



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2013 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: 31702

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 2013 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 8/1/2012 To:7/31/2013

Please indicate your cost report year.

From: 08-01-2012 To:07-31-2013

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: BRIAN CHURCH

Contact Title: VP/CONTROLLER

Phone: 229-312-6752

Fax: 229-312-6749

E-mail: bchurch@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	639,398,836
Total Inpatient Admissions accounting for Inpatient Revenue	22,759
Outpatient Gross Patient Revenue	732,559,259
Total Outpatient Visits accounting for Outpatient Revenue	396,705
Medicare Contractual Adjustments	458,055,948
Medicaid Contractual Adjustments	184,705,736
Other Contractual Adjustments:	113,065,935
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	76,993,807
Uncompensated Indigent Care (net):	38,621,836
Uncompensated Charity Care (net):	29,010,053
Other Free Care:	986,064
Other Revenue/Gains:	29,608,880
Total Expenses:	486,798,264

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	600,102
Admin Discounts	340,230
Employee Discounts	45,732
	0
Total	986,064

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?

06/15/2011

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 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	16,390,503	12,628,308	29,018,811
Outpatient	22,231,333	16,381,745	38,613,078
Total	38,621,836	29,010,053	67,631,889

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	16,390,503	12,628,308	29,018,811
Outpatient	22,231,333	16,381,745	38,613,078
Total	38,621,836	29,010,053	67,631,889

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	630	1	21,980	6	9,275
APPLING	0	0	11	1,507	0	0	2	7,420
ATKINSON	2	116,121	0	0	0	0	0	0
BAKER	6	125,000	89	323,765	5	13,057	40	40,924
BARTOW	0	0	0	0	0	0	1	12,200
BEN HILL	1	1,196	14	39,534	4	9,873	35	89,834
BERRIEN	0	0	36	55,944	0	0	16	1,419
BIBB	0	0	9	16,279	2	1,229	1	20
BULLOCH	0	0	0	0	0	0	1	2,063
CALHOUN	7	161,777	150	535,016	23	208,419	117	168,475
CARROLL	0	0	0	0	0	0	1	7,543
CHATTOOGA	1	1,528	0	0	0	0	1	1,635
CLAY	1	59,848	14	28,325	0	0	0	0
CLAYTON	0	0	1	958	0	0	3	928
COBB	0	0	2	944	0	0	0	0
COFFEE	3	75,885	5	10,000	1	47,973	3	4,940
COLQUITT	21	852,638	162	418,142	54	1,047,251	291	440,331
COOK	0	0	4	3,596	3	184,251	7	1,381
COWETA	0	0	1	1,964	0	0	0	0
CRISP	20	611,078	116	219,921	25	255,718	154	127,131
DECATUR	2	14,114	5	23,259	2	1,920	9	14,078
DEKALB	0	0	0	0	1	3,363	0	0
DOOLY	4	52,976	23	2,271	6	153,428	20	20,773
DOUGHERTY	425	8,140,420	7,016	12,492,200	804	6,346,972	9,151	11,292,771
EARLY	5	225,252	57	103,920	3	5,424	16	32,771
Florida	1	269,875	0	0	0	0	2	9,946
GILMER	0	0	2	1,470	0	0	0	0
GLYNN	0	0	1	1,056	0	0	0	0
GRADY	1	4,822	3	10,516	0	0	17	3,153
GWINNETT	0	0	0	0	4	20,416	2	1,892
HENRY	0	0	3	15,704	0	0	0	0
HOUSTON	0	0	3	5,550	0	0	9	2,497

IRWIN	0	0	7	19,138	0	0	14	7,895
LANIER	0	0	0	0	0	0	3	23,627
LEE	87	2,055,470	1,060	2,442,800	102	1,316,064	742	945,161
LONG	0	0	1	384	0	0	0	0
LOWNDES	0	0	0	0	0	0	1	130
LUMPKIN	1	18,222	0	0	3	2,515	18	9,895
MACON	0	0	6	20,635	2	13,935	16	25,953
MARION	1	1,156	6	17,460	1	30	15	7,312
MILLER	3	65,011	72	433,014	5	3,935	27	47,277
MITCHELL	31	673,523	413	821,746	99	726,110	581	895,091
MUSCOGEE	1	25,355	1	533	0	0	1	7,040
NEWTON	0	0	0	0	0	0	2	2,143
Other Out of State	1	8,391	6	11,274	4	68,536	18	28,830
PEACH	0	0	4	2,646	0	0	1	701
QUITMAN	0	0	4	4,426	0	0	0	0
RANDOLPH	9	55,304	126	302,203	7	59,342	90	142,815
ROCKDALE	0	0	0	0	1	15,223	0	0
SCHLEY	1	26,934	31	112,811	3	55,498	19	29,843
SEMINOLE	0	0	15	52,621	0	0	10	76,892
South Carolina	0	0	0	0	1	9,444	2	395
SPALDING	0	0	1	11,497	0	0	0	0
STEWART	0	0	12	14,061	0	0	19	44,642
SUMTER	20	321,763	265	352,088	63	1,121,252	386	446,554
TAYLOR	0	0	0	0	0	0	10	22,569
Tennessee	0	0	2	2,953	0	0	1	3,646
TERRELL	28	392,086	527	1,138,593	45	321,314	368	382,643
THOMAS	3	102,708	12	45,388	3	3,058	28	20,074
TIFT	1	5,611	51	56,262	3	11,563	60	171,506
TURNER	5	61,290	74	185,534	13	113,342	96	98,746
WASHINGTON	0	0	1	1,444	0	0	0	0
WAYNE	0	0	1	21,661	0	0	0	0
WEBSTER	0	0	0	0	4	25,666	11	3,472
WILCOX	1	6,109	24	39,700	0	0	5	12,199
WORTH	59	1,859,042	707	1,807,990	67	440,205	563	631,294
Total	752	16,390,505	11,157	22,231,333	1,364	12,628,306	13,012	16,381,745

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 7/1/11-6/30/12	SFY2013 7/1/12-6/30/13	SFY2014 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	33,561,262	5,060,574
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	25,015,421	3,994,631
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 7/1/11-6/30/12	SFY2013 7/1/12-6/30/13	SFY2014 7/1/13-6/30/14
0	22,921	3,364

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: 7/31/2014

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: 7/31/2014

Title: CFO

Comments:

Due to our inability to accurately identify the PPAA add-on amount received from DCH or Medicaid CMO's, we request the Department identify this amount and adjust our Medicaid contractuals accordingly. ICTF Addendum Sections 2 and 3: The online form shows the correct dates for the relevant fiscal years and the hospital has provided the relevant data in accordance with the dates shown on the online form. To the extent that the dates on printed versions of the form are incorrect and inconsistent with the online form, those printed dates should be disregarded.