GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2012 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: 30309-1285

Mailing Address: 1968 Peachtree Road NW

Mailing City: Atlanta

Mailing Zip: 30309-1285

2. Report Period

Please report data for the hospital fiscal year ending during calender year 2012 only.
Do not use a different report period.

Please indicate your hospital fiscal year.
 From: 7/1/2011 To:6/30/2012

Please indicate your cost report year.
 From: 07/01/2011 To:06/30/2012

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: Tim Greene

Contact Title: Manager, Govt Reimbursement

Phone: 770-803-5504

Fax: 770-319-2180

E-mail: timothy.greene@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	1,232,981,245
Total Inpatient Admissions accounting for Inpatient Revenue	25,063
Outpatient Gross Patient Revenue	1,046,440,012
Total Outpatient Visits accounting for Outpatient Revenue	309,232
Medicare Contractual Adjustments	793,363,495
Medicaid Contractual Adjustments	66,233,959
Other Contractual Adjustments:	666,195,358
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	36,091,557
Uncompensated Indigent Care (net):	10,642,258
Uncompensated Charity Care (net):	30,689,609
Other Free Care:	388,492
Other Revenue/Gains:	6,946,724
Total Expenses:	604,506,923

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 2012? (Check box if yes.) ☑

2. Effective Date

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

07/01/2011

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.?

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 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	7,253,984	20,082,580	27,336,564
Outpatient	3,388,274	10,607,029	13,995,303
Total	**10,642,258**	**30,689,609**	**41,331,867**

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	7,253,984	20,108,282	27,362,266
Outpatient	3,388,274	10,581,327	13,969,601
Total	**10,642,258**	**30,689,609**	**41,331,867**

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	0	0	2	8,888
Bacon	0	0	0	0	0	0	2	996
Baldwin	0	0	0	0	1	183,856	6	16,490
Banks	0	0	0	0	0	0	1	238
Barrow	0	0	4	10,423	2	42,871	13	52,127
Bartow	0	0	7	9,418	4	2,029	22	21,729
Ben Hill	0	0	0	0	0	0	1	477
Bibb	2	4,291	20	3,873	0	0	9	22,657
Brantley	0	0	0	0	0	0	1	81
Brooks	0	0	0	0	1	928	0	0
Bryan	0	0	0	0	1	1,060	0	0
Bulloch	1	87,509	0	0	0	0	0	0
Butts	1	71,465	4	15,001	5	34,314	9	13,588
Carroll	3	223,145	16	79,355	17	929,295	34	238,320
Catoosa	0	0	0	0	0	0	1	43
Chatham	0	0	0	0	3	3,171	4	19,594
Chattooga	0	0	0	0	0	0	5	2,102
Cherokee	4	41,471	17	49,134	21	485,804	58	119,447
Clarke	1	41,808	1	1,590	1	99,702	6	9,245
Clay	0	0	0	0	0	0	1	200
Clayton	31	197,576	168	93,433	56	660,015	253	485,372
Cobb	38	736,768	165	215,784	49	921,272	231	661,519
Coffee	0	0	0	0	0	0	1	219
Colquitt	0	0	1	324	1	102,476	3	3,531
Columbia	0	0	0	0	1	10,972	2	1,926
Cook	0	0	0	0	0	0	2	453
Coweta	7	178,372	28	97,737	34	2,177,708	50	266,701
Crisp	1	1,158	2	28	0	0	4	12,750
Dawson	0	0	0	0	0	0	5	21,751
DeKalb	72	540,801	365	521,509	175	1,520,118	771	1,310,154
Dodge	0	0	0	0	0	0	1	3,247
Dougherty	1	31,552	2	3,226	0	0	0	0

