



## 2011 Hospital Financial Survey

### Part A : General Information

#### 1. Identification

UID:HOSP318

**Facility Name:** Piedmont Fayette Hospital

**County:** Fayette

**Street Address:** 1255 Highway 54 West

**City:** Fayetteville

**Zip:** 30214

**Mailing Address:** 1255 Highway 54 West

**Mailing City:** Fayetteville

**Mailing Zip:** 30214

#### 2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2011 only.

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

**Please indicate your hospital fiscal year.**

From: 7/1/2010 To:6/30/2011

**Please indicate your cost report year.**

From: 07/01/2010 To:06/30/2011

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:** Brian Templeton

**Contact Title:** Director of Finance

**Phone:** 770-719-7024

**Fax:** 770-719-7092

**E-mail:** brian.templeton@piedmont.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	318,806,449
Total Inpatient Admissions accounting for Inpatient Revenue	12,118
Outpatient Gross Patient Revenue	478,304,372
Total Outpatient Visits accounting for Outpatient Revenue	158,120
Medicare Contractual Adjustments	203,282,773
Medicaid Contractual Adjustments	46,867,239
Other Contractual Adjustments:	287,869,017
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	30,152,503
Uncompensated Indigent Care (net):	4,611,524
Uncompensated Charity Care (net):	15,067,680
Other Free Care:	243,580
Other Revenue/Gains:	5,262,952
Total Expenses:	190,648,537

### 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 2011? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2011?

07/01/2010

### 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.?

Chief Financial Officer

#### **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 2011? (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	2,005,434	5,779,368	7,784,802
Outpatient	2,606,090	9,288,312	11,894,402
<b>Total</b>	<b>4,611,524</b>	<b>15,067,680</b>	<b>19,679,204</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	2,005,435	5,779,368	7,784,803
Outpatient	2,606,089	9,288,312	11,894,401
<b>Total</b>	<b>4,611,524</b>	<b>15,067,680</b>	<b>19,679,204</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	0	0	8	675	1	10,769	39	56,970
Baldwin	0	0	0	0	0	0	1	111
Barrow	0	0	0	0	1	500	0	0
Bartow	0	0	0	0	0	0	2	1,968
Bibb	0	0	0	0	0	0	1	960
Bryan	0	0	0	0	0	0	1	9,696
Bulloch	0	0	1	1,713	0	0	1	80
Butts	0	0	0	0	4	24,127	31	58,795
Carroll	0	0	5	6,015	6	45,475	19	18,618
Catoosa	0	0	0	0	0	0	5	16,454
Chatham	0	0	0	0	0	0	1	3,206
Chattooga	0	0	0	0	0	0	1	724
Cherokee	0	0	0	0	0	0	7	9,670
Clarke	0	0	0	0	0	0	1	654
Clay	0	0	0	0	0	0	2	216
Clayton	19	641,414	81	159,908	132	913,007	1,826	1,827,236
Cobb	0	0	1	764	2	76,723	19	10,195
Coweta	17	112,622	91	244,703	169	1,167,455	1,077	1,678,453
Crawford	0	0	0	0	0	0	1	1,020
Crisp	0	0	0	0	0	0	2	559
Dade	0	0	0	0	0	0	2	6,236
DeKalb	1	17,939	5	21,889	9	100,060	94	124,691
Dougherty	0	0	0	0	0	0	4	3,438
Douglas	0	0	6	7,916	4	37,526	34	16,955
Fayette	44	687,210	1,162	1,752,897	97	1,075,764	804	1,022,754
Florida	2	2,416	1	300	0	0	27	45,128
Floyd	0	0	0	0	0	0	3	1,885
Forsyth	0	0	0	0	0	0	3	9,497
Fulton	29	262,833	119	198,480	147	1,209,857	2,023	2,215,907
Gilmer	0	0	0	0	0	0	4	15,461
Greene	0	0	0	0	0	0	1	832
Gwinnett	0	0	1	1,521	5	23,888	15	13,396

Hall	0	0	0	0	0	0	5	22,988
Haralson	0	0	0	0	0	0	2	1,317
Harris	0	0	0	0	1	8,393	2	10,748
Heard	0	0	1	818	1	1,100	17	16,639
Henry	8	89,167	40	96,894	61	233,418	735	810,872
Houston	0	0	0	0	0	0	2	304
Jasper	0	0	0	0	0	0	1	1,291
Jones	0	0	0	0	0	0	1	852
Lamar	0	0	3	12,251	4	5,405	26	30,512
Liberty	0	0	0	0	0	0	2	466
Lowndes	0	0	0	0	0	0	1	274
Lumpkin	0	0	0	0	0	0	3	7,890
Macon	0	0	0	0	0	0	1	720
Meriwether	2	79,509	5	30,960	20	9,058	116	144,514
Monroe	0	0	0	0	0	0	2	8,670
Muscogee	0	0	0	0	0	0	1	636
Newton	0	0	0	0	1	960	5	9,492
North Carolina	0	0	1	1,031	0	0	12	12,081
Other Out of State	4	47,442	4	20,858	20	221,233	95	158,381
Paulding	0	0	0	0	0	0	6	6,327
Peach	0	0	0	0	0	0	2	3,698
Pickens	0	0	0	0	0	0	14	198,118
Pierce	1	26,216	0	0	0	0	1	169
Pike	0	0	1	756	11	154,887	100	83,513
Polk	0	0	0	0	0	0	1	789
Putnam	3	22,728	4	14,115	0	0	0	0
Rabun	0	0	0	0	0	0	2	3,413
Richmond	0	0	0	0	0	0	1	97
Rockdale	0	0	2	859	1	250	8	917
South Carolina	0	0	0	0	0	0	26	22,314
Spalding	3	13,852	11	30,768	43	257,563	427	426,066
Sumter	0	0	0	0	0	0	1	529
Taylor	0	0	0	0	0	0	1	734
Tennessee	0	0	0	0	1	764	8	9,436
Towns	0	0	0	0	0	0	1	260
Treutlen	0	0	0	0	2	510	0	0
Troup	1	1,132	0	0	13	195,946	67	98,097
Turner	0	0	0	0	0	0	1	1,873
Upson	1	954	2	0	4	4,730	10	19,312
Walton	0	0	0	0	0	0	3	1,828
Whitfield	0	0	0	0	0	0	1	409
<b>Total</b>	<b>135</b>	<b>2,005,434</b>	<b>1,555</b>	<b>2,606,091</b>	<b>760</b>	<b>5,779,368</b>	<b>7,761</b>	<b>9,288,311</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 2011?  
(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 2011.

Patient Category		SFY 2010	SFY2011	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.	5,534,284	4,611,524	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.	13,817,646	15,067,680	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.

SFY 2010	SFY2011	SFY2012
7/1/09-6/30/10	7/1/10-6/30/11	7/1/11-6/30/12
9,365	10,211	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:** Michael Burnett

**Date:** 7/13/2012

**Title:** President/Chief Administrative 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:** Sheryl Klink

**Date:** 7/13/2012

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

**Comments:**