



2022 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 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: 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	3,498,764,858
Total Inpatient Admissions accounting for Inpatient Revenue	46,092
Outpatient Gross Patient Revenue	3,208,161,184
Total Outpatient Visits accounting for Outpatient Revenue	504,233
Medicare Contractual Adjustments	2,718,381,601
Medicaid Contractual Adjustments	595,410,539
Other Contractual Adjustments:	1,431,657,447
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	91,036,792
Gross Indigent Care:	285,953,406
Gross Charity Care:	98,722,489
Uncompensated Indigent Care (net):	285,953,406
Uncompensated Charity Care (net):	98,722,489
Other Free Care:	1,373,862
Other Revenue/Gains:	0
Total Expenses:	1,305,508,952

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	1,373,862
Employee Discounts	0
	0
Total	1,373,862

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?

10/01/2019

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 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	155,221,837	51,528,454	206,750,291
Outpatient	130,731,569	47,194,035	177,925,604
Total	285,953,406	98,722,489	384,675,895

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	155,221,837	51,528,454	206,750,291
Outpatient	130,731,569	47,194,035	177,925,604
Total	285,953,406	98,722,489	384,675,895

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	3	54,193	3	34,082	4	8,028	6	16,189
Atkinson	0	0	0	0	2	2,581	0	0
Baldwin	2	23,801	6	26,231	1	1,800	2	180
Banks	86	4,385,812	516	3,637,748	108	1,630,903	316	966,711
Barrow	283	12,071,889	1,240	9,488,202	260	6,727,361	814	3,478,238
Bartow	1	10,433	3	28,770	3	2,496	1	275
Berrien	1	48,293	0	0	0	0	0	0
Bibb	2	622,084	5	10,942	1	1,035	0	0
Bryan	0	0	1	100	0	0	0	0
Butts	0	0	0	0	0	0	2	79,482
Carroll	2	87,640	2	8,609	0	0	0	0
Chattooga	1	21,596	0	0	1	40,996	0	0
Cherokee	5	200,575	9	86,435	2	43,267	33	47,527
Clarke	21	840,444	61	363,338	5	58,882	12	26,346
Clay	5	793,677	1	8	12	644,479	6	51,449
Clayton	2	8,031	10	87,929	0	0	4	7,271
Cobb	3	71,056	5	16,411	6	222,883	9	30,777
Cook	0	0	0	0	0	0	3	181
Coweta	0	0	0	0	0	0	1	22,749
Dawson	85	5,969,385	631	3,325,010	61	1,080,565	302	957,258
DeKalb	14	668,721	32	331,949	3	50,427	7	38,816
Dougherty	1	1,449	0	0	1	1,687	5	673
Douglas	1	34,112	1	16,447	1	124,056	2	54,605
Elbert	1	240,991	5	0	2	1,675	10	4,111
Fannin	18	821,566	20	86,277	10	474,021	13	37,888
Fayette	1	21,248	0	0	0	0	0	0
Florida	11	956,339	10	103,270	11	142,774	47	51,573
Floyd	1	0	3	38,569	0	0	0	0
Forsyth	44	2,255,170	181	1,194,415	41	434,985	159	649,273
Franklin	23	1,281,087	170	801,961	27	364,959	142	706,975
Fulton	3	211,107	10	62,683	4	33,458	13	150,069
Gilmer	5	1,286,535	4	38,593	0	0	1	1

Glynn	0	0	1	11,005	0	0	1	16
Grady	0	0	0	0	0	0	1	4,653
Greene	1	86,255	0	0	2	1,768	3	664
Gwinnett	212	11,885,346	1,237	7,983,780	195	5,116,098	779	3,032,097
Habersham	174	11,974,325	1,062	6,755,048	212	3,249,423	906	2,628,026
Hall	1,507	64,313,527	12,633	70,878,914	1,138	16,093,949	6,857	23,719,600
Haralson	1	35,497	2	10,510	0	0	0	0
Harris	0	0	0	0	1	2,200	0	0
Hart	5	282,644	17	72,931	4	4,412	25	26,201
Henry	0	0	0	0	1	120	9	12,124
Jackson	199	8,733,613	1,260	9,184,081	270	4,413,097	1,104	2,649,492
Jefferson	1	404	0	0	0	0	0	0
Lowndes	1	68,328	0	0	0	0	0	0
Lumpkin	97	4,168,098	798	3,839,601	125	2,029,313	523	1,931,737
Madison	8	396,083	23	144,591	5	8,788	9	82,356
Meriwether	0	0	1	3,994	1	35,120	1	43,131
Morgan	0	0	1	51,689	0	0	0	0
Murray	1	59,690	3	67,634	1	594	0	0
Muscogee	1	18,963	1	3,753	0	0	0	0
Newton	0	0	3	9,545	0	0	0	0
North Carolina	28	2,386,672	36	513,547	27	474,681	71	536,666
Oconee	0	0	18	192,964	0	0	1	4,535
Oglethorpe	0	0	0	0	0	0	2	56,671
Other Out of State	24	1,248,468	43	321,085	22	491,545	125	111,328
Paulding	0	0	4	45,914	0	0	1	30,523
Pickens	0	0	0	0	0	0	5	39,819
Pulaski	1	8,686	0	0	0	0	0	0
Rabun	48	2,659,660	285	1,977,682	55	1,213,168	271	1,166,538
Richmond	1	54,379	3	14,201	0	0	1	67
Rockdale	0	0	1	14,020	0	0	0	0
Schley	0	0	0	0	1	1,585	0	0
Screven	0	0	0	0	2	78,976	0	0
South Carolina	9	306,008	16	42,061	5	282,940	12	15,598
Spalding	2	40,037	0	0	0	0	3	2,972
Stephens	74	3,110,481	358	2,295,078	122	2,125,171	494	988,331
Telfair	0	0	0	0	0	0	2	23,505
Tennessee	2	277,735	8	74,733	4	23,527	14	6,942
Tift	0	0	0	0	0	0	1	7,041
Towns	17	934,917	43	218,059	30	257,976	32	380,977
Union	27	1,723,510	90	668,040	50	476,762	28	270,065
Upson	0	0	3	15,039	0	0	0	0
Walton	16	570,871	48	435,961	6	123,982	22	22,588
Ware	0	0	0	0	1	68,968	0	0
Washington	1	43,053	2	20,096	0	0	0	0

White	151	6,847,353	993	5,072,605	194	2,860,963	791	2,021,155
Whitfield	0	0	1	5,429	1	10	0	0
Total	3,234	55,221,837	21,923	30,731,569	3,041	51,528,454	14,004	47,194,035

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	219,917,830	66,035,577
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	35,984,713	11,214,919
C.	Other Patients in accordance with the department approved policy.	0	35,527,340	15,995,518

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	31,826	10,376

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: 7/20/2023

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: 7/20/2023

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. \$11.8M of contract labor expense related to the COVID-19 Public Health Emergency response covered by the State of Georgia is included in Part C, Section1 - 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. Part C.1 - In FY 2022, the hospital experienced a net loss related to activities normally reported as "Other Revenues/Gains"; however, the survey instrument does not accept negative numbers. Thus, \$0 is entered for that line item.

**2022 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	3,498,764,858										
Outpatient Gross Patient Revenue	3,208,161,184										
Per Part C, 1. Financial Table		2,718,381,601	595,410,539	1,431,657,447	0	91,036,792			1,373,862		
Per Part E, 1. Indigent and Charity Care							285,953,406	98,722,489			
Totals per HFS	6,706,926,042	2,718,381,601	595,410,539	1,431,657,447	0	91,036,792	285,953,406	98,722,489	1,373,862	5,222,536,136	1,484,389,906
Section 2: Reconciling Items to Financial Statements:										(B)	(B)
Non-Hospital Services:											
> Professional Fees	5809740.0									4,501,899	
> Home Health Agency	0.0									0	
> SNF/NF Swing Bed Services	0.0									0	
> Nursing Home	21941325.0									3,665,160	
> Hospice	29402226.0									11,243,307	
> Freestanding Ambulatory Surg. Centers	0.0									0	
> White County EMS	2787774.0									1,305,617	
> 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										-11,199,291	
Other Reconciling Items:											
> PPAA add-on amount	0.0									-9680814.0	
> CARES Act Funding	0.0									-4538222.0	
> N/A	0.0									0.0	
> N/A	0.0									0.0	
Total Reconciling Items	59,941,065									-4,702,344	64,643,409
Total Per Form	6,766,867,107									5,217,833,792	1,549,033,315
Total Per Financial Statements	6766867107.0										1549033315.0
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.