



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2010 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 2010 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 1/1/2010 To:12/31/2010

Please indicate your cost report year.

From: 01/01/2010 To:12/31/10

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	1,099,913,655
Total Inpatient Admissions accounting for Inpatient Revenue	29,849
Outpatient Gross Patient Revenue	545,056,092
Total Outpatient Visits accounting for Outpatient Revenue	504,134
Medicare Contractual Adjustments	179,911,489
Medicaid Contractual Adjustments	322,733,635
Other Contractual Adjustments:	281,231,280
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	162,609,519
Uncompensated Indigent Care (net):	167,409,017
Uncompensated Charity Care (net):	52,406,766
Other Free Care:	8,695,929
Other Revenue/Gains:	6,733,438
Total Expenses:	565,950,575

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
Total	0

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?

08/10/09

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.)?

400%

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	131,069,699	21,934,435	153,004,134
Outpatient	175,936,218	30,472,332	206,408,550
Total	307,005,917	52,406,767	359,412,684

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	55,000,000
Other Counties	15,592,918
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	16,850,155
Federal Government	51,903,359
Non-Government Sources	250,469
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	139,596,901

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	71,471,736	21,934,435	93,406,171
Outpatient	95,937,281	30,472,331	126,409,612
Total	167,409,017	52,406,766	219,815,783

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	1	232	0	0	0	0
Banks	0	0	67	78,847	0	0	36	14,069
Barrow	0	0	87	54,653	0	0	21	7,059
Bartow	0	0	91	47,619	4	117,174	27	6,521
Ben Hill	0	0	1	273	0	0	0	0
Bulloch	0	0	1	145	0	0	0	0
Butts	0	0	46	21,625	1	1,923	3	44
Calhoun	0	0	0	0	0	0	1	37
Camden	0	0	0	0	0	0	1	234
Carroll	11	22,297	173	69,041	8	130,792	45	16,754
Chatham	0	0	2	2,986	0	0	0	0
Cherokee	0	0	256	103,459	1	16,041	85	28,400
Clarke	1	16,600	20	12,864	0	0	0	0
Clay	0	0	6	1,606	0	0	2	266
Clayton	137	1,284,230	7,177	2,879,824	67	629,976	2,375	797,422
Cobb	82	1,105,153	3,505	1,483,344	28	568,076	1,321	508,239
Columbia	0	0	5	777	0	0	0	0
Cook	0	0	0	0	0	0	1	8
Coweta	15	120,066	326	187,860	8	18,437	73	50,108
Crisp	0	0	1	842	0	0	0	0
Dawson	0	0	15	4,097	1	1,265	32	93,521
Decatur	0	0	7	1,919	0	0	0	0
DeKalb	1,815	45,823,004	68,887	59,239,691	781	8,846,803	37,080	12,846,120
Douglas	15	236,003	703	297,408	1	64,500	324	73,962
Echols	0	0	1	378	0	0	0	0
Elbert	0	0	11	22,463	0	0	10	2,587
Fannin	1	79,700	17	3,504	0	0	1	469
Fayette	12	202,758	348	201,380	5	169,537	128	49,403
Floyd	0	0	26	1,790	0	0	0	0
Forsyth	4	146,441	137	107,813	0	0	27	2,826
Fulton	3,412	77,610,507	123,359	106,547,319	1,488	10,373,667	46,577	14,743,267
Gilmer	0	0	49	27,966	0	0	8	1,257

Gordon	0	0	0	0	1	622	0	0
Greene	0	0	58	21,908	0	0	15	6,664
Gwinnett	145	2,362,484	5,607	2,373,484	23	225,057	1,711	796,453
Habersham	2	9	4	747	3	2,137	4	1,413
Hall	0	0	86	30,647	3	2,699	32	8,881
Hancock	0	0	5	2,815	0	0	3	161
Haralson	0	0	1	511	2	166,204	1	48
Hart	0	0	4	558	0	0	0	0
Heard	1	78,920	14	33,276	1	11,690	3	177
Henry	29	629,498	1,140	816,273	13	314,714	332	122,949
Houston	0	0	2	1,777	1	460	0	0
Jackson	0	0	12	4,306	0	0	4	865
Jasper	5	78,663	35	20,036	0	0	0	0
Lamar	0	0	38	18,170	0	0	3	184
Lanier	0	0	0	0	0	0	1	105
Lee	0	0	1	20	0	0	0	0
Lincoln	0	0	1	2,665	0	0	0	0
Lowndes	0	0	1	1,903	0	0	0	0
Lumpkin	0	0	27	7,921	0	0	10	5,166
Macon	1	55,280	1	2,848	0	0	0	0
Meriwether	2	5,840	200	147,459	3	67,898	41	13,501
Mitchell	0	0	1	399	0	0	0	0
Morgan	1	39,792	10	2,386	0	0	0	0
Muscogee	0	0	1	36	0	0	0	0
Newton	22	334,201	592	178,828	5	43,601	161	48,314
Oconee	0	0	1	125	0	0	1	80
Oglethorpe	1	308	9	1,479	0	0	0	0
Other Out of State	29	314,999	269	296,903	0	0	74	101,139
Paulding	5	29	36	10,762	0	0	7	16,019
Pickens	0	0	3	1,824	0	0	5	32
Pike	0	0	7	2,073	0	0	3	973
Polk	2	226,299	10	4,088	0	0	0	0
Putnam	0	0	10	2,851	0	0	0	0
Rabun	0	0	5	435	0	0	2	190
Richmond	0	0	5	3,279	0	0	0	0
Rockdale	1	164,904	797	350,737	8	576	210	48,245
Seminole	0	0	1	302	0	0	0	0
Spalding	6	33,889	161	106,772	3	16,899	79	11,605
Stephens	0	0	27	3,383	0	0	0	0
Sumter	0	0	0	0	0	0	1	455
Taliaferro	0	0	2	833	0	0	0	0
Troup	1	40,253	1	6,337	2	143,687	11	16,197
Upson	2	22,594	34	6,805	0	0	4	167
Walker	0	0	0	0	0	0	6	3,502

Walton	3	34,978	159	65,438	0	0	35	26,232
Washington	0	0	2	167	0	0	0	0
White	0	0	7	927	0	0	0	0
Whitfield	0	0	0	0	0	0	1	42
Total	5,763	31,069,699	214,712	75,936,218	2,461	21,934,435	90,938	30,472,332

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 7/1/09-6/30/10	SFY2010 7/1/10-6/30/11	SFY2012 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	67,879,759	67,879,759
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	12,127,449	12,127,449
C.	Other Patients in accordance with the department approved policy.	0	2,199,331	2,199,331

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2010 7/1/09-6/30/10	SFY2010 7/1/10-6/30/11	SFY2012 7/1/11-6/30/12
0	35,237	35,237

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: Sue McCarthy

Date: 8/25/2011

Title: Sr. Vice President and Chief Financial 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: 8/25/2011

Title: Sr. Vice President and Chief Financial Officer

Comments: