



## 2012 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:** 31701-1960

**Mailing Address:** PO Box 1828

**Mailing City:** Albany

**Mailing Zip:** 31702-1828

#### 2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2012 only.

***Do not use a different report period.***

**Please indicate your hospital fiscal year.**

From: 8/1/2011 To:7/31/2012

**Please indicate your cost report year.**

From: 08/01/2011 To:07/31/2012

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:** Joy McCollum

**Contact Title:** Accounting Director

**Phone:** 229-312-6754

**Fax:** 229-312-6749

**E-mail:** jmccollu@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	564,432,854
Total Inpatient Admissions accounting for Inpatient Revenue	21,621
Outpatient Gross Patient Revenue	613,894,013
Total Outpatient Visits accounting for Outpatient Revenue	343,160
Medicare Contractual Adjustments	373,339,868
Medicaid Contractual Adjustments	147,647,470
Other Contractual Adjustments:	109,360,939
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	43,052,302
Uncompensated Indigent Care (net):	37,626,926
Uncompensated Charity Care (net):	23,959,194
Other Free Care:	0
Other Revenue/Gains:	6,960,450
Total Expenses:	418,302,438

### 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 2012? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2012?

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.?

AVP-Business Office

#### **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 2012? (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	15,560,288	11,751,997	27,312,285
Outpatient	22,066,638	12,207,197	34,273,835
<b>Total</b>	<b>37,626,926</b>	<b>23,959,194</b>	<b>61,586,120</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	15,560,288	11,751,997	27,312,285
Outpatient	22,066,638	12,207,197	34,273,835
<b>Total</b>	<b>37,626,926</b>	<b>23,959,194</b>	<b>61,586,120</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	4	19,308	1	13,902	8	0
Appling	0	0	12	1,766	0	0	1	240
Atkinson	0	0	0	0	1	72,964	1	237
Baker	1	1,552	63	208,336	9	77,968	89	171,697
Barrow	0	0	0	0	0	0	2	9,782
Ben Hill	2	24,390	12	19,849	10	401,659	45	48,898
Berrien	0	0	11	12,233	0	0	15	18,824
Brooks	0	0	1	1,522	0	0	1	108
Butts	0	0	5	1,437	0	0	2	689
Calhoun	17	285,364	166	403,073	17	491,890	115	135,500
Carroll	0	0	0	0	0	0	1	967
Chatham	0	0	1	789	1	834	2	85
Chattooga	0	0	0	0	0	0	1	1,222
Clarke	0	0	0	0	1	963	1	1,582
Clay	0	0	15	47,218	0	0	4	2,067
Clayton	1	0	0	0	0	0	2	2,445
Cobb	0	0	2	0	0	0	0	0
Coffee	0	0	2	1,564	1	1,113	11	91,249
Colquitt	17	740,717	174	496,626	38	513,708	202	196,227
Crisp	0	0	17	13,715	2	86,455	11	30,821
Dade	24	443,187	100	322,034	21	105,113	117	176,123
Decatur	2	9,722	28	25,905	2	1,464	15	17,152
DeKalb	1	129,376	1	215	0	0	1	2,658
Dodge	0	0	0	0	0	0	2	846
Dooly	1	37,529	33	0	4	65,982	5	14,943
Dougherty	374	6,864,678	6,073	11,858,084	804	4,379,889	6,244	7,693,713
Early	5	172,772	43	90,923	3	836	3	2,491
Elbert	0	0	0	0	1	448,192	0	0
Florida	3	14,269	24	282,742	3	26,241	16	9,809
Fulton	0	0	3	2,424	1	15,227	4	2,275
Glynn	0	0	0	0	0	0	4	2,839
Gordon	0	0	0	0	0	0	1	2,280

Grady	0	0	4	6,713	0	0	53	7,235
Gwinnett	0	0	3	6,162	0	0	1	150
Habersham	0	0	0	0	0	0	1	132
Hall	0	0	5	1,881	0	0	0	0
Henry	0	0	4	17,764	0	0	1	4,097
Houston	1	4,373	0	0	3	1,688	15	4,424
Irwin	0	0	24	-4,606	1	17,103	1	10
Jeff Davis	1	93,487	0	0	0	0	0	0
Lanier	0	0	1	1,223	0	0	0	0
Lee	69	2,189,962	1,085	2,574,667	63	1,104,666	595	1,064,532
Liberty	0	0	2	263	0	0	1	867
Long	0	0	1	852	0	0	0	0
Lowndes	0	0	1	324	2	120	7	-62
Lumpkin	0	0	0	0	0	0	3	1,055
Macon	6	157,838	21	51,116	0	0	17	4,846
Marion	2	80,335	5	27,718	0	0	24	2,011
Miller	4	35,276	44	222,307	3	3,514	13	20,398
Mitchell	23	390,396	393	735,917	93	1,239,658	463	714,985
Monroe	0	0	1	2,602	0	0	0	0
Muscogee	0	0	2	2,324	0	0	3	3,733
Newton	0	0	1	5,839	0	0	0	0
North Carolina	0	0	3	6,029	0	0	11	5,023
Other Out of State	1	10,745	16	28,299	2	4,549	24	23,134
Peach	0	0	1	468	0	0	3	129
Pulaski	0	0	0	0	0	0	2	234
Quitman	0	0	6	21,092	1	2,493	6	5,278
Randolph	15	289,070	129	276,582	14	147,173	78	136,346
Richmond	0	0	0	0	1	1,100	1	144
Schley	6	146,946	18	-3,589	3	598	19	2,796
Seminole	0	0	14	-17,952	8	28,101	42	23,708
South Carolina	0	0	9	15,700	0	0	2	454
Stewart	5	71,271	13	27,060	2	1,276	26	43,547
Sumter	23	560,269	354	888,675	68	1,182,697	297	435,071
Taylor	0	0	1	6,734	0	0	0	0
Terrell	35	517,869	555	1,180,319	41	448,536	299	263,752
Thomas	5	204,826	14	87,109	1	60	21	2,991
Tift	4	142,625	84	298,001	13	164,563	99	118,119
Toombs	0	0	0	0	0	0	6	10,055
Treutlen	0	0	0	0	0	0	1	137
Troup	0	0	0	0	1	2,989	0	0
Turner	3	90,270	79	96,739	14	240,687	81	152,991
Upson	0	0	3	1,499	0	0	0	0
Wayne	0	0	1	223	0	0	0	0
Webster	2	79,868	16	86,922	3	2,114	8	4,866

Wilcox	3	107,543	28	98,424	1	48,676	14	14,028
Worth	57	1,663,763	686	1,505,475	68	405,236	529	498,212
<b>Total</b>	<b>713</b>	<b>15,560,288</b>	<b>10,417</b>	<b>22,066,638</b>	<b>1,326</b>	<b>11,751,997</b>	<b>9,693</b>	<b>12,207,197</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 2012?  
(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 2012.

Patient Category		SFY 2011	SFY2012	SFY2013
		7/1/10-6/30/11	7/1/11-6/30/12	7/1/12-6/30/13
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	33,607,430	4,019,497
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	21,299,436	2,659,757
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 2011	SFY2012	SFY2013
7/1/10-6/30/11	7/1/11-6/30/12	7/1/12-6/30/13
0	19,712	2,437

## 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:** 1/7/2014

**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:** 1/7/2014

**Title:** CFO

**Comments:**