



## 2011 Hospital Financial Survey

### Part A : General Information

#### 1. Identification

UID:HOSP710

**Facility Name:** Grady Memorial Hospital

**County:** Fulton

**Street Address:** 80 Jesse Hill, Jr. Drive, S.E.

**City:** Atlanta

**Zip:** 30303

**Mailing Address:** 80 Jesse Hill, Jr. Drive, SE

**Mailing City:** Atlanta

**Mailing Zip:** 30303

#### 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: 1/1/2011 To:12/31/2011

**Please indicate your cost report year.**

From: 01/01/2011 To:12/31/2011

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:** Esther Bailes

**Contact Title:** Director of Cost and Reimbursement

**Phone:** 404-616-0606

**Fax:** 404-616-1999

**E-mail:** ebailes@gmh.edu

## 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	1,212,391,373
Total Inpatient Admissions accounting for Inpatient Revenue	29,739
Outpatient Gross Patient Revenue	581,943,881
Total Outpatient Visits accounting for Outpatient Revenue	514,870
Medicare Contractual Adjustments	213,826,679
Medicaid Contractual Adjustments	383,724,689
Other Contractual Adjustments:	330,573,731
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	175,994,691
Uncompensated Indigent Care (net):	213,867,213
Uncompensated Charity Care (net):	41,320,844
Other Free Care:	0
Other Revenue/Gains:	31,547,676
Total Expenses:	586,308,212

### 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?

08/10/2009

### 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.?

Tommie McCommon

#### **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	153,223,847	19,453,841	172,677,688
Outpatient	162,314,191	21,867,003	184,181,194
<b>Total</b>	<b>315,538,038</b>	<b>41,320,844</b>	<b>356,858,882</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	52,190,389
Other Counties	12,214,693
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	14,481,362
Federal Government	22,784,381
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
<b>Total</b>	<b>101,670,825</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	103,852,953	19,453,841	123,306,794
Outpatient	110,014,260	21,867,003	131,881,263
<b>Total</b>	<b>213,867,213</b>	<b>41,320,844</b>	<b>255,188,057</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
Baker	0	0	1	1,197	0	0	0	0
Baldwin	0	0	8	8,237	0	0	0	0
Banks	2	9,323	76	56,759	0	0	10	14,800
Barrow	2	171,084	70	53,679	1	1,558	4	3,661
Bartow	0	0	29	52,746	0	0	4	313
Berrien	0	0	2	328	0	0	0	0
Bibb	0	0	14	1,423	0	0	0	0
Bulloch	0	0	2	856	0	0	0	0
Butts	4	158,253	70	70,682	1	32,823	3	555
Calhoun	0	0	3	3,384	0	0	0	0
Carroll	5	21,361	97	63,272	0	0	23	28,274
Chatham	0	0	7	1,247	0	0	0	0
Chattooga	0	0	2	369	0	0	0	0
Cherokee	19	903,675	228	128,939	5	78,916	33	21,642
Clarke	1	6,809	16	5,030	0	0	0	0
Clay	0	0	3	1,071	0	0	0	0
Clayton	202	6,525,740	4,463	2,857,624	27	634,052	700	426,032
Cobb	101	4,138,590	1,991	1,300,089	8	77,803	454	349,091
Columbia	0	0	3	507	0	0	0	0
Coweta	12	155,103	237	123,243	0	0	22	28,951
Crawford	0	0	1	6,820	0	0	0	0
Crisp	1	5,984	0	0	0	0	0	0
Dawson	1	14	9	3,479	0	0	4	1,385
Decatur	1	29,575	49	54,185	0	0	9	3,773
DeKalb	1,800	44,556,106	67,670	57,741,471	453	7,064,989	16,072	9,397,464
Dooly	0	0	6	1,251	0	0	0	0
Dougherty	0	0	5	1,577	0	0	0	0
Douglas	30	760,507	531	432,110	1	231	66	34,779
Echols	0	0	4	1,966	0	0	0	0
Elbert	0	0	12	3,225	0	0	0	0
Fannin	0	0	8	2,816	0	0	0	0
Fayette	7	763,329	211	175,103	2	1,863	15	11,889

Floyd	2	70,345	6	4,039	0	0	0	0
Forsyth	6	151,949	79	74,575	0	0	3	3,898
Franklin	0	0	7	10,443	0	0	0	0
Fulton	3,532	79,822,622	117,123	94,205,638	640	10,664,484	18,604	10,890,471
Gilmer	2	55,395	19	19,040	0	0	1	1,278
Glynn	0	0	3	659	0	0	0	0
Gordon	0	0	2	3,858	0	0	0	0
Greene	1	297,797	45	12,260	0	0	2	5,780
Gwinnett	186	5,063,589	3,618	2,346,422	6	222,802	580	370,617
Habersham	0	0	0	0	0	0	1	46
Hall	0	0	59	49,335	0	0	1	564
Hancock	0	0	1	1,981	0	0	3	308
Haralson	4	289,635	15	13,349	0	0	0	0
Harris	0	0	0	0	0	0	1	92
Hart	0	0	1	390	0	0	0	0
Heard	3	403,387	6	23,844	0	0	3	5,518
Henry	35	2,885,991	805	587,789	4	143,638	77	35,723
Houston	0	0	18	7,687	1	121,224	5	4,680
Jackson	0	0	13	4,846	0	0	0	0
Jasper	0	0	16	13,548	0	0	0	0
Jefferson	0	0	1	966	0	0	0	0
Johnson	0	0	2	231	0	0	0	0
Lamar	1	16,018	12	3,862	0	0	1	723
Laurens	0	0	1	224	0	0	0	0
Lee	0	0	7	1,019	0	0	0	0
Liberty	0	0	2	1,731	0	0	0	0
Lincoln	0	0	0	0	0	0	2	973
Lowndes	0	0	0	0	0	0	1	1,655
Lumpkin	1	460,376	11	3,219	0	0	0	0
Macon	0	0	1	2,273	0	0	0	0
Madison	0	0	1	1,905	0	0	0	0
McDuffie	0	0	1	10	0	0	0	0
McIntosh	1	156,220	1	316	0	0	0	0
Meriwether	0	0	63	83,942	0	0	6	1,063
Monroe	0	0	2	1,395	0	0	0	0
Montgomery	0	0	2	1,528	0	0	0	0
Morgan	0	0	9	2,711	0	0	1	385
Murray	0	0	6	1,434	0	0	0	0
Muscogee	1	24,773	10	3,416	0	0	0	0
Newton	18	1,057,059	434	326,275	2	51,015	63	53,100
Oconee	0	0	2	378	0	0	2	75
Other Out of State	61	1,506,176	363	393,552	7	238,806	22	14,057
Paulding	1	14,921	74	92,553	1	69,809	16	5,877
Peach	0	0	1	1,077	0	0	0	0

Pickens	1	337,921	12	29,909	0	0	0	0
Pike	1	29,252	8	3,806	0	0	2	530
Polk	2	145,830	24	12,087	0	0	0	0
Putnam	0	0	7	7,075	0	0	0	0
Rabun	0	0	1	27	0	0	0	0
Richmond	1	4,097	6	5,396	0	0	0	0
Rockdale	23	985,745	576	527,523	5	35,757	95	126,145
Seminole	0	0	0	0	0	0	0	0
Spalding	7	652,486	124	56,799	2	13,378	17	4,741
Stephens	2	15,954	16	5,656	0	0	0	0
Sumter	0	0	4	382	0	0	0	0
Talbot	0	0	0	0	0	0	1	81
Taliaferro	0	0	1	75	0	0	0	0
Tattnall	0	0	1	2,074	0	0	0	0
Taylor	0	0	0	0	0	0	0	0
Tift	0	0	1	29	0	0	0	0
Towns	0	0	2	119	0	0	0	0
Troup	2	114,554	31	50,959	0	0	11	5,019
Union	0	0	4	1,925	0	0	0	0
Upson	5	143,315	38	25,411	0	0	0	0
Walton	2	301,247	118	108,060	0	0	13	8,208
Washington	0	0	2	6,434	0	0	0	0
Wayne	1	5,138	2	126	0	0	0	0
Webster	0	0	1	80	0	0	0	0
White	0	0	1	188	0	0	0	0
Whitfield	0	0	4	199	1	693	0	0
Wilkes	1	6,602	8	11,393	0	0	3	2,841
<b>Total</b>	<b>6,091</b>	<b>53,223,847</b>	<b>199,662</b>	<b>62,314,137</b>	<b>1,167</b>	<b>19,453,841</b>	<b>36,956</b>	<b>21,867,057</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	98,552,486	98,552,486
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	12,896,194	12,896,194
C.	Other Patients in accordance with the department approved policy.	0	1,813,478	1,813,478

### 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	35,731	35,731

## 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:** Mark Meyer

**Date:** 7/13/2012

**Title:** Chief Financial 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:** Mark Meyer

**Date:** 7/13/2012

**Title:** Chief Financial Officer

**Comments:**