



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2013 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:** Atlanta

**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 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:** Ross Sloop

**Contact Title:** Senior Director of Finance

**Phone:** 404-605-4237

**Fax:** 404-588-4526

**E-mail:** ross.sloop@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	1,329,393,633
Total Inpatient Admissions accounting for Inpatient Revenue	25,131
Outpatient Gross Patient Revenue	1,172,672,039
Total Outpatient Visits accounting for Outpatient Revenue	307,675
Medicare Contractual Adjustments	920,786,274
Medicaid Contractual Adjustments	81,019,752
Other Contractual Adjustments:	682,852,967
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	59,575,379
Uncompensated Indigent Care (net):	13,965,589
Uncompensated Charity Care (net ):	41,933,625
Other Free Care:	361,439
Other Revenue/Gains:	29,639,443
Total Expenses:	700,556,592

### 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	361,339
Admin Discounts	0
Employee Discounts	100
	0
<b>Total</b>	<b>361,439</b>

## 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?

06/01/2012

### 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	9,576,112	27,142,898	36,719,010
Outpatient	4,389,477	14,790,727	19,180,204
<b>Total</b>	<b>13,965,589</b>	<b>41,933,625</b>	<b>55,899,214</b>

#### **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
<b>Total</b>	<b>0</b>

#### **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	9,576,112	27,142,898	36,719,010
Outpatient	4,389,477	14,790,727	19,180,204
<b>Total</b>	<b>13,965,589</b>	<b>41,933,625</b>	<b>55,899,214</b>

## 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	4	2,055
ATKINSON	0	0	0	0	0	0	1	460
BAKER	0	0	0	0	1	485,928	0	0
BALDWIN	2	1,120	1	410	1	1,050	1	1,779
BANKS	0	0	0	0	0	0	5	1,953
BARROW	1	1,156	1	1,149	2	179,909	15	12,737
BARTOW	1	394	5	9,428	4	91,294	13	32,844
BEN HILL	0	0	0	0	0	0	1	885
BERRIEN	1	200	0	0	0	0	1	2,492
BIBB	2	8,009	4	21,771	2	0	12	21,218
BULLOCH	0	0	0	0	0	0	2	3,367
BUTTS	1	1,731	0	0	9	311,813	15	12,349
CANDLER	0	0	0	0	3	125,904	2	0
CARROLL	0	0	5	807	9	603,880	41	73,796
CATOOSA	0	0	0	0	1	735	2	2,799
CHATHAM	1	47,769	0	0	0	0	14	13,206
CHATTOOGA	0	0	2	545	0	0	5	1,480
CHEROKEE	4	31,131	17	97,965	28	352,868	55	145,415
CLARKE	0	0	0	0	0	0	9	47,100
CLAY	0	0	0	0	0	0	1	25
CLAYTON	26	126,603	52	352,611	125	958,089	373	693,920
COBB	27	296,147	104	426,618	31	449,522	322	1,241,098
COLQUITT	0	0	0	0	0	0	2	525
COLUMBIA	0	0	0	0	0	0	1	18
COOK	0	0	0	0	0	0	4	3,669
COWETA	10	367,986	13	253,722	38	1,559,784	90	341,722
CRAWFORD	1	26,161	0	0	0	0	0	0
CRISP	0	0	0	0	0	0	4	429
DAWSON	1	100,329	0	0	2	6,571	6	7,978
DEKALB	42	1,000,286	99	249,835	270	2,124,398	1,077	1,880,591
DODGE	0	0	0	0	0	0	2	956
DOOLY	0	0	0	0	0	0	1	3,909

DOUGHERTY	0	0	0	0	1	848,526	4	928
DOUGLAS	3	13,044	15	46,773	32	880,623	159	558,494
EARLY	0	0	0	0	0	0	1	1,078
ELBERT	0	0	0	0	0	0	1	454
EMANUEL	0	0	0	0	0	0	4	25,363
EVANS	0	0	0	0	0	0	1	2,159
FANNIN	1	1,156	2	1,543	11	462,466	14	90,293
FAYETTE	11	554,864	18	76,934	12	48,698	12	129,776
FLOYD	0	0	3	13,590	4	48,938	7	78,048
FORSYTH	1	342	4	9,924	4	107,093	15	37,394
FULTON	113	2,337,002	310	1,432,509	497	8,559,153	3,213	5,896,139
GILMER	9	400,016	9	38,686	12	657,788	15	18,398
GLYNN	0	0	0	0	0	0	8	4,488
GORDON	2	93,892	2	16,583	3	2,641	4	19,482
GREENE	0	0	0	0	1	1,397	1	271
GWINNETT	30	702,248	64	483,460	32	944,792	136	309,739
HABERSHAM	0	0	0	0	0	0	1	1,183
HALL	0	0	0	0	3	119,689	22	77,321
HANCOCK	0	0	0	0	2	31,284	4	5,490
HARALSON	0	0	1	50,763	3	2,336	10	64,757
HARRIS	0	0	0	0	0	0	3	6,563
HEARD	0	0	0	0	3	270,999	3	3,415
HENRY	12	251,283	27	76,209	63	782,104	173	278,458
HOUSTON	1	26,226	1	14,559	1	4,972	3	3,684
JACKSON	1	205	0	0	2	1,378	7	25,952
JASPER	2	151,169	0	0	6	389,080	14	89,244
JEFFERSON	0	0	0	0	0	0	1	54
JONES	0	0	0	0	0	0	2	479
LAMAR	1	84,148	1	7,062	0	0	3	10,973
LANIER	0	0	0	0	0	0	1	8,186
LAURENS	0	0	0	0	0	0	2	1,357
LEE	0	0	0	0	0	0	1	1,470
LIBERTY	0	0	0	0	0	0	2	926
LONG	0	0	0	0	1	300	1	112
LOWNDES	0	0	1	4,146	0	0	2	39,252
LUMPKIN	0	0	0	0	1	837	4	22,373
MERIWETHER	0	0	2	585	5	484,671	17	90,223
MITCHELL	0	0	0	0	2	44,507	4	17,510
MONROE	0	0	0	0	2	6,322	2	730
MONTGOMERY	0	0	0	0	0	0	1	7,869
MORGAN	1	92,325	0	0	1	778	2	2,379
MURRAY	0	0	0	0	1	13	1	4,954
MUSCOGEE	0	0	0	0	2	21,798	4	16,422
NEWTON	5	58,258	14	28,457	29	1,001,626	46	31,359

OGLETHORPE	0	0	0	0	1	24	1	175
Other Out of State	8	302,203	19	98,461	51	1,550,900	393	1,027,360
PAULDING	8	69,771	11	86,830	7	109,872	83	359,718
PEACH	0	0	0	0	0	0	2	1,348
PICKENS	3	183,375	16	110,619	25	609,491	38	70,805
PIERCE	1	19	0	0	0	0	2	2,433
PIKE	1	469,290	1	16,154	5	79,743	19	47,099
POLK	1	141,956	1	780	1	26,070	11	2,923
PUTNAM	4	168,348	5	204,519	7	346,816	11	168,518
RABUN	1	26,243	2	603	0	0	0	0
RICHMOND	1	50,286	0	0	3	427,108	14	7,585
ROCKDALE	4	80,092	7	31,053	15	55,135	42	202,893
SPALDING	4	1,071,292	6	14,996	19	278,882	36	97,171
SUMTER	0	0	0	0	0	0	2	1,087
TIFT	0	0	0	0	0	0	1	162
TOOMBS	0	0	0	0	0	0	1	3,061
TOWNS	1	132,553	2	2,156	4	34,880	3	127,200
TROUP	4	22,841	7	81,696	3	99,523	24	19,308
UNION	0	0	0	0	4	46,322	6	48,604
UPSON	2	750	0	0	0	0	3	7,143
WALKER	0	0	1	1,299	0	0	0	0
WALTON	2	81,893	4	2,142	8	301,715	28	44,064
WARE	0	0	0	0	0	0	1	262
WASHINGTON	0	0	0	0	1	197,500	0	0
WHITE	0	0	0	0	0	0	2	565
WHITFIELD	0	0	1	21,525	3	2,363	10	13,557
WILKINSON	0	0	0	0	0	0	2	1,712
<b>Total</b>	<b>358</b>	<b>9,576,112</b>	<b>860</b>	<b>4,389,477</b>	<b>1,419</b>	<b>27,142,898</b>	<b>6,747</b>	<b>14,790,727</b>

## 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	13,965,589	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	41,933,625	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 7/1/11-6/30/12	SFY2013 7/1/12-6/30/13	SFY2014 7/1/13-6/30/14
0	9,384	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:** 7/31/2014

**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:** 7/31/2014

**Title:** Chief Financial Officer, Sr. Vice President

**Comments:**