



2019 Hospital Financial Survey

Part A : General Information

1. Identification

UID:hosp303

Facility Name: Northeast Georgia Medical Center Barrow

County: Barrow

Street Address: 316 North Broad Street

City: Winder

Zip: 30680-2150

Mailing Address: 316 North Broad Street

Mailing City: Winder

Mailing Zip: 30680-2150

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, Executive 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	48,319,452
Total Inpatient Admissions accounting for Inpatient Revenue	1,372
Outpatient Gross Patient Revenue	151,051,250
Total Outpatient Visits accounting for Outpatient Revenue	31,408
Medicare Contractual Adjustments	63,123,778
Medicaid Contractual Adjustments	31,620,778
Other Contractual Adjustments:	39,949,409
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	13,077,410
Gross Indigent Care:	13,118,168
Gross Charity Care:	6,259,859
Uncompensated Indigent Care (net):	13,118,168
Uncompensated Charity Care (net):	6,259,859
Other Free Care:	0
Other Revenue/Gains:	660,319
Total Expenses:	41,223,829

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 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	3,211,088	1,700,168	4,911,256
Outpatient	9,907,080	4,559,691	14,466,771
Total	13,118,168	6,259,859	19,378,027

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	3,211,088	1,700,168	4,911,256
Outpatient	9,907,080	4,559,691	14,466,771
Total	13,118,168	6,259,859	19,378,027

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
Banks	0	0	29	68,359	0	0	6	12,984
Barrow	171	2,739,013	2,066	7,815,646	92	1,252,775	836	3,313,162
Bulloch	0	0	0	0	0	0	1	4,934
Carroll	0	0	0	0	0	0	1	3,797
Catoosa	0	0	2	42,430	0	0	0	0
Cherokee	0	0	1	28,097	0	0	0	0
Clarke	0	0	10	80,869	1	55,587	2	11,834
Clay	0	0	0	0	0	0	4	9,006
Clayton	0	0	1	3	0	0	0	0
Cobb	0	0	1	8,393	0	0	1	15,065
DeKalb	0	0	0	0	0	0	1	221
Florida	0	0	2	9,794	0	0	4	1,413
Franklin	0	0	2	410	0	0	1	7,478
Fulton	1	33,364	1	42,759	0	0	0	0
Gwinnett	8	115,969	90	281,480	1	13,404	44	291,211
Habersham	0	0	2	17,474	0	0	1	715
Hall	2	52,959	53	174,357	0	0	31	73,049
Houston	0	0	0	0	0	0	1	1,015
Jackson	12	185,824	305	958,681	9	60,735	100	417,515
Lee	0	0	0	0	0	0	2	112
Lumpkin	0	0	0	0	1	161,216	3	2,704
Madison	0	0	1	3,079	0	0	0	0
Monroe	0	0	0	0	0	0	1	313
Morgan	0	0	0	0	0	0	2	22,017
North Carolina	0	0	6	0	0	0	0	0
Oconee	0	0	1	19,230	0	0	21	80,855
Other Out of State	1	15,873	3	11,457	1	4,217	12	23,864
Pickens	0	0	0	0	0	0	1	792
Rockdale	1	0	5	38,810	0	0	3	35,223
South Carolina	0	0	3	34,269	0	0	0	0
Spalding	0	0	1	4,283	0	0	0	0
Stephens	0	0	2	11,609	2	21,743	2	12,473

Tennessee	0	0	0	0	0	0	2	1,945
Union	0	0	0	0	0	0	1	56
Walton	7	68,086	35	244,149	6	100,581	28	214,692
Warren	0	0	1	11,442	0	0	0	0
Washington	0	0	0	0	1	29,910	2	1,006
White	0	0	1	0	0	0	1	240
Total	203	3,211,088	2,624	9,907,080	114	1,700,168	1,115	4,559,691

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 7/1/17-6/30/18	SFY2019 7/1/18-6/30/19	SFY2019 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	10,894,423	2,220,416
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	2,042,546	3,059,892
C.	Other Patients in accordance with the department approved policy.	0	729,759	430,991

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2018 7/1/17-6/30/18	SFY2019 7/1/18-6/30/19	SFY2019 7/1/19-6/30/20
0	3,133	923

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: Chad Hatfield

Date: 7/27/2020

Title: President

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 \$661,259. This amount has also been shown as a reconciling amount in Section 2 so that totals per the form agree with NGMC Barrow'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 hosp303- Northeast Georgia Medical Center Barrow

Section 1: Hospital Only Data from Hospital Financial Survey (HFS):												
HFS Source:		Part C, 1	Contractual Adj's, Hill Burton, Bad Debt, Gross Indigent and Charity Care, and Other Free Care									
		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)
		1	2	3	4	5	6	7	8	9	10	11
	Inpatient Gross Patient Revenue	48,319,452										
	Outpatient Gross Patient Revenue	151,051,250										
	Per Part C, 1. Financial Table		63,123,778	31,620,778	39,949,409	0	13,077,410			0		
	Per Part E, 1. Indigent and Charity Care							13,118,168	6,259,859			
	Totals per HFS	199,370,702	63,123,778	31,620,778	39,949,409	0	13,077,410	13,118,168	6,259,859	0	167,149,402	32,221,300
Section 2: Reconciling Items to Financial Statements:												
Non-Hospital Services:												
	> Professional Fees	414250.0									345,927	
	> Home Health Agency	0									0	
	> SNF/NF Swing Bed Services	0									0	
	> Nursing Home	0									0	
	> Hospice	0									0	
	> Freestanding Ambulatory Surg. Centers	0									0	
	> N/A	0									0	
	> 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										0	
	Other Reconciling Items:											
	> PPAA add-on amount	0.0									-661259.0	
	> N/A	0									0	
	> N/A	0									0	
	> N/A	0									0	
	Total Reconciling Items	414,250									-315,332	729,582
	Total Per Form	199,784,952									166,834,070	32,950,882
	Total Per Financial Statements	199784952.0										32,950,882
	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.												