GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2011 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP635

Facility Name: Phoebe North f/k/a Palmyra

County: Dougherty

Street Address: 2000 Palmyra Road

City: Albany

Zip: 31701

Mailing Address: PO Box 1908

Mailing City: Albany

Mailing Zip: 31702

2. Report Period

Please report data for the hospital fiscal year ending during calender year 2011 only.
Do not use a different report period.

Please indicate your hospital fiscal year.
From: 1/1/2011 To:12/31/2012

Please indicate your cost report year.
From: 05/01/2010 To:04/30/2011

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.

01/01/2011--12/16/2011

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey.

Contact Name: JoAnna Fletcher

Contact Title: Controller

Phone: 229-434-2161

Fax: 229-434-2138

E-mail: jfletche@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	99,935,315
Total Inpatient Admissions accounting for Inpatient Revenue	3,201
Outpatient Gross Patient Revenue	149,746,181
Total Outpatient Visits accounting for Outpatient Revenue	54,316
Medicare Contractual Adjustments	87,942,785
Medicaid Contractual Adjustments	31,208,313
Other Contractual Adjustments:	34,512,857
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	6,441,714
Uncompensated Indigent Care (net):	124,647
Uncompensated Charity Care (net):	10,484,000
Other Free Care:	19,944,993
Other Revenue/Gains:	1,398,233
Total Expenses:	-88,653,706

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?

01/01/2009

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	0	8,840,018	8,840,018
Outpatient	136,017	1,643,982	1,779,999
Total	**136,017**	**10,484,000**	**10,620,017**

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)	11,370
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	**11,370**

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	0	8,840,018	8,840,018
Outpatient	124,647	1,643,982	1,768,629
Total	**124,647**	**10,484,000**	**10,608,647**

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	0	0	1	194
Baker	0	0	4	3,136	5	80,627	4	2,437
Ben Hill	0	0	0	0	1	13,673	0	0
Bibb	0	0	0	0	1	14,941	0	0
Calhoun	0	0	2	1,874	6	154,386	6	29,642
Coffee	0	0	0	0	0	0	1	1,470
Colquitt	0	0	1	585	7	262,020	4	6,161
Cook	0	0	0	0	1	20,427	0	0
Crisp	0	0	10	5,833	6	37,525	6	30,574
Decatur	0	0	1	585	0	0	0	0
DeKalb	0	0	0	0	0	0	1	8,498
Dooly	0	0	0	0	0	0	2	9,105
Dougherty	0	0	92	87,545	320	6,301,002	406	969,560
Early	0	0	0	0	0	0	3	2,533
Florida	0	0	0	0	2	1,778	10	16,585
Fulton	0	0	0	0	1	13,277	0	0
Grady	0	0	1	366	2	25,426	0	0
Gwinnett	0	0	0	0	1	31,374	3	1,069
Houston	0	0	1	168	0	0	0	0
Irwin	0	0	1	294	0	0	0	0
Jackson	0	0	0	0	1	4,500	0	0
Laurens	0	0	0	0	0	0	1	2,147
Lee	0	0	18	12,829	37	585,275	63	224,961
Macon	0	0	0	0	2	12,860	0	0
Miller	0	0	0	0	2	330	0	0
Mitchell	0	0	5	3,407	15	119,115	21	88,423
Muscogee	0	0	0	0	0	0	1	10,799
Other Out of State	0	0	0	0	0	0	1	28,663
Pierce	0	0	0	0	1	16,216	0	0
Polk	0	0	0	0	0	0	1	932
Quitman	0	0	0	0	0	0	1	1,870
Randolph	0	0	0	0	2	49,500	2	16,415

Schley	0	0	0	0	1	9,194	2	846
Seminole	0	0	2	954	0	0	0	0
Stewart	0	0	0	0	2	36,822	0	0
Sumter	0	0	7	5,413	8	246,892	12	29,488
Terrell	0	0	3	2,598	24	503,516	23	88,732
Tift	0	0	0	0	2	75,323	0	0
Turner	0	0	1	747	0	0	0	0
Walton	0	0	0	0	1	11,273	0	0
Ware	0	0	0	0	0	0	1	2,766
Wayne	0	0	0	0	1	25,114	0	0
Wilcox	0	0	0	0	2	68,255	0	0
Worth	0	0	15	9,683	10	119,377	23	70,112
Total	**0**	**0**	**164**	**136,017**	**464**	**8,840,018**	**599**	**1,643,982**

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	0	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	99,236	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 7/1/09-6/30/10	SFY2011 7/1/10-6/30/11	SFY2012 7/1/11-6/30/12
0	4	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 incaccurate 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: Joe Austin

Date: 8/17/2012

Title: Chief Operating 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: Kerry Loudermilk

Date: 8/17/2012

Title: Chief Financial Officer

Comments:

The ownership and operation transferred on December 16, 2011, all reported data is from former owner/operator and the Authority, the current operator cannot certify the data.