



2012 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: 30303-3050

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

Mailing City: Atlanta

Mailing Zip: 30303-3050

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: 1/1/2012 To:12/31/2012

Please indicate your cost report year.

From: 01/01/2012 To:12/31/2012

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: Esther Bailes

Contact Title: Director, 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	1,368,522,598
Total Inpatient Admissions accounting for Inpatient Revenue	29,665
Outpatient Gross Patient Revenue	664,365,696
Total Outpatient Visits accounting for Outpatient Revenue	552,159
Medicare Contractual Adjustments	261,467,445
Medicaid Contractual Adjustments	369,377,133
Other Contractual Adjustments:	451,603,918
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	214,005,218
Uncompensated Indigent Care (net):	199,725,919
Uncompensated Charity Care (net):	32,546,246
Other Free Care:	-609,854
Other Revenue/Gains:	31,782,088
Total Expenses:	624,520,104

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?

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 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	133,668,921	14,985,746	148,654,667
Outpatient	164,816,965	17,560,500	182,377,465
Total	298,485,886	32,546,246	331,032,132

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	52,092,000
Other Counties	11,240,348
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	16,405,291
Federal Government	19,022,328
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	98,759,967

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	89,441,910	14,985,746	104,427,656
Outpatient	110,284,009	17,560,500	127,844,509
Total	199,725,919	32,546,246	232,272,165

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
ATKINSON	0	0	1	0	0	0	0	0
BALDWIN	0	0	8	4,529	0	0	0	0
BANKS	6	0	13	2,232	0	0	2	0
BARROW	2	0	38	0	0	0	18	72
BARTOW	5	30,054	19	3,000	0	0	11	618
BIBB	1	0	13	846	0	0	2	66
BRYAN	0	0	2	1,012	0	0	0	0
BULLOCH	0	0	5	355	0	0	0	0
BUTTS	5	0	76	2,385	1	0	1	0
CALHOUN	1	0	0	0	0	0	0	0
CAMDEN	0	0	4	0	0	0	0	0
CARROLL	19	53,919	107	46,580	0	0	24	737
CHATHAM	0	0	6	550	0	0	0	0
CHATTOOGA	0	0	4	361	0	0	0	0
CHEROKEE	7	4,749	194	39,148	7	171,728	58	1,717
CLARKE	0	0	32	754	0	0	0	0
CLAY	0	0	4	0	0	0	0	0
CLAYTON	260	2,051,430	6,269	1,056,350	90	383,207	1,174	169,416
COBB	190	1,538,525	2,874	469,415	110	273,327	848	62,728
COLQUITT	0	0	0	0	0	0	2	66
COLUMBIA	0	0	1	136	0	0	0	0
COOK	1	0	3	61	0	0	0	0
COWETA	14	21,779	246	30,798	11	47,785	69	6,954
CRISP	0	0	0	0	0	0	4	0
DAWSON	0	0	14	3,987	2	61,584	9	1,305
DECATUR	1	0	143	39,452	0	0	56	1,412
DEKALB	4,879	47,601,420	93,254	64,805,680	1,637	6,285,162	32,987	8,076,285
DOOLY	0	0	0	0	2	23,407	7	167
DOUGHERTY	0	0	11	4,605	0	0	0	0
DOUGLAS	29	121,939	723	139,812	1	0	119	6,667
EFFINGHAM	0	0	2	0	0	0	0	0
ELBERT	0	0	1	0	0	0	0	0

FANNIN	3	0	7	0	0	0	0	0
FAYETTE	13	103,774	247	19,304	3	0	105	4,403
FLOYD	2	0	6	1,504	0	0	1	0
FORSYTH	9	45,912	88	19,908	0	0	18	5,030
FRANKLIN	0	0	3	0	0	0	0	0
FULTON	9,025	79,733,130	151,187	96,358,860	1,903	7,190,987	40,038	9,008,172
GILMER	0	0	26	28,282	0	0	0	0
GORDON	0	0	4	0	0	0	0	0
GRADY	0	0	19	2,380	0	0	0	0
GREENE	2	33,133	17	0	0	0	0	0
GWINNETT	261	677,345	4,597	875,894	75	204,645	1,234	106,041
HABERSHAM	3	0	3	0	6	0	0	0
HALL	4	0	68	24,523	4	0	13	1,181
HANCOCK	0	0	0	0	0	0	1	46
HARALSON	3	0	4	0	0	0	0	0
HARRIS	0	0	1	0	0	0	0	0
HEARD	0	0	2	247	0	0	0	0
HENRY	89	599,227	1,275	296,918	18	99,953	244	19,015
HOUSTON	0	0	21	1,785	0	0	0	0
JASPER	2	29,756	4	635	0	0	0	0
JEFFERSON	0	0	2	0	0	0	0	0
JENKINS	0	0	1	0	0	0	0	0
JOHNSON	0	0	4	0	0	0	1	46
LAMAR	3	32,887	15	1,005	0	0	5	189
LEE	1	0	2	151	0	0	2	71
LINCOLN	0	0	2	0	0	0	0	0
LOWNDES	0	0	0	0	0	0	1	0
LUMPKIN	0	0	0	0	0	0	1	0
MADISON	0	0	3	0	0	0	3	0
MERIWETHER	1	0	34	495	0	0	3	0
MILLER	0	0	9	3,465	0	0	0	0
MONROE	0	0	10	432	1	0	0	0
MONTGOMERY	2	15,429	9	680	0	0	0	0
MORGAN	0	0	3	364	9	6,979	9	0
MURRAY	0	0	8	77	0	0	0	0
MUSCOGEE	0	0	7	1,794	39	959	4	114
NEWTON	50	167,883	531	71,392	4	66,059	144	8,145
OCONEE	0	0	0	0	0	0	6	131
Other Out of State	41	95,290	658	193,818	0	0	210	49,639
PAULDING	5	54,312	174	7,418	1	320	64	7,755
PEACH	0	0	1	0	0	0	0	0
PICKENS	0	0	32	3,126	0	0	6	7,714
PIKE	0	0	3	413	0	0	0	0
POLK	0	0	42	13,102	2	320	5	0

PULASKI	0	0	1	0	0	0	0	0	0
PUTNAM	0	0	19	2,548	0	0	0	0	0
RICHMOND	0	0	22	15,971	0	0	0	0	0
ROCKDALE	44	111,050	872	167,431	10	29,037	196	12,989	
SPALDING	17	19,082	107	17,404	2	0	5	0	
STEPHENS	0	0	51	0	0	0	1	0	
STEWART	0	0	2	0	0	0	0	0	
TALIAFERRO	0	0	1	0	0	0	0	0	
TATTNALL	0	0	6	1,427	0	0	0	0	
THOMAS	0	0	1	0	0	0	0	0	
TROUP	5	0	21	523	3	0	19	265	
UNION	0	0	2	157	0	0	2	110	
UPSON	5	13,046	11	305	0	0	6	786	
WALTON	20	513,847	142	27,753	1	0	36	447	
WASHINGTON	0	0	6	2,156	0	0	0	0	
WAYNE	0	0	13	665	0	0	0	0	
WHITE	0	0	1	320	2	140,290	0	0	
WHITFIELD	0	0	0	0	3	0	0	0	
WILKES	0	0	5	286	0	0	0	0	
Total	15,030	33,668,918	264,479	64,816,966	3,947	14,985,749	77,774	17,560,499	

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	93,586,655	93,586,655
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	12,474,031	12,474,031
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	179,419	179,419

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: John M. Hauptert

Date: 3/4/2014

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: Mark Meyer

Date: 3/4/2014

Title: Sr. VP/CFO

Comments: