



2021 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 2021 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 10/1/2020 To:9/30/2021

Please indicate your cost report year.

From: 10/01/2020 To:09/30/2021

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: Esther Bailes

Contact Title: Director of Reimbursement

Phone: 770-219-3030

Fax: 770-219-6644

E-mail: Esther.Bailes@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	3,417,240,352
Total Inpatient Admissions accounting for Inpatient Revenue	44,298
Outpatient Gross Patient Revenue	2,798,271,455
Total Outpatient Visits accounting for Outpatient Revenue	514,095
Medicare Contractual Adjustments	2,450,658,804
Medicaid Contractual Adjustments	537,920,406
Other Contractual Adjustments:	1,311,892,450
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	118,588,529
Gross Indigent Care:	285,312,345
Gross Charity Care:	85,171,933
Uncompensated Indigent Care (net):	285,312,345
Uncompensated Charity Care (net):	85,171,933
Other Free Care:	0
Other Revenue/Gains:	147,820,039
Total Expenses:	1,211,077,962

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 2021? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2021?

07/15/2019

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 2021? (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	144,968,592	41,670,629	186,639,221
Outpatient	140,343,753	43,501,304	183,845,057
Total	285,312,345	85,171,933	370,484,278

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	144,968,592	41,670,629	186,639,221
Outpatient	140,343,753	43,501,304	183,845,057
Total	285,312,345	85,171,933	370,484,278

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	29,672	7	64,771	0	0	3	4,273
Appling	0	0	1	24,189	0	0	0	0
Baldwin	0	0	1	14,571	0	0	0	0
Banks	67	3,051,664	496	3,117,293	59	971,200	344	1,039,305
Barrow	258	10,087,099	1,105	7,166,313	236	3,428,296	816	3,245,220
Bartow	1	35,107	1	20,770	0	0	0	0
Berrien	0	0	1	7,820	0	0	0	0
Carroll	1	61,145	0	0	1	1,625	0	0
Cherokee	5	138,693	16	116,198	1	39,244	2	6,709
Clarke	17	735,948	38	215,757	1	4,158	10	18,285
Clayton	1	37,387	1	6,282	1	1,366	0	0
Cobb	7	376,158	16	194,877	0	0	9	29,827
Colquitt	2	46,384	1	4,854	0	0	1	140
Columbia	0	0	0	0	1	370	0	0
Coweta	0	0	1	9,510	0	0	0	0
Dawson	88	5,260,576	665	3,115,755	58	748,815	276	945,070
DeKalb	7	338,058	23	134,771	7	322,679	15	178,337
Dougherty	1	56,436	0	0	0	0	0	0
Douglas	0	0	2	17,813	0	0	0	0
Effingham	1	9,860	1	15,847	0	0	0	0
Elbert	1	104,758	2	61,182	3	3,275	28	28,610
Emanuel	1	10,092	0	0	0	0	0	0
Fannin	13	1,041,804	20	301,532	10	580,057	11	3,319
Fayette	0	0	2	11,095	0	0	0	0
Florida	10	916,119	27	247,596	9	390,953	41	97,375
Floyd	2	43,507	2	4,769	0	0	0	0
Forsyth	34	1,559,882	283	1,508,793	38	932,574	137	667,023
Franklin	21	811,264	134	928,164	11	131,435	150	477,747
Fulton	9	519,585	35	250,444	5	452,844	15	97,033
Gilmer	1	13,677	4	42,797	0	0	10	14,724
Glynn	0	0	0	0	0	0	1	900
Gordon	0	0	2	16,151	0	0	0	0

Greene	1	26,407	8	44,405	0	0	0	0
Gwinnett	207	10,087,773	1,330	7,493,702	189	4,770,384	794	3,148,073
Habersham	164	8,233,487	1,157	7,745,406	196	1,556,468	712	2,508,618
Hall	1,574	63,368,966	13,675	78,935,001	1,033	15,489,182	5,982	22,371,396
Haralson	1	39,350	0	0	0	0	0	0
Hart	0	0	21	29,207	6	2,261	33	48,875
Henry	1	39,016	3	32,804	0	0	2	946
Houston	0	0	0	0	0	0	2	7,985
Jackson	208	8,336,742	1,284	9,154,210	202	2,519,902	815	2,494,186
Jasper	1	33,678	7	93,587	0	0	0	0
Jeff Davis	0	0	1	8,688	0	0	0	0
Jefferson	1	13,156	7	37,151	0	0	0	0
Johnson	0	0	1	408	0	0	0	0
Lee	1	31,453	0	0	0	0	0	0
Liberty	0	0	0	0	1	1,192	0	0
Lowndes	2	43,554	2	7,437	0	0	1	801
Lumpkin	121	5,156,420	1,024	6,132,310	130	1,855,134	480	1,639,825
Madison	8	1,052,146	9	52,066	1	372,047	6	3,186
Monroe	0	0	0	0	0	0	1	5,076
Morgan	2	61,211	0	0	0	0	0	0
Murray	0	0	0	0	0	0	1	3,833
Muscogee	2	33,892	3	14,764	0	0	0	0
Newton	1	31,052	4	51,098	0	0	1	6,101
North Carolina	30	2,648,085	25	129,881	29	761,809	20	79,295
Oconee	0	0	14	408,811	0	0	0	0
Oglethorpe	0	0	0	0	0	0	0	0
Other Out of State	17	1,246,526	32	269,654	17	254,618	90	179,290
Paulding	0	0	1	5,589	0	0	0	0
Pickens	1	42,729	5	13,359	2	236,164	7	44,293
Polk	0	0	1	23,950	0	0	0	0
Rabun	52	3,023,685	257	1,861,961	47	843,974	138	459,424
Richmond	2	35,583	0	0	0	0	0	0
Rockdale	0	0	2	28,009	0	0	0	0
South Carolina	11	726,851	12	136,142	4	45,755	23	60,713
Spalding	0	0	5	4,250	0	0	5	96,004
Stephens	67	3,554,760	444	2,618,499	80	1,541,144	276	953,916
Sumter	0	0	3	22,574	0	0	0	0
Talbot	0	0	5	19,935	0	0	0	0
Telfair	0	0	1	41,773	0	0	0	0
Tennessee	6	1,205,987	1	3,148	2	3,793	13	42,211
Tift	0	0	1	2,888	0	0	0	0
Toombs	0	0	1	23,972	0	0	0	0
Towns	22	1,143,401	50	325,190	18	20,763	16	134,553
Troup	1	25,750	7	46,157	0	0	0	0

Union	37	2,401,400	80	634,087	33	1,029,435	101	549,574
Walton	14	638,272	38	313,588	8	622,091	15	120,831
Warren	0	0	0	0	0	0	1	8,844
Wayne	1	16,467	2	45,874	0	0	0	0
White	163	6,349,673	1,138	5,893,571	165	1,735,622	871	1,679,558
Whitfield	0	0	1	8,553	0	0	0	0
Wilkes	0	0	1	10,180	0	0	0	0
Wilkinson	1	36,245	0	0	0	0	0	0
Total	3,269	44,968,592	23,550	40,343,753	2,604	41,670,629	12,275	43,501,304

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 2021?
(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 2021.

Patient Category		SFY 2020	SFY2021	SFY2022
		7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	209,667,515	75,644,830
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	31,952,126	13,457,072
C.	Other Patients in accordance with the department approved policy.	0	29,700,029	10,062,706

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2020	SFY2021	SFY2022
7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
0	30,742	10,956

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: Carol H. Burrell

Date: 7/27/2022

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: 7/27/2022

Title: Chief Financial Officer

Comments:

1) Medicaid Contractual Adjustments in Section 1 of the Reconciliation Addendum reflect the amount of the Provider Payment Agreement Act (PPAA) add-on amount received from Medicaid. This amount is also shown as a reconciling amount in the Reconciliation Addendum Section 2.
2) CARES Act funds received for uninsured patients are not in the survey. Instead, this amount is shown as a reconciling amount in Section 2 of the Reconciliation Addendum. 3) The cost of approx. \$55.6M of contract labor expense related to the COVID-19 Public Health Emergency response covered by the State of Georgia is included in Part C, Section 1 - Financial Table as part of "Total Expenses" for the period. Similar to the CARES Act funds discussed above, these funds are not included in the survey form revenues.

**2021 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									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	3,417,240,352										
Outpatient Gross Patient Revenue	2,798,271,455										
Per Part C, 1. Financial Table		2,450,658,804	537,920,406	1,311,892,450	0	118,588,529			0		
Per Part E, 1. Indigent and Charity Care							285,312,345	85,171,933			
Totals per HFS	6,215,511,807	2,450,658,804	537,920,406	1,311,892,450	0	118,588,529	285,312,345	85,171,933	0	4,789,544,467	1,425,967,340
Section 2: Reconciling Items to Financial Statements:									(B)		(B)
Non-Hospital Services:											
> Professional Fees	5,730,610									4,389,579	
> Home Health Agency	0.0									0	
> SNF/NF Swing Bed Services	0.0									0	
> Nursing Home	20,203,548									1,225,964	
> Hospice	25,434,291									9,405,165	
> Freestanding Ambulatory Surg. Centers	0.0									0	
> White Co. EMS	2,798,215									1,168,851	
> N/A	0									0	
> N/A	0									0	
> N/A	0									0	
> N/A	0									0	
> N/A	0									0	
Bad Debt (Expense per Financials) (A)										0	
Indigent Care Trust Fund Income										-9,646,339	
Other Reconciling Items:											
> PPAA Add-On Amount	0									-9,159,268	
> CARES Act Funding	0									-9,730,720	
> N/A	0									0	
> N/A	0									0	
Total Reconciling Items	54,166,664									-12,346,768	66,513,432
Total Per Form	6,269,678,471									4,777,197,699	1,492,480,772
Total Per Financial Statements	6,269,678,471										1,492,480,772
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.

**2021 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									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	3,417,240,352										
Outpatient Gross Patient Revenue	2,798,271,455										
Per Part C, 1. Financial Table		2,450,658,804	537,920,406	1,311,892,450	0	118,588,529			0		
Per Part E, 1. Indigent and Charity Care							285,312,345	85,171,933			
Totals per HFS	6,215,511,807	2,450,658,804	537,920,406	1,311,892,450	0	118,588,529	285,312,345	85,171,933	0	4,789,544,467	1,425,967,340
Section 2: Reconciling Items to Financial Statements:									(B)		(B)
Non-Hospital Services:											
> Professional Fees	5,730,610									4,389,579	
> Home Health Agency	0.0									0	
> SNF/NF Swing Bed Services	0.0									0	
> Nursing Home	20,203,548									1,225,964	
> Hospice	25,434,291									9,405,165	
> Freestanding Ambulatory Surg. Centers	0.0									0	
> White Co. EMS	2,798,215									1,168,851	
> N/A	0									0	
> N/A	0									0	
> N/A	0									0	
> N/A	0									0	
> N/A	0									0	
Bad Debt (Expense per Financials) (A)										0	
Indigent Care Trust Fund Income										-9,646,339	
Other Reconciling Items:											
> PPAA Add-On Amount	0									-9,159,268	
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> N/A	0									0	
> N/A	0									0	
Total Reconciling Items	54,166,664									-12,346,768	66,513,432
Total Per Form	6,269,678,471									4,777,197,699	1,492,480,772
Total Per Financial Statements	6,269,678,471										1,492,480,772
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.