



## 2011 Hospital Financial Survey

### Part A : General Information

#### 1. Identification

UID:HOSP617

**Facility Name:** Piedmont Hospital

**County:** Fulton

**Street Address:** 1968 Peachtree Road NW

**City:** Atlanta

**Zip:** 30309

**Mailing Address:** 1968 Peachtree Road NW

**Mailing City:** Atlanta

**Mailing Zip:** 30309

#### 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:** Linda Green

**Contact Title:** Director, Corporate Accounting

**Phone:** 678-842-6006

**Fax:** 404-609-6638

**E-mail:** linda.green@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	1,250,695,512
Total Inpatient Admissions accounting for Inpatient Revenue	27,551
Outpatient Gross Patient Revenue	1,016,352,817
Total Outpatient Visits accounting for Outpatient Revenue	361,064
Medicare Contractual Adjustments	772,286,240
Medicaid Contractual Adjustments	69,566,089
Other Contractual Adjustments:	681,673,775
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	46,087,011
Uncompensated Indigent Care (net):	10,086,329
Uncompensated Charity Care (net):	29,732,942
Other Free Care:	517,352
Other Revenue/Gains:	102,894,735
Total Expenses:	621,177,128

### 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	5,759,676	17,796,365	23,556,041
Outpatient	4,326,653	11,936,577	16,263,230
<b>Total</b>	<b>10,086,329</b>	<b>29,732,942</b>	<b>39,819,271</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	5,759,676	17,796,365	23,556,041
Outpatient	4,326,653	11,936,577	16,263,230
<b>Total</b>	<b>10,086,329</b>	<b>29,732,942</b>	<b>39,819,271</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
Appling	0	0	0	0	2	2,295	3	1,063
Atkinson	0	0	0	0	0	0	3	10,783
Bacon	0	0	0	0	3	583	2	1,776
Baldwin	0	0	0	0	1	1,133	4	48,872
Banks	0	0	1	169	0	0	4	1,582
Barrow	1	5,469	0	0	3	32,104	21	42,817
Bartow	0	0	8	30,132	13	392,743	42	78,806
Bibb	1	428	3	37,482	1	596	12	8,843
Bleckley	0	0	0	0	0	0	1	12,321
Brantley	0	0	0	0	0	0	1	153
Brooks	0	0	0	0	1	13	0	0
Burke	0	0	0	0	0	0	1	194
Butts	1	1,752	4	2,348	7	103,090	34	8,949
Carroll	10	394,974	32	75,924	18	157,303	75	206,148
Catoosa	0	0	0	0	0	0	1	1,509
Charlton	0	0	0	0	0	0	1	306
Chatham	0	0	0	0	0	0	4	1,151
Chattahoochee	0	0	0	0	1	1,196	0	0
Chattooga	0	0	3	2,938	3	29,396	4	951
Cherokee	10	124,800	30	53,591	12	15,360	80	126,375
Clarke	1	396	3	2,618	1	1,034	27	72,741
Clayton	35	668,602	134	167,875	105	505,794	497	750,574
Cobb	50	351,597	302	675,482	64	451,969	418	692,173
Colquitt	0	0	0	0	1	692	3	256
Columbia	0	0	1	667	0	0	2	2,500
Cook	0	0	0	0	0	0	1	1,059
Coweta	19	118,969	26	150,322	39	345,294	76	41,172
Crisp	0	0	0	0	0	0	3	14,709
Dawson	0	0	0	0	0	0	10	31,650
DeKalb	54	135,585	284	441,329	294	1,927,536	1,555	1,284,899
Dougherty	3	25,238	11	3,501	0	0	4	33,329
Douglas	11	20,114	46	27,665	50	759,392	177	216,521

Emanuel	0	0	0	0	0	0	2	4,480
Evans	0	0	0	0	0	0	1	44
Fannin	3	3,576	4	18,078	11	244,005	16	30,138
Fayette	15	139,847	42	42,920	14	347,354	28	16,186
Floyd	0	0	6	8,312	1	1,502	22	221,681
Forsyth	6	209,156	7	4,712	1	124,669	13	6,980
Fulton	144	1,255,017	800	1,584,967	775	5,845,578	4,132	4,317,794
Gilmer	13	263,659	17	25,365	22	332,339	25	117,163
Glynn	0	0	0	0	1	17,693	3	11,300
Gordon	4	1,873	6	2,355	1	55,220	8	19,597
Greene	0	0	0	0	1	16,816	1	1,100
Gwinnett	23	780,977	92	299,494	54	750,958	236	674,385
Habersham	0	0	0	0	0	0	2	767
Hall	2	2,742	5	29,056	3	67,072	37	134,229
Hancock	0	0	0	0	4	3,866	2	14,799
Haralson	0	0	1	10	3	1,511	12	25,695
Harris	0	0	1	297	1	1,101	2	4,557
Heard	1	692	1	100	2	111,696	6	13,101
Henry	20	71,506	42	43,839	64	916,068	247	289,280
Houston	1	2,471	2	308	1	200	5	644
Jackson	0	0	0	0	1	23,587	7	9,153
Jasper	1	181	1	959	5	94,557	20	72,382
Jeff Davis	0	0	0	0	0	0	3	742
Jefferson	0	0	0	0	2	75	4	807
Johnson	0	0	0	0	1	13	1	2,024
Jones	0	0	0	0	1	1,133	0	0
Lamar	2	2,382	2	60	0	0	10	54,255
Laurens	0	0	0	0	1	1,082	6	886
Liberty	0	0	0	0	0	0	4	2,841
Lincoln	0	0	0	0	0	0	1	1,117
Long	0	0	0	0	0	0	2	140
Lowndes	0	0	0	0	0	0	2	692
Lumpkin	0	0	2	12,615	0	0	7	5,968
Madison	0	0	1	150	0	0	1	21
Meriwether	3	44,803	1	1,159	4	51,483	10	1,871
Monroe	0	0	0	0	1	800	7	9,647
Montgomery	0	0	0	0	0	0	1	474
Morgan	0	0	0	0	1	1,648	4	804
Murray	0	0	0	0	2	49,311	2	1,136
Muscogee	1	1,235	2	14,534	0	0	18	21,064
Newton	15	318,221	19	78,095	36	921,297	68	251,479
Oconee	0	0	0	0	0	0	5	2,353
Oglethorpe	0	0	0	0	0	0	1	131
Other Out of State	13	78,039	41	104,773	42	774,746	339	553,982

Paulding	5	86,262	37	109,433	10	251,391	95	241,754
Peach	0	0	0	0	3	26,107	12	3,635
Pickens	12	397,765	15	89,781	31	759,355	42	398,700
Pierce	0	0	0	0	0	0	1	200
Pike	1	200	4	1,781	5	32,478	7	7,634
Polk	0	0	3	334	1	24,714	17	46,288
Pulaski	0	0	0	0	0	0	1	4,816
Putnam	2	2,258	5	5,533	5	298,207	14	90,477
Rabun	0	0	0	0	1	337	0	0
Richmond	0	0	0	0	1	250	9	4,563
Rockdale	6	51,849	30	89,658	13	113,431	46	52,571
Spalding	5	76,202	9	38,320	21	174,322	64	179,786
Stephens	0	0	3	184	1	13	0	0
Sumter	0	0	1	223	0	0	0	0
Talbot	0	0	1	10,215	0	0	0	0
Tattnall	0	0	0	0	0	0	1	25
Taylor	0	0	4	2,343	0	0	0	0
Thomas	0	0	0	0	0	0	1	549
Tift	1	1,101	2	132	0	0	0	0
Toombs	1	637	2	294	0	0	1	50
Towns	2	73,387	2	1,473	2	432	2	648
Troup	0	0	3	2,844	6	18,896	23	70,201
Twiggs	0	0	0	0	0	0	3	238
Union	1	1,101	1	1,963	4	53,464	7	48,464
Upson	0	0	1	3,053	3	1,962	9	42,686
Walker	0	0	0	0	0	0	1	28
Walton	0	0	2	2,599	5	29,503	48	108,845
Ware	0	0	0	0	0	0	2	7,245
Warren	0	0	0	0	1	2,367	0	0
Washington	0	0	0	0	0	0	1	1,044
Webster	0	0	0	0	0	0	1	881
White	0	0	0	0	0	0	1	20,012
Whitfield	1	44,613	15	22,289	0	0	17	11,715
Wilkes	0	0	0	0	1	524,233	0	0
Wilkinson	0	0	0	0	0	0	2	1,451
<b>Total</b>	<b>500</b>	<b>5,759,676</b>	<b>2,123</b>	<b>4,326,653</b>	<b>1,789</b>	<b>17,796,365</b>	<b>8,817</b>	<b>11,936,577</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.	18,787,906	10,086,329	10,509,037
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.	27,823,393	29,732,942	30,761,241
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
12,590	13,229	8,264

## 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:** Les A Donahue

**Date:** 7/15/2012

**Title:** President, Chief Executive 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:** Thomas A Arnold

**Date:** 7/15/2012

**Title:** VP, Chief Financial Officer

**Comments:**