Douglas	5	3,363	90	64,864	21	66,789	99	130,953
Effingham	0	0	0	0	0	0	1	641
Elbert	0	0	0	0	0	0	1	794
Emanuel	0	0	0	0	0	0	1	1,205
Evans	0	0	0	0	1	2,635	4	14,704
Fannin	1	380,752	2	13,083	19	641,957	14	28,965
Fayette	6	321,867	22	71,846	3	163,590	12	21,926
Floyd	0	0	2	22,442	1	40,818	15	56,113
Forsyth	1	566	2	308	0	0	12	72,673
Fulton	148	1,881,306	738	1,090,024	425	6,956,230	2,240	4,047,551
Gilmer	6	9,150	20	5,349	13	566,518	7	63,048
Glynn	0	0	0	0	0	0	6	3,622
Gordon	0	0	0	0	1	365	2	994
Greene	0	0	0	0	1	2,717	2	15,198
Gwinnett	16	233,892	86	240,499	34	185,489	123	345,394
Habersham	0	0	0	0	0	0	3	3,254
Hall	0	0	4	142,297	5	59,294	6	6,049
Hancock	0	0	1	55,367	3	52,982	4	4,028
Haralson	2	2,374	5	20,841	4	56,323	7	27,995
Harris	0	0	1	42,858	0	0	3	1,194
Hart	0	0	0	0	0	0	1	2,751
Heard	1	1,102	0	0	0	0	1	5,530
Henry	19	970,702	56	41,622	51	701,125	152	244,668
Houston	0	0	6	1,766	0	0	4	2,184
Jackson	0	0	3	811	2	75,321	5	15,405
Jasper	0	0	0	0	4	226,015	10	57,062
Jefferson	0	0	0	0	0	0	3	16,629
Johnson	0	0	0	0	0	0	1	360
Lamar	0	0	2	5,199	2	21,823	0	0
Laurens	0	0	0	0	0	0	4	10,060
Long	0	0	0	0	0	0	1	1,725
Lumpkin	0	0	0	0	0	0	2	3,759
Macon	0	0	0	0	0	0	1	16
Marion	0	0	0	0	0	0	1	263
McDuffie	0	0	0	0	0	0	1	2,022
Meriwether	4	43,611	0	0	4	73,748	8	9,940
Monroe	0	0	0	0	0	0	3	3,395
Morgan	0	0	0	0	1	25,467	1	21,223
Murray	0	0	0	0	0	0	1	161
Muscogee	0	0	2	50,730	2	25,847	20	118,035
Newton	6	249,993	25	18,422	21	697,120	44	82,492
Oconee	0	0	0	0	1	62,165	3	9,566
Oglethorpe	0	0	0	0	0	0	2	10,952
Other Out of State	8	86,699	19	71,329	29	431,901	212	607,699

County								
Paulding	5	204,309	22	13,587	16	350,520	93	401,539
Peach	0	0	0	0	1	1,577	4	437
Pickens	11	331,939	9	11,360	18	409,350	23	271,617
Pierce	0	0	0	0	0	0	1	2,527
Pike	1	985	1	1,122	0	0	0	0
Polk	3	18,295	1	205	10	93,928	17	24,202
Putnam	5	197,711	12	247,932	7	137,573	12	124,177
Rabun	2	1,960	1	35	0	0	0	0
Richmond	0	0	1	18,851	0	0	1	42
Rockdale	4	8,593	12	6,260	3	81,306	31	110,646
Spalding	5	4,309	16	12,909	12	370,917	40	87,101
Stephens	0	0	0	0	0	0	2	6,894
Sumter	0	0	0	0	0	0	3	1,706
Talbot	0	0	1	1,704	0	0	0	0
Tattnall	0	0	0	0	1	100	0	0
Taylor	0	0	0	0	0	0	1	1,057
Tift	0	0	0	0	0	0	1	1,630
Toombs	0	0	0	0	0	0	1	1,441
Towns	0	0	0	0	1	41,490	1	66,019
Troup	1	138,866	0	0	5	93,876	19	15,295
Twiggs	0	0	0	0	0	0	6	21,231
Union	5	3,645	2	6,398	2	190,113	3	15,128
Upson	0	0	0	0	0	0	4	3,666
Walton	1	2,079	6	5,716	0	0	21	59,164
Ware	0	0	0	0	0	0	1	150
Whitfield	0	0	0	0	0	0	5	25,317
Worth	0	0	1	1,703	0	0	0	0
Total	**428**	**7,253,984**	**1,971**	**3,388,274**	**1,096**	**20,082,580**	**4,831**	**10,607,029**

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 7/1/10-6/30/11	SFY2012 7/1/11-6/30/12	SFY2013 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.	10,086,329	10,642,258	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.	29,732,942	30,689,609	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 2011 7/1/10-6/30/11	SFY2012 7/1/11-6/30/12	SFY2013 7/1/12-6/30/13
13,229	8,339	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 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: 1/6/2014

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: 1/6/2014

Title: Chief Financial Officer

Comments: