



2013 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP532

Facility Name: Piedmont Henry Hospital, Inc

County: Henry

Street Address: 1133 Eagle's Landing Parkway

City: Stockbridge

Zip: 30281

Mailing Address: 1133 Eagle's Landing Parkway

Mailing City: Stockbridge

Mailing Zip: 30281

2. Report Period

Please report data for the hospital fiscal year ending during calendar 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: Scott Stewart

Contact Title: Director of Finance

Phone: 678-604-5363

Fax: 678-604-5048

E-mail: scott.stewart@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	450,221,017
Total Inpatient Admissions accounting for Inpatient Revenue	12,101
Outpatient Gross Patient Revenue	418,753,993
Total Outpatient Visits accounting for Outpatient Revenue	140,946
Medicare Contractual Adjustments	256,554,560
Medicaid Contractual Adjustments	96,030,600
Other Contractual Adjustments:	283,036,305
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	39,046,391
Uncompensated Indigent Care (net):	8,818,692
Uncompensated Charity Care (net):	11,475,694
Other Free Care:	1,304,299
Other Revenue/Gains:	2,147,302
Total Expenses:	176,378,324

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	38,074
Admin Discounts	675,968
Employee Discounts	590,257
	0
Total	1,304,299

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?

06/01/2011

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.?

Executive Director of Revenue Cycle

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 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	4,159,958	3,171,947	7,331,905
Outpatient	4,788,604	8,303,747	13,092,351
Total	8,948,562	11,475,694	20,424,256

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	129,870
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	129,870

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	4,099,585	3,171,947	7,271,532
Outpatient	4,719,107	8,303,747	13,022,854
Total	8,818,692	11,475,694	20,294,386

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
Bacon	0	0	0	0	1	425	2	1,048
Baldwin	0	0	0	0	0	0	1	1,087
Barrow	0	0	1	931	1	1,181	3	2,216
Bartow	0	0	1	2,978	0	0	2	2,900
Berrien	0	0	0	0	0	0	1	449
Bibb	0	0	0	0	1	7,426	1	734
Bleckley	0	0	0	0	0	0	1	755
Butts	1	719	19	22,116	7	124,410	194	247,035
Carroll	0	0	0	0	0	0	7	4,916
Chatham	0	0	0	0	0	0	11	21,699
Chattooga	0	0	0	0	0	0	1	316
Cherokee	0	0	0	0	0	0	1	434
Clay	0	0	0	0	0	0	1	14,710
Clayton	37	878,831	227	603,737	43	532,790	2,060	1,757,921
Clinch	0	0	0	0	0	0	4	0
Cobb	0	0	4	29,036	2	41,835	9	8,174
Colquitt	0	0	0	0	0	0	1	78
Columbia	0	0	0	0	0	0	1	5,074
Cook	0	0	0	0	0	0	1	2,415
Coweta	0	0	1	5,121	1	32,579	13	13,857
Crawford	0	0	0	0	0	0	1	635
Crisp	0	0	0	0	0	0	2	1,826
Dade	0	0	0	0	0	0	1	158
Decatur	0	0	0	0	0	0	3	1,447
DeKalb	1	5,629	10	24,610	1	8,042	110	108,998
Dodge	0	0	0	0	0	0	1	302
Douglas	0	0	0	0	0	0	16	22,476
Early	0	0	0	0	0	0	1	64
Echols	0	0	0	0	0	0	1	61
Emanuel	0	0	0	0	0	0	3	6,682
Fayette	0	0	7	7,173	2	5,035	14	24,616
Floyd	0	0	0	0	0	0	1	324

Forsyth	0	0	0	0	0	0	3	4,287
Fulton	6	5,175	17	35,520	5	82,452	166	119,239
Gilmer	0	0	0	0	0	0	1	470
Gordon	0	0	0	0	0	0	1	121
Gwinnett	1	55,329	5	3,369	2	16,922	20	20,248
Hall	0	0	0	0	0	0	3	2,445
Harris	0	0	0	0	0	0	1	61
Hart	0	0	0	0	0	0	1	231
Heard	0	0	0	0	0	0	1	1,410
Henry	122	3,137,935	2,108	3,932,815	168	2,054,308	5,594	5,175,332
Houston	0	0	0	0	0	0	3	15,827
Jackson	3	32,261	5	5,505	0	0	11	10,898
Jasper	0	0	1	10,630	0	0	10	8,245
Jefferson	0	0	0	0	0	0	1	1,939
Jenkins	0	0	0	0	0	0	1	351
Lamar	0	0	2	39,170	0	0	14	22,489
Macon	0	0	0	0	0	0	2	5,515
McDuffie	0	0	0	0	0	0	1	98
Meriwether	0	0	0	0	0	0	19	29,151
Monroe	0	0	0	0	3	48,328	15	10,490
Montgomery	0	0	0	0	0	0	2	4,183
Muscogee	1	42,882	0	0	0	0	1	1,992
Newton	0	0	3	3	4	86,358	26	27,593
Other Out of State	0	0	10	24,354	8	52,062	244	201,675
Paulding	0	0	0	0	1	7,061	6	4,305
Peach	0	0	0	0	0	0	1	1,019
Pike	0	0	2	336	0	0	12	7,870
Putnam	0	0	0	0	0	0	2	3,302
Richmond	0	0	0	0	0	0	2	638
Rockdale	0	0	4	865	0	0	33	27,374
Schley	0	0	0	0	0	0	2	1,170
Spalding	1	1,197	14	37,343	8	70,733	183	310,005
Stephens	0	0	0	0	0	0	1	442
Thomas	0	0	0	0	0	0	1	613
Tift	0	0	0	0	0	0	5	7,397
Treutlen	0	0	0	0	0	0	1	61
Troup	0	0	0	0	0	0	2	5,579
Upson	0	0	2	2,992	0	0	7	8,948
Walker	0	0	0	0	0	0	1	113
Walton	0	0	0	0	0	0	10	6,031
Washington	0	0	0	0	0	0	2	555
Wayne	0	0	0	0	0	0	1	628
Total	173	4,159,958	2,443	4,788,604	258	3,171,947	8,882	8,303,747

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	8,948,562	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	11,475,694	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	11,756	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: Charles F. Scott

Date: 7/31/2014

Title: President and 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: Sherry Henderson

Date: 7/31/2014

Title: VP and CFO

Comments: