

Form **8868**  
(Rev. January 2022)Department of the Treasury  
Internal Revenue Service**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

- **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>NORTHEAST GEORGIA HEALTH SYSTEM, INC.</b>	Taxpayer identification number (TIN)  <b>58-1694090</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>743 SPRING STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>GAINESVILLE, GA 30501-3899</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**ELENA BARBERIS**

- The books are in the care of ► **743 SPRING STREET - GAINESVILLE, GA 30501**

Telephone No. ► **770-219-6659**

Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐ ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **AUGUST 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or  
 ► ☒ tax year beginning **OCT 1, 2022**, and ending **SEP 30, 2023**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 1-2022)

EXTENDED TO AUGUST 15, 2024

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2022**Open to Public  
Inspection**A** For the 2022 calendar year, or tax year beginning **OCT 1, 2022** and ending **SEP 30, 2023****B** Check if applicable:Address change  
Name change  
Initial return  
Final return/terminated  
Amended return  
Application pending**C** Name of organization**NORTHEAST GEORGIA HEALTH SYSTEM, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**743 SPRING STREET**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**GAINESVILLE, GA 30501-3899****F** Name and address of principal officer: **CAROL BURRELL****SAME AS C ABOVE****D** Employer identification number**58-1694090****E** Telephone number**770-219-6659****G** Gross receipts \$**353,951,014.****H(a)** Is this a group returnfor subordinates? ..... ☐ Yes ☒ No**H(b)** Are all subordinates included? **Yes** **No**

If "No," attach a list. See instructions

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527**J** Website: **WWW.NGHS.COM****K** Form of organization: ☒ Corporation Trust Association Other**L** Year of formation: **1986****M** State of legal domicile: **GA****Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>IMPROVING THE HEALTH OF THE COMMUNITY IN ALL WE DO.</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>15</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>11</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a) <b>5</b> <b>0</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>6</b> <b>23</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>7b</b> <b>0.</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) <b>1,171,111.</b> <b>3,123,274.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) <b>272,349,453.</b> <b>342,934,648.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>5,257,451.</b> <b>6,146,220.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>1,508,872.</b> <b>1,319,196.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>280,286,887.</b> <b>353,523,338.</b>
	Expenses	<b>13</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>150,840,240.</b> <b>187,288,310.</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) <b>0.</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>131,883,028.</b> <b>158,955,345.</b>
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>283,917,215.</b> <b>351,638,024.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 <b>-3,630,328.</b> <b>1,885,314.</b>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16) <b>413,754,134.</b> <b>596,798,106.</b>
	<b>21</b>	Total liabilities (Part X, line 26) <b>73,133,027.</b> <b>73,990,548.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <b>340,621,107.</b> <b>522,807,558.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	<b>BRIAN D. STEINES, CFO</b>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<b>DEBORAH O. ERNSBERGER</b>		<b>8/13/2024</b>	<input type="checkbox"/>	<b>P00364912</b>
Firm's name	Firm's EIN		Phone no.		
	<b>PYA, P. C.</b>	<b>62-1517792</b>	<b>865-673-0844</b>		
Firm's address <b>2220 SUTHERLAND AVE. KNOXVILLE, TN 37919</b>					

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

**NORTHEAST GEORGIA HEALTH SYSTEM (NGHS) IS ON A MISSION OF IMPROVING THE HEALTH OF THE COMMUNITY IN ALL WE DO. NGHS IS A NOT-FOR-PROFIT ORGANIZATION AND IS THE PARENT COMPANY FOR THE FOLLOWING AFFILIATES:**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 265,734,947. including grants of \$ 5,394,369. ) (Revenue \$ 342,934,648. )

**NORTHEAST GEORGIA HEALTH SYSTEM IS BASED IN GAINESVILLE, GEORGIA, AND SERVES MORE THAN A MILLION PEOPLE ACROSS THE REGION. SEE SCHEDULE O FOR PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION.**

**\*\*SEE SCHEDULE O FOR PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION\*\***

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 265,734,947.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b>	X
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b> X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b>	X

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	0
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	



**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	9a		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	11a		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
<b>c</b> Enter the amount of reserves on hand	13c		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	15			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		11		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....			2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....			5	X
<b>6</b> Did the organization have members or stockholders? .....			6	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....			7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....			7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....			9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	10a	X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	10b	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	11a	X
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12b	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	12c	X
<b>13</b> Did the organization have a written whistleblower policy? .....	13	X
<b>14</b> Did the organization have a written document retention and destruction policy? .....	14	X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....	15a	X
<b>b</b> Other officers or key employees of the organization .....	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. ....		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	16a	X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....	16b	X

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed GA

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**ELENA BARBERIS - 770-219-6659**  
**743 SPRING STREET, GAINESVILLE, GA 30501**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALEX WAYNE VICE CHAIR	1.00	X						0.	0.	0.
(2) BRAD PURYEAR MEMBER	1.00	X						0.	0.	0.
(3) CINDY GREEN MEMBER	1.00	X						0.	0.	0.
(4) DEEPAK AGGARWAL MEMBER	1.00	X						0.	0.	0.
(5) GLENNIS BARNES MEMBER	1.00	X						0.	0.	0.
(6) GREG OURS MEMBER	1.00	X						0.	0.	0.
(7) JACK KEENER MEMBER	1.00	X						0.	0.	0.
(8) JACKIE WALLACE MEMBER	1.00	X						0.	0.	0.
(9) LETRELL SIMPSON MEMBER	1.00	X						0.	0.	0.
(10) MOHAK DAVE MEMBER	1.00	X						0.	93,998.	0.
(11) PHILLIPPA LEWIS MOSS MEMBER - EX OFFICIO	1.00	X						0.	0.	0.
(12) PIERPONT BROWN MEMBER, PHYSICIAN-NGPG	1.00 40.00	X						0.	448,215.	38,581.
(13) R.K. WHITEHEAD MEMBER	1.00	X						0.	0.	0.
(14) SPENCE PRICE CHAIR	1.00	X						0.	0.	0.
(15) CAROL BURRELL PRESIDENT & CEO, MEMBER	40.00 1.00	X		X				0.	1,737,600.	26,733.
(16) BRIAN D. STEINES CHIEF FINANCIAL OFFICER	40.00 1.00			X				0.	932,421.	125,459.
(17) STEPHEN KELLY CHIEF COMPLIANCE OFFICER	40.00 1.00			X				0.	327,490.	61,283.



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL COVERT CHIEF OPERATING OFFICER	1.00 40.00			X				0.	1,198,403.	122,131.
(19) ANDREI BOYARSHINOV VP LEGAL AFFAIRS & CHIEF LEGAL OFFIC	40.00				X			0.	704,877.	104,068.
(20) CHRISTOPHER PARAVATE CHIEF INFORMATION OFFICER - NGHS	40.00				X			0.	622,585.	99,706.
(21) DANIEL TUFFY PRESIDENT AND CAO - NGPG	40.00				X			0.	607,579.	100,528.
(22) HABIB SAMADY PRESIDENT - GEORGIA HEART INSTITUTE	40.00				X			0.	1,274,458.	154,923.
(24) MELISSA TYMCHUK CHIEF OF STAFF	40.00 1.00				X			0.	453,575.	93,148.
(25) TRACY VARDEMAN CHIEF STRATEGY EXECUTIVE - NGHS	40.00 1.00				X			0.	593,209.	134,321.
(26) DIANE POIROT CHIEF HR OFFICER - NGHS	40.00 1.00				X			0.	153,802.	7,842.
(27) GREGORY GIUGLIANO PHYSICIAN	40.00					X		0.	737,557.	41,708.
<b>1b Subtotal</b>								0.	9,885,769.	111,043.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	3,117,671.	166,692.
<b>d Total (add lines 1b and 1c)</b>								0.	13,003,440.	127,712.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

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	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
KINETIX LLC, 50 GLENLAKE PKWY SUITE 625, ATLANTA, GA 30328	OUTSOURCED RECRUITMENT SERVICES	3,204,473.
MEDEFIS INC PO BOX 5068, NEW YORK, NY 10087	STAFFING SERVICES	2,615,482.
CLOUDMED PO BOX 208272, DALLAS, TX 75320	REIMBURSEMENT SERVICES	2,146,438.
HEALTHCARE IT LEADERS LLC PO BOX 930816, ATLANTA, GA 31193	STAFFING SERVICES	1,857,784.
PARKER HUDSON RAINER & DOBBS, 303 PEACHTREE ST NE STE 3600, ATLANTA, GA	LEGAL SERVICES	1,435,543.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

Form 990

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

58-1694090

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) LAURA DIVOKY PHYSICIAN	40.00					X		0.	791,590.	30,496.
(29) MITCHELL DAVIS PHYSICIAN	40.00					X		0.	717,967.	44,298.
(30) SHALABH CHANDRA PHYSICIAN	40.00					X		0.	742,452.	24,621.
(31) UGOCHUKWU EGOLUM PHYSICIAN	40.00					X		0.	763,688.	42,017.
(32) LUISA GUTMAN FORMER CHIEF HR OFFICER - NGHS	40.00 1.00						X	0.	101,974.	25,260.
Total to Part VII, Section A, line 1c .....									3,117,671.	166,692.

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	3,123,274.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		3,123,274.			
Program Service Revenue	<b>2 a</b>	MANAGEMENT FEES	Business Code	541610	163709622.	163709622.	
	<b>b</b>	OPERATING REVENUE	621400	146940944.	146940944.		
	<b>c</b>	PS RENT FROM AFFILIATE	531120	18,058,274.	18058274.		
	<b>d</b>	OTHER OPERATING REVENUE	900003	14,225,808.	14225808.		
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		342934648.			
	Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		3,714,796.		
<b>4</b>		Income from investment of tax-exempt bond proceeds .....					
<b>5</b>		Royalties .....					
<b>6 a</b>		Gross rents .....	(i) Real	(ii) Personal			
			<b>6a</b>	1,567,413.			
			<b>6b</b>	248,217.			
<b>c</b>		Rental income or (loss) .....	<b>6c</b>	1,319,196.			
<b>d</b>		Net rental income or (loss) .....		1,319,196.			1319196.
<b>7 a</b>		Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other			
			<b>7a</b>	2,610,883.			
			<b>7b</b>	0.	179,459.		
<b>c</b>		Gain or (loss) .....	<b>7c</b>	2,610,883.	-179,459.		
<b>d</b>		Net gain or (loss) .....		2,431,424.			2431424.
<b>8 a</b>		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>				
	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events .....						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
		<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
		<b>10b</b>					
		<b>c</b>	Net income or (loss) from sales of inventory .....				
Miscellaneous Revenue	<b>11 a</b>		Business Code				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....					
<b>12</b>	<b>Total revenue.</b> See instructions .....		353523338.	342934648.	0.	7465416.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,394,369.	5,394,369.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	152,843,918.	111,311,640.	41,532,278.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,875,758.	18,116,268.	6,759,490.	
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	9,568,634.	6,968,549.	2,600,085.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	4,364,148.	3,178,278.	1,185,870.	
<b>c</b> Accounting	1,084,180.	789,576.	294,604.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	37,864,861.	27,575,843.	10,289,018.	
<b>12</b> Advertising and promotion	3,575,900.	2,604,221.	971,679.	
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	5,978,808.	4,354,187.	1,624,621.	
<b>17</b> Travel	1,674,392.	1,219,409.	454,983.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	13,562,875.	9,877,435.	3,685,440.	
<b>23</b> Insurance	23,268,984.	16,946,103.	6,322,881.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>BAD DEBT</b>	25,303,281.	25,303,281.		
<b>b</b> <b>ADMINISTRATIVE OVERHEAD</b>	9,850,062.	7,173,505.	2,676,557.	
<b>c</b> <b>RECRUITMENT EXPENSE</b>	6,805,020.	4,955,892.	1,849,128.	
<b>d</b> <b>MEDICAL SUPPLIES</b>	4,806,426.	4,806,426.		
<b>e</b> All other expenses	20,816,408.	15,159,965.	5,656,443.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	351,638,024.	265,734,947.	85,903,077.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	12,325.	<b>1</b>	117,199.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	7,270,122.	<b>4</b>	12,717,660.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	6,013,878.	<b>5</b>	5,756,819.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	1,165,350.	<b>8</b>	2,036,704.
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	4,234,715.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 462,399,362.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 144,126,311.	<b>10c</b>	318,273,051.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,024,141.	<b>12</b>	5,696,068.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	3,263,093.	<b>14</b>	3,263,093.
	<b>15</b> Other assets. See Part IV, line 11 .....	189,140,545.	<b>15</b>	244,702,797.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	413,754,134.	<b>16</b>	596,798,106.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	29,637,016.	<b>17</b>	24,756,400.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	6,246,549.	<b>19</b>	3,418,274.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	37,249,462.	<b>25</b>	45,815,874.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	73,133,027.	<b>26</b>	73,990,548.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	340,621,107.	<b>27</b>	522,807,558.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	340,621,107.	<b>32</b>	522,807,558.
	<b>33</b> Total liabilities and net assets/fund balances .....	413,754,134.	<b>33</b>	596,798,106.

Form 990 (2022)



**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	353,523,338.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	351,638,024.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,885,314.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	340,621,107.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	4,907,550.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	175,393,587.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	522,807,558.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

 Department of the Treasury  
 Internal Revenue Service

**Public Charity Status and Public Support**

 Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 Attach to Form 990 or Form 990-EZ.

 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

 Open to Public  
 Inspection

Name of the organization

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

Employer identification number

58-1694090

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☒ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

1

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
NORTHEAST GEORGIA MEDICAL CENTER	58-1694098	3	X		0.	0.
<b>Total</b>					0.	0.

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		

Schedule A (Form 990) 2022

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	X	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		X
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>3c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		X
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		X
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		X
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		X
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		X
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		X
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		<b>X</b>
<b>b</b> A family member of a person described on line 11a above?		<b>X</b>
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		<b>X</b>

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>X</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>X</b>	
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>X</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>	<b>X</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>X</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

  

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

  

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2022 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

PART IV, SECTION D, LINE 3

NORTHEAST GEORGIA HEALTH SYSTEM, INC. EXERCISES A SUBSTANTIAL DEGREE OF DIRECTION OVER THE POLICIES, PROGRAMS, AND ACTIVITIES, TO INCLUDE THE INVESTMENTS OF NORTHEAST GEORGIA MEDICAL CENTER, INC. BY APPOINTING THE MEMBERS OF ITS BOARD OF TRUSTEES.

PART IV, SECTION E, LINE 3A

NORTHEAST GEORGIA HEALTH SYSTEM, INC. HAS THE POWER TO REGULARLY APPOINT THE MEMBERS OF THE BOARD OF TRUSTEES OF NORTHEAST GEORGIA MEDICAL CENTER, INC.

PART IV, SECTION E, LINE 3B

NORTHEAST GEORGIA HEALTH SYSTEM, INC. EXERCISES A SUBSTANTIAL DEGREE OF DIRECTION OVER THE POLICIES, PROGRAMS, AND ACTIVITIES OF NORTHEAST GEORGIA MEDICAL CENTER, INC. BY APPOINTING THE MEMBERS OF ITS BOARD OF TRUSTEES.

**SCHEDULE C**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

**NORTHEAST GEORGIA HEALTH SYSTEM, INC.**

Employer identification number

**58-1694090****Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... \$ .....

3 Volunteer hours for political campaign activities ..... ..

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ .....

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ .....

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ .....

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ..... \$ .....3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b ..... \$ .....4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2022

LHA

232041 11-08-22



**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)															
<b>d</b> Other exempt purpose expenditures															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

☐ Yes ☐ No

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		153,193.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		125,130.
<b>i</b> Other activities?	X		176,370.
<b>j</b> Total. Add lines 1c through 1i			454,693.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	5	

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

NORTHEAST GEORGIA HEALTH SYSTEM, INC. PAYS MEMBERSHIP DUES TO SEVERAL PROFESSIONAL AND TRADE ASSOCIATIONS SUCH AS:

-AMERICAN ACADEMY OF PHYSICIAN ASSOCIATES

-AMERICAN COLLEGE OF CARDIOLOGY

**Part IV** Supplemental Information (continued)

-AMERICAN COLLEGE OF PHYSICIANS

-AMERICAN MEDICAL ASSOCIATION

-AMERICAN MEDICAL GROUP ASSOCIATION

-BARROW COUNTY CHAMBER OF COMMERCE INC

-GEORGIA ALLIANCE OF COMMUNITY HOSPITALS

-GEORGIA CHAMBER OF COMMERCE

-GEORGIA GOVERNMENT TRANSPARENCY AND CAMPAIGN FINANCE COMMISSION

-GEORGIA HOSPITAL ASSOCIATION

-MEDICAL ASSOCIATION OF GEORGIA, INC.

-SOCIETY OF CARDIOVASCULAR ANGIOGRAPHY & INTERVENTIONS

-SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY

-THE AMERICAN ASSOCIATION OF NURSE PRACTITIONERS

-WALTON COUNTY CHAMBER OF COMMERCE

A PORTION OF THESE DUES IS DESIGNATED FOR LOBBYING ACTIVITIES BY THESE ORGANIZATIONS.

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

Employer identification number

58-1694090

**Part I****Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II****Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III****Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ .....

(ii) Assets included in Form 990, Part X ..... \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ .....

b Assets included in Form 990, Part X ..... \$ .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment \_\_\_\_\_ %

b Permanent endowment \_\_\_\_\_ %

c Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		72,872,305.		72,872,305.
b Buildings		257,412,663.	98,019,917.	159,392,746.
c Leasehold improvements		3,437,454.	3,375,475.	61,979.
d Equipment		60,738,448.	42,370,032.	18,368,416.
e Other		67,938,492.	360,887.	67,577,605.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				318,273,051.

Schedule D (Form 990) 2022



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEFERRED COMPENSATION	116,178,443.
(2) BOARD DESIGNATED ASSETS	100,062,898.
(3) OTHER ASSETS	148,000.
(4) ROU ASSET OPERATING LEASE	10,053,875.
(5) ESTIMATED THIRD PARTY SETTLEMENTS	17,266,185.
(6) OTHER RECEIVABLES	993,396.
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	244,702,797.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	33,209,054.
(3) ESTIMATED THIRD PARTY SETTLEMENTS	2,356,076.
(4) LEASES	10,250,744.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	45,815,874.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

NORTHEAST GEORGIA HEALTH SYSTEM, INC. (NGHS), NORTHEAST GEORGIA MEDICAL CENTER, INC. (NGMC), THE MEDICAL CENTER FOUNDATION, INC., NORTHEAST GEORGIA PHYSICIANS GROUP, INC. (NGPG), AND LANIER COMMUNITY ASSURANCE, LTD. (LCA) ARE CLASSIFIED AS ORGANIZATIONS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OR PROVISIONS OF THE COMPANIES LAW OF THE CAYMAN ISLANDS. THE INCOME FOR NGMC-BARROW, NGMC-LUMPKIN, NGMC-HABERSHAM, PEO, AND GHI PASSES THROUGH TO NGHS, WHICH IS TAX EXEMPT. AS SUCH, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. NORTHEAST GEORGIA HEALTH PARTNERS, LLC (NGHP) AND NGHP NETWORK ARE TAXABLE ENTITIES AND ACCOUNT FOR INCOME TAXES IN ACCORDANCE WITH THE FASB ASC 740, INCOME TAXES (ASC 740).

**Part XIII** Supplemental Information *(continued)*

AT SEPTEMBER 30, 2023 AND 2022, RESPECTIVELY, MANAGEMENT DOES NOT BELIEVE THE SYSTEM HOLDS ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE UNDER ASC 740. IT IS THE SYSTEM'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS AS AN OPERATING EXPENSE.

**SCHEDULE H  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Hospitals**

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

Employer identification number

58-1694090

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<b>X</b>	
<b>b</b> If "Yes," was it a written policy? .....	<b>X</b>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ..... <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>X</b>	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ..... <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>X</b>	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<b>X</b>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....	<b>X</b>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....	<b>X</b>	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? .....		<b>X</b>
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....	<b>X</b>	
<b>b</b> If "Yes," did the organization make it available to the public? .....	<b>X</b>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			4482142.		4482142.	1.27%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			14299573.	14212593.	86,980.	.02%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....			739.		739.	.00%
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			18782454.	14212593.	4569861.	1.29%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....	12	1,615	606,256.	2,000.	604,256.	.17%
<b>f</b> Health professions education (from Worksheet 5) .....	6	65	276,626.		276,626.	.08%
<b>g</b> Subsidized health services (from Worksheet 6) .....			16443936.	14918040.	1525896.	.43%
<b>h</b> Research (from Worksheet 7) .....						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....	37	50	341,710.	32,288.	309,422.	.09%
<b>j Total.</b> Other Benefits .....	55	1,730	17668528.	14952328.	2716200.	.77%
<b>k Total.</b> Add lines 7d and 7j .....	55	1,730	36450982.	29164921.	7286061.	2.06%

**Part II Community Building Activities.** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements	1	0	1,000.	100.	900.	.00%
5 Leadership development and training for community members						
6 Coalition building	1	1,388	20,018.		20,018.	.01%
7 Community health improvement advocacy						
8 Workforce development	1	12	6,748.		6,748.	.00%
9 Other						
10 Total	3	1,400	27,766.	100.	27,666.	.01%

<b>Part III</b>	<b>Bad Debt, Medicare, &amp; Collection Practices</b>
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### Section A. Bad Debt Expense

Section A. Bad Debt Expense		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? .....	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount .....		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit .....		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		
Section B. Medicare			
5	Enter total revenue received from Medicare (including DSH and IME) .....		
6	Enter Medicare allowable costs of care relating to payments on line 5 .....		
7	Subtract line 6 from line 5. This is the surplus (or shortfall) .....		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		
Section C. Collection Practices			
9a	Did the organization have a written debt collection policy during the tax year? .....	X	
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI .....	X	

<b>Part IV</b>	<b>Management Companies and Joint Ventures</b>	(owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)
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[illegible]

<b>Part V</b>	<b>Facility Information</b>
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## Section A. Hospital Facilities

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 3

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):

[illegible]



**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: NGMC BARROW LLC

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.NGHS.COM</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>HABERSHAMMEDICAL.COM; STEPHENSCOUNTYHOSPITAL.CO</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	X
a If "Yes," (list url): <u>WWW.NGHS.COM</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: NGMC BARROW LLC

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>13</b>	<b>X</b>
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input type="checkbox"/> Medical indigency		
<b>e</b> <input type="checkbox"/> Insurance status		
<b>f</b> <input type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b>	<b>X</b>
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b>	<b>X</b>
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b>	<b>X</b>
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.NGHS.COM/FINANCIAL-ASSISTANCE</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.NGHS.COM/FINANCIAL-ASSISTANCE</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2022

**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: NGMC BARROW LLC

	Yes	No	
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	<b>17</b>	<b>X</b>	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....	<b>19</b>		<b>X</b>
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	<b>21</b>	<b>X</b>	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: NGMC BARROW LLC**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

- a ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		<b>X</b>
<b>24</b>		<b>X</b>

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**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: NGMC LUMPKIN LLC

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 2

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.NGHS.COM</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>HABERSHAMMEDICAL.COM; STEPHENSCOUNTYHOSPITAL.CO</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	X
a If "Yes," (list url): <u>WWW.NGHS.COM</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: NGMC LUMPKIN LLC

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>13</b> X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input type="checkbox"/> Medical indigency		
<b>e</b> <input type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b> X	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b> X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b> X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.NGHS.COM/FINANCIAL-ASSISTANCE</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.NGHS.COM/FINANCIAL-ASSISTANCE</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: NGMC LUMPKIN LLC

	Yes	No	
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	<b>17</b>	<b>X</b>	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....	<b>19</b>		<b>X</b>
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	<b>21</b>	<b>X</b>	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: NGMC LUMPKIN LLC**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

- a ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		<b>X</b>
<b>24</b>		<b>X</b>

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**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: NGMC HABERSHAM LLCLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.NGHS.COM</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>HABERSHAMMEDICAL.COM; STEPHENSCOUNTYHOSPITAL.CO</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	X
a If "Yes," (list url): <u>WWW.NGHS.COM</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: NGMC HABERSHAM LLC

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>13</b> X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b> X	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b> X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b> X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.NGHS.COM/FINANCIAL-ASSISTANCE</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.NGHS.COM/FINANCIAL-ASSISTANCE</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: NGMC HABERSHAM LLC

	Yes	No	
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	<b>17</b>	<b>X</b>	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....	<b>19</b>		<b>X</b>
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	<b>21</b>	<b>X</b>	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: NGMC HABERSHAM LLC**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		<b>X</b>
<b>24</b>		<b>X</b>

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**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

NGMC BARROW LLC:

PART V, SECTION B, LINE 5: THE FOLLOWING ORGANIZATIONS HAVE PARTNERED AND COLLABORATED TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR COMMUNITIES THEY (CHNA PARTNERS) SERVE IN NORTHEASTERN GEORGIA:

-DISTRICT 2 PUBLIC HEALTH

-HABERSHAM MEDICAL CENTER

-GOOD NEWS CLINICS

-NORTHEAST GEORGIA MEDICAL CENTER GAINESVILLE

-NORTHEAST GEORGIA MEDICAL CENTER BRASELTON

-NORTHEAST GEORGIA MEDICAL CENTER BARROW

-NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN

-STEPHENS COUNTY HOSPITAL

THROUGH THIS ASSESSMENT, THE CHNA PARTNERS WORKED TO BETTER UNDERSTAND LOCAL HEALTH CHALLENGES, IDENTIFY HEALTH TRENDS, DETERMINE GAPS IN THE CURRENT HEALTH DELIVERY SYSTEM, AND CRAFT A PLAN TO ADDRESS THOSE GAPS AND THE IDENTIFIED HEALTH NEEDS.

THE COMMUNITIES SERVED BY EACH OF THE PARTNERS OVERLAPPED AND COMBINED TO INCLUDE ALL OR PART OF 14 COUNTIES IN NORTHEAST GEORGIA. THESE COMMUNITIES REFLECT THE FOLLOWING SERVICE AREAS:

-HABERSHAM MEDICAL CENTER (HMC): HABERSHAM, BANKS, AND RABUN COUNTIES

-NGMC PRIMARY SERVICE AREA (PSA): HALL COUNTY

-NGMC GREATER BRASELTON SERVICE AREA (GBSA): BARROW AND JACKSON COUNTIES,

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**PARTS OF GWINNETT AND HALL COUNTIES**

-NGMC SECONDARY SERVICE AREA 400 (SSA 400): DAWSON AND LUMPKIN COUNTIES

-NGMC SECONDARY SERVICE AREA NORTH (SSA NORTH): BANKS, HABERSHAM, RABUN, STEPHENS, TOWNS, UNION, AND WHITE COUNTIES

-STEPHENS COUNTY HOSPITAL (SCH): STEPHENS AND FRANKLIN COUNTIES

PUBLIC GOODS GROUP (PGG) WAS ENGAGED BY THE PARTNERS TO COLLECT AND ANALYZE QUANTITATIVE DATA FOR THE CHNA AND OVER 190 PUBLIC HEALTH INDICATORS WERE EXAMINED IN THE COMMUNITIES REPRESENTED WITHIN THE ABOVE-NAMED NORTHEAST GEORGIA COMMUNITIES.

A QUALITATIVE ASSESSMENT WAS THEN CONDUCTED TO SOLICIT THE INPUT OF MORE THAN 4,900 PEOPLE THROUGH SIX CHANNELS: FOCUS GROUPS, INTERVIEWS, IN-PERSON SURVEYS, A MULTI-LINGUAL ONLINE COMMUNITY SURVEY, AN ONLINE EMPLOYEE SURVEY, AND LISTENING SESSIONS. THE COMMUNITY SURVEY WAS OPEN TO THE PUBLIC AND THE EMPLOYEE SURVEY WAS OPEN TO ALL EMPLOYEES OF EACH PARTNER ORGANIZATION. PARTICIPANTS IN LISTENING SESSIONS, FOCUS GROUPS, AND ONE-ON-ONE INTERVIEWS WERE INDIVIDUALS OR ORGANIZATIONS SERVING AND/OR REPRESENTING THE INTERESTS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND/OR MINORITY POPULATIONS IN THE COMMUNITY.

IN FEBRUARY AND MARCH 2022, THE THOMOSS GROUP INTERVIEWED KEY STAKEHOLDERS WITH PARTICULAR EXPERTISE OR KNOWLEDGE OF THE VARIOUS SERVICE AREAS TO GAIN EACH COMMUNITY'S PERSPECTIVE. THIRTY-FIVE REPRESENTATIVES OF LOCAL AND REGIONAL PUBLIC HEALTH ENTITIES, MINORITY POPULATIONS, FAITH-BASED COMMUNITIES, LOCAL BUSINESS OWNERS, PHILANTHROPIC COMMUNITIES, MENTAL HEALTH AGENCIES, ELECTED OFFICIALS, AND INDIVIDUALS REPRESENTING OUR MOST

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

VULNERABLE PATIENTS WERE INTERVIEWED.

ADDITIONALLY, THE STAFF OF GOOD NEWS CLINICS, DISTRICT 2 PUBLIC HEALTH, AND THE HOUSING AUTHORITY CONDUCTED IN-PERSON INTERVIEWS WITH APPROXIMATELY 190 COMMUNITY MEMBERS REPRESENTING THOSE SETTINGS. THESE CONVERSATIONS WERE DESIGNED TO CAPTURE RESPONDENTS' PERCEPTIONS OF HOW WELL THEIR HEALTH CARE NEEDS WERE BEING MET AND WHAT OBSTACLES INTERFERED WITH THEIR NEEDS.

EIGHT FOCUS GROUPS WERE CONDUCTED FOR THE FOLLOWING COMMUNITIES AND GROUPS, AND THE NUMBER OF PARTICIPANTS FOR EACH ARE NOTED IN PARENTHESES.

-NGMC PRIMARY SERVICE AREA (15)

-NGMC GREATER BRASELTON SERVICE AREA (11)

-NGMC SECONDARY SERVICE AREA 400 (5)

-NGMC SECONDARY SERVICE AREA NORTH (7)

-HALL COUNTY FAMILY CONNECTION NETWORK (15)

-AFRICAN AMERICAN STAKEHOLDERS, HOSTED BY THE NEWTOWN FLORIST CLUB (13)

-GWINNETT HUMAN SERVICES DIVISION (5)

-HISPANIC AND LATINO STAKEHOLDERS, HOSTED BY THE HISPANIC ALLIANCE (26)

IN MARCH 2022, AN ELECTRONIC COMMUNITY-BASED SURVEY TO SOLICIT COMMUNITY INPUT WAS RELEASED AND WIDELY ADVERTISED TO THE COMMUNITY VIA PRESS RELEASES, PARTNER WEBSITES, AND SOCIAL MEDIA. SURVEY QUESTIONS CAN BE FOUND IN APPENDIX ELEVEN. APPROXIMATELY 4,200 COMMUNITY MEMBERS COMPLETED THE SURVEY, WHICH WAS AVAILABLE IN ENGLISH, SPANISH, AND VIETNAMESE. AN EMPLOYEE SURVEY WAS ALSO RELEASED THROUGH EACH PARTNER ORGANIZATION.

**Part V Facility Information** (continued)

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APPROXIMATELY 460 EMPLOYEES THROUGHOUT ALL CHNA PARTNER ORGANIZATIONS  
RESPONDED.

THE OUTCOME OF THE QUANTITATIVE ANALYSIS WAS THEN COMPARED WITH THE  
QUALITATIVE FINDINGS TO CREATE A LIST OF HEALTH NEEDS IN THE COMMUNITY.  
EACH HEALTH NEED WAS ASSIGNED TO ONE OF FOUR QUADRANTS IN A HEALTH NEEDS  
MATRIX WHICH PRIORITIZES HEALTH NEEDS AS:

-LOW DATA + LOW QUALITATIVE: NEITHER THE BENCHMARK ANALYSIS NOR THE  
COMMUNITY DEMONSTRATED A PARTICULAR INDICATOR WAS A SIGNIFICANT ISSUE.

-LOW DATA + HIGH QUALITATIVE: THE BENCHMARK ANALYSIS DID NOT IDENTIFY THE  
INDICATOR AS A COMPARATIVELY SIGNIFICANT PROBLEM BUT THE COMMUNITY MEMBERS  
INTERVIEWED OR SURVEYED RELAYED IT WAS AS SIGNIFICANT ISSUE.

-HIGH DATA + LOW QUALITATIVE: THE BENCHMARK ANALYSIS SHOWS A PARTICULAR  
INDICATOR WAS AN ISSUE BUT IT WAS NOT MENTIONED OFTEN, IF AT ALL, BY  
COMMUNITY MEMBERS INTERVIEWED OR SURVEYED.

-HIGH DATA + HIGH QUALITATIVE: BOTH THE COMMUNITY AND THE BENCHMARK  
ANALYSIS IDENTIFIED A PARTICULAR INDICATOR AS A SIGNIFICANT ISSUE.

THIS HELPED THE CHNA PARTNERS TO IDENTIFY THE TOP HEALTH NEEDS FOR EACH  
COMMUNITY. NEEDS CATEGORIZED AS HIGH DATA AND HIGH QUALITATIVE WERE  
FURTHER ANALYZED DURING THE PRIORITIZATION PROCESS.

IN MAY 2022, THE CHNA PARTNERS AND ADVISORS CONSISTING OF BOARD MEMBERS  
AND COMMUNITY LEADERS HOSTED THREE PRIORITIZATION SESSIONS TO DETERMINE  
THE PRIORITIES EACH ENTITY WOULD ADDRESS OVER THE NEXT THREE YEARS.

CRITERIA USED TO SELECT THE PRIORITIES INCLUDED:

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

-ROOT CAUSE AND DISPROPORTIONATE IMPACT ON DISADVANTAGED COMMUNITY

**MEMBERS**

-MAGNITUDE AND EXTENT OF THE ISSUE WITHIN THE COMMUNITY

-ABILITY OF CHNA PARTNERS TO MAKE AN IMPACT ON THE ISSUE

AS A RESULT OF THIS PROCESS, THE FOLLOWING HEALTH PRIORITIES WERE  
IDENTIFIED FOR NGMC HOSPITALS:

-ACCESS TO CARE

-MENTAL AND BEHAVIORAL HEALTH

-HEALTHY BEHAVIORS

FOR EACH PRIORITY, NGMC WILL WORK TO ACHIEVE GREATER HEALTH EQUITY BY  
REDUCING THE IMPACT OF POVERTY AND OTHER SOCIOECONOMIC INDICATORS ON THAT  
PRIORITY BY IMPLEMENTING PROGRAMMING AND INVESTMENT IN AREAS THAT DIRECTLY  
ADDRESS ISSUES RELATED TO INCOME AND POVERTY AND INDIVIDUALS WHO FACE  
PARTICULAR CHALLENGES IN ACCESSING CARE DUE TO DISABILITY, RACE, ENGLISH  
PROFICIENCY, EDUCATIONAL ATTAINMENT, AND OTHER AREAS OF SOCIOECONOMIC  
STATUS.

THE FULL CHNA REPORT IS PUBLICLY AVAILABLE AT  
NGHS.COM/COMMUNITY-BENEFIT-RESOURCES.

AN INTERACTIVE DATA PLATFORM CREATED THROUGH TABLEAU IS AVAILABLE TO ALL  
COMMUNITY MEMBERS AT NORTHEASTGEORGIACHNA.COM. THIS PLATFORM PROVIDES  
ACCESS TO BOTH ZIP CODE AND COUNTY-LEVEL PUBLIC HEALTH INDICATORS FOUND

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THROUGHOUT THE CHNA, INCLUDING DEMOGRAPHICS, SOCIOECONOMIC INDICATORS, DISEASE PREVALENCE, INSURANCE COVERAGE, AND PREVENTABLE HOSPITALIZATIONS. ADDITIONALLY, DOWNLOADABLE DATA SHEETS FOR EACH SERVICE AREA ARE AVAILABLE THAT PROVIDE A SUMMARY OF KEY HEALTH, ECONOMIC, AND DEMOGRAPHIC INDICATORS. DOWNLOADABLE DATA SHEETS RELEVANT TO THE SERVICE AREAS ARE AVAILABLE TO THE COMMUNITY AT [NGHS.COM/COMMUNITY-BENEFIT-RESOURCES](https://nghs.com/community-benefit-resources). BOTH THE CHNA AND THE SUBSEQUENT IMPLEMENTATION STRATEGIES WERE DESIGNED TO FULLY MEET INTERNAL REVENUE SERVICE REGULATIONS, AS FOUND IN THE INTERNAL REVENUE CODE SECTION 501(R).

NGMC LUMPKIN LLC:

PART V, SECTION B, LINE 5: THE FOLLOWING ORGANIZATIONS HAVE PARTNERED AND COLLABORATED TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR COMMUNITIES THEY (CHNA PARTNERS) SERVE IN NORTHEASTERN GEORGIA:

-DISTRICT 2 PUBLIC HEALTH

-HABERSHAM MEDICAL CENTER

-GOOD NEWS CLINICS

-NORTHEAST GEORGIA MEDICAL CENTER GAINESVILLE

-NORTHEAST GEORGIA MEDICAL CENTER BRASELTON

-NORTHEAST GEORGIA MEDICAL CENTER BARROW

-NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN

-STEPHENS COUNTY HOSPITAL

THROUGH THIS ASSESSMENT, THE CHNA PARTNERS WORKED TO BETTER UNDERSTAND LOCAL HEALTH CHALLENGES, IDENTIFY HEALTH TRENDS, DETERMINE GAPS IN THE CURRENT HEALTH DELIVERY SYSTEM, AND CRAFT A PLAN TO ADDRESS THOSE GAPS AND



**Part V Facility Information** *(continued)*

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THE IDENTIFIED HEALTH NEEDS.

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- NGMC SECONDARY SERVICE AREA 400 (SSA 400): DAWSON AND LUMPKIN COUNTIES
- NGMC SECONDARY SERVICE AREA NORTH (SSA NORTH): BANKS, HABERSHAM, RABUN, STEPHENS, TOWNS, UNION, AND WHITE COUNTIES
- STEPHENS COUNTY HOSPITAL (SCH): STEPHENS AND FRANKLIN COUNTIES

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**Part V Facility Information** *(continued)*

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AND REGIONAL PUBLIC HEALTH ENTITIES, MINORITY POPULATIONS, FAITH-BASED  
COMMUNITIES, LOCAL BUSINESS OWNERS, PHILANTHROPIC COMMUNITIES, MENTAL  
HEALTH AGENCIES, ELECTED OFFICIALS, AND INDIVIDUALS REPRESENTING OUR MOST  
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APPROXIMATELY 190 COMMUNITY MEMBERS REPRESENTING THOSE SETTINGS. THESE  
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**Part V Facility Information** *(continued)*

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-LOW DATA + HIGH QUALITATIVE: THE BENCHMARK ANALYSIS DID NOT IDENTIFY THE INDICATOR AS A COMPARATIVELY SIGNIFICANT PROBLEM BUT THE COMMUNITY MEMBERS INTERVIEWED OR SURVEYED RELAYED IT WAS AS SIGNIFICANT ISSUE.

-HIGH DATA + LOW QUALITATIVE: THE BENCHMARK ANALYSIS SHOWS A PARTICULAR INDICATOR WAS AN ISSUE BUT IT WAS NOT MENTIONED OFTEN, IF AT ALL, BY COMMUNITY MEMBERS INTERVIEWED OR SURVEYED.

-HIGH DATA + HIGH QUALITATIVE: BOTH THE COMMUNITY AND THE BENCHMARK ANALYSIS IDENTIFIED A PARTICULAR INDICATOR AS A SIGNIFICANT ISSUE.

**Part V Facility Information** *(continued)*

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THIS HELPED THE CHNA PARTNERS TO IDENTIFY THE TOP HEALTH NEEDS FOR EACH COMMUNITY. NEEDS CATEGORIZED AS HIGH DATA AND HIGH QUALITATIVE WERE FURTHER ANALYZED DURING THE PRIORITIZATION PROCESS.

IN MAY 2022, THE CHNA PARTNERS AND ADVISORS CONSISTING OF BOARD MEMBERS AND COMMUNITY LEADERS HOSTED THREE PRIORITIZATION SESSIONS TO DETERMINE THE PRIORITIES EACH ENTITY WOULD ADDRESS OVER THE NEXT THREE YEARS. CRITERIA USED TO SELECT THE PRIORITIES INCLUDED:

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- MAGNITUDE AND EXTENT OF THE ISSUE WITHIN THE COMMUNITY
- ABILITY OF CHNA PARTNERS TO MAKE AN IMPACT ON THE ISSUE

AS A RESULT OF THIS PROCESS, THE FOLLOWING HEALTH PRIORITIES WERE IDENTIFIED FOR NGMC HOSPITALS:

- ACCESS TO CARE
- MENTAL AND BEHAVIORAL HEALTH
- HEALTHY BEHAVIORS

FOR EACH PRIORITY, NGMC WILL WORK TO ACHIEVE GREATER HEALTH EQUITY BY REDUCING THE IMPACT OF POVERTY AND OTHER SOCIOECONOMIC INDICATORS ON THAT PRIORITY BY IMPLEMENTING PROGRAMMING AND INVESTMENT IN AREAS THAT DIRECTLY ADDRESS ISSUES RELATED TO INCOME AND POVERTY AND INDIVIDUALS WHO FACE PARTICULAR CHALLENGES IN ACCESSING CARE DUE TO DISABILITY, RACE, ENGLISH

**Part V Facility Information** *(continued)*

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PROFICIENCY, EDUCATIONAL ATTAINMENT, AND OTHER AREAS OF SOCIOECONOMIC STATUS.

THE FULL CHNA REPORT IS PUBLICLY AVAILABLE AT  
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NGMC HABERSHAM LLC:

PART V, SECTION B, LINE 5: HABERSHAM MEDICAL CENTER WAS A PARTNER IN NGMC'S MOST RECENT CHNA WHICH WAS IN 2022. TECHNICALLY, WE DID NOT OWN HMC AT THAT TIME, HOWEVER HERE IS THE INFORMATION REGARDING OUR COLLECTIVE CHNA:

THE FOLLOWING ORGANIZATIONS HAVE PARTNERED AND COLLABORATED TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR COMMUNITIES THEY (CHNA

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PARTNERS) SERVE IN NORTHEASTERN GEORGIA:

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-GOOD NEWS CLINICS

-NORTHEAST GEORGIA MEDICAL CENTER GAINESVILLE

-NORTHEAST GEORGIA MEDICAL CENTER BRASELTON

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**Part V Facility Information** *(continued)*

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A QUALITATIVE ASSESSMENT WAS THEN CONDUCTED TO SOLICIT THE INPUT OF MORE THAN 4,900 PEOPLE THROUGH SIX CHANNELS: FOCUS GROUPS, INTERVIEWS, IN-PERSON SURVEYS, A MULTI-LINGUAL ONLINE COMMUNITY SURVEY, AN ONLINE EMPLOYEE SURVEY, AND LISTENING SESSIONS. THE COMMUNITY SURVEY WAS OPEN TO THE PUBLIC AND THE EMPLOYEE SURVEY WAS OPEN TO ALL EMPLOYEES OF EACH PARTNER ORGANIZATION. PARTICIPANTS IN LISTENING SESSIONS, FOCUS GROUPS, AND ONE-ON-ONE INTERVIEWS WERE INDIVIDUALS OR ORGANIZATIONS SERVING AND/OR REPRESENTING THE INTERESTS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND/OR MINORITY POPULATIONS IN THE COMMUNITY.

IN FEBRUARY AND MARCH 2022, THE THOMOSS GROUP INTERVIEWED KEY STAKEHOLDERS WITH PARTICULAR EXPERTISE OR KNOWLEDGE OF THE VARIOUS SERVICE AREAS TO GAIN EACH COMMUNITY'S PERSPECTIVE. THIRTY-FIVE REPRESENTATIVES OF LOCAL AND REGIONAL PUBLIC HEALTH ENTITIES, MINORITY POPULATIONS, FAITH-BASED COMMUNITIES, LOCAL BUSINESS OWNERS, PHILANTHROPIC COMMUNITIES, MENTAL HEALTH AGENCIES, ELECTED OFFICIALS, AND INDIVIDUALS REPRESENTING OUR MOST VULNERABLE PATIENTS WERE INTERVIEWED.

ADDITIONALLY, THE STAFF OF GOOD NEWS CLINICS, DISTRICT 2 PUBLIC HEALTH, AND THE HOUSING AUTHORITY CONDUCTED IN-PERSON INTERVIEWS WITH



**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

APPROXIMATELY 190 COMMUNITY MEMBERS REPRESENTING THOSE SETTINGS. THESE CONVERSATIONS WERE DESIGNED TO CAPTURE RESPONDENTS' PERCEPTIONS OF HOW WELL THEIR HEALTH CARE NEEDS WERE BEING MET AND WHAT OBSTACLES INTERFERED WITH THEIR NEEDS.

EIGHT FOCUS GROUPS WERE CONDUCTED FOR THE FOLLOWING COMMUNITIES AND GROUPS, AND THE NUMBER OF PARTICIPANTS FOR EACH ARE NOTED IN PARENTHESES.

-NGMC PRIMARY SERVICE AREA (15)

-NGMC GREATER BRASELTON SERVICE AREA (11)

-NGMC SECONDARY SERVICE AREA 400 (5)

-NGMC SECONDARY SERVICE AREA NORTH (7)

-HALL COUNTY FAMILY CONNECTION NETWORK (15)

-AFRICAN AMERICAN STAKEHOLDERS, HOSTED BY THE NEWTOWN FLORIST CLUB (13)

-GWINNETT HUMAN SERVICES DIVISION (5)

-HISPANIC AND LATINO STAKEHOLDERS, HOSTED BY THE HISPANIC ALLIANCE (26)

IN MARCH 2022, AN ELECTRONIC COMMUNITY-BASED SURVEY TO SOLICIT COMMUNITY INPUT WAS RELEASED AND WIDELY ADVERTISED TO THE COMMUNITY VIA PRESS RELEASES, PARTNER WEBSITES, AND SOCIAL MEDIA. SURVEY QUESTIONS CAN BE FOUND IN APPENDIX ELEVEN. APPROXIMATELY 4,200 COMMUNITY MEMBERS COMPLETED THE SURVEY, WHICH WAS AVAILABLE IN ENGLISH, SPANISH, AND VIETNAMESE. AN EMPLOYEE SURVEY WAS ALSO RELEASED THROUGH EACH PARTNER ORGANIZATION. APPROXIMATELY 460 EMPLOYEES THROUGHOUT ALL CHNA PARTNER ORGANIZATIONS RESPONDED.

THE OUTCOME OF THE QUANTITATIVE ANALYSIS WAS THEN COMPARED WITH THE

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

QUALITATIVE FINDINGS TO CREATE A LIST OF HEALTH NEEDS IN THE COMMUNITY.

EACH HEALTH NEED WAS ASSIGNED TO ONE OF FOUR QUADRANTS IN A HEALTH NEEDS

MATRIX WHICH PRIORITIZES HEALTH NEEDS AS:

-LOW DATA + LOW QUALITATIVE: NEITHER THE BENCHMARK ANALYSIS NOR THE  
COMMUNITY DEMONSTRATED A PARTICULAR INDICATOR WAS A SIGNIFICANT ISSUE.

-LOW DATA + HIGH QUALITATIVE: THE BENCHMARK ANALYSIS DID NOT IDENTIFY THE  
INDICATOR AS A COMPARATIVELY SIGNIFICANT PROBLEM BUT THE COMMUNITY MEMBERS  
INTERVIEWED OR SURVEYED RELAYED IT WAS AS SIGNIFICANT ISSUE.

-HIGH DATA + LOW QUALITATIVE: THE BENCHMARK ANALYSIS SHOWS A PARTICULAR  
INDICATOR WAS AN ISSUE BUT IT WAS NOT MENTIONED OFTEN, IF AT ALL, BY  
COMMUNITY MEMBERS INTERVIEWED OR SURVEYED.

-HIGH DATA + HIGH QUALITATIVE: BOTH THE COMMUNITY AND THE BENCHMARK  
ANALYSIS IDENTIFIED A PARTICULAR INDICATOR AS A SIGNIFICANT ISSUE.

THIS HELPED THE CHNA PARTNERS TO IDENTIFY THE TOP HEALTH NEEDS FOR EACH  
COMMUNITY. NEEDS CATEGORIZED AS HIGH DATA AND HIGH QUALITATIVE WERE  
FURTHER ANALYZED DURING THE PRIORITIZATION PROCESS.

IN MAY 2022, THE CHNA PARTNERS AND ADVISORS CONSISTING OF BOARD MEMBERS  
AND COMMUNITY LEADERS HOSTED THREE PRIORITIZATION SESSIONS TO DETERMINE  
THE PRIORITIES EACH ENTITY WOULD ADDRESS OVER THE NEXT THREE YEARS.

CRITERIA USED TO SELECT THE PRIORITIES INCLUDED:

-ROOT CAUSE AND DISPROPORTIONATE IMPACT ON DISADVANTAGED COMMUNITY  
MEMBERS

-MAGNITUDE AND EXTENT OF THE ISSUE WITHIN THE COMMUNITY

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

-ABILITY OF CHNA PARTNERS TO MAKE AN IMPACT ON THE ISSUE

AS A RESULT OF THIS PROCESS, THE FOLLOWING HEALTH PRIORITIES WERE  
IDENTIFIED FOR NGMC HOSPITALS:

-ACCESS TO CARE

-MENTAL AND BEHAVIORAL HEALTH

-HEALTHY BEHAVIORS

FOR EACH PRIORITY, NGMC WILL WORK TO ACHIEVE GREATER HEALTH EQUITY BY  
REDUCING THE IMPACT OF POVERTY AND OTHER SOCIOECONOMIC INDICATORS ON THAT  
PRIORITY BY IMPLEMENTING PROGRAMMING AND INVESTMENT IN AREAS THAT DIRECTLY  
ADDRESS ISSUES RELATED TO INCOME AND POVERTY AND INDIVIDUALS WHO FACE  
PARTICULAR CHALLENGES IN ACCESSING CARE DUE TO DISABILITY, RACE, ENGLISH  
PROFICIENCY, EDUCATIONAL ATTAINMENT, AND OTHER AREAS OF SOCIOECONOMIC  
STATUS.

THE FULL CHNA REPORT IS PUBLICLY AVAILABLE AT  
NGHS.COM/COMMUNITY-BENEFIT-RESOURCES.

AN INTERACTIVE DATA PLATFORM CREATED THROUGH TABLEAU IS AVAILABLE TO ALL  
COMMUNITY MEMBERS AT NORTHEASTGEORGIACHNA.COM. THIS PLATFORM PROVIDES  
ACCESS TO BOTH ZIP CODE AND COUNTY-LEVEL PUBLIC HEALTH INDICATORS FOUND  
THROUGHOUT THE CHNA, INCLUDING DEMOGRAPHICS, SOCIOECONOMIC INDICATORS,  
DISEASE PREVALENCE, INSURANCE COVERAGE, AND PREVENTABLE HOSPITALIZATIONS.  
ADDITIONALLY, DOWNLOADABLE DATA SHEETS FOR EACH SERVICE AREA ARE AVAILABLE  
THAT PROVIDE A SUMMARY OF KEY HEALTH, ECONOMIC, AND DEMOGRAPHIC

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

INDICATORS. DOWNLOADABLE DATA SHEETS RELEVANT TO THE SERVICE AREAS ARE

AVAILABLE TO THE COMMUNITY AT NGHS.COM/COMMUNITY-BENEFIT-RESOURCES.

BOTH THE CHNA AND THE SUBSEQUENT IMPLEMENTATION STRATEGIES WERE DESIGNED

TO FULLY MEET INTERNAL REVENUE SERVICE REGULATIONS, AS FOUND IN THE

INTERNAL REVENUE CODE SECTION 501(R).

NGMC BARROW LLC:

PART V, SECTION B, LINE 6A: THE FOLLOWING HOSPITAL FACILITIES WERE

INCLUDED IN THE CHNA:

-NORTHEAST GEORGIA MEDICAL CENTER GAINESVILLE

-NORTHEAST GEORGIA MEDICAL CENTER BRASELTON

-NORTHEAST GEORGIA MEDICAL CENTER BARROW

-NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN

-HABERSHAM MEDICAL CENTER

-STEPHENS COUNTY HOSPITAL

NGMC LUMPKIN LLC:

PART V, SECTION B, LINE 6A: THE FOLLOWING HOSPITAL FACILITIES WERE

INCLUDED IN THE CHNA:

-NORTHEAST GEORGIA MEDICAL CENTER GAINESVILLE

-NORTHEAST GEORGIA MEDICAL CENTER BRASELTON

-NORTHEAST GEORGIA MEDICAL CENTER BARROW

-NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN

-HABERSHAM MEDICAL CENTER

-STEPHENS COUNTY HOSPITAL

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**NGMC HABERSHAM LLC:**

PART V, SECTION B, LINE 6A: THE FOLLOWING HOSPITAL FACILITIES WERE INCLUDED IN THE CHNA:

-NORTHEAST GEORGIA MEDICAL CENTER GAINESVILLE

-NORTHEAST GEORGIA MEDICAL CENTER BRASELTON

-NORTHEAST GEORGIA MEDICAL CENTER BARROW

-NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN

-HABERSHAM MEDICAL CENTER

-STEPHENS COUNTY HOSPITAL

**NGMC BARROW LLC:**

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATION PARTNERED AND COLLABORATED IN OUR REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

-DISTRICT 2 PUBLIC HEALTH

-GOOD NEWS CLINICS

**NGMC LUMPKIN LLC:**

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATION PARTNERED AND COLLABORATED IN OUR REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

-DISTRICT 2 PUBLIC HEALTH

-GOOD NEWS CLINICS

**NGMC HABERSHAM LLC:**

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATION PARTNERED AND COLLABORATED IN OUR REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

-DISTRICT 2 PUBLIC HEALTH

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

-GOOD NEWS CLINICS

NGMC HABERSHAM LLC:

PART V, SECTION B, LINE 2: IN 2019, THE HOSPITAL AUTHORITY OF HALL COUNTY & THE CITY OF GAINESVILLE, THE HOSPITAL AUTHORITY OF HABERSHAM COUNTY AND HABERSHAM COUNTY GOVERNMENT ENTERED A FIVE-YEAR AGREEMENT TO SECURE THE FUTURE OF STRUGGLING HABERSHAM MEDICAL CENTER, WHICH INCLUDED AN OPTION TO ASSUME OWNERSHIP OF HABERSHAM MEDICAL CENTER AT THE END OF THE AGREEMENT IN 2024 OR EARLIER. THE AGREEMENT CALLED FOR THE HOSPITAL AUTHORITY OF HALL COUNTY & THE CITY OF GAINESVILLE TO INVEST \$3 MILLION PER YEAR FOR A TOTAL OF \$15 MILLION IN FIVE YEARS IN CAPITAL IMPROVEMENTS TO ENHANCE AND EXPAND HMC'S SERVICES. IN EARLY 2023, ALL THREE PARTIES AGREED TO EXECUTE AN EARLY TRANSITION, PAYING THE FINAL INSTALLMENT OF \$3 MILLION BY JULY 1, 2023. HABERSHAM MEDICAL CENTER WAS ACQUIRED BY NORTHEAST GEORGIA HEALTH SYSTEM ON JULY 1, 2023, BECOMING NORTHEAST GEORGIA MEDICAL CENTER HABERSHAM.

NGMC BARROW LLC:

PART V, SECTION B, LINE 11: NORTHEAST GEORGIA MEDICAL CENTER DEFINED FOUR COMMUNITIES SERVED BY THEIR FOUR HOSPITAL FACILITIES: NGMC GREATER BRASELTON SERVICE AREA (GBSA), NGMC PRIMARY SERVICE AREA (PSA), NGMC SECONDARY SERVICE AREA 400 (SSA 400), AND NGMC SECONDARY SERVICE AREA NORTH (SSA NORTH). BASED ON RESULTS OF THE 2022 CHNA, THE FOLLOWING THREE PRIORITIES WERE ADOPTED BY THE ORGANIZATION AND REPRESENT THOSE ON WHICH WE CAN HAVE THE MOST IMPACT BASED ON PRIORITIZATION CRITERIA:

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

-BEHAVIORAL AND MENTAL HEALTH (ALL NGMC SERVICE AREAS)

-ACCESS TO CARE (ALL NGMC SERVICE AREAS)

-HEALTHY BEHAVIORS (ALL NGMC SERVICE AREAS)

FOR DETAILS ON HOW NGMC IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA, GO TO:

[HTTPS://WWW.NGHS.COM/COMMUNITY-BENEFIT-RESOURCES](https://www.nghs.com/community-benefit-resources), GO TO INITIATIVES AND ACTIVITIES, AND CLICK ON 2023-2025 IMPLEMENTATION PLAN.

THE HEALTH NEEDS THE SYSTEM CHOSE NOT TO ADDRESS THROUGH THE PRIORITIZATION PROCESS INCLUDE THE FOLLOWING, BROKEN DOWN BY SERVICE AREA:

-NGMC PSA: FOOD ACCESS AND NUTRITION, MATERNAL AND CHILD HEALTH, SOCIAL ISOLATION.

-NGMC GBSA: MATERNAL AND CHILD HEALTH, PHYSICAL ACTIVITY, INJURY AND DEATH, VIOLENCE, CHILD ABUSE, INCOME, EDUCATION, ACCESS TO DENTAL CARE, CANCER, TRANSPORTATION.

-NGMC SSA NORTH: MATERNAL AND CHILD HEALTH, CARDIOVASCULAR DISEASE, INCOME, PHYSICAL ACTIVITY, VIOLENCE, CHILD ABUSE, EDUCATION, ACCESS TO DENTAL CARE, EMPLOYMENT, CEREBROVASCULAR DISEASE, SOCIAL ISOLATION, CANCER, COPD AND RESPIRATORY DISEASE, INJURY, AND DEATH.

-NGMC SSA 400: MATERNAL AND CHILD HEALTH, SMOKING, VIOLENCE/CHILD ABUSE, INCOME, ACCESS TO DENTAL CARE, SOCIAL ISOLATION, CANCER, TRANSPORTATION.

EVEN SO, NGMC DOES ACTIVELY WORK ON THESE ISSUES. FOR INSTANCE, ACCESS TO CARE IS A PRIORITY ACROSS THE REGION AND WHILE TRANSPORTATION WAS NOT



**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SINGLED OUT AS A PRIORITY, WE CONSIDER TRANSPORTATION TO BE A KEY COMPONENT TO ACCESSING CARE. WHILE TRANSPORTATION ON ITS OWN DID NOT MAKE THE HEALTH PRIORITY LIST, IT WOULD BE AN ISSUE CONSIDERED IN ACCESS TO CARE ISSUES. WHILE CANCER WAS NOT CHOSEN AS A COMMUNITY HEALTH IMPROVEMENT PRIORITY, NGMC ALREADY HAS AN INTERNAL EMPHASIS ON THIS HEALTH ISSUE AND WILL REPORT ITS ACTIVITY VIA THE ANNUAL COMMUNITY BENEFIT REPORT.

NGMC LUMPKIN LLC:

PART V, SECTION B, LINE 11: NORTHEAST GEORGIA MEDICAL CENTER DEFINED FOUR COMMUNITIES SERVED BY THEIR FOUR HOSPITAL FACILITIES: NGMC GREATER BRASELTON SERVICE AREA (GBSA), NGMC PRIMARY SERVICE AREA (PSA), NGMC SECONDARY SERVICE AREA 400 (SSA 400), AND NGMC SECONDARY SERVICE AREA NORTH (SSA NORTH). BASED ON RESULTS OF THE 2022 CHNA, THE FOLLOWING THREE PRIORITIES WERE ADOPTED BY THE ORGANIZATION AND REPRESENT THOSE ON WHICH WE CAN HAVE THE MOST IMPACT BASED ON PRIORITIZATION CRITERIA:

- BEHAVIORAL AND MENTAL HEALTH (ALL NGMC SERVICE AREAS)
- ACCESS TO CARE (ALL NGMC SERVICE AREAS)
- HEALTHY BEHAVIORS (ALL NGMC SERVICE AREAS)

FOR DETAILS ON HOW NGMC IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA, GO TO:

[HTTPS://WWW.NGHS.COM/COMMUNITY-BENEFIT-RESOURCES](https://www.nghs.com/community-benefit-resources), GO TO INITIATIVES AND ACTIVITIES, AND CLICK ON 2023-2025 IMPLEMENTATION PLAN.

THE HEALTH NEEDS THE SYSTEM CHOSE NOT TO ADDRESS THROUGH THE

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PRIORITIZATION PROCESS INCLUDE THE FOLLOWING, BROKEN DOWN BY SERVICE AREA:

-NGMC PSA: FOOD ACCESS AND NUTRITION, MATERNAL AND CHILD HEALTH, SOCIAL ISOLATION.

-NGMC GBSA: MATERNAL AND CHILD HEALTH, PHYSICAL ACTIVITY, INJURY AND DEATH, VIOLENCE, CHILD ABUSE, INCOME, EDUCATION, ACCESS TO DENTAL CARE, CANCER, TRANSPORTATION.

-NGMC SSA NORTH: MATERNAL AND CHILD HEALTH, CARDIOVASCULAR DISEASE, INCOME, PHYSICAL ACTIVITY, VIOLENCE, CHILD ABUSE, EDUCATION, ACCESS TO DENTAL CARE, EMPLOYMENT, CEREBROVASCULAR DISEASE, SOCIAL ISOLATION, CANCER, COPD AND RESPIRATORY DISEASE, INJURY, AND DEATH.

-NGMC SSA 400: MATERNAL AND CHILD HEALTH, SMOKING, VIOLENCE/CHILD ABUSE, INCOME, ACCESS TO DENTAL CARE, SOCIAL ISOLATION, CANCER, TRANSPORTATION. EVEN SO, NGMC DOES ACTIVELY WORK ON THESE ISSUES. FOR INSTANCE, ACCESS TO CARE IS A PRIORITY ACROSS THE REGION AND WHILE TRANSPORTATION WAS NOT SINGLED OUT AS A PRIORITY, WE CONSIDER TRANSPORTATION TO BE A KEY COMPONENT TO ACCESSING CARE. WHILE TRANSPORTATION ON ITS OWN DID NOT MAKE THE HEALTH PRIORITY LIST, IT WOULD BE AN ISSUE CONSIDERED IN ACCESS TO CARE ISSUES. WHILE CANCER WAS NOT CHOSEN AS A COMMUNITY HEALTH IMPROVEMENT PRIORITY, NGMC ALREADY HAS AN INTERNAL EMPHASIS ON THIS HEALTH ISSUE AND WILL REPORT ITS ACTIVITY VIA THE ANNUAL COMMUNITY BENEFIT REPORT.

NGMC HABERSHAM LLC:

PART V, SECTION B, LINE 11: NORTHEAST GEORGIA MEDICAL CENTER DEFINED FOUR COMMUNITIES SERVED BY THEIR FOUR HOSPITAL FACILITIES: NGMC GREATER BRASELTON SERVICE AREA (GBSA), NGMC PRIMARY SERVICE AREA (PSA), NGMC SECONDARY SERVICE AREA 400 (SSA 400), AND NGMC SECONDARY SERVICE AREA

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

NORTH (SSA NORTH). BASED ON RESULTS OF THE 2022 CHNA, THE FOLLOWING THREE PRIORITIES WERE ADOPTED BY THE ORGANIZATION AND REPRESENT THOSE ON WHICH WE CAN HAVE THE MOST IMPACT BASED ON PRIORITIZATION CRITERIA:

-BEHAVIORAL AND MENTAL HEALTH (ALL NGMC SERVICE AREAS)

-ACCESS TO CARE (ALL NGMC SERVICE AREAS)

-HEALTHY BEHAVIORS (ALL NGMC SERVICE AREAS)

FOR DETAILS ON HOW NGMC IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA, GO TO:

[HTTPS://WWW.NGHS.COM/COMMUNITY-BENEFIT-RESOURCES](https://www.nghs.com/community-benefit-resources), GO TO INITIATIVES AND ACTIVITIES, AND CLICK ON 2023-2025 IMPLEMENTATION PLAN.

THE HEALTH NEEDS THE SYSTEM CHOSE NOT TO ADDRESS THROUGH THE PRIORITIZATION PROCESS INCLUDE THE FOLLOWING, BROKEN DOWN BY SERVICE AREA:

-NGMC PSA: FOOD ACCESS AND NUTRITION, MATERNAL AND CHILD HEALTH, SOCIAL ISOLATION.

-NGMC GBSA: MATERNAL AND CHILD HEALTH, PHYSICAL ACTIVITY, INJURY AND DEATH, VIOLENCE, CHILD ABUSE, INCOME, EDUCATION, ACCESS TO DENTAL CARE, CANCER, TRANSPORTATION.

-NGMC SSA NORTH: MATERNAL AND CHILD HEALTH, CARDIOVASCULAR DISEASE, INCOME, PHYSICAL ACTIVITY, VIOLENCE, CHILD ABUSE, EDUCATION, ACCESS TO DENTAL CARE, EMPLOYMENT, CEREBROVASCULAR DISEASE, SOCIAL ISOLATION, CANCER, COPD AND RESPIRATORY DISEASE, INJURY, AND DEATH.

-NGMC SSA 400: MATERNAL AND CHILD HEALTH, SMOKING, VIOLENCE/CHILD ABUSE, INCOME, ACCESS TO DENTAL CARE, SOCIAL ISOLATION, CANCER, TRANSPORTATION.

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

EVEN SO, NGMC DOES ACTIVELY WORK ON THESE ISSUES. FOR INSTANCE, ACCESS TO CARE IS A PRIORITY ACROSS THE REGION AND WHILE TRANSPORTATION WAS NOT SINGLED OUT AS A PRIORITY, WE CONSIDER TRANSPORTATION TO BE A KEY COMPONENT TO ACCESSING CARE. WHILE TRANSPORTATION ON ITS OWN DID NOT MAKE THE HEALTH PRIORITY LIST, IT WOULD BE AN ISSUE CONSIDERED IN ACCESS TO CARE ISSUES. WHILE CANCER WAS NOT CHOSEN AS A COMMUNITY HEALTH IMPROVEMENT PRIORITY, NGMC ALREADY HAS AN INTERNAL EMPHASIS ON THIS HEALTH ISSUE AND WILL REPORT ITS ACTIVITY VIA THE ANNUAL COMMUNITY BENEFIT REPORT.

NGMC BARROW LLC

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.NGHS.COM/FINANCIAL-ASSISTANCE

NGMC LUMPKIN LLC

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.NGHS.COM/FINANCIAL-ASSISTANCE

NGMC HABERSHAM LLC

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.NGHS.COM/FINANCIAL-ASSISTANCE

NGMC BARROW LLC:

PART V, SECTION B, LINE 16J: PATIENTS MAY SUBMIT A FINANCIAL ASSISTANCE

APPLICATION VIA THE ONLINE PATIENT PORTAL OR MYCHART APP.

**Part V** **Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

NGMC LUMPKIN LLC:

PART V, SECTION B, LINE 16J: PATIENTS MAY SUBMIT A FINANCIAL ASSISTANCE APPLICATION VIA THE ONLINE PATIENT PORTAL OR MYCHART APP.

NGMC HABERSHAM LLC:

PART V, SECTION B, LINE 16J: PATIENTS MAY SUBMIT A FINANCIAL ASSISTANCE APPLICATION VIA THE ONLINE PATIENT PORTAL OR MYCHART APP.

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 14

Name and address	Type of facility (describe)
1 GEORGIA HEART INSTITUTE GAINESVILLE 200 SOUTH ENOTA DRIVE, SUITE 100/SUIT GAINESVILLE, GA 30501	CARDIOLOGY
2 GEORGIA HEART INSTITUTE BLAIRSVILLE 346 DEEP SOUTH FARM ROAD, SUITE B BLAIRSVILLE, GA 30512	CARDIOLOGY
3 GEORGIA HEART INSTITUTE CUMMING 900 SANDERS ROAD, SUITE A CUMMING, GA 30041	CARDIOLOGY
4 GEORGIA HEART INSTITUTE BUFORD 4445 SOUTH LEE STREET, SUITE 300 BUFORD, GA 30518	CARDIOLOGY
5 GEORGIA HEART INSTITUTE CLAYTON 536 HIGHWAY 441 S CLAYTON, GA 30525	CARDIOLOGY
6 GEORGIA HEART INSTITUTE DAHLONEGA 70 MOUNTAIN DRIVE, SUITE C DAHLONEGA, GA 30533	CARDIOLOGY
7 GEORGIA HEART INSTITUTE TOCCOA 288 BIG A RD TOCCOA, GA 30577	CARDIOLOGY
8 GEORGIA HEART INSTITUTE DEMOREST (HAB 590 OLD HISTORIC U.S. 441 DEMOREST, GA 30535	CARDIOLOGY
9 GEORGIA HEART INSTITUTE DAWSONVILLE 108 PROMINENCE COURT, SUITE 210 DAWSONVILLE, GA 30534	CARDIOLOGY
10 GEORGIA HEART INSTITUTE HAMILTON MILL 3575 BRASELTON HWY DACULA, GA 30019	CARDIOLOGY

Schedule H (Form 990) 2022

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
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## Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 14

[illegible]

Schedule H (Form 990) 2022



**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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**PART I, LINE 3C:**

PATIENTS WHO ARE DETERMINED TO BE INDIGENT BASED UPON CRITERIA-BASED METHODS (E.G. PROPENSITY TO PAY/HEALTH SCORE, PARTICIPATION IN LOW INCOME GOVERNMENT PROGRAM) MAY BE PRESUMPTIVELY ELIGIBLE FOR ASSISTANCE PROVIDING THEY COOPERATE WITH SCREENING FOR OTHER FINANCIAL ASSISTANCE RESOURCES (E.G. MEDICAID, DISABILITY), AS APPLICABLE.

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**PART I, LINE 6A:**

THE COMMUNITY BENEFIT REPORT IS PUBLISHED BY NORTHEAST GEORGIA HEALTH SYSTEM AND INCLUDES PROGRAMS FOR NORTHEAST GEORGIA MEDICAL CENTER AND ITS AFFILIATES, INCLUDING NGMC BARROW AND NGMC LUMPKIN. THE REPORT IS AVAILABLE ON THE ORGANIZATION'S WEBSITE (WWW.NGHS.COM) AND IS ALSO PUBLISHED ANNUALLY IN ITS MAGAZINE, COMMUNICARE.

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**PART I, LINE 7:**

CHARITY CARE COST WAS CALCULATED APPLYING A COST-TO-CHARGE RATIO THAT WAS COMPUTED PURSUANT TO WORKSHEET 2 IN THE SCHEDULE H INSTRUCTIONS.

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**Part VI** Supplemental Information (Continuation)

THE CCR FOR THE UNREIMBURSED MEDICAID SERVICES WAS COMPUTED USING A CCR COMPUTED PURSUANT TO WORKSHEET 2 IN THE SCHEDULE H INSTRUCTIONS. OTHER MEANS TESTED GOVERNMENT PROGRAM COST, IF NOTED, WAS DERIVED FROM INTERNAL TRENDSTAR SYSTEM DATA WHICH COMPUTED COST AT THE PATIENT DETAIL LEVEL.

IN ADDITION, NGHS HAS MULTIPLE ACTIVITIES WITHIN THE ORGANIZATION THAT DO NOT FALL UNDER THE OPERATIONS OF THE HOSPITALS, NGMC BARROW, NGMC LUMPKIN OR NGMC HABERSHAM. THE INSTRUCTIONS FOR SCHEDULE H, PART I, LINE 7, COLUMN (F) STATE THAT THE PERCENTAGE IS TO BE CALCULATED USING THE TOTAL EXPENSES FROM FORM 990, PART IX, LINE 25, COLUMN (A) LESS BAD DEBT EXPENSE. THEREFORE, THE REPORTED PERCENTAGES ARE RELATIVE TO ALL NGHS EXPENSES, NOT JUST THE EXPENSES ATTRIBUTABLE TO THE HOSPITAL OPERATIONS OF NGMC BARROW, NGMC LUMPKIN AND NGMC HABERSHAM.

PART I, LN 7 COL(F):

NGMC BARROW:

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 24, COLUMN D, BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$11,388,029 FOR NGMC BARROW. THE ESTIMATED PROVISION FOR BAD DEBTS IS REPORTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE.

NGMC LUMPKIN:

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 24, COLUMN D, BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$7,211,598 FOR NGMC LUMPKIN. THE ESTIMATED PROVISION FOR BAD DEBTS IS REPORTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE.

NGMC HABERSHAM:

**Part VI** Supplemental Information (Continuation)

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 24, COLUMN D, BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$4,885,273 FOR NGMC HABERSHAM. THE ESTIMATED PROVISION FOR BAD DEBTS IS REPORTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE.

## PART II, COMMUNITY BUILDING ACTIVITIES:

## NGMC BARROW

NGMC BARROW CONDUCTED A VARIETY OF COMMUNITY BUILDING ACTIVITIES PROMOTING THE HEALTH OF ITS COMMUNITY IN FY22. SUCH PROGRAMS ACTIVATED AWARENESS AROUND CHILDREN'S SAFETY, COMMUNITY HEALTH EDUCATION, AND MENTAL HEALTH.

SAFE KIDS NORTHEAST GEORGIA: NGMC BARROW SERVED AS THE LEAD AGENCY FOR SAFE KIDS NORTHEAST GEORGIA, REDUCING UNINTENTIONAL INJURIES AND DEATH IN CHILDREN 19 AND UNDER. IN FY22, SAFE KIDS PROVIDED TWO PROGRAMS AND EVENTS IN THE BARROW AREA, WITH OUTREACH TO OVER 650 CHILDREN AND THEIR FAMILY MEMBERS, TEACHERS, AND CAREGIVERS. THESE PROGRAMS DISTRIBUTED SAFETY ITEMS TO FAMILIES WHO NEEDED THEM, INCLUDING 125 HELMETS AND \$2,549 WORTH OF BOOSTER SEATS. SAFE KIDS WAS FUNDED BY THE NGHS FOUNDATION. OVERALL SUPPORT CAME AT A COST OF \$4,844 FOR NGMC BARROW IN FY22.

STROKE EDUCATION AND OUTREACH: IN FY22, STAFF FROM THE NGMC BARROW STROKE UNIT PROVIDED EDUCATION TO THE COMMUNITY ABOUT STROKE PREVENTION, SYMPTOMS, RISK FACTORS, AND ACTIONS TO TAKE. EDUCATIONAL DEMONSTRATIONS WERE PROVIDED AT SEVERAL COMMUNITY EVENTS. THESE HEALTH EDUCATION ENGAGEMENTS CAME AT A COST OF \$320 FOR NGMC BARROW IN FY22.

QPR TRAINING FOR MENTAL HEALTH: QPR SUICIDE PREVENTION TRAINING WAS

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

PROVIDED TO 300 INDIVIDUALS AT AN EXPENSE OF \$1,455 TO NGMC BARROW IN  
FY22. THIS IMPORTANT TRAINING TEACHES HOW TO: ASK THE SUICIDE QUESTION,  
PERSUADE THE PERSON TO STAY ALIVE, AND THEN REFER THE PERSON TO THE  
APPROPRIATE SUPPORT.

WE REGULARLY MONITOR THE COUNTY HEALTH RANKINGS PUBLISHED BY THE ROBERT  
WOOD JOHNSON FOUNDATION

([HTTP://WWW.COUNTYHEALTHRANKINGS.ORG/ABOUT-PROJECT](http://www.countyhealthrankings.org/about-project)), AS WELL AS CDC WONDER  
AND OTHER PUBLICLY AVAILABLE INFORMATION.

NGMC ANNUALLY REPORTS ON THE PROGRESS OF CHNA OUTCOMES AND ACTIVITIES,  
WHICH INCLUDES QUANTITATIVE INFORMATION ON IDENTIFIED HEALTH NEEDS.

NGMC CONTINUES TO LEAD THE WAY IN LIFE-SAVING HEART AND VASCULAR CARE BY  
BECOMING THE FIRST HEALTH SYSTEM IN THE STATE WITH HOSPITALS DESIGNATED AS  
EMERGENCY CARDIAC CARE CENTERS BY THE GEORGIA DEPARTMENT OF PUBLIC HEALTH  
(DPH), WHICH THE SYSTEM MAINTAINED IN FY22. THIS ACHIEVEMENT EXTENDS FAR  
BEYOND THE WALLS OF OUR SYSTEM CONNECTING FIRST RESPONDERS, EMERGENCY  
DEPARTMENTS AND CARDIOLOGISTS THROUGHOUT THE REGION TO ENSURE EACH PATIENT  
RECEIVES THE LEVEL OF CARE THEY NEED.

THE GEORGIA DPH USES A THREE-LEVEL DESIGNATION SYSTEM TO RANK THE  
CAPABILITIES OF EACH FACILITY:

- NGMC GAINESVILLE RECEIVED LEVEL 1 DESIGNATION (HOSPITALS PERFORM OPEN  
HEART SURGERY AND INTERVENTIONAL CARDIAC CATHETERIZATIONS).
- NGMC BRASELTON RECEIVED LEVEL 2 DESIGNATION (HOSPITALS PERFORM  
INTERVENTIONAL CARDIAC CATHETERIZATIONS).
- NGMC BARROW AND NGMC LUMPKIN BOTH RECEIVED LEVEL 3 DESIGNATION  
(HOSPITALS STABILIZE PATIENTS UNTIL THEY ARE TRANSPORTED TO A LEVEL 1 OR

**Part VI** Supplemental Information (Continuation)

LEVEL 2 CENTER).

NGMC LUMPKIN

NGMC LUMPKIN DIRECTOR KAY HALL SERVED ON THE BOARD OF THE LUMPKIN COUNTY COMMUNITY HELPING PLACE, WHICH PROVIDES A FREE MEDICAL CLINIC, CLOTHES CLOSET, FOOD PANTRY AND OTHER TANGIBLES SUCH AS MONETARY DONATIONS FOR ELECTRICITY, TRANSPORTATION TO MD OFFICES, COMMUNITY NAVIGATION AND HAS JUST BEGUN WITH MENTAL HEALTH SERVICES. HAVING A CONNECTION ON THIS BOARD HAS SUPPORTED THE PARTNERSHIP IN PLACE TO PROVIDE MEDICAL CARE FOR LOW-INCOME COMMUNITY MEMBERS. THIS SUPPORT CAME AT A COST OF \$3,227 FOR NGMC LUMPKIN FY22.

PART III, LINE 2:

PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ESTIMATED ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, NORTHEAST GEORGIA HEALTH SYSTEM (THE SYSTEM) ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ESTIMATED ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS.

PART III, LINE 4:

BAD DEBT EXPENSE REPORTED ON LINE 2 REPRESENTS GROSS CHARGES WRITTEN OFF DURING THE FISCAL YEAR NET OF ANY RECOVERIES. BAD DEBTS ARE DISCUSSED IN THE FOOTNOTES AS A COMPONENT OF NET PATIENT SERVICE REVENUE, BUT DO NOT HAVE THEIR OWN FOOTNOTE.

**Part VI** Supplemental Information (Continuation)

## PART III, LINE 8:

THE MEDICARE COSTS SHOWN ON LINE 6 WERE COMPUTED USING THE COST TO CHARGE METHODOLOGY REFLECTED IN THE ORGANIZATION'S MEDICARE COST REPORT.

## PART III, LINE 9B:

EACH BILLING CYCLE FOR THE FIRST 120 DAYS OF STATEMENTS CONTAINS CONTACT INFORMATION FOR FINANCIAL ASSISTANCE INFORMATION. A PLAIN LANGUAGE SUMMARY OF OUR FINANCIAL ASSISTANCE POLICY IS PROVIDED AT DAY 90. FOR DAYS 121-180, TWO BAD DEBT COLLECTION LETTERS ARE MAILED WITH CONTACT INFORMATION FOR FINANCIAL ASSISTANCE INFORMATION. DURING THE 180 DAYS PRIOR TO PLACEMENT WITH AN EXTERNAL COLLECTION AGENCY, REGULAR PHONE CALLS ARE MADE THAT INCLUDE NOTIFICATION OF THE FINANCIAL ASSISTANCE POLICY AND HOW TO OBTAIN ASSISTANCE WITH THE APPLICATION PROCESS. DURING THE FIRST 60 DAYS OF PLACEMENT WITH AN EXTERNAL COLLECTIONS VENDOR, NO REPORTING TO CREDIT BUREAUS MAY TAKE PLACE, AND THE VENDOR PROVIDES ALL PATIENTS WITH AN OPPORTUNITY TO REQUEST FINANCIAL ASSISTANCE CONSIDERATION, INCLUDING RETURNING THE ACCOUNT TO US.

## PART VI, LINE 2:

NGMC BARROW AND NGMC LUMPKIN

SAFE KIDS NORTHEAST GEORGIA: NGMC BARROW SERVED AS THE LEAD AGENCY FOR SAFE KIDS NORTHEAST GEORGIA, REDUCING UNINTENTIONAL INJURIES AND DEATH IN CHILDREN 19 AND UNDER. IN FY23, SAFE KIDS PROVIDED TEN PROGRAMS AND EVENTS IN THE BARROW AREA, WITH OUTREACH TO OVER 1,389 CHILDREN AND THEIR FAMILY MEMBERS, TEACHERS, AND CAREGIVERS. THESE PROGRAMS DISTRIBUTED SAFETY ITEMS TO FAMILIES WHO NEEDED THEM, INCLUDING \$12,489 WORTH OF BOOSTER SEATS AND

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

HELMETS. SAFE KIDS WAS FUNDED BY THE NGHS FOUNDATION. OVERALL SUPPORT CAME AT A COST OF \$19,703 FOR NGMC BARROW IN FY23.

NGMC HABERSHAM

SOQUE RIVER WATERSHED ASSOCIATION: IN FY23, NGMC HABERSHAM PROVIDED A DONATION TOWARDS WATER TESTING, COMMUNITY OUTREACH AND EDUCATION ON THE IMPORTANCE OF CLEAN WATER RELATED TO HUMAN HEALTH BY THE SOQUE RIVER WATERSHED ASSOCIATION.

PART VI, LINE 3:

NGMC BARROW, NGMC LUMPKIN AND NGMC HABERSHAM

EDUCATION BEGINS WITH OUR PLAIN LANGUAGE SUMMARY PROVIDED AT REGISTRATION. SIGNS ARE PROMINENTLY POSTED AT CHECK IN, REGISTRATION, AND WAITING AREAS. BUSINESS CARDS AND FLIERS ARE ALSO AVAILABLE. REGISTRARS PROVIDE COPIES OF OUR APPLICATION UPON REQUEST. FINANCIAL ASSISTANCE REPRESENTATIVES PROVIDE BEDSIDE SCREENING IN THE EMERGENCY DEPARTMENT, AND TO UNINSURED BEDDED PATIENTS DURING STAFFED HOURS OR VIA FOLLOW UP PHONE CALLS IF A BEDDED PATIENT IS DICHARGED PRIOR TO SCREENING. OUR NGHS WEBSITE INCLUDES OUR PLAIN LANGUAGE SUMMARY, POLICY, AND APPLICATIONS IN ENGLISH & SPANISH. OUR PATIENT PORTAL, MYCHART, INCLUDES A SELF-SERVICE ONLINE APPLICATION AND CONTACT INFORMATION FOR ASSISTANCE. OUR PATIENT BILLING CUSTOMER SERVICE TEAM IS TRAINED TO PROVIDE DETAILED SUPPORT TO PATIENTS WHO HAVE A HIGH BALANCE OR EXPRESS DIFFICULTY IN AFFORDING THEIR RESPONSIBILITY. ALL PATIENT SCREENED BY A FINANCIAL ASSISTANCE REPRESENTATIVE OR WHO SUBMIT AN FINANCIAL ASSISTANCE APPLICATION MAY RECEIVE COUNSELING REGARDING GOVERNMENTAL PROGRAMS FOR WHICH THEY MAY QUALIFY, INCLUDING BUT NOT



**Part VI** Supplemental Information (Continuation)

LIMITED TO, MEDICAID AND DISABILITY.

PART VI, LINE 4:

NGMC BARROW, NGMC LUMPKIN AND NGMC HABERSHAM

POPULATION: FROM 2010 TO 2022, THE HEALTH SYSTEM'S TOTAL SERVICE AREA ("TSA") POPULATION GREW AN ESTIMATED 1.4% PER YEAR ON AVERAGE COMPARED TO THE STATE OF GEORGIA AT 1.2% AND THE US AT 0.4%. POPULATION FOR THE TSA IN 2022 IS ESTIMATED TO BE 1,089,212, REPRESENTING A TOTAL GROWTH RATE OF 2.0% SINCE 2010, COMPARED TO THE STATE OF GEORGIA'S GROWTH (1.0%) AND THE US (0.6%) OVER THE SAME TIME PERIOD. THE TSA'S POPULATION GROWTH RATE IS PROJECTED TO OUTPACE GEORGIA AND THE US THROUGH AT LEAST 2023, THUS CONTINUING TO DRIVE ABOVE AVERAGE DEMAND FOR HEALTH CARE SERVICES.

SOURCE: US CENSUS BUREAU; AMERICAN COMMUNITY SURVEY

HOUSEHOLD INCOME AND HOME VALUES: MEDIAN HOUSEHOLD INCOME FOR THE TSA IS CURRENTLY 68,344 COMPARED TO THE STATE OF GEORGIA AT 71,355. THE MEDIAN HOME VALUE FOR THE TSA IS CURRENTLY 250,750 COMPARED TO THE STATE OF GEORGIA AT 245,900.

SOURCE: US CENSUS BUREAU

EMPLOYMENT: THE UNEMPLOYMENT RATE FOR THE NGHS TOTAL SERVICE AREA WAS 2.7% IN 2022 COMPARED WITH THE STATE OF GEORGIA AT 3.1% AND THE US AT 3.7%. FOR THE LAST 12 YEARS, THE TSA HAS CONSISTENTLY EXPERIENCED AN ANNUAL UNEMPLOYMENT RATES BELOW THOSE OF GEORGIA AND THE US.

SOURCE: BUREAU OF LABOR STATISTICS

PART VI, LINE 5:

**Part VI** Supplemental Information (Continuation)

NGMC BARROW, NGMC LUMPKIN AND NGMC HABERSHAM

NORTHEAST GEORGIA MEDICAL CENTER'S BOARD OF DIRECTORS IS COMPRISED OF 15 MEMBERS AND REPRESENTS THE COMMUNITIES DIRECTLY SERVED BY THE ORGANIZATION. BOARD MEMBERS PROVIDE LEADERSHIP THAT SUPPORTS THE ORGANIZATION'S MISSION TO IMPROVE THE HEALTH OF THE COMMUNITY.

PRACTITIONERS AT NGMC ENTITIES UNDERGO EXTENSIVE ONBOARDING PRIOR TO BEING AFFILIATED WITH THE HEALTH SYSTEM, SECURING STANDARD OF CARE AND SAFETY TO OUR COMMUNITY. THE MEDICAL CENTER CONDUCTS PHYSICIAN MANPOWER STUDIES TO DETERMINE THE NUMBER OF PHYSICIANS NEEDED BY SPECIALTY TO MEET COMMUNITY NEED. INFORMATION FROM THESE STUDIES IS USED TO HELP GUIDE DECISIONS FOR PHYSICIAN RECRUITMENT.

ALL REVENUES MORE THAN EXPENSES ARE REINVESTED INTO HEALTHCARE SERVICES FOR THE COMMUNITY AND NO PROFITS ACCRUE TO INDIVIDUAL INVESTORS. THE MEDICAL CENTER'S POLICY ON FINANCIAL ASSISTANCE (FORMERLY KNOWN AS THE CHARITY CARE POLICY) HELPS ENSURE ACCESS TO HOSPITAL SERVICES TO LOW-INCOME PATIENTS, I.E., PATIENTS WITH A FAMILY INCOME OF UP TO AND INCLUDING/EQUAL TO 150 PERCENT OF THE FEDERAL POVERTY GUIDELINES QUALIFY FOR A 100 PERCENT CHARITY ADJUSTMENT, WHICH MEANS THAT THEIR QUALIFYING SERVICES ARE FREE. ADDITIONALLY, PATIENTS WITH A FAMILY INCOME OF 151 TO 300 PERCENT QUALIFY FOR DISCOUNTED CARE ON A SLIDING SCALE, WITH THE MOST THAT A PATIENT WOULD PAY IS THE MEDICARE RATE.

NGMC LUMPKIN

NGMC LUMPKIN PROVIDED FINANCIAL AND STAFF SUPPORT FOR COMMUNITY HELPING

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

PLACE, AN INDIGENT HEALTH CLINIC IN LUMPKIN COUNTY THAT PROVIDES MEDICAL AND DENTAL SERVICES FOR THE AREA'S MOST VULNERABLE POPULATIONS AND NAVIGATION TOWARD MENTAL HEALTH SERVICES. NGMC DONATED \$15,000 TO HELP SUPPORT THESE EFFORTS. IN FY23, NGMC LUMPKIN INPATIENT NURSE DIRECTOR KAY HALL SERVED ON THE BOARD OF THE LUMPKIN COUNTY COMMUNITY HELPING PLACE.

NGMC FUNDED SUPPORT FOR THE GOOD SHEPHERD CLINIC IN FY23. THE GOOD SHEPHERD CLINIC OF DAWSON COUNTY STRIVES TO MAKE DAWSON COUNTY A BETTER PLACE BY PROVIDING HEALTH CARE FOR THOSE WHO HAVE NONE. IN FY23, NGPG VICE PRESIDENT OF OPERATIONS BOBBY NORRIS SERVED ON THE BOARD OF THE GOOD SHEPHERD CLINIC. NGMC ALSO PROVIDED OFFICE SPACE TO THE CLINIC.

PART VI, LINE 6:

NGMC BARROW, NGMC LUMPKIN AND NGMC HABERSHAM

NORTHEAST GEORGIA MEDICAL CENTER (NGMC) IS AN AFFILIATE OF NORTHEAST GEORGIA HEALTH SYSTEM. OTHER AFFILIATES ALONG WITH NGMC HABERSHAM INCLUDE NGMC GAINESVILLE AND BRASELTON, NGMC BARROW, NGMC LUMPKIN, NORTHEAST GEORGIA PHYSICIANS GROUP, THE NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION, NORTHEAST GEORGIA HEALTH PARTNERS, AND THE GEORGIA HEART INSTITUTE.

THE MISSION OF NORTHEAST GEORGIA MEDICAL CENTER AND ALL RELATED AFFILIATES IS TO "IMPROVE THE HEALTH OF THE COMMUNITY IN ALL WE DO." AS A NOT-FOR-PROFIT HOSPITAL, NGMC TREATS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY AND IS ACCOUNTABLE TO THE HOSPITAL AUTHORITY OF HALL COUNTY AND THE CITY OF GAINESVILLE FOR THE PROVISION OF CHARITABLE SERVICES TO THE COMMUNITY.

**Part VI** Supplemental Information (Continuation)

NORTHEAST GEORGIA MEDICAL CENTER PROVIDES ACUTE AND SPECIALTY INPATIENT AND OUTPATIENT SERVICES FOR A REGIONAL COMMUNITY OF OVER 18 COUNTIES AND RECEIVES NO LOCAL TAX SUPPORT FROM ANY OF THOSE COUNTIES FOR OPERATIONS OR INDIGENT CARE.

THE NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION HELPS SUPPORT THE MISSION OF NORTHEAST GEORGIA HEALTH SYSTEM THROUGH FUNDRAISING INITIATIVES THAT IMPROVE SERVICES OFFERED AT NGMC, AS WELL HEALTH-FOCUSED SERVICES IN THE COMMUNITY.

NORTHEAST GEORGIA HEALTH PARTNERS WORKS TO BUILD COLLABORATIVE RELATIONSHIPS BETWEEN HOSPITALS, PHYSICIANS AND OTHER HEALTHCARE PROVIDERS, EMPLOYERS, AND THE EMPLOYEES THEY REPRESENT THROUGH INSURANCE PRODUCTS THAT HELP SUPPORT PATIENT ACCESS TO HEALTHCARE SERVICES THROUGHOUT THE REGION.

RIVER PLACE MEDICAL OFFICE PLAZA 1 IS A MEDICAL OFFICE BUILDING THAT IS HOME TO AN URGENT CARE CENTER, IMAGING CENTER, OUTPATIENT REHABILITATION CENTER, FULL-SERVICE LAB AND MANY PRIVATE PHYSICIAN PRACTICES REPRESENTING MORE THAN 20 MEDICAL SPECIALTIES, IMPROVING ACCESS TO CARE IN THE SOUTHERN REGION SERVED BY NORTHEAST GEORGIA HEALTH SYSTEM.

NORTHEAST GEORGIA PHYSICIANS GROUP IS A MULTI-SPECIALTY GROUP WITH MORE THAN 400 PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS AND OTHER CLINICAL STAFF PROVIDING HEALTHCARE SERVICES AT 65 LOCATIONS THROUGHOUT NORTHEAST GEORGIA, WHICH FURTHER IMPROVES THE COMMUNITY'S ACCESS TO CARE FOR THE REGION OF 19 COUNTIES.

**Part VI** Supplemental Information (Continuation)

NORTHEAST GEORGIA HEALTH SYSTEM VOLUNTEERS AND AUXILIANS ARE PEOPLE OF ALL AGES WHO GIVE OF THEMSELVES TO MAKE A DIFFERENCE IN THE LIVES OF OTHERS. THE MEDICAL CENTER AUXILIARY IS COMMITTED TO INVOLVING DEDICATED VOLUNTEERS TO IMPROVE THE SERVICES OF THE HEALTH SYSTEM. VOLUNTEERS CONTRIBUTE TIME AND COMPASSIONATE SERVICE ASSISTING WITH NON-MEDICAL DUTIES AS THEY PROVIDE COMFORT AND SUPPORT TO PATIENTS, FAMILY MEMBERS AND VISITORS.

THE AFFILIATION BETWEEN NORTHEAST GEORGIA MEDICAL CENTER'S HEART AND VASCULAR SERVICES AND GEORGIA HEART INSTITUTE ENSURES PATIENTS HAVE ACCESS TO THE LATEST CARDIOVASCULAR TECHNOLOGY AND RECEIVE TOP QUALITY CARE FROM TOP PHYSICIANS. THIS GROUP HAS SEVERAL OFFICES THROUGHOUT THE NORTHEASTERN PART OF GEORGIA AND PROVIDES ALL CARDIOVASCULAR SUBSPECIALTY CARE, INCLUDING GENERAL, INVASIVE, AND INTERVENTIONAL CARDIOLOGY, CONGESTIVE HEART FAILURE, ELECTROPHYSIOLOGY, PERIPHERAL VASCULAR INTERVENTIONS, AND WOMEN'S CARDIOVASCULAR HEALTH PROGRAMS.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

GA

SCHEDULE I  
(Form 990)Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

Employer identification number  
58-1694090**Part I** General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY PO BOX 1685 ATLANTA, GA 30301	13-1788491	501(C)(3)	55,500.	0.			SPONSORSHIPS
AMERICAN HEART ASSOCIATION PO BOX 841390 DALLAS, TX 75284	13-5613797	501(C)(3)	67,500.	0.			SPONSORSHIPS
BANKS COUNTY CHAMBER OF COMMERCE PO BOX 57 HOMER, GA 30547	58-1355391	115	5,500.	0.			SPONSORSHIPS
CHATEAU ELAN MILITARY SUPPORT FOUNDATION INC - 6004 CHICKASAW LANE - BRASELTON, GA 30517	84-1848145	501(C)(3)	15,000.	0.			SPONSORSHIPS
CITY OF WINDER 25 EAST MIDLAND AVENUE WINDER, GA 30680-0566	58-6000700	115	17,000.	0.			SPONSORSHIPS
COMMUNITY HELPING PLACE, INC. P.O. BOX 712 DAHLONEGA, GA 30533	37-1554432	501(C)(3)	15,000.	0.			SPONSORSHIPS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **33.**

3 Enter total number of other organizations listed in the line 1 table ..... **5.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAHLONEGA LUMPKIN COUNTY 13 SOUTH PARK STREET DAHLONEGA, GA 30533	58-0701974	115	25,000.	0.			SPONSORSHIPS
DAWSON COUNTY CHAMBER OF COMMERCE 54 HWY 53 W DAWSONVILLE, GA 30534	58-1950100	115	36,350.	0.			SPONSORSHIPS
ELACHEE NATURE SCIENCE CENTER 2125 ELACHEE DRIVE GAINESVILLE, GA 30504	58-1643768	501(C)(3)	10,000.	0.			SPONSORSHIP
FORSYTH COUNTY CHAMBER OF COMMERCE 212 WEBB STREET CUMMING, GA 30040	58-1048245	115	8,000.	0.			SPONSORSHIPS
FORUM COMMUNICATIONS, INC 301 GREEN ST SUITE 100F GAINESVILLE, GA 30501	46-1330827		67,681.	0.			COMMUNITY DEVELOPMENT AND SPONSORSHIPS
GAINESVILLE JAYCEES P.O. BOX 126 GAINESVILLE, GA 30503	56-0862229	501(C)(3)	10,000.	0.			SPONSORSHIPS
GAINESVILLE PARKS & RECREATION 820 GREEN STREET GAINESVILLE, GA 30501	58-6000581	115	15,000.	0.			SPONSORSHIPS
GEORGIA ASSOCIATION OF EMERGENCY MEDICAL SERVICES - P.O. BOX 12554 - SAN ANTONIO, TX 78212	58-1296375	501(C)(6)	6,800.	0.			SPONSORSHIPS
GEORGIA CENTER FOR NURSING EXCELLENCE - 3032 BRIARCLIFF ROAD NE - ATLANTA, GA 30329	87-1005670	501(C)(3)	8,000.	0.			SPONSORSHIPS

Schedule I (Form 990)



Schedule I (Form 990)

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

58-1694090

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA MOUNTAINS YOUNG MEN'S CHRISTIAN ASSOCIATION, INC. - 2455 YMCA DR - GAINESVILLE, GA 30501	58-2203268	501(C)(3)	25,000.	0.			SPONSORSHIPS
GOOD NEWS AT NOON PO BOX 1577 GAINESVILLE, GA 30503	58-1895047	501(C)(3)	1,141,260.	0.			COMMUNITY DEVELOPMENT
GOOD NEWS CLINICS, INC. 810 PINE STREET GAINESVILLE, GA 30503	58-1895047	501(C)(3)	750,000.	0.			COMMUNITY DEVELOPMENT AND SPONSORSHIPS
GREATER HALL CHAMBER OF COMMERCE P O BOX 374 GAINESVILLE, GA 30503-0374	58-0251406	501(C)(3)	29,150.	0.			SPONSORSHIPS
GWINNETT CHAMBER OF COMMERCE, INC. 6500 SUGARLOAF PARKWAY DULUTH, GA 30097	58-0537282	115	20,240.	0.			SPONSORSHIPS
HABERSHAM COUNTY CHAMBER OF COMMERCE - P O BOX 366 - CORNELIA, GA 30531	58-0541377	115	17,450.	0.			SPONSORSHIPS
HABERSHAM PARTNERSHIP FOR GROWTH, INC. - DISTRICT 2 PUBLIC HEALTH - GAINESVILLE, GA 30507	58-6000363	501(C)(3)	175,000.	0.			SPONSORSHIPS
HABITAT FOR HUMANITY OF HALL COUNTY - PO BOX 2514 - GAINESVILLE, GA 30503	58-1849321	501(C)(3)	10,000.	0.			SPONSORSHIPS
HEART VALVE INTERACTIVE CORP. PO BOX 1478 LOMITA, CA 90717	26-4236741		20,800.	0.			SPONSORSHIPS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERACTIVE NEIGHBORHOOD 999 CHESTNUT STREET #11 GAINESVILLE, GA 30501	75-3077646	501(C)(3)	6,000.	0.			SPONSORSHIPS
JACKSON CO AREA CHAMBER OF P.O. BOX 629 JEFFERSON, GA 30549	58-1238040	501(C)(3)	27,552.	0.			SPONSORSHIPS
LANIER TECHNICAL COLLEGE FOUNDATION INC - 2535 LANIER TECH DR - GAINESVILLE, GA 30507	58-1688866	501(C)(3)	31,454.	0.			SPONSORSHIPS
NORTHEAST GEORGIA COUNCIL PO BOX 399 JEFFERSON, GA 30549	58-0566207	501(C)(3)	10,000.	0.			SPONSORSHIPS
RAPE RESPONSE P O BOX 2883 GAINESVILLE, GA 30503	58-1788134	501(C)(3)	51,250.	0.			COMMUNITY DEVELOPMENT AND SPONSORSHIPS
ROTARY CLUB OF DAWSON COUNTY P.O. BOX 1495 GAINESVILLE, GA 30506	58-2062580	501(C)(3)	15,000.	0.			SPONSORSHIPS
ROTARY CLUB OF GAINESVILLE P.O. BOX 382 GAINESVILLE, GA 30503	58-6044389	501(C)(4)	20,780.	0.			SPONSORSHIPS
STERLING ON THE LAKE 7005 LAKE STERLING BLVD FLOWERY BRANCH, GA 30542	51-0493899		5,500.	0.			SPONSORSHIPS
THE BARROW COMMUNITY FOUNDATION INC - P.O. BOX 1482 - WINDER, GA 30680	20-2103715	501(C)(3)	250,000.	0.			COMMUNITY DEVELOPMENT AND SPONSORSHIPS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE KEATON FRANKLIN COKER FOUNDATION - 1242 INDUSTRIAL BLVD - GAINESVILLE, GA 30501	47-2023349	501(C)(3)	7,500.	0.			SPONSORSHIPS
THE MEDICAL CENTER AUXILIARY INC SUITE 115 GAINESVILLE, GA 30501	58-1694820	501(C)(3)	10,000.	0.			SPONSORSHIPS
UNITED WAY OF HALL COUNTY INC ATTN ACCOUNTS RECEIVABLE GAINESVILLE, GA 30503	58-6011393	501(C)(3)	75,165.	0.			COMMUNITY DEVELOPMENT AND SPONSORSHIPS
UNIVERSITY OF NORTH GEORGIA 82 COLLEGE CIRCLE DAHLONEGA, GA 30597	58-6002060	501(C)(3)	1,826,000.	0.			SPONSORSHIPS AND DONATION EXPENSE
WOMENSOURCE INC P.O. BOX 684 GAINESVILLE, GA 30503	26-2882799	501(C)(3)	10,500.	0.			SPONSORSHIP

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE MAJORITY OF GRANTS ARE TO 501(C)(3) ORGANIZATIONS. APPROVAL IS OBTAINED  
PRIOR TO DISBURSEMENT.

**SCHEDULE J  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

**NORTHEAST GEORGIA HEALTH SYSTEM, INC.**

Employer identification number

**58-1694090****Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PIERPONT BROWN	(i)	0.	0.	0.	0.	0.	0.	0.
MEMBER, PHYSICIAN-NGPG	(ii)	367,697.	52,454.	28,064.	10,675.	27,906.	486,796.	0.
(2) CAROL BURRELL	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT & CEO, MEMBER	(ii)	1,224,403.	422,941.	90,256.	446.	26,287.	1,764,333.	0.
(3) BRIAN D. STEINES	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER	(ii)	631,187.	262,576.	38,658.	92,778.	32,681.	1,057,880.	77,146.
(4) STEPHEN KELLY	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF COMPLIANCE OFFICER	(ii)	232,787.	72,860.	21,843.	42,435.	18,848.	388,773.	29,491.
(5) MICHAEL COVERT	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF OPERATING OFFICER	(ii)	814,501.	339,878.	44,024.	114,931.	7,200.	1,320,534.	104,256.
(6) ANDREI BOYARSHINOV	(i)	0.	0.	0.	0.	0.	0.	0.
VP LEGAL AFFAIRS & CHIEF LEGAL OFFIC	(ii)	474,260.	189,433.	41,184.	71,862.	32,206.	808,945.	47,444.
(7) CHRISTOPHER PARAVATE	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF INFORMATION OFFICER - NGHS	(ii)	441,191.	158,232.	23,162.	68,547.	31,159.	722,291.	52,431.
(8) DANIEL TUFFY	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT AND CAO - NGPG	(ii)	428,536.	155,271.	23,772.	66,063.	34,465.	708,107.	51,776.
(9) HABIB SAMADY	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT - GEORGIA HEART INSTITUTE	(ii)	1,067,576.	181,440.	25,442.	145,259.	9,664.	1,429,381.	0.
(10) MELISSA TYMCHUK	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF OF STAFF	(ii)	328,698.	91,179.	33,698.	58,913.	34,235.	546,723.	30,061.
(11) TRACY VARDEMAN	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF STRATEGY EXECUTIVE - NGHS	(ii)	389,375.	159,666.	44,168.	104,560.	29,761.	727,530.	42,429.
(12) DIANE POIROT	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF HR OFFICER - NGHS	(ii)	127,154.	100.	26,548.	327.	7,515.	161,644.	0.
(13) GREGORY GIUGLIANO	(i)	0.	0.	0.	0.	0.	0.	0.
PHYSICIAN	(ii)	706,280.	19,497.	11,780.	10,675.	31,033.	779,265.	0.
(14) LAURA DIVOKY	(i)	0.	0.	0.	0.	0.	0.	0.
PHYSICIAN	(ii)	497,567.	292,957.	1,066.	10,675.	19,821.	822,086.	0.
(15) MITCHELL DAVIS	(i)	0.	0.	0.	0.	0.	0.	0.
PHYSICIAN	(ii)	470,323.	215,703.	31,941.	10,675.	33,623.	762,265.	0.
(16) SHALABH CHANDRA	(i)	0.	0.	0.	0.	0.	0.	0.
PHYSICIAN	(ii)	474,927.	245,845.	21,680.	10,675.	13,946.	767,073.	0.

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) UGOCHUKWU EGOLUM	(i)	0.	0.	0.	0.	0.	0.	0.
PHYSICIAN	(ii)	482,730.	259,278.	21,680.	10,545.	31,472.	805,705.	0.
(18) LUISA GUTMAN	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER CHIEF HR OFFICER - NGHS	(ii)	0.	0.	101,974.	23,469.	1,791.	127,234.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINES 4A-B:****EMPLOYER CONTRIBUTION TO 457(F) EXECUTIVE RETIREMENT BENEFIT PLAN**

ANDREI BOYARSHINOV \$ 61,187

BRIAN D. STEINES \$ 82,103

CHRISTOPHER PARAVATE \$ 57,872

DANIEL TUFFY \$ 56,764

HABIB SAMADY \$ 134,584

MELISSA TYMCHUK \$ 37,015

MICHAEL COVERT \$ 104,256

STEPHEN KELLY \$ 31,892

TRACY M. VARDEMAN \$ 51,583

CAROL H. BURRELL, PRESIDENT AND CEO: BEGINNING IN DECEMBER 2017, NGHS

INVESTED IN A JOINTLY-OWNED SPLIT DOLLAR LIFE INSURANCE PLAN FOR MS.

BURRELL. THE ASSET VALUE AS OF SEPTEMBER 30, 2023 WAS \$5,756,819 AND IS

REPORTED ON FORM 990, PART X, LINE 5. SEE ALSO SCHEDULE L, PART V FOR

ADDITIONAL INFORMATION REGARDING THE SPLIT DOLLAR LIFE INSURANCE.

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

EMPLOYER PAYMENT FROM 457(F) PLAN (INCLUDING VESTED EARNINGS ON PREVIOUSLY  
REPORTED COMPENSATION):

ANDREI BOYARSHINOV	\$ 47,444
BRIAN D. STEINES	\$ 77,146
CHRISTOPHER PARAVATE	\$ 52,431
DANIEL TUFFY	\$ 51,776
MELISSA TYMCHUK	\$ 30,061
MICHAEL COVERT	\$ 104,256
TRACY M. VARDEMAN	\$ 42,429
STEPHEN KELLY	\$ 29,491

**SCHEDULE L**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022****Open To Public  
Inspection**

Name of the organization

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

Employer identification number

58-1694090

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
CAROL BURRELL	PRESIDENT	SEE PART		X	5,600,000.	5,756,819.		X	X		X	
<b>Total</b> .....						\$ 5,756,819.						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2022

SEE PART V FOR CONTINUATIONS

<b>Part IV</b>	<b>Business Transactions Involving Interested Persons.</b>
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Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

[illegible]

<b>Part V</b>	<b>Supplemental Information.</b>
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Provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:**

(A) NAME OF PERSON: CAROL BURRELL

(B) RELATIONSHIP WITH ORGANIZATION: PRESIDENT & CEO

(C) PURPOSE OF LOAN: SEE PART V

## PART II

EXPLANATION FOR NON-RECOURSE SPLIT DOLLAR TRANSACTION WITH CAROL

BURRELL, PRESIDENT & CEO:

NGHS PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS THROUGH AN ALTERNATIVE FUNDING ARRANGEMENT THE INTERNAL REVENUE SERVICE (IRS) REFERS TO AS COLLATERAL ASSIGNMENT SPLIT DOLLAR (CASD). ALTHOUGH THE IRS REQUIRES REPORTING IN THE LOAN SECTION OF SCHEDULE L, CASD IS NOT AN ACTUAL LOAN AND NO FUNDS ARE TRANSFERRED TO THE EXECUTIVE. RATHER, THE "LOAN" TREATMENT APPLIES BECAUSE, AFTER THE EXECUTIVE HAS RECEIVED RETIREMENT BENEFITS, NGHS WILL RECOVER ALL OF ITS OUTLAYS PLUS INTEREST. THE RECOVERY RIGHT IS A KEY ADVANTAGE OF CASD FOR THE ORGANIZATION. RATHER THAN PAYING RETIREMENT BENEFITS TO THE EXECUTIVE THAT WOULD NEVER BE RECOVERED, UNDER CASD NGHS WILL RECOVER NOT ONLY ITS OUTLAYS, BUT ALSO CONSIDERATION FOR THE TIME VALUE OF MONEY.

**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

CASD WORKS AS FOLLOWS. NGHS DEPOSITS FUNDS INTO A CASH VALUE LIFE INSURANCE POLICY ON THE EXECUTIVE'S LIFE. DURING LIFE, TO THE EXTENT THE EXECUTIVE FULFILLS SERVICE AND VESTING REQUIREMENTS, THE EXECUTIVE CAN BORROW AGAINST VALUES IN THE POLICY TO SUPPLEMENT RETIREMENT INCOME. POLICY PERFORMANCE IS CLOSELY MONITORED. IF POLICY PERFORMANCE LAGS, THE EXECUTIVE'S BORROWING RIGHTS ARE REDUCED TO PROTECT NGHS'S RECOVERY RIGHTS.

AT THE EXECUTIVE'S DEATH, THE POLICY DEATH PROCEEDS ARE FIRST USED TO REPAY NGHS ITS DEPOSITS PLUS COMPOUNDED INTEREST (AT THE IRS LONG-TERM APPLICABLE FEDERAL RATE). THE EXECUTIVE'S BENEFICIARY THEN RECEIVES ANY PROJECTED RETIREMENT BORROWING THE EXECUTIVE DID NOT ACCESS DURING LIFE.

**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

Employer identification number

58-1694090

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**A. NORTHEAST GEORGIA MEDICAL CENTER, INC. (GAINESVILLE AND BRASELTON  
CAMPUSES)

B. NORTHEAST GEORGIA MEDICAL CENTER BARROW

C. NORTHEAST GEORGIA MEDICAL CENTER LUMPKIN

D. NORTHEAST GEORGIA MEDICAL CENTER HABERSHAM

E. THE MEDICAL CENTER FOUNDATION, INC. (NGHS FOUNDATION)

F. NORTHEAST GEORGIA PHYSICIANS GROUP

G. GEORGIA HEART INSTITUTE

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

NORTHEAST GEORGIA HEALTH SYSTEM (NGHS) IS A GEORGIA NOT-FOR-PROFIT  
COMMUNITY HEALTH SYSTEM WITH THE MISSION TO "IMPROVE THE HEALTH OF THE  
COMMUNITY IN ALL WE DO." THE HEALTH SYSTEM SERVES MORE THAN ONE MILLION  
PEOPLE IN 19 COUNTIES ACROSS NORTHEAST GEORGIA OFFERING A FULL RANGE OF  
HEALTHCARE SERVICES, INCLUDING ONCOLOGY, ORTHOPEDICS, CARDIAC SURGERY,  
CRITICAL CARE, SURGICAL TRAUMA, NEONATOLOGY, AND WOMEN'S CARE.

AS A NOT-FOR-PROFIT HEALTH SYSTEM, ALL REVENUE GENERATED ABOVE  
OPERATING EXPENSES IS RETURNED TO THE COMMUNITY THROUGH IMPROVED  
SERVICES AND INNOVATIVE PROGRAMS. IT IS LED BY VOLUNTEER BOARDS MADE UP  
OF COMMUNITY LEADERS.

NGHS OPERATES THE FOLLOWING HOSPITAL CAMPUSES: NGMC BARROW, LLC: A  
56-LICENSED-BED HOSPITAL IN WINDER, GEORGIA. IN JULY 2018, NGHS

ACQUIRED NGMC LUMPKIN, LLC (FORMERLY CHESTATEE REGIONAL HOSPITAL) AND

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

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REOPENED THE CLOSED RURAL HOSPITAL TO PRESERVE EMERGENCY SERVICES, INPATIENT CARE, AND OTHER SUPPORT SERVICES FOR RESIDENTS IN DAHLONEGA AND SURROUNDING COMMUNITIES. IN JUNE 2022, NGMC LUMPKIN BROKE GROUND ON A NEW REPLACEMENT HOSPITAL IN DAHLONEGA WHICH WILL ENHANCE ACCESS TO HEALTHCARE SERVICES FOR AREA RESIDENTS. NORTHEAST GEORGIA MEDICAL CENTER (NGMC GAINESVILLE AND BRASELTON), OPERATES A 557-LICENSED BED INPATIENT FACILITY IN GAINESVILLE AND A 134-LICENSED BED INPATIENT FACILITY IN BRASELTON. ON JULY 1, 2023, NGHS ACQUIRED HABERSHAM MEDICAL CENTER, NOW CALLED NGMC HABERSHAM, LLC. THIS HOSPITAL OPERATES A 53-LICENSED BED INPATIENT FACILITY IN DEMOREST. OTHER AFFILIATES INCLUDE THE NGHS FOUNDATION (THE MEDICAL CENTER FOUNDATION, INC. D/B/A THE NORTHEAST GEORGIA HEALTH SYSTEM FOUNDATION), GEORGIA HEART INSTITUTE, LLC (GHI), AND NORTHEAST GEORGIA PHYSICIANS GROUP (NGPG). NGPG BRINGS TOGETHER MORE THAN 650 PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS, MIDWIVES, AND OTHER CLINICAL STAFF AT MORE THAN 135 LOCATIONS ACROSS NORTH GEORGIA. NGPG IS THE STATE'S SIXTH-LARGEST PHYSICIAN GROUP OFFERING EXPERTISE IN MORE THAN 40 SPECIALTIES. GHI IS MADE UP OF MORE THAN 70 PHYSICIANS AND ADVANCED PRACTICE PROVIDERS REPRESENTING MULTIPLE CARDIAC SPECIALTIES THROUGH 14 LOCATIONS ACROSS NORTHEAST GEORGIA. NGHS ALSO HAS NINE URGENT CARE FACILITIES, THREE LONG-TERM CARE CENTERS, ONE MENTAL HEALTH FACILITY, A SATELLITE CANCER TREATMENT FACILITY AND SEVEN REHAB LOCATIONS PROVIDING OUTPATIENT PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY.

#### ECONOMIC IMPACT

NGMC CONTINUES TO HAVE A POSITIVE FINANCIAL IMPACT ON THE LOCAL COMMUNITY AND STATE, ACCORDING TO THE LATEST ANNUAL STUDY CONDUCTED BY



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THE GEORGIA HOSPITAL ASSOCIATION. FOR 2022 (LATEST STUDY AVAILABLE),  
 NGHS (NGMC GAINESVILLE, NGMC BRASELTON, NGMC BARROW, NGMC LUMPKIN)  
 CONTRIBUTED MORE THAN \$7.4 BILLION IN ECONOMIC IMPACT ON LOCAL AND  
 STATE ECONOMIES, SUSTAINING MORE THAN 22,000 FULL-TIME JOBS IN ADDITION  
 TO THE 12,000 EMPLOYED DIRECTLY BY NGHS. THIS IS IN ADDITION TO THE  
 MORE THAN \$194 MILLION PROVIDED IN CHARITY CARE AND OVER \$17 MILLION  
 PROVIDED IN COMMUNITY OUTREACH. NGMC SERVES AS A STRONG FINANCIAL  
 ENGINE FOR THE LOCAL ECONOMY.

#### CHARITY CARE

IN FY23, NGHS HOSPITALS PROVIDED CHARITY CARE IN THE COMMUNITY AT THE  
 COST OF AN ESTIMATED \$76.4 MILLION AND RECEIVED NO LOCAL TAX REVENUE  
 FROM HALL COUNTY OR ANY OTHER COUNTIES TO SUPPORT OPERATIONS OR CARE  
 PROVIDED TO INDIGENT RESIDENTS. THE CHARITY CARE POLICY PROVIDES  
 FINANCIAL ASSISTANCE UP TO 300 PERCENT OF THE POVERTY LEVEL. MANY  
 HOSPITALS PROVIDE CHARITY ADJUSTMENTS ONLY TO THE LEVEL THAT MATCHES  
 THE STATE DEFINITION OF MEDICALLY INDIGENT BUT NOT AT THE LEVEL THAT  
 NGHS OFFERS. NGHS'S CHARITY CARE POLICY SUPPORTS PROVIDING CARE FOR  
 INDIGENT PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY.

AS A NOT-FOR-PROFIT HEALTH SYSTEM, ALL REVENUE GENERATED ABOVE  
 OPERATING EXPENSES WAS RETURNED TO THE COMMUNITY THROUGH IMPROVED  
 SERVICES AND INNOVATIVE PROGRAMS. NGHS REINVESTED IN THE FUTURE WITH  
 THE FOLLOWING PROJECTS:

-BRASELTON CAMPUS SERVICES

- ENDOVASCULAR SUITE

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- GEORGIA HEART INSTITUTE EXPANSION

- NGPG EXPANSION

-BRASELTON CANCER CENTER

- SECOND LINEAR ACCELERATOR

-GAINESVILLE CAMPUS SERVICES

- HOSPICE UNIT RENOVATION

- SECOND MRI

-GAINESVILLE IMAGING CENTER

- MRI REPLACEMENT

-INPATIENT REHABILITATION FACILITY

TOTAL ESTIMATED CHARITY CARE COST FOR EACH HOSPITAL ENTITY IN FY23:

- NGMC GAINESVILLE/BRASELTON: \$31.9 MILLION FOR HALL COUNTY RESIDENTS

+ \$40.0 MILLION FOR REGIONAL RESIDENTS OUTSIDE OF HALL FOR A TOTAL OF \$71.9 MILLION.

- NGMC BARROW: \$2.5 MILLION FOR BARROW COUNTY RESIDENTS + \$670,000 FOR REGIONAL RESIDENTS OUTSIDE OF BARROW FOR A TOTAL OF \$3.2 MILLION.

- NGMC LUMPKIN: \$510,000 FOR LUMPKIN COUNTY RESIDENTS + \$385,000 FOR REGIONAL RESIDENTS OUTSIDE OF LUMPKIN FOR A TOTAL OF \$895,000.

- NGMC HABERSHAM: \$225,000 FOR HABERSHAM COUNTY RESIDENTS + \$185,000 FOR REGIONAL RESIDENTS OUTSIDE OF HABERSHAM FOR A TOTAL OF \$410,000.

TOTAL ESTIMATED CHARITY CARE COST FOR EACH HOSPITAL ENTITY IN FY23:

\$76.4 MILLION

LOW-INCOME AND UNINSURED PATIENT PROGRAMS: NGMC HOSPITALS ARE KEY

PARTICIPANTS AND FISCAL SPONSORS IN PROGRAMS AIMED AT TREATING

LOW-INCOME AND UNINSURED PATIENTS, INCLUDING CLINICS SUCH AS GOOD

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SHEPHERD CLINIC IN DAWSONVILLE, COMMUNITY HELPING PLACE IN LUMPKIN, AND GOOD NEWS CLINICS IN GAINESVILLE, THE LARGEST FREE HEALTHCARE CLINIC IN GEORGIA, AND HEALTH ACCESS, A LOCAL SERVICE THAT MATCHES FINANCIALLY ELIGIBLE PATIENTS TO SPECIALTY PHYSICIANS AND PROVIDES ACCESS TO CARE, AMONG OTHER SERVICES. NGMC WAS THE PRIMARY HOSPITAL FOR LOW-INCOME PATIENTS IN GAINESVILLE-HALL COUNTY AND THROUGHOUT THE REGION IN COUNTIES SUCH AS BANKS, LUMPKIN, RABUN, UNION, AND WHITE, WHERE MANY KEY MEDICAL SPECIALTIES ARE UNAVAILABLE.

NGMC TAX FUNDING: SINCE 2000, NGMC GAINESVILLE HAS PROVIDED SLIGHTLY MORE THAN THREE TIMES THE AMOUNT OF INDIGENT AND CHARITY CARE OUTLINED IN REQUIREMENTS BY THE GEORGIA DEPARTMENT OF COMMUNITY HEALTH TO PASS A CERTIFICATE OF NEED FOR NEW SERVICES SUCCESSFULLY. UNLIKE MANY GEORGIA NOT-FOR-PROFIT HOSPITALS HELD TO THE SAME REQUIREMENTS, NGMC DOES NOT RECEIVE TAX FUNDING FROM ITS LOCAL COUNTY TO HELP FUND INDIGENT CARE FOR AREA RESIDENTS.

#### IRS OBLIGATIONS

AS A NOT-FOR-PROFIT HOSPITAL, NGMC CARRIES ADDITIONAL RESPONSIBILITIES AS ESTABLISHED BY THE IRS IN 1965. THESE OBLIGATIONS ARE:

OPERATE A FULL-TIME EMERGENCY ROOM THAT IS AVAILABLE TO ALL PEOPLE, REGARDLESS OF THEIR ABILITY TO PAY:

- NGMC GAINESVILLE AND BRASELTON HAD 153,819 ER VISITS, OPERATING THE BUSIEST EMERGENCY DEPARTMENT IN GEORGIA; NGMC BARROW AND LUMPKIN ALSO OPERATE 24-HOUR EMERGENCY ROOMS.

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- IN FY23, 15% OF ALL NGMC GAINESVILLE AND BRASELTON EMERGENCY ROOM

VISITS WERE MADE BY SELF-PAY PATIENTS; 19% FOR BARROW, 15% FOR

HABERSHAM, AND 15% FOR LUMPKIN.

- PROVIDE EMERGENCY SERVICES TO ANYONE UNABLE TO PAY, AND MEDICALLY

NECESSARY SERVICES TO ANYONE IN THE NGHS SERVICE AREA NOT ABLE TO PAY.

- NGMC PROVIDES HIGH QUALITY, ADVANCED SPECIALTY, AND PRIMARY

HEALTHCARE SERVICES TO THE NORTHEAST GEORGIA COMMUNITY, SERVING OVER 1

MILLION PEOPLE IN MORE THAN 19 COUNTIES.

- IN FY23, NGMC'S PAYOR MIX AT GAINESVILLE AND BRASELTON WAS 59%

MEDICARE/MEDICAID, 32% COMMERCIAL/OTHER INSURANCE AND 8% SELF-PAY.

- IN FY23, NGMC'S PAYOR MIX AT BARROW WAS 53% FOR MEDICARE/ MEDICAID,

34% FOR COMMERCIAL/OTHER INSURANCE AND 13% FOR SELF-PAY.

- IN FY23, NGMC'S PAYOR MIX AT LUMPKIN WAS 52% FOR MEDICARE/ MEDICAID,

35% FOR COMMERCIAL/OTHER INSURANCE AND 13% FOR SELF-PAY.

- IN FY23, NGMC'S PAYOR MIX AT HABERSHAM WAS 82% FOR MEDICARE/

MEDICAID, 9% FOR OTHER INSURANCE AND 9% FOR SELF-PAY.

PARTICIPATE IN MEDICAID AND MEDICARE: 59% OF PATIENTS SERVED BY NGMC

GAINESVILLE AND BRASELTON IN FY23 WERE MEDICAID AND MEDICARE PATIENTS;

53% FOR BARROW, 82% FOR HABERSHAM, AND 52% FOR LUMPKIN.

CREATE A GOVERNING BOARD THAT IS REPRESENTATIVE OF THE COMMUNITY IT

SERVES: MORE THAN 90 COMMUNITY MEMBERS AND MORE THAN 25 MEDICAL STAFF

MEMBERS ARE ACTIVELY INVOLVED IN GOVERNANCE THROUGH NGHS, NGMC AND

OTHER SUBSIDIARY BOARDS AND COMMITTEES.

INDIGENT CARE TRUST FUND (ICTF): IN 2023, NGMC GAINESVILLE BRASELTON

RECEIVED \$5.2 MILLION IN NET FUNDS ALLOCATED THROUGH THE MEDICAID DSH

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(ICTF) PROGRAM TO PARTIALLY OFFSET A FINANCIAL LOSS OF \$26.1 MILLION IN COST THE MEDICAL CENTER INCURRED TREATING UNINSURED AND MEDICAID PATIENTS. IN ADDITION, NGMC RECEIVED \$18.7 MILLION IN NET FUNDS ALLOCATED THROUGH THE MEDICAID UPL PROGRAM TO ADJUST MEDICAID PAYMENTS UPWARD TO MATCH MEDICARE PAYMENT LEVELS. ESTABLISHED IN 1990, THE ICTF EXPANDS MEDICAID ELIGIBILITY AND SERVICES. IT SUPPORTS RURAL HEALTHCARE FACILITIES THAT SERVE THE MEDICALLY INDIGENT AND FUNDS PRIMARY HEALTH CARE PROGRAMS FOR MEDICALLY INDIGENT GEORGIANS. GEORGIA'S DISPROPORTIONATE SHARE HOSPITAL (DSH) PROGRAM IS FUNDED THROUGH THE ICTF.

IT ASSISTS HOSPITALS AND OTHER HEALTH PROVIDERS THAT CARE FOR HIGH PROPORTIONS OF MEDICAID, UNINSURED, AND/OR LOW-INCOME PATIENTS.

COMMUNITY HEALTH NEEDS ASSESSMENT: WITH SIGNIFICANT INPUT FROM THE COMMUNITY, THE HOSPITAL ENTITIES OF NORTHEAST GEORGIA HEALTH SYSTEM COMPLETED A REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2022. THE ASSESSMENT FOCUSED MAINLY ON THE NEEDS OF THE COMMUNITY'S MOST VULNERABLE POPULATIONS, PARTICULARLY THOSE WITH LOW INCOMES WHO ARE UNINSURED. INPUT FROM THE COMMUNITY WAS GATHERED THROUGH FOCUS GROUPS AND INTERVIEWS, PLUS ONLINE SURVEYS THAT GARNERED APPROXIMATELY 4,500 RESPONSES, WELL ABOVE EXPECTED RESPONSE RATES. THE STUDY IDENTIFIED THE THREE HEALTH PRIORITIES THAT FIT HAND-IN-GLOVE WITH THE ORGANIZATION'S STRATEGIC DIRECTION: MENTAL & BEHAVIORAL HEALTH, ACCESS TO CARE, AND HEALTHY BEHAVIORS. INFORMATION FROM THIS STUDY CONTINUES TO DRIVE COMMUNITY BENEFIT ACTIVITIES TODAY.

#### GRANTS AND COMMITMENTS

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\$5 MILLION MATERNAL CARDIAC HEALTH: NGHS WAS ONE OF NINE RECIPIENTS OF A \$5 MILLION FEDERAL GRANT FROM HEALTH RESOURCES AND SERVICES ADMINISTRATION TO SUPPORT MATERNAL HEALTH INNOVATION. IN 2023, NGHS ASSEMBLED A STATEWIDE MATERNAL HEALTH TASK FORCE, DEVELOPED AN ELECTRONIC TOOL THAT SCREENS ALL POSTPARTUM MOTHERS FOR CARDIAC RISKS, COLLABORATED WITH COMMUNITY PARTNERS TO PROVIDE EDUCATION AND CREATED A MATERNAL HEALTH PATIENT REGISTRY IN EPIC. SENATOR RAPHAEL WARNOCK VISITED NGMC GAINESVILLE TO LEARN ABOUT THE WORK THAT NGHS IS DOING TO IMPROVE MATERNAL HEALTH OUTCOMES IN NORTHEAST GEORGIA.

\$2.1 MILLION IN CONGRESSIONAL FUNDING: GEORGIA SENATOR JON OSSOFF VISITED THE NGMC GAINESVILLE CAMPUS TO CELEBRATE THE \$2.1 MILLION OF APPROPRIATED CONGRESSIONAL FUNDS NGMC RECEIVED TO HELP WITH CONSTRUCTION COSTS FOR A ROOFTOP HELIPAD ON THE NEW PATIENT TOWER, AS WELL AS AN ELEVATOR THAT CONNECTS THE HELIPAD TO THE EMERGENCY DEPARTMENT, CATHETERIZATION LAB AND OTHER AREAS IN THE TOWER.

#### ACHIEVEMENTS

VERIFIED LEVEL 1 TRAUMA CENTER: IN FEBRUARY 2023, NGMC GAINESVILLE WAS VERIFIED AS A LEVEL I TRAUMA CENTER, MAKING IT ONE OF FIVE STATE-DESIGNATED LEVEL I TRAUMA CENTERS IN GEORGIA AND ONLY THE FOURTH NATIONALLY VERIFIED LEVEL I TRAUMA CENTER IN THE STATE.

CENTER FOR COMPLEX CORONARY DISEASE LAUNCHES: A NEW CENTER FOR COMPLEX CORONARY DISEASE OPENED IN FY23 AT GEORGIA HEART INSTITUTE LED BY INTERVENTIONAL CARDIOLOGISTS GLEN HENRY, MD, NIMA GHASEMZADEH, MD, AND

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FALGUN PATEL, MD.

BIRTH TISSUE DONATION: NEW MOTHERS AT NGMC GAINESVILLE AND NGMC BRASELTON NOW HAVE THE OPPORTUNITY TO DONATE BIRTH TISSUE THE PLACENTA, UMBILICAL CORD, CORD BLOOD AND AMNIOTIC FLUID TO THE NATIONAL BIRTH TISSUE DONOR SERVICES CENTER, WHERE THEY USE IT TO MAKE TRANSPLANTABLE GRAFTS TO TREAT BURNS, SURGICAL WOUNDS AND OTHER HEALTH ISSUES.

DONOR BREAST MILK: NGMC GAINESVILLE AND NGMC BRASELTON ARE TWO OF THE FIRST HOSPITALS IN GEORGIA TO OFFER DONOR BREAST MILK ON THE MOTHER/BABY UNITS AS AN ALTERNATIVE TO FORMULA WHEN AN INFANT NEEDS TO BE SUPPLEMENTED FOR MEDICAL REASONS, SUCH AS HYPOGLYCEMIA OR WEIGHT LOSS.

#### ACCREDITATIONS

PAIN AND ADDICTION CARE IN THE EMERGENCY DEPARTMENT: NGMC GAINESVILLE WAS AMONG THE FIRST HOSPITALS IN THE STATE TO BECOME ACCREDITED BY THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS IN PAIN AND ADDICTION CARE IN THE EMERGENCY DEPARTMENT (PACED). PACED ACCREDITATION RECOGNIZES EMERGENCY DEPARTMENTS WITH COMPREHENSIVE PROGRAMS TO PROVIDE OPTIMAL CARE FOR PATIENTS SUFFERING FROM PAIN AND/OR ADDICTION USING PROGRESSIVE TREATMENT, PROTOCOLS, TRAINING AND RESOURCES. SOON AFTER, NGMC BRASELTON ALSO EARNED PACED ACCREDITATION.

CANCER CENTER ACCREDITATION: NGMC'S CANCER CENTERS IN BRASELTON, GAINESVILLE AND TOCCOA RECEIVED NATIONAL ACCREDITATION FROM THE



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AMERICAN SOCIETY FOR RADIATION ONCOLOGY, WHICH EVALUATED THE RADIATION ONCOLOGY SERVICE'S SAFETY AND QUALITY PROCESSES, AS WELL AS EFFECTIVE COMMUNICATION, COORDINATED TREATMENTS AND STRONG PATIENT ENGAGEMENT.

CENTER FOR SIMULATION AND INNOVATION ACCREDITED: THE CENTER FOR SIMULATION AND INNOVATION WAS RECOGNIZED AS AN ACCREDITED SIMULATION CENTER IN THE AREA OF TEACHING/EDUCATION BY THE SOCIETY FOR SIMULATION IN HEALTHCARE, WHICH RECOGNIZES NGHS' COMMITMENT TO EXCELLENCE IN SIMULATION-BASED EDUCATION.

NGMC HOSPITALS RECEIVE EMERGENCY CARDIAC CARE REACCREDITATION: FOUR NGMC HOSPITAL CAMPUSES WERE REACCREDITED AS EMERGENCY CARDIAC CARE CENTERS, AN ACCREDITATION WHICH HELPS EMS PROFESSIONALS IN THE FIELD KNOW WHAT LEVEL OF EMERGENCY CARDIAC CARE SERVICES ARE PROVIDED AT A HOSPITAL TO ENSURE THEY TRANSPORT PATIENTS TO THE APPROPRIATE LEVEL OF CARE. NGMC GAINESVILLE WAS REACCREDITED AS A LEVEL 1, NGMC BRASELTON AS A LEVEL 2, AND NGMC BARROW AND NGMC LUMPKIN AS LEVEL 3 CENTERS, WHILE NGMC HABERSHAM HAS NOW BEGUN THE ACCREDITATION PROCESS.

IN-HOME PALLIATIVE CARE ACCREDITATION: NGMC'S IN-HOME PALLIATIVE CARE PROGRAM IS THE FIRST IN THE STATE TO BE ACCREDITED BY COMMUNITY HEALTH ACCREDITATION PARTNER, AN INDEPENDENT NON-PROFIT ACCREDITING ORGANIZATION FOR HOME AND COMMUNITY-BASED HEALTHCARE ORGANIZATIONS.

ADOLESCENT BARIATRIC WEIGHT LOSS ACCREDITATION: NGMC'S BARIATRIC WEIGHT LOSS CENTER EARNED ADOLESCENT ACCREDITATION FROM THE METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM, MAKING THE PROGRAM ONE OF ONLY TWO PROGRAMS IN GEORGIA TO BE NATIONALLY

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ACCREDITED IN ADULT SURGERY, ADOLESCENT SURGERY AND OBESITY MEDICINE.

ACCREDITATIONS FOR STROKE, HEART AND DIABETES CARE: THE AMERICAN HEART ASSOCIATION AND AMERICAN STROKE ASSOCIATION RECOGNIZED NGMC'S HOSPITALS IN BRASELTON, GAINESVILLE AND BARROW FOR PROVIDING EXCEPTIONAL STROKE, HEART AND DIABETES CARE. THEIR GET WITH THE GUIDELINES AND TARGET AWARDS HONOR PROGRAMS THAT ENSURE PATIENT CARE IS ALIGNED WITH THE LATEST RESEARCH- AND EVIDENCE-BASED GUIDELINES SO THAT PATIENTS GET CARE FASTER, HAVE FEWER COMPLICATIONS, ENJOY MORE HEALTHY DAYS AT HOME AND RETURN TO THE HOSPITAL LESS OFTEN.

#### AWARDS AND RECOGNITION

NGMC GAINESVILLE NAMED A TOP CHARITABLE HOSPITAL: NGMC GAINESVILLE WAS NAMED A TOP HOSPITAL FOR FAIR SHARE SPENDING BY THE LOWN INSTITUTE. THIS MEANS WE HAD A "FAIR SHARE" SURPLUS IN 2020, SPENDING MORE ON FINANCIAL ASSISTANCE AND COMMUNITY INVESTMENT THAN THE ESTIMATED VALUE OF OUR TAX EXEMPTION.

"A" SAFETY GRADE FROM THE LEAPFROG GROUP: IN FY23, NGMC BRASELTON AND NGMC BARROW RECEIVED A "A" SAFETY GRADE FROM THE LEAPFROG GROUP, A NATIONAL NONPROFIT UPHOLDING THE STANDARD OF PATIENT SAFETY IN HOSPITALS AND AMBULATORY SURGERY CENTERS.

NGMC BARROW NAMED SMALL HOSPITAL OF THE YEAR: NGMC BARROW WAS NAMED THE 2023 "SMALL HOSPITAL OF THE YEAR" BY THE GEORGIA ALLIANCE OF COMMUNITY HOSPITALS, WHICH IS PRESENTED TO FACILITIES THAT HAVE MADE EXTRAORDINARY STRIDES AND EXHIBITED EXCEPTIONAL ACHIEVEMENT WITHIN

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THEIR HEALTH SYSTEM AND COMMUNITY. SPECIFICALLY, NGMC BARROW PROVIDED \$3.8 MILLION WORTH OF CHARITY CARE, IMPROVED ACCESS TO CARE THROUGH ON-DEMAND VIRTUAL VISITS, AND EXPANDED EMS AMBULANCE SERVICES, AS WELL AS CONTRIBUTED OVER \$102 MILLION TO THE LOCAL ECONOMY AND PROVIDED OVER 749 JOBS TO THE BARROW COMMUNITY.

GOVERNOR NATHAN DEAL AWARD FOR TRAUMA EXCELLENCE: JESSE GIBSON, RN, TRAUMA PROGRAM DIRECTOR AT NGMC, RECEIVED THE GOVERNOR NATHAN DEAL AWARD FOR TRAUMA EXCELLENCE AT THE REGION 2 TRAUMA ADVISORY COMMITTEE'S NORTHEAST GEORGIA TRAUMA SYMPOSIUM FOR HER LASTING CLINICAL AND/OR SYSTEM IMPACT ON TRAUMA CARE IN NORTHEAST GEORGIA THROUGH EDUCATION, LEGISLATION, LEADERSHIP OR PHILANTHROPY.

LANTERN AWARD: IN FY23, NGMC GAINESVILLE AND NGMC BARROW WERE TWO OF THE FIRST HOSPITALS IN THE STATE TO BE AWARDED THE 2023 LANTERN AWARD BY THE EMERGENCY NURSES ASSOCIATION, WHICH RECOGNIZES EMERGENCY DEPARTMENTS THAT DEMONSTRATE EXCEPTIONAL AND INNOVATIVE PERFORMANCE IN LEADERSHIP, PRACTICE, EDUCATION, ADVOCACY AND RESEARCH.

NGMC GAINESVILLE SELECTED FOR NATIONAL TRAUMA TRIAL: RESEARCHERS AT NGMC GAINESVILLE ARE PARTICIPATING IN AN INTERNATIONAL CLINICAL TRIAL TO STUDY HOW A DRUG COULD INCREASE TRAUMA PATIENTS' CHANCES OF SURVIVAL. NGMC GAINESVILLE WAS CHOSEN AS ONE OF EIGHT LEVEL I TRAUMA CENTERS ACROSS THE UNITED STATES AND CANADA TO PARTICIPATE IN WHAT WILL BE THE SECOND-LARGEST TRAUMA TRIAL EVER CONDUCTED.

NEW HORIZONS RECEIVES FOUR-STARS: TWO OF OUR SKILLED NURSING FACILITIES, NEW HORIZONS LANIER PARK AND NEW HORIZONS LIMESTONE,

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RECEIVED THE CENTERS FOR MEDICARE AND MEDICAID SERVICES FOUR-STAR RATINGS.

GEORGIA CENTER FOR ONCOLOGY RESEARCH: ANGIE CATON, RN, ASSISTANT NURSE MANAGER AT NGMC, WAS HONORED AS "TODAY'S INNOVATOR" FOR HER REMARKABLE CONTRIBUTIONS TO CANCER CARE AT THE GEORGIA CENTER FOR ONCOLOGY RESEARCH ANNUAL GALA IN 2023.

PHYSICIAN ASSISTANT OF THE YEAR: GEORGIA HEART INSTITUTE'S HALEY QUEEN, PA-C, WAS NAMED THE 2023 "PA OF THE YEAR" BY THE GEORGIA ASSOCIATION OF PHYSICIAN ASSISTANTS (GAPA). THIS AWARD HONORS A PHYSICIAN ASSISTANT WHO HAS DEMONSTRATED EXEMPLARY SERVICE TO THE PA PROFESSION IN THEIR COMMUNITY AND THE STATE.

GEORGIA TREND'S 100 MOST INFLUENTIAL GEORGIANS: NGHS PRESIDENT AND CEO CAROL BURRELL WAS SELECTED FOR GEORGIA TREND MAGAZINE'S ANNUAL LIST OF THE 100 MOST INFLUENTIAL GEORGIANS FOR A NINTH YEAR IN A ROW.

GEORGIA TREND'S 40 UNDER 40: GEORGIA TREND MAGAZINE HONORED BLAKE FULENWIDER, NGHS' EXECUTIVE DIRECTOR OF GOVERNMENT AFFAIRS, ON ITS ANNUAL 40 UNDER 40 LIST.

2023 HEALTHY HALL AWARDS: IN FY23, MONICA NEWTON, D.O. WITH NGPG FAMILY MEDICINE, ASHLEY SIMPSON, NP FOR THE GEORGIA HEART INSTITUTE, TRACY VARDEMAN, FORMER CHIEF STRATEGY EXECUTIVE, AND PHILIP WILHEIT, SR., NGHS BOARD CHAIR EMERITUS, WERE RECOGNIZED FOR THEIR EFFORTS IN THE HALL COUNTY COMMUNITY AT THE HEALTHY HALL AWARDS.

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HELP FOR HEALTHCARE PROFESSIONALS: AT THE HELP FOR HEALTHCARE PROFESSIONALS' ANNUAL CELEBRATION OF HEALTHCARE WORKERS AND FIRST RESPONDERS, ERINE RAYBON-ROJAS, MD, WITH NGPG CRITICAL CARE MEDICINE, RECEIVED THE PHYSICIAN OF THE YEAR AWARD, AND JUAN TURNER, WITH NGHS NUTRITIONAL SERVICES, RECEIVED THE NUTRITIONAL WELLNESS CHAMPION OF THE YEAR AWARD.

OUTSTANDING WOMAN IN HEALTHCARE: DEB BAILEY, RETIRED EXECUTIVE DIRECTOR OF GOVERNMENTAL AFFAIRS AT NGHS, WAS HONORED BY THE GEORGIA ASSOCIATION OF COMMUNITY HOSPITALS AS THE INAUGURAL RECIPIENT OF THE "OUTSTANDING WOMEN IN HEALTHCARE" AWARD.

COMMUNITY SERVICE AWARD: IN FY23, GEORGIA HEART INSTITUTE RECEIVED THE GREATER HALL CHAMBER OF COMMERCE'S 2023 COMMUNITY SERVICE AWARD, WHICH RECOGNIZES A PERSON OR BUSINESS PROVIDING OUTSTANDING SERVICES THAT ARE TRANSFORMING THE COMMUNITY.

DIGITAL HEALTH MOST WIRED SURVEY: FOR THE 10TH YEAR IN A ROW, THE COLLEGE OF HEALTHCARE INFORMATION MANAGEMENT EXECUTIVES INCLUDED NGHS ON ITS ANNUAL LIST OF HEALTHCARE'S MOST WIRED FOR 2023. NGHS RECEIVED LEVEL 9 CERTIFICATION, ONE OF JUST FOUR ORGANIZATIONS IN GEORGIA TO RECEIVE THIS DESIGNATION.

NGMC AUXILIARY VOLUNTEER SUPPORT: IN FY23, MORE THAN 591 AUXILIARY VOLUNTEERS PROVIDED OVER 47K HOURS OF SERVICE THROUGHOUT THE HEALTH SYSTEM, WHICH EQUATES TO 28FTEs AND A VALUE OF \$1.5 MILLION TO ENHANCE THE QUALITY OF SERVICES PROVIDED BY NGHS. THIS LEVEL OF COMMUNITY SERVICE IS AN INDICATOR OF THE STRONG COMMUNITY RELATIONSHIPS THAT ARE

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MAINTAINED THROUGHOUT THE REGION.

DIGITAL HEALTH & INNOVATIONS

IN 2023, NGMC SAW A 60% INCREASE IN APPOINTMENTS SCHEDULED ONLINE, WITH 16% OF THOSE BEING NEW PATIENTS TO NGHS.

NGPG INTRODUCES ON-DEMAND URGENT CARE VISITS

IN FY23, NGPG LAUNCHED ON-DEMAND URGENT CARE VIDEO VISITS, ALLOWING PATIENTS TO SEE A TRUSTED NGPG URGENT CARE PROVIDER FROM THE COMFORT OF THEIR HOMES. PATIENTS CAN BE SEEN FOR IMMEDIATE CARE NEEDS SUCH AS COLDS, FLU SYMPTOMS, SINUS ISSUES, SORE THROATS AND RASHES. SINCE THE FEBRUARY 2023 LAUNCH, NGMC HAS COMPLETED OVER 2,300 VISITS.

NGPG LAUNCHES POST-DISCHARGE VIRTUAL VISITS

TO HELP PREVENT HOSPITAL READMISSIONS AND FACILITATE TRANSITION OF CARE, NGPG LAUNCHED AN AMBULATORY VIRTUAL CLINIC FOR HIGH-RISK PATIENTS AFTER THEY'VE BEEN DISCHARGED FROM THE HOSPITAL. THROUGH THE CLINIC, PATIENTS SEE A DOCTOR VIRTUALLY TO ENSURE THEY UNDERSTAND THEIR DISCHARGE PLANS, ARE APPROPRIATELY TAKING THEIR MEDICATIONS AND HAVE FOLLOW-UP APPOINTMENTS SCHEDULED.

NGMC GAINESVILLE AND BRASELTON

HIGHLIGHTS OF NGMC GAINESVILLE AND BRASELTON COMMUNITY BENEFIT ACTIVITIES:

NGMC GAINESVILLE AND BRASELTON VALUE COOPERATIVE EFFORTS WITH COMMUNITY

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ORGANIZATIONS AND OTHER HEALTHCARE PROVIDERS TO IMPROVE THE HEALTH

STATUS OF AREA RESIDENTS. THIS IS DEMONSTRATED THROUGH MANY

PARTNERSHIPS RANGING FROM SERVING AS THE LEAD AGENCY OF SAFE KIDS

NORTHEAST GEORGIA, TO PARTNERING WITH ORGANIZATIONS SUCH AS GOOD NEWS

CLINICS AND PUBLIC HEALTH TO REACH AT-RISK POPULATIONS IN NEED OF

HEALTH CARE.

HEALTH EDUCATION WAS PROVIDED THROUGH FREE COMMUNITY LECTURES, HEALTH

SCREENINGS, AND VARIOUS SUPPORT GROUPS. NGMC ALSO OFFERED EDUCATION

SEMINARS FOR HEALTH PROFESSIONALS IN THE COMMUNITY, REGION, AND STATE

AND WORKED TO TRAIN STUDENTS PURSUING HEALTH CAREERS. IN ADDITION, NGMC

HELPED SUPPORT THE WORK OF LOCAL NON-PROFIT ORGANIZATIONS THAT SERVE

THE HEALTH AND SOCIAL NEEDS OF THE COMMUNITY.

CHARITY CARE

LIKE NGMC BARROW, HABERSHAM AND LUMPKIN, GAINESVILLE AND BRASELTON'S

CHARITY CARE POLICY REMOVED BARRIERS FOR LOW-INCOME POPULATIONS WITHIN

OUR SERVICE AREA, BEGINNING WITH FREE MEDICALLY NECESSARY CARE FOR

PATIENTS WHOSE GROSS FAMILY INCOME WAS ZERO TO 150 PERCENT OF THE

FEDERAL POVERTY LEVEL (FPL) ADJUSTED FOR FAMILY SIZE. PATIENTS FROM OUR

SERVICE AREA WHOSE FPL IS FROM 151 TO 300 PERCENT QUALIFIED FOR AN

ADJUSTMENT EQUIVALENT TO THE HOSPITAL'S MEDICARE REIMBURSEMENT RATE

PLUS AN ADDITIONAL 40 PERCENT DISCOUNT TO THE MEDICARE REIMBURSEMENT

RATE. IN FY23, THE ESTIMATED COST OF INDIGENT AND CHARITY CARE THROUGH

NGMC GAINESVILLE AND BRASELTON WAS \$71,900,000 FOR AN 40,360 PATIENT

ENCOUNTERS. IN ADDITION, NGMC INCURRED BAD DEBT EXPENSE DURING FY23 OF

OVER \$134.7 MILLION AS MEASURED BY CHARGES. THIS REPRESENTS



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APPROXIMATELY 7.8% OF NET PATIENT REVENUE AS REFLECTED IN THE AUDITED FINANCIAL STATEMENTS. A SIGNIFICANT PERCENTAGE OF THIS AMOUNT IS ESTIMATED TO BE THE RESULT OF PATIENTS THAT ARE EMPLOYED BUT UNABLE TO PAY MEDICAL EXPENSES AND ARE THEREFORE CONSIDERED "MEDICALLY INDIGENT."

#### FINANCIAL NAVIGATION

NGMC GAINESVILLE AND NGMC BRASELTON EMPLOYS FINANCIAL ASSISTANCE COUNSELORS WHO HELP PATIENTS BECOME INSURED, BE IT THROUGH MEDICAID, PEACHCARE, OR OTHER PROGRAMS. NGMC'S FINANCIAL NAVIGATORS FOCUS ON BEING ADVOCATES FOR UNINSURED AND UNDERINSURED PATIENTS AIDING THEM IN FINDING VIABLE MEANS TO ACCESS CARE. THE TEAM'S FOCUS IS FINDING THE BEST SOLUTIONS FOR HELPING PATIENTS APPLY FOR MEDICAID, DISABILITY, ACCESSING THE NEW HEALTHCARE EXCHANGES, OR PROCESSING CHARITY, WHEN APPROPRIATE.

#### INDIGENT PATIENT FUND

AT NGMC, FINANCIAL ASSISTANCE IS PROVIDED FOR INDIGENT PATIENTS TO OBTAIN URGENTLY NEEDED DISCHARGE MEDICATIONS AND TRANSPORTATION. INDIVIDUALS ELIGIBLE FOR THESE FUNDS ARE PATIENTS WHOSE NEEDS CANNOT BE MET THROUGH PRIMARY INSURANCE, THEIR FUNDS, GOVERNMENT PROGRAMS, OR OTHER CHARITABLE SERVICES. THIS HELPED TO ENSURE MEDICATION COMPLIANCE AND MAXIMIZE CONDITIONS FOR RECOVERY AND RECUPERATION. THE NGHS FOUNDATION PROVIDED FUNDING FOR THIS PROGRAM AT AN ESTIMATED COST OF \$37,974 ACROSS ALL CAMPUSES IN FY23.

#### PATIENT NAVIGATION

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NGMC EMPLOYS PATIENT NAVIGATORS WHO PROVIDE GUIDANCE TO CANCER PATIENTS

AND THEY ARE SEEN AS A "LIVING RESOURCE DIRECTORY" FOR PATIENTS.

SERVICES INCLUDE: CONNECTING PATIENTS WITH COMMUNITY RESOURCES,

PROVIDING EMOTIONAL SUPPORT, HELPING PATIENTS UNDERSTAND THEIR

DIAGNOSIS, COMMUNICATING WITH HEALTHCARE STAFF AND PROVIDERS,

ADDRESSING LOGISTICAL ISSUES SUCH AS TRANSPORTATION AND HELPING

PATIENTS UNDERSTAND MEDICAL TERMS AND TREATMENT OPTIONS. THESE EFFORTS

CAME AT A TOTAL ESTIMATED COST OF \$555,873 FOR 8,998 PEOPLE FOR NGMC IN

FY23.

#### GOOD NEWS CLINICS SUPPORT

NGMC PROVIDES ANNUAL SUPPORT TO GOOD NEWS CLINICS (GNC), A CHRISTIAN

MINISTRY THAT PROVIDES MEDICAL AND DENTAL CARE TO THE INDIGENT AND

UNINSURED POPULATION AT NO CHARGE, BY PROVIDING OPERATIONAL SUPPORT,

ACCESS TO THE SAME ELECTRONIC MEDICAL RECORD SYSTEM USED BY THE HEALTH

SYSTEM, STAFF TIME OF NGMC PHYSICIANS, AND FUNDING TOWARDS GNC'S

CAPITAL BUILDING CAMPAIGN. FOR MORE INFORMATION, GO TO

[HTTPS://WWW.NGHS.COM/WP-CONTENT/UPLOADS/2024/06/PARTNERS.PDF](https://www.nghs.com/wp-content/uploads/2024/06/partners.pdf).

#### WHAT DRIVES COMMUNITY HEALTH IMPROVEMENT ACTIVITIES

WITH SIGNIFICANT INPUT FROM THE COMMUNITY, THE HOSPITAL ENTITIES OF

NORTHEAST GEORGIA HEALTH SYSTEM COMPLETED A REGIONAL COMMUNITY HEALTH

NEEDS ASSESSMENT (CHNA) IN PARTNERSHIP WITH DISTRICT 2 PUBLIC HEALTH,

STEPHENS COUNTY HOSPITAL, HABERSHAM MEDICAL CENTER AND GOOD NEWS

CLINICS IN 2022. THE ASSESSMENT FOCUSED MAINLY ON THE NEEDS OF THE

COMMUNITY'S MOST VULNERABLE POPULATIONS, PARTICULARLY THOSE WITH LOW

INCOMES WHO ARE UNINSURED. INPUT FROM THE COMMUNITY WAS GATHERED

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THROUGH FOCUS GROUPS AND INTERVIEWS, PLUS ONLINE SURVEYS THAT GARNERED APPROXIMATELY 4,500 RESPONSES, WELL ABOVE EXPECTED RESPONSE RATES. THE STUDY IDENTIFIED THE THREE HEALTH PRIORITIES THAT FIT HAND-IN-GLOVE WITH THE ORGANIZATION'S STRATEGIC DIRECTION: MENTAL & BEHAVIORAL HEALTH, ACCESS TO CARE, AND HEALTHY BEHAVIORS.

FOR DETAILS ON HOW NGMC AND ITS PARTNERS ARE ACTIVELY ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS CHNA, GO TO [WWW.NGHS.COM/COMMUNITY-BENEFIT-RESOURCES](http://WWW.NGHS.COM/COMMUNITY-BENEFIT-RESOURCES).

IN FY23, DIRECTOR OF COMMUNITY HEALTH IMPROVEMENT CHRISTY MOORE MET WITH KEL LEE CUTRELL, INTERIM DIRECTOR OF STUDENT COUNSELING AT THE UNIVERSITY OF NORTH GEORGIA REGARDING THE COMMUNITY HEALTH NEEDS ASSESSMENT METHODOLOGY AND SHARED LESSONS LEARNED SO UNG COULD USE IT IN THEIR OWN ASSESSMENT WORK.

IN FY23, EAGLE RANCH, A NON-PROFIT IN HALL COUNTY FOCUSED ON IMPROVING FAMILY RELATIONSHIPS THROUGH COUNSELING, REPORTED USING NGMC'S REGIONAL CHNA DATA TO INFORM THEIR EXPANSION OF EAGLE RANCH'S PROGRAMS TO INCLUDE THE WINGS CENTER, WHICH PROVIDES OUTPATIENT COUNSELING TO ADDRESS FAMILY NEEDS AT ALL AGES AND STAGES OF LIFE.

