



2013 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP318

Facility Name: Piedmont Fayette Hospital

County: Fayette

Street Address: 1255 Highway 54 West

City: Fayetteville

Zip: Fayettevil

Mailing Address: 1255 Highway 54 West

Mailing City: Fayetteville

Mailing Zip: 30214-4521

2. Report Period

Please report data for the hospital fiscal year ending during calender year 2013 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 7/1/2012 To:6/30/2013

Please indicate your cost report year.

From: 07/01/2012 To:06/30/2013

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: Sam Williamson

Contact Title: Finance Director

Phone: 770-719-6006

Fax: 770-719-7092

E-mail: samuel.williamson@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	375,360,504
Total Inpatient Admissions accounting for Inpatient Revenue	12,434
Outpatient Gross Patient Revenue	562,634,059
Total Outpatient Visits accounting for Outpatient Revenue	156,410
Medicare Contractual Adjustments	313,786,597
Medicaid Contractual Adjustments	67,226,252
Other Contractual Adjustments:	254,583,920
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	35,810,941
Uncompensated Indigent Care (net):	7,068,472
Uncompensated Charity Care (net):	18,022,636
Other Free Care:	277,388
Other Revenue/Gains:	5,744,670
Total Expenses:	223,678,174

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	271,823
Admin Discounts	0
Employee Discounts	5,565
	0
Total	277,388

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 2013? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2013?

06/12/2012

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.)?

300%

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 2013? (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	3,460,208	5,968,180	9,428,388
Outpatient	3,608,264	12,054,456	15,662,720
Total	7,068,472	18,022,636	25,091,108

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	3,460,208	5,968,180	9,428,388
Outpatient	3,608,264	12,054,456	15,662,720
Total	7,068,472	18,022,636	25,091,108

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	1	2,483	1	551	36	66,761
Banks	0	0	0	0	0	0	1	3,729
Barrow	0	0	0	0	0	0	3	13,639
Bartow	0	0	1	248	0	0	4	16,604
Ben Hill	0	0	0	0	0	0	2	1,605
Bibb	0	0	0	0	0	0	6	23,151
Bryan	0	0	0	0	0	0	1	1,450
Bulloch	0	0	0	0	0	0	4	2,329
Butts	0	0	1	308	2	2,047	28	48,711
Carroll	0	0	0	0	2	14,977	15	72,671
Chatham	0	0	0	0	0	0	3	2,296
Chattooga	0	0	0	0	0	0	1	24
Cherokee	0	0	0	0	0	0	5	1,699
Clarke	0	0	1	838	0	0	0	0
Clayton	43	1,005,005	347	732,179	105	1,140,024	1,737	2,904,965
Cobb	0	0	2	11,234	0	0	13	42,293
Colquitt	0	0	0	0	0	0	1	537
Cook	0	0	0	0	0	0	1	10,921
Coweta	31	206,302	234	382,395	80	760,487	622	1,499,461
Crisp	0	0	0	0	1	858	1	450
DeKalb	0	0	8	44,989	6	14,162	56	86,856
Dougherty	0	0	0	0	0	0	6	3,869
Douglas	0	0	8	4,269	2	15,837	30	78,678
Emanuel	0	0	0	0	0	0	1	884
Fannin	0	0	5	502	0	0	0	0
Fayette	72	1,508,366	1,411	1,634,893	57	1,036,365	283	1,104,724
Florida	0	0	2	24,254	5	105,631	39	67,860
Fulton	49	463,346	301	311,789	125	1,465,248	1,718	3,184,260
Gordon	0	0	0	0	0	0	1	657
Gwinnett	0	0	1	30	0	0	5	19,374
Hall	0	0	0	0	0	0	1	2,110
Hancock	0	0	0	0	0	0	1	352

Haralson	0	0	0	0	0	0	1	1,838
Harris	0	0	0	0	0	0	2	2,470
Heard	0	0	0	0	3	38,883	12	15,209
Henry	25	161,139	141	299,637	59	549,703	591	1,053,673
Houston	0	0	1	459	0	0	2	4,095
Jackson	0	0	0	0	0	0	2	8,761
Lamar	0	0	3	1,027	0	0	20	109,400
Lee	0	0	0	0	0	0	1	784
Liberty	0	0	0	0	0	0	1	1,383
Lowndes	0	0	0	0	0	0	2	325
Lumpkin	0	0	0	0	0	0	2	21,007
Marion	0	0	0	0	0	0	1	105
McDuffie	0	0	0	0	0	0	2	10,298
McIntosh	0	0	1	3,866	0	0	0	0
Meriwether	2	1,933	9	29,130	17	296,556	124	197,653
Muscogee	0	0	1	9,854	0	0	6	6,196
Newton	0	0	4	335	3	699	12	44,643
North Carolina	0	0	0	0	3	16,291	11	22,457
Other Out of State	6	4,355	7	11,218	5	42,223	104	193,769
Paulding	0	0	0	0	0	0	8	24,533
Peach	0	0	1	37	0	0	2	2,743
Pickens	0	0	17	5,791	0	0	1	145
Pike	3	3,143	7	-12,711	7	6,463	67	107,223
Richmond	0	0	0	0	0	0	2	2,664
Rockdale	0	0	1	856	0	0	2	74
South Carolina	1	41,082	1	270	1	250	9	9,515
Spalding	6	19,521	62	83,149	37	306,077	415	728,408
Sumter	0	0	0	0	0	0	1	701
Taylor	0	0	0	0	0	0	2	2,048
Tennessee	0	0	0	0	1	15,246	17	61,809
Thomas	0	0	0	0	0	0	1	528
Tift	0	0	0	0	0	0	1	125
Toombs	0	0	0	0	0	0	1	5,712
Troup	2	46,016	4	14,318	11	138,439	86	128,585
Upson	0	0	4	7,119	1	1,163	14	18,766
Walton	0	0	0	0	0	0	1	2,525
White	0	0	0	0	0	0	2	1,366
Wilcox	0	0	2	3,498	0	0	0	0
Total	240	3,460,208	2,589	3,608,264	534	5,968,180	6,153	12,054,456

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 2013?
(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 2013.

Patient Category		SFY 2012	SFY2013	SFY2014
		7/1/11-6/30/12	7/1/12-6/30/13	7/1/13-6/30/14
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	7,068,472	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	18,022,636	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 2012	SFY2013	SFY2014
7/1/11-6/30/12	7/1/12-6/30/13	7/1/13-6/30/14
0	9,516	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: J. Michael Burnett

Date: 8/1/2014

Title: 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: Sheryl Klink

Date: 8/1/2014

Title: Chief Financial Officer

Comments: