



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2011 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

Mailing Address: PO Box 1828

Mailing City: ALBANY

Mailing Zip: 31702

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: 8/1/2010 To:7/31/2011

Please indicate your cost report year.

From: 08/01/2010 To:07/31/2011

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: 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	525,716,973
Total Inpatient Admissions accounting for Inpatient Revenue	20,076
Outpatient Gross Patient Revenue	602,297,243
Total Outpatient Visits accounting for Outpatient Revenue	324,163
Medicare Contractual Adjustments	350,444,060
Medicaid Contractual Adjustments	149,987,681
Other Contractual Adjustments:	95,970,126
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	39,899,258
Uncompensated Indigent Care (net):	42,845,850
Uncompensated Charity Care (net):	26,184,791
Other Free Care:	0
Other Revenue/Gains:	15,621,477
Total Expenses:	415,467,606

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 2011? (Check box if yes.) ☒

2. Effective Date

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

06/15/2011

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.?

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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 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	20,192,559	12,731,963	32,924,522
Outpatient	22,653,291	13,452,828	36,106,119
Total	42,845,850	26,184,791	69,030,641

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
Total	0

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	20,192,559	12,731,963	32,924,522
Outpatient	22,653,291	13,452,828	36,106,119
Total	42,845,850	26,184,791	69,030,641

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	7	31,473	0	0	10	22,131
Appling	0	0	11	21,552	0	0	2	8,725
Baker	8	174,187	85	307,512	2	557	33	22,148
Barrow	0	0	0	0	2	134,143	0	0
Ben Hill	11	202,621	58	50,761	2	54,958	6	64,877
Berrien	1	76,037	24	17,613	0	0	9	207,378
Bibb	0	0	2	1,568	0	0	5	2,337
Brooks	0	0	0	0	0	0	1	14,405
Bulloch	0	0	1	238	0	0	0	0
Burke	0	0	2	290	0	0	0	0
Butts	0	0	0	0	0	0	1	2,934
Calhoun	10	277,027	149	345,799	46	1,047,386	98	242,074
Carroll	0	0	0	0	0	0	2	5,086
Chatham	0	0	2	2,649	1	35	1	102
Clarke	0	0	0	0	1	1,144	0	0
Clay	1	82,006	12	7,760	0	0	12	69,251
Cobb	0	0	15	67,530	0	0	2	12,707
Coffee	1	275,592	6	14,828	2	501,455	0	0
Colquitt	31	949,845	182	467,602	39	698,246	210	392,052
Columbia	0	0	0	0	1	9,247	0	0
Cook	2	82,529	30	295,164	0	0	1	376
Crisp	24	329,948	125	287,906	30	202,281	133	377,857
Decatur	12	248,580	73	234,561	3	23,037	21	20,681
DeKalb	0	0	2	2,776	0	0	0	0
Dodge	0	0	0	0	0	0	2	4,618
Dooly	0	0	50	102,507	5	32,391	22	90,136
Dougherty	530	8,670,355	6,849	11,580,888	929	5,309,169	6,121	8,441,133
Early	12	248,030	34	93,016	4	970	11	10,908
Florida	3	20,793	12	29,210	2	10,886	31	73,685
Forsyth	0	0	0	0	0	0	1	638
Fulton	3	3,639	6	9,401	1	61,306	2	9,599
Glynn	0	0	0	0	0	0	1	1,056

Gordon	0	0	0	0	0	0	1	3,188
Grady	0	0	24	76,642	0	0	3	1,478
Gwinnett	0	0	5	775	0	0	1	172
Hall	1	1,496	6	3,568	0	0	3	19,946
Haralson	0	0	0	0	0	0	1	648
Henry	0	0	1	6,385	0	0	0	0
Houston	4	62,842	16	15,214	0	0	1	603
Irwin	1	68,099	14	41,308	0	0	1	4,973
Jones	1	16,152	0	0	0	0	0	0
Lee	91	1,437,005	1,045	1,861,188	60	595,286	533	752,774
Lowndes	1	21,474	2	4,621	0	0	4	48,780
Macon	4	169,509	20	13,619	0	0	8	7,796
Marion	1	1,105	13	5	0	0	0	0
Miller	5	173,601	42	532,928	2	13,502	25	63,466
Mitchell	45	858,680	553	1,424,869	114	1,232,865	433	839,193
Monroe	0	0	1	563	0	0	0	0
Muscogee	1	2,273	3	5,466	0	0	2	79
North Carolina	0	0	5	598	0	0	1	23
Other Out of State	2	107,962	13	26,015	6	1,707	7	3,327
Peach	3	104,481	0	0	0	0	0	0
Quitman	4	27,306	14	48,227	1	21,665	3	14,374
Randolph	27	645,202	180	377,904	13	54,848	67	155,853
Richmond	1	3,964	2	2,793	0	0	4	853
Rockdale	0	0	0	0	0	0	1	7,870
Schley	4	97,002	26	76,923	2	27,733	11	27,852
Screven	0	0	0	0	0	0	1	1,111
Seminole	1	17,693	15	13,311	0	0	1	19,236
South Carolina	0	0	0	0	0	0	3	260
Spalding	0	0	1	511	1	20	30	38,135
Stewart	4	2,667	24	14,908	2	54,144	5	8,205
Sumter	49	1,000,630	378	664,161	82	1,013,915	304	333,172
Talbot	1	1,119	12	1,060	0	0	0	0
Tennessee	0	0	1	9,080	0	0	1	380
Terrell	71	1,129,557	763	1,163,093	37	505,941	202	339,230
Thomas	3	25,239	25	41,898	1	27,072	3	377
Tift	9	1,159,766	83	109,592	7	33,643	67	64,565
Toombs	0	0	0	0	0	0	3	2,430
Troup	0	0	0	0	0	0	2	12,397
Turner	9	176,467	83	115,182	0	0	60	87,748
Washington	0	0	0	0	0	0	1	1,772
Webster	6	17,012	33	73,158	3	18,541	16	7,576
Wilcox	0	0	15	31,357	0	0	0	0
Worth	85	1,223,067	815	1,923,765	63	1,043,870	293	486,092
Total	1,083	20,192,559	11,970	22,653,291	1,464	12,731,963	8,840	13,452,828

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 7/1/09-6/30/10	SFY2011 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	40,251,423	2,594,427
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	23,645,282	2,539,509
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 7/1/09-6/30/10	SFY2011 7/1/10-6/30/11	SFY2012 7/1/11-6/30/12
0	21,126	2,231

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: 7/19/2012

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: 7/19/2012

Title: CFO

Comments:

PART C, ITEM #2: TOTAL PPAA ALLOCATION RECEIVED IS AN ESTIMATED CALCULATION BASED ON MEDICAID AND CMO PAYMENTS RECEIVED BY THE HOSPITAL. PART D, ITEM #2: ORIGINAL EFFECTIVE DATE OF POLICY WAS 12/01/2009. POLICY WAS REVISED EFFECTIVE 06/15/2011.