



2019 Hospital Financial Survey

Part A : General Information

1. Identification

UID:hosp611

Facility Name: Northeast Georgia Medical Center

County: Hall

Street Address: 743 Spring Street NE

City: Gainesville

Zip: 30501-3899

Mailing Address: 743 Spring Street NE

Mailing City: Gainesville

Mailing Zip: 30501-3899

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2019 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 10/1/2018 To:9/30/2019

Please indicate your cost report year.

From: 10/01/2018 To:09/30/2019

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: Jimena Villamor

Contact Title: Controller, Exec. Director - Accounting

Phone: 770-219-6659

Fax: 770-219-6661

E-mail: jimena.villamor@nghs.com

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	2,444,492,258
Total Inpatient Admissions accounting for Inpatient Revenue	42,558
Outpatient Gross Patient Revenue	2,395,009,488
Total Outpatient Visits accounting for Outpatient Revenue	430,272
Medicare Contractual Adjustments	2,038,871,121
Medicaid Contractual Adjustments	414,669,671
Other Contractual Adjustments:	894,111,960
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	112,247,785
Gross Indigent Care:	177,373,265
Gross Charity Care:	87,467,946
Uncompensated Indigent Care (net):	177,373,265
Uncompensated Charity Care (net):	87,467,946
Other Free Care:	1,837
Other Revenue/Gains:	50,789,877
Total Expenses:	922,870,992

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	1,837
Employee Discounts	0
	0
Total	1,837

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 2019? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2019?

10/01/2018

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.)?

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 2019? (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	81,951,779	43,182,227	125,134,006
Outpatient	95,421,486	44,285,719	139,707,205
Total	177,373,265	87,467,946	264,841,211

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	81,951,779	43,182,227	125,134,006
Outpatient	95,421,486	44,285,719	139,707,205
Total	177,373,265	87,467,946	264,841,211

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	1	1,340	6	57,848	1	3,426	5	63,340
Banks	62	1,729,323	438	1,681,321	67	874,423	325	694,334
Barrow	215	4,961,377	1,190	6,029,858	197	4,210,070	778	2,842,460
Bartow	1	29,691	0	0	0	0	1	531
Berrien	0	0	0	0	0	0	2	11,805
Bibb	0	0	0	0	0	0	0	0
Bleckley	1	3,151	2	2,782	0	0	0	0
Bulloch	0	0	0	0	0	0	1	3,704
Calhoun	0	0	0	0	0	0	0	0
Carroll	0	0	1	4,224	0	0	1	1,675
Chatham	0	0	0	0	0	0	2	901
Chattooga	0	0	0	0	1	51,683	0	0
Cherokee	0	0	11	151,048	3	138,112	1	18,086
Clarke	5	97,162	41	446,850	2	104,057	9	16,105
Clay	0	0	0	0	1	955	0	0
Clayton	1	94,699	1	3	1	23,380	3	35,733
Cobb	0	0	7	27,215	1	36,150	2	5,600
Colquitt	0	0	0	0	0	0	6	1,191
Columbia	0	0	0	0	0	0	2	45,037
Cook	0	0	0	0	0	0	0	0
Coweta	1	54,789	1	5,840	0	0	1	3,350
Dawson	39	1,299,103	558	1,964,286	45	581,571	294	809,832
DeKalb	11	873,843	27	138,674	6	385,558	21	61,484
Dougherty	0	0	0	0	0	0	1	2
Douglas	0	0	3	18,015	0	0	0	0
Elbert	1	38,870	5	30,531	1	23,474	12	70,209
Fannin	8	552,211	7	94,665	11	152,885	11	45,094
Fayette	0	0	1	418	0	0	1	310
Florida	11	349,963	7	55,015	10	224,948	44	134,003
Floyd	0	0	5	38,038	0	0	1	1,672
Forsyth	25	831,266	201	642,601	12	320,347	79	307,574
Franklin	15	272,689	113	403,016	15	61,257	69	46,131

Fulton	4	197,500	41	159,913	4	244,181	1	2,998
Gilmer	5	261,205	4	10,825	2	39,907	4	147,670
Greene	0	0	0	0	0	0	1	12,328
Gwinnett	186	8,019,758	1,024	4,432,462	171	4,300,336	853	2,948,713
Habersham	145	5,441,250	1,115	4,216,741	168	2,136,366	725	2,126,532
Hall	1,385	37,778,426	13,989	56,589,880	1,140	17,377,313	7,218	24,183,024
Hancock	0	0	0	0	0	0	0	0
Haralson	0	0	7	56,174	0	0	0	0
Harris	0	0	1	2,571	0	0	0	0
Hart	4	55,721	31	45,522	2	161,973	12	13,539
Heard	0	0	1	17,268	0	0	0	0
Henry	0	0	0	0	0	0	4	11,684
Houston	0	0	0	0	0	0	0	0
Jackson	193	4,568,518	1,410	5,696,388	178	3,540,317	919	3,561,321
Jasper	0	0	0	0	0	0	0	0
Jefferson	0	0	0	0	0	0	1	1,646
Johnson	0	0	0	0	0	0	0	0
Lamar	0	0	0	0	0	0	0	0
Lee	0	0	0	0	0	0	0	0
Liberty	0	0	1	28,277	0	0	0	0
Lincoln	0	0	0	0	1	47,447	0	0
Lumpkin	122	3,058,037	1,041	3,302,562	125	1,354,771	660	1,712,717
Macon	0	0	0	0	0	0	0	0
Madison	3	41,050	7	97,432	3	148,610	9	135,000
Marion	0	0	0	0	0	0	0	0
Mitchell	0	0	1	740	0	0	0	0
Morgan	0	0	5	1,161	2	38,610	0	0
Newton	1	21,887	0	0	0	0	0	0
North Carolina	29	2,081,668	25	604,170	30	681,560	27	170,509
Oconee	0	0	4	51,036	0	0	3	21,834
Oglethorpe	2	15,257	4	10,037	0	0	0	0
Other Out of State	11	402,695	28	156,808	15	356,105	98	167,409
Paulding	0	0	0	0	0	0	1	18,691
Pickens	0	0	2	19,586	2	30,049	4	31,302
Pike	1	49,026	0	0	0	0	0	0
Polk	0	0	1	16,072	0	0	0	0
Putnam	0	0	0	0	0	0	0	0
Rabun	50	1,573,956	346	1,532,275	38	408,292	222	387,438
Richmond	0	0	1	4,981	2	60,069	3	28,581
Rockdale	0	0	2	7,511	1	42,405	0	0
South Carolina	8	855,580	11	33,757	5	201,201	17	72,743
Spalding	0	0	0	0	0	0	1	521
Stephens	49	1,106,430	336	1,601,354	73	1,548,033	340	696,028
Telfair	0	0	0	0	0	0	0	0

