



## 2011 Hospital Financial Survey

### Part A : General Information

#### 1. Identification

UID:HOSP532

**Facility Name:** Piedmont Henry Hospital

**County:** Henry

**Street Address:** 1133 Eagle's Landing Parkway

**City:** Stockbridge

**Zip:** 30281

**Mailing Address:** 1133 Eagle's Landing Parkway

**Mailing City:** Stockbridge

**Mailing Zip:** 30281

#### 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:** Walter Evans

**Contact Title:** Director of Decision Support

**Phone:** 678-604-5363

**Fax:** 678-604-5048

**E-mail:** Walter.Evans@piedmonthentry.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	353,265,144
Total Inpatient Admissions accounting for Inpatient Revenue	12,130
Outpatient Gross Patient Revenue	334,812,849
Total Outpatient Visits accounting for Outpatient Revenue	130,933
Medicare Contractual Adjustments	205,929,335
Medicaid Contractual Adjustments	69,117,450
Other Contractual Adjustments:	221,083,498
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	32,863,326
Uncompensated Indigent Care (net):	4,412,137
Uncompensated Charity Care (net):	13,858,987
Other Free Care:	2,672,889
Other Revenue/Gains:	3,119,624
Total Expenses:	165,010,994

### 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?

01/01/2010

### 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.?

Executive Director of Revenue Cycle

#### **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.)?

300

## 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	1,473,352	4,003,291	5,476,643
Outpatient	4,300,591	9,855,696	14,156,287
<b>Total</b>	<b>5,773,943</b>	<b>13,858,987</b>	<b>19,632,930</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	1,361,806
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>1,361,806</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	1,125,857	4,003,291	5,129,148
Outpatient	3,286,280	9,855,696	13,141,976
<b>Total</b>	<b>4,412,137</b>	<b>13,858,987</b>	<b>18,271,124</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	0	0	2	54,469	35	17,576
Baldwin	0	0	0	0	0	0	1	1,655
Banks	0	0	0	0	0	0	2	3,155
Barrow	0	0	0	0	0	0	4	2,753
Bartow	0	0	0	0	0	0	6	1,040
Ben Hill	0	0	0	0	0	0	1	715
Bibb	0	0	0	0	0	0	8	4,497
Bleckley	0	0	0	0	0	0	1	443
Brantley	0	0	0	0	0	0	1	1,151
Bryan	0	0	0	0	0	0	1	1,520
Bulloch	0	0	0	0	0	0	1	1,541
Butts	4	74,967	49	77,423	21	187,224	425	290,177
Carroll	0	0	0	0	1	1,068	10	8,126
Chatham	0	0	0	0	0	0	2	1,363
Chattahoochee	0	0	0	0	1	1,025	1	248
Chattooga	0	0	0	0	0	0	1	251
Cherokee	0	0	0	0	0	0	4	4,208
Clarke	0	0	3	510	0	0	2	3,395
Clay	0	0	0	0	0	0	5	573
Clayton	34	246,362	335	487,807	120	977,874	3,170	2,056,708
Cobb	0	0	11	10,296	0	0	44	35,486
Coffee	0	0	0	0	0	0	1	184
Columbia	0	0	0	0	0	0	6	4,460
Cook	0	0	0	0	0	0	3	1,358
Coweta	0	0	2	175	3	1,111	35	19,173
Crawford	0	0	5	1,974	0	0	0	0
Crisp	0	0	0	0	0	0	1	559
Dawson	0	0	1	976	0	0	0	0
Decatur	0	0	0	0	0	0	7	8,459
DeKalb	2	1,136	14	12,415	5	40,723	216	144,657
Dodge	0	0	0	0	0	0	1	481
Dougherty	0	0	0	0	0	0	3	3,277

Douglas	0	0	1	2	0	0	18	12,369
Effingham	0	0	0	0	0	0	1	172
Elbert	0	0	0	0	0	0	1	119
Fannin	0	0	0	0	0	0	3	3,176
Fayette	0	0	11	15,572	1	250	44	25,508
Florida	0	0	0	0	4	49,382	58	39,342
Floyd	0	0	0	0	0	0	1	525
Forsyth	0	0	1	43	0	0	5	4,296
Fulton	2	2,250	25	38,288	17	130,949	268	190,389
Gilmer	0	0	0	0	0	0	1	100
Glynn	0	0	0	0	0	0	4	3,822
Gordon	0	0	0	0	0	0	1	105
Greene	0	0	0	0	0	0	2	1,809
Gwinnett	1	17,132	5	10,072	2	18,311	46	30,953
Habersham	0	0	0	0	0	0	4	3,768
Hall	0	0	0	0	0	0	5	2,107
Haralson	0	0	0	0	0	0	2	1,294
Harris	0	0	0	0	0	0	4	3,815
Hart	0	0	0	0	0	0	1	96
Heard	0	0	1	420	0	0	3	1,899
Henry	174	975,041	2,614	3,489,809	349	2,156,875	9,058	5,979,248
Houston	0	0	1	394	1	6,598	3	1,390
Irwin	0	0	0	0	0	0	5	346
Jackson	0	0	2	4,317	1	1,068	26	15,274
Jasper	4	850	8	8,273	2	14,172	16	18,643
Jefferson	0	0	0	0	0	0	1	11
Jones	0	0	0	0	0	0	2	613
Lamar	0	0	5	6,536	4	72,213	80	71,566
Laurens	0	0	0	0	0	0	2	296
Liberty	0	0	0	0	0	0	3	1,743
Lincoln	0	0	0	0	0	0	2	1,315
Lowndes	0	0	0	0	0	0	1	1,352
Macon	0	0	0	0	0	0	3	946
Madison	0	0	1	1,314	1	1,109	1	52
McDuffie	0	0	0	0	0	0	2	1,101
Meriwether	0	0	2	2,078	3	26,068	11	8,863
Monroe	0	0	3	11,479	1	440	24	14,238
Murray	0	0	0	0	0	0	2	608
Muscogee	0	0	0	0	0	0	9	10,984
Newton	4	12,522	9	12,369	1	7,750	68	45,899
Oglethorpe	0	0	0	0	0	0	2	2,163
Other Out of State	5	115,713	12	15,802	4	27,105	203	142,926
Paulding	0	0	0	0	0	0	4	1,668
Peach	0	0	0	0	0	0	3	1,004

Pickens	0	0	0	0	0	0	1	65
Pierce	0	0	0	0	0	0	1	2,041
Pike	1	680	14	23,541	1	12,835	27	23,566
Polk	0	0	0	0	0	0	4	2,054
Pulaski	0	0	0	0	1	14	1	1,221
Putnam	0	0	1	1,471	0	0	0	0
Quitman	0	0	1	707	0	0	0	0
Rabun	0	0	0	0	0	0	1	143
Richmond	0	0	0	0	0	0	2	455
Rockdale	1	20,646	3	2,386	4	16,742	81	50,932
South Carolina	0	0	0	0	0	0	25	17,734
Spalding	8	6,053	37	64,142	19	185,474	540	432,334
Stephens	0	0	0	0	0	0	1	453
Sumter	0	0	0	0	0	0	3	7,014
Taylor	0	0	0	0	0	0	1	3,263
Tennessee	0	0	0	0	1	1,068	19	11,073
Thomas	0	0	0	0	0	0	1	223
Tift	0	0	0	0	0	0	3	379
Toombs	0	0	0	0	1	8,031	0	0
Troup	0	0	0	0	0	0	4	2,161
Union	0	0	0	0	0	0	1	1,034
Upson	0	0	0	0	1	200	16	10,820
Walton	0	0	0	0	2	3,143	16	16,691
Ware	0	0	0	0	0	0	2	1,042
Wayne	0	0	0	0	0	0	1	236
Webster	0	0	0	0	0	0	1	388
White	0	0	0	0	0	0	1	2,246
Whitfield	0	0	0	0	0	0	1	859
Wilkes	0	0	0	0	0	0	1	167
<b>Total</b>	<b>240</b>	<b>1,473,352</b>	<b>3,177</b>	<b>4,300,591</b>	<b>574</b>	<b>4,003,291</b>	<b>14,756</b>	<b>9,855,696</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.	0	5,773,943	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.	0	13,858,987	0
C.	Other Patients in accordance with the department approved policy.	0	19,632,930	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
0	18,747	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:** Charles F. Scott

**Date:** 7/13/2012

**Title:** President and 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:** Charles F. Scott

**Date:** 7/13/2012

**Title:** Interim CFO

**Comments:**