0	0	1	400
Chattahoochee	0	0	0	0	0	0	1	100
Clay	1	40	21	16,733	0	0	0	0
Clayton	0	0	2	1,426	0	0	0	0
Clinch	0	0	0	0	1	320	1	319
Cobb	1	22,417	1	3,362	1	940	4	3,526
Coffee	5	201,599	6	12,135	5	7,476	7	727
Colquitt	23	121,489	233	307,509	27	126,084	161	203,814
Cook	0	0	9	4,895	0	0	1	2,006
Crawford	0	0	0	0	0	0	1	2,944
Crisp	18	226,142	167	276,059	39	163,816	189	333,036
Dawson	0	0	0	0	0	0	1	496
Decatur	7	10,061	44	74,137	5	107,536	12	10,543
DeKalb	0	0	1	218	1	12,476	2	4,149
Dooly	4	22,878	49	64,330	8	113,015	41	78,678
Dougherty	548	5,852,550	7,810	10,303,802	996	3,766,168	7,867	9,428,364
Early	7	37,333	71	80,336	5	3,326	16	18,628

Florida	2	12,214	9	1,271	5	17,042	45	23,358
Floyd	0	0	0	0	2	100	0	0
Forsyth	0	0	1	150	0	0	0	0
Fulton	0	0	8	5,343	4	31,563	14	27,551
Glynn	0	0	0	0	2	32,957	2	1,033
Grady	0	0	0	0	0	0	4	5,916
Gwinnett	0	0	0	0	1	29	3	2,223
Hancock	0	0	0	0	0	0	1	15,919
Haralson	0	0	0	0	0	0	1	101
Henry	0	0	0	0	3	1,127	11	1,792
Houston	0	0	22	2,780	0	0	0	0
Irwin	0	0	20	36,331	4	123,771	8	6,993
Jeff Davis	0	0	1	3,682	0	0	0	0
Lamar	0	0	4	442	0	0	0	0
Lee	98	1,212,358	1,254	1,740,494	70	382,852	605	1,084,797
Long	0	0	1	3,445	0	0	0	0
Lowndes	0	0	2	4,777	0	0	14	11,004
Macon	0	0	28	11,267	19	386,247	27	143,018
Marion	0	0	2	7,811	1	5,356	5	2,907
Miller	1	23,499	27	72,406	2	1,530	10	7,691
Mitchell	60	720,261	866	1,571,807	113	694,666	614	1,191,277
Muscogee	0	0	6	3,496	2	455	23	28,760
Newton	0	0	1	1,089	0	0	4	10,913
North Carolina	1	21,686	3	621	0	0	4	3,901
Oconee	0	0	5	21,848	0	0	1	3,749
Other Out of State	5	20,116	12	32,996	5	16,616	61	117,854
Peach	0	0	3	2,301	0	0	1	3,006
Pierce	0	0	0	0	1	60	1	3,175
Putnam	0	0	2	1,315	0	0	0	0
Quitman	1	1,068	14	21,012	0	0	0	0
Randolph	12	134,389	246	513,502	11	36,740	54	63,297
Richmond	0	0	0	0	0	0	2	3,126
Schley	5	90,838	18	15,032	3	95,016	12	7,086
Seminole	2	79,821	12	56,703	0	0	2	125
South Carolina	0	0	4	3,760	0	0	2	2,621
Stewart	3	109,898	50	18,474	3	20,594	5	3,040
Sumter	32	240,236	528	893,320	129	374,889	440	530,575
Talbot	4	2,561	27	6,913	0	0	0	0
Tattnall	0	0	0	0	2	2,160	1	42
Taylor	0	0	1	6,723	0	0	5	5,737
Telfair	0	0	0	0	1	32,609	0	0
Tennessee	0	0	0	0	0	0	3	14,361
Terrell	63	604,088	859	1,024,443	28	66,548	234	295,021
Thomas	2	45,630	19	21,064	4	24,768	20	85,256

Tift	12	212,761	95	107,512	8	83,569	84	106,764
Treutlen	0	0	0	0	0	0	1	2,044
Turner	2	51,072	146	298,605	11	31,232	70	136,102
Upson	0	0	3	9,652	0	0	3	1,887
Walker	0	0	0	0	0	0	1	325
Ware	0	0	0	0	2	180	9	3,980
Wayne	0	0	0	0	0	0	1	1,225
Webster	2	1,579	16	17,377	3	4,487	9	4,137
Wheeler	0	0	0	0	0	0	2	3,531
White	0	0	1	20,575	1	753	0	0
Wilcox	3	128,728	6	4,004	1	302	10	24,041
Wilkinson	0	0	0	0	0	0	1	80
Worth	115	895,421	806	1,168,149	45	236,697	282	310,976
<b>Total</b>	<b>1,093</b>	<b>11,396,960</b>	<b>13,988</b>	<b>19,578,231</b>	<b>1,640</b>	<b>7,383,880</b>	<b>11,254</b>	<b>14,777,514</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 2010?  
(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 2010.

Patient Category		SFY 2010	SFY2010	SFY2012
		7/1/09-6/30/10	7/1/10-6/30/11	7/1/11-6/30/12
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	28,276,919	2,698,272
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	20,097,921	2,063,473
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 2010	SFY2010	SFY2012
7/1/09-6/30/10	7/1/10-6/30/11	7/1/11-6/30/12
0	25,473	2,502

## 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:** Joel Wernick

**Date:** 7/6/2011

**Title:** 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:** Kerry Loudermilk

**Date:** 7/6/2011

**Title:** CFO

**Comments:**