Tennessee	3	79,737	7	15,199	0	0	34	54,214
Thomas	0	0	0	0	0	0	1	8,759
Towns	12	480,290	17	170,988	23	506,592	45	168,419
Troup	0	0	4	17,089	0	0	1	22,645
Union	17	903,318	91	558,746	33	786,035	68	375,817
Walton	15	366,798	29	199,667	16	319,213	23	244,427
Washington	0	0	1	2,902	0	0	0	0
Wayne	0	0	0	0	0	0	0	0
White	137	3,404,195	1,031	3,961,979	163	1,660,546	842	1,738,301
Whitfield	0	0	1	7,165	0	0	1	746
Total	2,779	81,951,779	23,244	95,421,486	2,571	43,182,227	13,810	44,285,719

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 2019?
(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 2019.

Patient Category		SFY 2018	SFY2019	SFY2019
		7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	145,688,238	31,572,576
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	38,869,033	31,000,886
C.	Other Patients in accordance with the department approved policy.	0	12,408,004	5,302,474

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2018	SFY2019	SFY2019
7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
0	32,962	9,442

Reconciliation Addendum

This section is printed in landscape format on a separate PDF file.

Nurse Employment Addendum

This section is printed 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: Carol H. Burrell

Date: 7/27/2020

Title: President & 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: Brian D. Steines

Date: 7/27/2020

Title: Chief Financial Officer

Comments:

Medicaid Contractual Adjustments in Section 1 of the Reconciliation Addendum have been increased by the amount of the Provider Payment Agreement Act (PPAA) add-on amount received from Medicaid reported at \$6,945,774. This amount has also been shown as a reconciling amount in Section 2 so that totals per the form agree with NGMC's financial statements. The total cumulative data for indigent and charity care (including dollar amounts, admissions/visits, and SFY provided) are correct. The hospital is still in the process of confirming the sorting of those data between the specific indigent and charity categories. If that process results in some reclassification of data from indigent to charity, or vice versa, the hospital will provide DCH with that information.

**2019 Hospital Financial Survey Hospital Financial Statements Reconciliation Addendum
hosp611- Northeast Georgia Medical Center**

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										
	Part C, 1 Gross Patient Charges	Part C, 1 Medicare Contractual Adjs	Part C, 1 Medicaid Contractual Adjs	Part C, 1 Other Contractual Adjs	Part C, 1 Hill Burton Obligations	Part C, 1 Bad Debt	Part E, 1 Gross Indigent Care (IP & OP)	Part E, 1 Gross Charity Care (IP & OP)	Part C, 1 Other Free Care	Total Deductions of All Types (Sum Col 2-9)	Net Patient Revenue (Col 1 - 10)
Inpatient Gross Patient Revenue	1	2	3	4	5	6	7	8	9	10	11
Outpatient Gross Patient Revenue	2,444,492,258										
Per Part C, 1. Financial Table	2,395,009,488				0	112,247,785			1,837		
Per Part E, 1. Indigent and Charity Care		2,038,871,121	414,669,671	894,111,960			177,373,265	87,467,946			
Totals per HFS	4,839,501,746	2,038,871,121	414,669,671	894,111,960	0	112,247,785	177,373,265	87,467,946	1,837	3,724,743,585	1,114,758,161
Section 2: Reconciling Items to Financial Statements:											
Non-Hospital Services:											
> Professional Fees	5743482.0									4,403,522	
> Home Health Agency	0									0	
> SNF/NF Swing Bed Services	0									0	
> Nursing Home	22,563,688									4,625,875	
> Hospice	19,836,091									8,809,534	
> Freestanding Ambulatory Surg. Centers	0									0	
> White Co. EMS	2,173,386									873,374	
> N/A	0.0									0	
> N/A	0.0									0	
> N/A	0.0									0.0	
> N/A	0									0	
> N/A	0									0	
Bad Debt (Expense per Financials) (A)										0	
Indigent Care Trust Fund Income										-7,356,317	
Other Reconciling Items:											
> PPAAs add-on amount	0.0									-6945774.0	
> N/A	0									0	
> N/A	0									0	
> N/A	0									0	
Total Reconciling Items	50,316,647									4,410,214	45,906,433
Total Per Form	4,889,818,393										1,160,664,594
Total Per Financial Statements	4889818393.0									3,729,153,799	1,160,664,594
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.