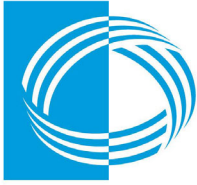


**2022 Hospital Financial Survey Hospital Financial Statements Reconciliation Addendum
HOSP351- Grady General Hospital**

Section 1: Hospital Only Data from Hospital Financial Survey (HFS):											
HFS Source:	Contractual Adj's, Hill Burton, Bad Debt, Gross Indigent and Charity Care, and Other Free Care									Total Deductions of All Types (Sum Col 2-9)	Net Patient Revenue (Col 1 - 10)
	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part E, 1	Part E, 1	Part C, 1		
	Gross Patient Charges	Medicare Contractual Adjs	Medicaid Contractual Adjs	Other Contractual Adjs	Hill Burton Obligations	Bad Debt	Gross Indigent Care (IP & OP)	Gross Charity Care (IP & OP)	Other Free Care		
	1	2	3	4	5	6	7	8	9	10	11
Inpatient Gross Patient Revenue	14,097,592										
Outpatient Gross Patient Revenue	58,792,099										
Per Part C, 1. Financial Table		17,765,009	12,645,700	6,558,506	0	4,106,402			0		
Per Part E, 1. Indigent and Charity Care							928,588	3,977,547			
Totals per HFS	72,889,691	17,765,009	12,645,700	6,558,506	0	4,106,402	928,588	3,977,547	0	45,981,752	26,907,939
Section 2: Reconciling Items to Financial Statements:									(B)		(B)
Non-Hospital Services:											
> Professional Fees	3738538.0									2,463,098	
> Home Health Agency	0.0									0	
> SNF/NF Swing Bed Services	3958824.0									2,683,952	
> Nursing Home	0.0									0	
> Hospice	0.0									0	
> Freestanding Ambulatory Surg. Centers	0.0									0	
> Physician	1782909.0									1,006,424	
> N/A	0.0									0	
> N/A	0.0									0	
> N/A	0.0									0.0	
> N/A	0.0									0	
> N/A	0.0									0	
Bad Debt (Expense per Financials) (A)										0	
Indigent Care Trust Fund Income										-1,100,339	
Other Reconciling Items:											
> Indigent/Charity	0.0									189838.0	
> PPAA Add-on Amount	0.0									-413593.0	
> N/A	0.0									0.0	
> N/A	0.0									0.0	
Total Reconciling Items	9,480,271									4,829,380	4,650,891
Total Per Form	82,369,962									50,811,132	31,558,830
Total Per Financial Statements	82369962.0										31558830.0
Unreconciled Difference (Must be Zero)	0										0

(A) Due to specific differences in the presentation of data on the HFS, Bad Debt per Financials may differ from the amount reported on the HFS-proper (Part C).

(B) Taxable Net Patient Revenue will equal Net Patient Revenue in Section 1 column 11, plus Other Free Care in Section 1 column 9.



2022 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP351

Facility Name: Grady General Hospital

County: Grady

Street Address: 1155 5th St SE

City: Cairo

Zip: 39828-3142

Mailing Address: 1155 5th St SE

Mailing City: Cairo

Mailing Zip: 39828-3142

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2022 only.
Do not use a different report period.

Please indicate your hospital fiscal year.

From: 10/1/2021 To:9/30/2022

Please indicate your cost report year.

From: 10/01/2021 To:09/30/2022

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.

3. Trauma Center Designation Change During the Report Period

Check the box to the right if your facility experienced a change in trauma center designation during the report period.

If your facility's trauma center designation changed, provide the date and type of change.

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey.

Contact Name: Patricia L. Barrett

Contact Title: Director of Reimbursement

Phone: 229-228-8857

Fax: 229-228-8891

E-mail: PBarrett@archbold.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	14,097,592
Total Inpatient Admissions accounting for Inpatient Revenue	1,111
Outpatient Gross Patient Revenue	58,792,099
Total Outpatient Visits accounting for Outpatient Revenue	70,726
Medicare Contractual Adjustments	17,765,009
Medicaid Contractual Adjustments	12,645,700
Other Contractual Adjustments:	6,558,506
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	4,106,402
Gross Indigent Care:	928,588
Gross Charity Care:	3,977,547
Uncompensated Indigent Care (net):	928,588
Uncompensated Charity Care (net):	3,977,547
Other Free Care:	0
Other Revenue/Gains:	1,728,188
Total Expenses:	22,424,620

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 2022? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2022?

06/01/2015

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.?

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 2022? (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	185,140	575,218	760,358
Outpatient	743,448	3,402,329	4,145,777
Total	928,588	3,977,547	4,906,135

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	185,140	575,218	760,358
Outpatient	743,448	3,402,329	4,145,777
Total	928,588	3,977,547	4,906,135

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	0	0	0	0	4	2,542
Baker	2	5,709	5	2,720	2	3,806	11	9,166
Brooks	0	0	3	10,924	0	0	4	884
Calhoun	0	0	0	0	0	0	1	405
Chattahoochee	0	0	0	0	0	0	2	338
Coffee	0	0	0	0	0	0	2	264
Colquitt	0	0	5	12,366	0	0	17	15,189
Crisp	0	0	0	0	0	0	1	1,286
Decatur	3	16,754	68	84,185	16	72,945	237	177,927
DeKalb	0	0	0	0	0	0	3	505
Dougherty	0	0	0	0	0	0	9	14,033
Douglas	0	0	0	0	0	0	1	319
Early	0	0	1	7,430	0	0	3	5,184
Florida	0	0	1	239	1	1,087	56	38,220
Fulton	0	0	0	0	0	0	1	988
Glynn	0	0	0	0	0	0	1	2,008
Grady	31	139,796	703	446,386	75	425,489	3,223	2,500,828
Henry	0	0	0	0	0	0	3	275
Lee	0	0	0	0	0	0	1	294
Lowndes	0	0	3	11,835	2	3,715	8	7,996
Miller	0	0	1	136	0	0	8	10,200
Mitchell	2	9,173	64	69,493	10	22,696	340	218,032
Monroe	0	0	0	0	0	0	1	1,165
Newton	0	0	0	0	0	0	1	210
North Carolina	0	0	0	0	0	0	3	1,189
Other Out of State	0	0	0	0	0	0	14	11,232
Peach	0	0	0	0	0	0	1	648
Pierce	0	0	0	0	0	0	1	3,805
Quitman	0	0	0	0	0	0	2	4,218
Richmond	0	0	0	0	0	0	1	844
Seminole	0	0	9	3,115	0	0	13	11,121
Stephens	0	0	0	0	0	0	2	1,331

Tennessee	0	0	2	218	0	0	2	3,594
Terrell	0	0	0	0	0	0	1	665
Thomas	3	13,708	68	94,401	8	45,480	436	348,534
Tift	0	0	0	0	0	0	4	1,777
Turner	0	0	0	0	0	0	1	325
Wayne	0	0	0	0	0	0	1	1,585
Worth	0	0	0	0	0	0	7	3,203
Total	41	185,140	933	743,448	114	575,218	4,427	3,402,329

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 2022?
(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 2022.

Patient Category		SFY 2021	SFY2022	SFY2023
		7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	696,441	232,147
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	2,983,160	994,387
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 2021	SFY2022	SFY2023
7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
0	4,136	1,379

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: Crystal D. Wells

Date: 7/19/2023

Title: Administrator

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: Greg S. Hembree

Date: 7/19/2023

Title: Senior Vice President/Chief Financial Officer

Comments: