



2023 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

Mailing Address: 743 Spring Street NE

Mailing City: Gainesville

Mailing Zip: 30501-3899

Medicaid Provider Number: 000000888A

Medicare Provider Number: 11-0029

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2023 only.
Do not use a different report period.

Please indicate your hospital fiscal year.

From: 10/1/2022 To:9/30/2023

Please indicate your cost report year.

From: 10/01/2022 To:09/30/2023

☐

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: Elena Barberis

Contact Title: Executive Director/Controller

Phone: 770-219-6659

Fax: 770-219-6661

E-mail: Elena.Barberis@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	3,720,590,547
Total Inpatient Admissions accounting for Inpatient Revenue	44,632
Outpatient Gross Patient Revenue	3,612,794,777
Total Outpatient Visits accounting for Outpatient Revenue	477,090
Medicare Contractual Adjustments	3,071,949,414
Medicaid Contractual Adjustments	599,898,662
Other Contractual Adjustments:	1,495,341,614
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	134,372,907
Gross Indigent Care:	268,456,422
Gross Charity Care:	92,274,112
Uncompensated Indigent Care (net):	268,456,422
Uncompensated Charity Care (net):	92,274,112
Other Free Care:	1,419,827
Other Revenue/Gains:	213,184,482
Total Expenses:	1,383,279,387

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	1,419,827
Employee Discounts	0
	0
Total	1,419,827

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 2023? (Check box if yes.) ☒

2. Effective Date

What was the effective date of the policy or policies in effect during 2023?

08/12/2021

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 2023? (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	140,465,793	46,844,497	187,310,290
Outpatient	127,990,629	45,429,615	173,420,244
Total	268,456,422	92,274,112	360,730,534

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	140,465,793	46,844,497	187,310,290
Outpatient	127,990,629	45,429,615	173,420,244
Total	268,456,422	92,274,112	360,730,534

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	268,567	2	35,807	1	1,342	1	457
Appling	0	0	24	193,290	0	0	14	145,527
Atkinson	0	0	0	0	0	0	0	0
Baker	0	0	0	0	1	54,792	0	0
Baldwin	2	21,814	1	4,526	0	0	0	0
Banks	97	5,021,402	529	3,287,826	104	821,527	414	943,834
Barrow	281	12,516,443	1,120	9,018,593	268	5,029,155	902	3,732,169
Bartow	1	13,442	3	10,630	0	0	0	0
Ben Hill	0	0	0	0	1	90	0	0
Bibb	1	91,835	5	49,391	0	0	1	523
Brantley	4	81,644	10	71,398	0	0	0	0
Bryan	0	0	1	101	0	0	0	0
Calhoun	0	0	1	312	0	0	0	0
Candler	0	0	1	200	0	0	0	0
Carroll	0	0	0	0	0	0	1	5,741
Chatham	1	34,289	0	0	1	4,269,680	0	0
Cherokee	5	249,646	19	70,427	9	46,459	19	100,386
Clarke	9	827,274	51	362,001	2	26,094	10	30,726
Clay	2	36,856	0	0	6	9,987	3	5,478
Clayton	1	22,472	4	42,431	1	1,959	2	6,304
Cobb	5	223,797	6	37,178	0	0	3	7,261
Columbia	2	30,309	1	4,165	0	0	0	0
Cook	0	0	0	0	0	0	12	8,821
Coweta	0	0	1	0	1	269	0	0
Dawson	67	2,631,226	522	2,705,035	52	1,579,551	222	1,199,071
Decatur	0	0	1	438	0	0	0	0
DeKalb	5	93,496	25	217,961	1	423	4	20,173
Dougherty	0	0	1	20,928	0	0	2	1,772
Douglas	3	275,687	3	51,758	0	0	1	4,882
Effingham	0	0	0	0	0	0	1	0
Elbert	4	233,534	8	61,824	1	144	9	28,414
Fannin	10	940,525	9	123,133	17	584,065	3	142,331

Florida	6	127,362	7	50,712	7	106,516	43	112,623
Floyd	1	1,162	2	28,405	0	0	0	0
Forsyth	40	1,916,736	210	1,601,594	31	938,536	142	349,776
Franklin	35	1,323,889	195	1,373,561	14	93,601	93	157,071
Fulton	6	782,940	14	105,887	5	119,864	7	34,618
Gilmer	6	481,725	16	112,621	1	1,950	0	0
Glynn	0	0	2	16,445	0	0	1	3,439
Gordon	0	0	0	0	0	0	2	180
Grady	1	21,674	3	18,880	0	0	0	0
Greene	0	0	2	18,327	0	0	0	0
Gwinnett	240	12,268,162	1,114	8,856,776	184	2,456,504	769	3,085,111
Habersham	120	4,732,805	1,044	6,173,655	218	3,056,925	823	2,312,895
Hall	1,440	56,656,851	12,007	70,134,222	1,025	15,520,580	6,734	24,031,833
Haralson	1	58,514	2	39,784	0	0	0	0
Hart	9	349,617	27	80,148	1	1,781	19	16,274
Henry	0	0	2	25,959	0	0	1	16,092
Jackson	206	9,234,261	1,032	6,251,351	191	2,899,556	818	2,269,158
Jasper	1	66,101	0	0	0	0	1	380
Jefferson	2	14,866	3	13,078	0	0	1	1,098
Johnson	0	0	1	246	0	0	0	0
Laurens	0	0	0	0	1	1,558	0	0
Lee	0	0	0	0	2	2,606	0	0
Lincoln	0	0	0	0	0	0	1	316
Lowndes	0	0	1	2,276	0	0	0	0
Lumpkin	94	4,406,729	797	5,625,518	145	1,672,177	532	1,312,223
Macon	0	0	0	0	1	1,486	4	33,716
Madison	8	377,258	12	174,761	3	187,194	4	15,267
Monroe	0	0	1	17,386	0	0	0	0
Morgan	0	0	2	11,043	2	2,703	6	6,178
Murray	0	0	0	0	0	0	1	375
Muscogee	1	1,289	1	4,593	0	0	1	4,117
Newton	0	0	2	11,110	0	0	0	0
North Carolina	34	2,954,974	22	357,827	61	1,081,606	70	427,049
Oconee	1	2,567	1	1,203	0	0	0	0
Oglethorpe	0	0	17	21,699	0	0	0	0
Other Out of State	23	2,219,735	32	222,682	20	184,510	141	380,661
Paulding	1	133,265	0	0	0	0	1	404
Pickens	1	190,231	4	32,297	0	0	1	5,759
Polk	2	139,007	2	3,264	2	27,413	3	2,453
Pulaski	0	0	0	0	1	1,440	0	0
Putnam	1	141,001	0	0	0	0	1	375
Rabun	50	4,246,672	196	1,707,927	77	1,795,769	296	1,127,189
Rockdale	1	352,972	0	0	1	1,364	1	302
Seminole	1	48,516	0	0	0	0	0	0

South Carolina	5	368,781	8	31,517	5	53,952	29	51,961
Spalding	2	281,251	1	40,054	0	0	0	0
Stephens	69	3,394,789	408	2,839,826	87	668,675	347	667,398
Sumter	0	0	0	0	1	18,022	0	0
Tennessee	2	636,722	3	4,176	6	23,241	11	46,075
Tift	0	0	1	5,390	0	0	0	0
Toombs	0	0	0	0	1	280	0	0
Towns	18	1,411,778	21	179,068	28	209,758	21	130,455
Union	25	1,244,221	67	839,866	19	46,744	37	151,527
Walker	1	41,397	0	0	1	915	2	2,544
Walton	10	614,857	32	327,174	8	91,283	10	64,850
White	127	5,583,085	889	4,220,477	188	3,150,451	855	2,223,636
Whitfield	2	23,773	2	38,491	0	0	0	0
Wilkes	0	0	0	0	0	0	1	367
Total	3,096	40,465,793	20,553	27,990,629	2,803	46,844,497	13,454	45,429,615

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 2023?
(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 2023.

Patient Category		SFY 2022 7/1/21-6/30/22	SFY2023 7/1/22-6/30/23	SFY2024 7/1/23-6/30/24
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	200,524,750	67,931,673
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	33,268,181	11,063,799
C.	Other Patients in accordance with the department approved policy.	0	36,412,097	11,530,034

3. Patients Served

Indicate the number of patients served by SFY.

SFY2022 7/1/21-6/30/22	SFY2023 7/1/22-6/30/23	SFY2024 7/1/23-6/30/24
0	31,211	8,695

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: 7/19/2024

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: 7/19/2024

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 by Medicaid. This amount is also shown as a reconciling amount in the Reconciliation Addendum Section 2.
2) Provider Relief Funds related to the COVID-19 Public Health Emergency totaling \$8.4M were recognized during this reporting period on the hospital's trial balance and eliminated from being reported on this 2023 Hospital Financial Survey filing as "Other Revenue/Gains".

2023 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:	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	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	3,720,590,547										
Outpatient Gross Patient Revenue	3,612,794,777										
Per Part C, 1. Financial Table		3,071,949,414	599,898,662	1,495,341,614	0	134,372,907			1,419,827		
Per Part E, 1. Indigent and Charity Care							268,456,422	92,274,112			
Totals per HFS	7,333,385,324	3,071,949,414	599,898,662	1,495,341,614	0	134,372,907	268,456,422	92,274,112	1,419,827	5,663,712,958	1,669,672,366
Section 2: Reconciling Items to Financial Statements:									(B)		(B)
Non-Hospital Services:											
> Professional Fees	7415612.0									5,712,829	
> Home Health Agency	0.0									0	
> SNF/NF Swing Bed Services	0.0									0	
> Nursing Home	21184265.0									-2,580,828	
> Hospice	25584445.0									9,033,139	
> Freestanding Ambulatory Surg. Centers	0.0									0	
> White County EMS	2876185.0									1,174,293	
> 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										-5,244,591	
Other Reconciling Items:											
> PPAA add-on amount	0.0									-8984319.0	
> N/A	0.0									0.0	
> N/A	0.0									0.0	
> N/A	0.0									0.0	
Total Reconciling Items	57,060,507									-889,477	57,949,984
Total Per Form	7,390,445,831									5,662,823,481	1,727,622,350
Total Per Financial Statements	7390445831.0										1727622350.0
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.											