WORKFORCE DEVELOPMENT & HEALTH PROFESSIONS EDUCATION

NGMC CONTINUES TO SERVE AS A PIPELINE TO ATTRACT AND PREPARE QUALIFIED INDIVIDUALS AND STUDENTS INTERESTED IN HEALTHCARE POSITIONS. FROM JOB SHADOWING TO THE NURSING STUDENT EDUCATION PROGRAM, THE ACCELERATED BSN PROGRAM AND SIGNIFICANT SUPPORT TO FOOTHILLS AREA HEALTH EDUCATION CENTERS (AHEC), NGMC WORKS TO TRAIN, EDUCATE AND RECRUIT STUDENTS FOR

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CAREERS IN HEALTHCARE. NGMC SPENT OVER \$15 MILLION IN THESE AREAS:

ACCELERATED BSN PARTNERSHIP WITH THE UNIVERSITY OF NORTH GEORGIA: NGHS AND UNG PARTNERED TO CREATE AN ACCELERATED BACHELOR OF SCIENCE IN NURSING PROGRAM TO ADD 280 NURSES TO THE WORKFORCE OVER THE NEXT FIVE YEARS. THE 15-MONTH PROGRAM IS FOR STUDENTS WHO ALREADY HAVE A BACHELOR'S OR MASTER'S DEGREE IN ANOTHER FIELD AND WANT TO TRANSITION INTO A CAREER IN NURSING. IN FY23, NGMC PROVIDED \$1,762,760 TOWARDS THIS PROGRAM.

ALLIED HEALTH STUDENT EDUCATION: THE ALLIED HEALTH STUDENT EDUCATION PROGRAM HELPS STUDENTS LEARN VALUABLE SKILLS IN A CLINICAL ENVIRONMENT AND PROMOTES CAREERS IN HEALTHCARE, IMPROVING THE COMMUNITY'S ACCESS TO CARE. EDUCATIONAL AFFILIATION AGREEMENTS ARE MAINTAINED WITH EACH SCHOOL/PROGRAM, AND NGMC ENSURES COMPLETION OF ALL ORIENTATION AND STUDENT HEALTH REQUIREMENTS PRIOR TO ROTATIONS. MOST OF THESE STUDENTS WORK DIRECTLY WITH NGMC STAFF AS THERE ARE NO INSTRUCTORS ON CAMPUS, EXCEPT FOR SELECT GROUPS WHO ARE ACCOMPANIED BY INSTRUCTORS. IN FY23, NGMC PROVIDED CLINICAL ROTATIONS FOR 777 ALLIED HEALTH STUDENTS.

CLINICAL SIMULATION: NGMC IS A FACILITATOR OF SIMULATION LEARNING, DESIGNED FOR PARTICIPANTS TO PRACTICE PATIENT SAFETY BY IMPROVING DETECTION AND RESPONSE TO POTENTIAL COMPLICATIONS, FACILITATE THE DEVELOPMENT OF COMMUNICATION AND COLLABORATION AND INCORPORATE EVIDENCE-BASED PRACTICES AND STANDARDS OF PROFESSIONAL PRACTICE.

FOOTHILLS AHEC: NGMC PROVIDED SUPPORT TOWARDS FOOTHILLS AREA HEALTH EDUCATION CENTER, WHICH IS A COMMUNITY-DRIVEN, NON-PROFIT CORPORATION,

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SUPPORTED BY FEDERAL AND LOCAL SOURCES. THE MISSION IS TO INCREASE THE SUPPLY AND DISTRIBUTION OF HEALTHCARE PROVIDERS, ESPECIALLY IN MEDICALLY UNDERSERVED AREAS. THROUGH JOINT EFFORTS, COMMUNITIES EXPERIENCE IMPROVED SUPPLY, DISTRIBUTION AND RETENTION OF QUALITY HEALTHCARE PROFESSIONALS. FOOTHILLS AHEC SERVES 31 COUNTIES IN THE NORTHEAST GEORGIA AREA.

GRADUATE MEDICAL EDUCATION: NORTHEAST GEORGIA MEDICAL CENTER'S (NGMC) GRADUATE MEDICAL EDUCATION PROGRAM IS DESIGNED TO TRAIN RESIDENTS TO BE LEADERS IN THE MEDICAL FIELD WHILE RECEIVING HANDS-ON TRAINING IN VARIOUS MEDICAL SPECIALTIES. IN 2023, NGMC HAD 60 INTERNAL MEDICINE RESIDENTS, 36 FAMILY MEDICINE RESIDENTS, 30 GENERAL SURGERY RESIDENTS, 24 EMERGENCY MEDICINE RESIDENTS, 12 CARDIOVASCULAR DISEASE FELLOWS, 12 PSYCHIATRY RESIDENTS, FOUR INTERNAL MEDICINE PRIMARY CARE TRACK RESIDENTS, AND TWO HOSPICE AND PALLIATIVE MEDICINE FELLOWS.

TWO NEW RESIDENCIES LAUNCH: THE PRIMARY CARE TRACK, A SUBSET OF OUR INTERNAL MEDICINE RESIDENCY PROGRAM, WELCOMED ITS INAUGURAL CLASS OF FOUR RESIDENTS THIS YEAR. THIS PROGRAM PREPARES RESIDENTS TO BECOME PRIMARY CARE INTERNISTS PRACTICING IN THE COMMUNITY, WHICH CONTINUES TO BE A GREAT NEED IN OUR REGION AND STATE. THE TRANSITIONAL YEAR RESIDENCY PROGRAM, A ONE-YEAR PROGRAM THAT SERVES AS THE CLINICAL BASE YEAR THAT PRECEDES ADVANCED RESIDENCIES IN ANESTHESIOLOGY, DERMATOLOGY, RADIOLOGY AND OTHER SPECIALTIES, WELCOMED ITS INAUGURAL CLASS OF 12 RESIDENTS.

NEW HOSPICE & PALLIATIVE MEDICINE FELLOWSHIP WELCOMES INAUGURAL FELLOWS: THROUGH THIS ONE-YEAR COMMUNITY-BASED TRAINING PROGRAM,

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FELLOWS RECEIVE INTENSIVE TRAINING IN THE CARE OF SERIOUSLY ILL PATIENTS AND THEIR FAMILIES AS PART OF AN INTERDISCIPLINARY TEAM. IN FY23, TWO FELLOWS JOINED THE PROGRAM.

FIRST PATHWAY TO MED SCHOOL NGMC RESIDENT: DR. JANA BYRD IS THE FIRST PATHWAY TO MED SCHOOL GRADUATE TO MATCH WITH AN NGMC RESIDENCY PROGRAM. PATHWAY TO MED SCHOOL IS A FOUR-WEEK, INTENSIVE PROGRAM IN NORTHEAST GEORGIA PROVIDED BY FOOTHILLS AREA HEALTH EDUCATION CENTER (AHEC) DESIGNED FOR UNDERGRADUATE COLLEGE STUDENTS WHO ARE GEORGIA RESIDENTS AND PLAN TO ATTEND MEDICAL SCHOOL TO BECOME A PRIMARY CARE PHYSICIAN IN THE STATE OF GEORGIA. THE PROGRAM PROVIDES CLINICAL SHADOWING, COMMUNITY-BASED RESEARCH AND INSTRUCTIONAL SESSIONS AND BOASTS A 97% MEDICAL SCHOOL ACCEPTANCE RATE FOR ITS PARTICIPANTS, INCLUDING DR. BYRD, WHO COMPLETED MEDICAL SCHOOL AT MERCER UNIVERSITY AND IS NOW A FIRST-YEAR INTERNAL MEDICINE RESIDENT AT NGMC.

HALL COUNTY HONORS MENTORSHIP PROGRAM: IN THE HALL COUNTY SCHOOLS HONORS MENTORSHIP PROGRAM, HIGH SCHOOL JUNIORS AND SENIORS ARE MATCHED WITH A PROFESSIONAL IN THEIR SPECIFIC FIELD OF HEALTHCARE INTEREST AS PART OF REAL-LIFE CAREER EXPERIENCE IN AN HONORS-LEVEL ELECTIVE COURSE. IN FY23, 16 STUDENTS PARTICIPATED IN THIS PROGRAM.

NURSING STUDENT EDUCATION: NURSING STUDENT EDUCATION AT NGMC WORKS TO ADDRESS THE SHORTAGE OF NURSES IN OUR COMMUNITY, IMPROVING ACCESS TO CARE. NGMC COORDINATED CLINICAL ROTATIONS FOR 2,184 NURSING STUDENTS AT NGMC IN FY23.

PROJECT SEARCH: PROJECT SEARCH, A PROGRAM DEDICATED TO WORKFORCE

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DEVELOPMENT THAT BENEFITS THE INDIVIDUAL, COMMUNITY AND WORKPLACE, PROVIDES EMPLOYMENT AND EDUCATION OPPORTUNITIES FOR INDIVIDUALS WITH MILD TO MODERATE DISABILITIES. EMPLOYERS LIKE NGMC WHO PROVIDE OPPORTUNITIES THROUGH PROJECT SEARCH ARE CHALLENGED TO INCREASE EMPLOYMENT OPPORTUNITIES FOR QUALIFIED PERSONS WITH DISABILITIES AND TO ADVOCATE ON BEHALF OF THEIR EMPLOYMENT TO OTHER ORGANIZATIONS IN THEIR COMMUNITIES. IN FY23, 12 STUDENTS PARTICIPATED IN THIS PROGRAM.

SUPPORT OF CHARITABLE CLINICS AND OTHER NON-PROFITS

NGMC HELPS SUPPORT LOCAL NON-PROFITS THAT CONNECT PEOPLE IN NEED TO RESOURCES SUCH AS FOOD, TRANSPORTATION, AND OTHER IMPORTANT SUPPORT SERVICES. OFTEN REFERRED TO AS SOCIAL DETERMINANTS OF HEALTH, LACK OF ACCESS TO THESE RESOURCES PLAYS A DETRIMENTAL ROLE IN OVERALL HEALTH. IN FACT, RESEARCH SUPPORTS THE IDEA THAT AS MUCH AS 80% OF A PERSON'S WELLBEING IS TIED TO PHYSICAL ENVIRONMENT, ECONOMIC FACTORS, AND HEALTH BEHAVIORS. MAKING IMPROVEMENTS IN THESE AREAS UPSTREAM CAN IMPACT BETTER HEALTH DOWNSTREAM, MINIMIZING POOR HEALTH, UNNECESSARY SUFFERING AND HIGHER COSTS OF CARE.

IN FY23, NGMC HELPED SUPPORT 52 COMMUNITY NON-PROFITS IN FY23 AT A COST OF OVER \$904,000, INCLUDING:

-AINSLEY'S ANGELS OF NORTH GEORGIA

-AMERICAN CANCER SOCIETY

-AMERICAN HEART ASSOCIATION

-AMERICAN RED CROSS

-AMPED KIDS FOUNDATION

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-ANGEL HOUSE OF GEORGIA	
-BOY SCOUTS OF AMERICA	
-BRENAU UNIVERSITY	
-CENTER POINT	
-CHILDREN'S CENTER FOR HOPE AND HEALING	
-EAGLE RANCH	
-EDMONDSON-TELFORD CENTER FOR CHILDREN	
-ELACHEE NATURE CENTER	
-FISHING WITH EVERYDAY HEROES	
-GAINESVILLE JAYCEES	
-GAINESVILLE-HALL COUNTY BLACK HISTORY SOCIETY	
-GATEWAY DOMESTIC VIOLENCE CENTER	
-GEORGIA CORE	
-GEORGIA MOUNTAIN FOOD BANK	
-GFWC GAINESVILLE PHOENIX WOMEN'S CLUB	
-GIRL SCOUTS OF HISTORIC GEORGIA	
-HABITAT FOR HUMANITY	
-HELP FOR HEALTHCARE PROFESSIONALS	
-HISPANIC ALLIANCE GEORGIA	
-HUGS FOR HARRISON	
-INTERACTIVE NEIGHBORHOOD FOR KIDS	
-J'S PLACE	
-JACKSON COUNTY FAMILY CONNECTION	
-JARRARD BURCH FOUNDATION	
-JUNIOR LEAGUE OF GAINESVILLE AND HALL COUNTY	
-KEATON FRANKLIN COKER FOUNDATION THUMBS UP MISSION	
-LEADERSHIP GEORGIA	
-MY SISTER'S PLACE	



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-NATIONAL PKU ALLIANCE

-NAVIGATE RECOVERY GWINNETT, LIGHTWAY ADDICTION RECOVERY

-NORTH GEORGIA WORKS

-PARTNERSHIP FOR DRUG FREE HALL

-PARTNERSHIP FOR GYNECOLOGICAL CANCER

-QUINLAN VISUAL ARTS CENTER

-RACHEL'S GIFT

-RAINBOW VILLAGE

-RAPE RESPONSE

-REBOOT JACKSON

-ROTARY CLUB OF BUFORD

-ROTARY CLUB OF SOUTH HALL

-SISU, EARLY INTEGRATED LEARNING

-SOUTHEASTERN BRAIN TUMOR FOUNDATION

-SPECIAL OLYMPICS

-SYFAN SUPPORTS RALLY

-THE HUB GAINESVILLE CITY SCHOOLS

-THE WISDOM PROJECT

-WOMENSOURCE

UNITE US

AFTER YEARS OF RESEARCH AND DUE DILIGENCE IN PARTNERSHIP WITH

COMMUNITY-BASED ORGANIZATIONS (CBOS) THROUGH UNITED WAY OF HALL COUNTY,

UNITE US WENT LIVE AT NGHS ON MAY 30, 2023 IN PILOT FORMAT. UNITE US IS

A SHARED DATA PLATFORM THAT CREATES A COORDINATED CARE NETWORK WITH

PARTNERS WORKING TOGETHER TO CONNECT PEOPLE TO A RANGE OF SERVICES SUCH

AS HOUSING, EMPLOYMENT OPPORTUNITIES, FOOD ASSISTANCE AND MORE. IT'S A

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SOCIAL CARE NETWORK THAT ALLOWS FOR ELECTRONIC REFERRALS BETWEEN  
NON-PROFITS AND SERVICE ORGANIZATIONS TO CONNECT INDIVIDUALS AND  
FAMILIES TO THE SERVICES THEY NEED IN REAL TIME.

AT THE END OF FY23, 70 CBOS WERE ON THE PLATFORM. RESEARCH SHOWS THAT  
ISSUES LIKE UNEMPLOYMENT, FOOD INSECURITY, POOR HOUSING, AND SOCIAL  
ISOLATION PLAY A DETRIMENTAL ROLE IN OVERALL HEALTH. BY MAKING  
IMPROVEMENTS IN THESE SOCIAL DETERMINANTS OF HEALTH (SDOH) UPSTREAM, IT  
WILL MINIMIZE POOR HEALTH, UNNECESSARY SUFFERING, AND HIGHER COSTS.

MENTAL & BEHAVIORAL HEALTH

MENTAL HEALTH QUESTION PERSUADE REFER (QPR) TRAINING: NGMC SUPPORTED  
SUICIDE PREVENTION TRAINING FOR THE COMMUNITY IN FY23. THIS TRAINING  
TEACHES HOW TO ASK THE SUICIDE QUESTION, PERSUADE THE PERSON TO STAY  
ALIVE AND THEN REFER THE PERSON TO THE APPROPRIATE SUPPORT.

ONE HALL MENTAL AND BEHAVIORAL HEALTH COLLABORATIVE : NGMC IS A  
COLLABORATIVE PARTNER WITH ONE HALL (THROUGH UNITED WAY) TO IMPROVE  
MENTAL AND BEHAVIORAL HEALTH IN THE COMMUNITY AND REDUCE THE STIGMA  
RELATED TO SEEKING HELP BY RAISING AWARENESS ABOUT THE ISSUE, AS WELL  
AS PROVIDING AVAILABLE RESOURCES AND EDUCATION. IN FY23, ADAM RAULERSON  
AND MONICA NEWTON, D.O. DEDICATED STAFF TIME TO SERVE ON THE ONE HALL  
MBH COMMITTEE. FOR MORE DETAILS ABOUT THE WORK OF THIS COLLABORATIVE,  
SEE [HTTPS://WWW.UNITEDWAYHALLCOUNTY.ORG/REACHOUT/REPORTS](https://www.unitedwayhallcounty.org/reachout/reports).

PEER SUPPORT IN THE NICU: NGMC AND THE GEORGIA COUNCIL ON SUBSTANCE  
ABUSE (GCSA) PARTNER TO PROVIDE CARES PEER SUPPORT PROGRAM, WHICH

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CONNECTS PEOPLE SURVIVING OVERDOSES TO CERTIFIED ADDICTION RECOVERY

EMPOWERMENT SPECIALISTS (CARES) AT ITS EDS AND NICUS. IF A PATIENT IS IDENTIFIED TO BE IN NEED OF PEER SUPPORT, A CARES IS PAIRED WITH THE INDIVIDUAL. THEY PROVIDE SUPPORT AND CONNECT THE INDIVIDUAL WITH RESOURCES WHILE AT THE HOSPITAL. THE CARES VISITS THE INDIVIDUAL TEN DAYS AFTER DISCHARGE TO PROVIDE CONTINUED SUPPORT AND RECOVERY RESOURCES. IN FY23, OVER 2,131 PEERS WERE SERVED THROUGH THIS PROGRAM WITH 6,844 SUCCESSFUL FOLLOW-UPS.

ACCESS TO CARE

BRASELTON SURGERY CENTER: IN OCTOBER 2023, THE BRASELTON SURGERY CENTER, NGHS' FIRST AMBULATORY SURGERY CENTER OPENED. THIS SURGERY CENTER PROVIDES CONVENIENT ACCESS TO AMBULATORY SURGERY AND OTHER SPECIALTY CARE TO THE BRASELTON COMMUNITY.

NGMC GAINESVILLE'S NEW PATIENT TOWER TOPS OUT: IN JULY 2023, NGHS CELEBRATED THE TOPPING OUT OF THE NEW PATIENT TOWER AT NGMC GAINESVILLE. SET TO OPEN IN EARLY 2025, THE 927,000 SQUARE-FOOT NEW TOWER WILL HOUSE 150 ADDITIONAL INPATIENT BEDS, AN EXPANDED RELOCATION OF OUR EMERGENCY DEPARTMENT, A NEW AND EXPANDED INTERVENTIONAL CATH LAB, EXPANDED SURGICAL CAPACITY, A NEW FOOD-SERVICE AREA AND ADDITIONAL PARKING.

NGMC BRASELTON EXPANSION GROUNDBREAKING AND TOPPING OUT: IN MAY 2023, NGHS BROKE GROUND ON A NEW EXPANSION AT NGMC BRASELTON, WHICH PAVES THE WAY FOR SEVERAL IMPROVEMENTS INCLUDING: ADDITIONAL INPATIENT BEDS, EXPANDED EMERGENCY DEPARTMENT, A NEW HELIPAD, ADDITIONAL PARKING AND

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EXPANDED SUPPORT SPACE.

HEALTH EDUCATION AND COMMUNITY OUTREACH

AGAPE PROJECT OF GEORGIA: NGMC PARTNERED WITH AGAPE PROJECT OF GEORGIA TO PROVIDE HEALTH OUTREACH AND EDUCATION TO INDIVIDUALS EXPERIENCING HOMELESSNESS IN HALL COUNTY. HOSTED AT THE BUDGETEL EXTENDED STAY HOTEL, THE EVENT INCLUDED PARTNERS SUCH AS GOOD NEWS CLINICS, THE LONGSTREET CLINIC, WEGO, AND PEACHCARE FOR KIDS. NGMC FINANCIAL NAVIGATORS PROVIDED COUNSELING TO 32 ADULTS, CONNECTING THEM WITH RESOURCES AND PROGRAMS TO IMPROVE ACCESS TO HEALTHCARE. INDIVIDUALS THAT DISCUSSED THEIR HEALTHCARE NEEDS WITH A NAVIGATOR RECEIVED A \$10 WEGO GIFT CARD FOR MEDICAL TRIP VISITS AND A \$25 GROCERY GIFT CARD.

DIABETES EDUCATION, SCREENINGS AND SUPPORT GROUPS: NGMC WORKED IN THE COMMUNITY TO EDUCATE AND SCREEN COMMUNITY MEMBERS FOR DIABETES AT NO CHARGE, CREATING OPPORTUNITIES FOR EDUCATION ABOUT THE RISKS OF DIABETES WHILE CHECKING BLOOD SUGAR LEVELS TO DETERMINE WHICH INDIVIDUALS NEEDED FURTHER MEDICAL TESTING. PREVENTIVE EDUCATION WAS ALSO FACILITATED THROUGH PRE-DIABETIC SEMINARS AND HEALTH FAIR PARTICIPATION. THIS SUPPORT BENEFITTED 244 COMMUNITY MEMBERS IN FY23.

NGMC ALSO PROVIDED DIABETES SUPPORT GROUPS FOR THOSE IN THE COMMUNITY SUPPORTING PEOPLE WITH OR LIVING WITH DIABETES. THESE SUPPORT GROUPS OFFERED A PLACE FOR OVER 148 PEOPLE TO LEARN HOW TO MANAGE THIS DISEASE, DISCUSS CHALLENGES, SHARE EXPERIENCES AND CELEBRATE ACHIEVEMENTS WITH OTHERS.

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HEALTH SCIENCES LIBRARY AND RESOURCE CENTER: THE HEALTH SCIENCES LIBRARY AND RESOURCE CENTER AT NGMC SERVES THE HEALTH INFORMATION NEEDS OF THE NORTHEAST GEORGIA COMMUNITY EXPANDING TO OVER 18 COUNTIES. CONSUMERS, PATIENTS AND THEIR FAMILY MEMBERS HAVE ACCESS TO CREDIBLE RESOURCES RELATING TO MEDICAL SYMPTOMS, CONDITIONS AND TREATMENTS. THE RESOURCE CENTER ENCOURAGES VISITORS TO MAKE HEALTHY CHOICES AND BECOME ACTIVE, INFORMED PARTNERS IN THEIR HEALTHCARE. DURING FY23, THE LIBRARY HOSTED BOOK CLUBS TO EDUCATE THE COMMUNITY ON ADVANCE CARE PLANNING & WELCOMED 13,246 VISITORS: A 35% INCREASE FROM LAST YEAR.

THE HEALTH SCIENCES LIBRARY ALSO PARTNERED WITH ST. JOHN'S BAPTIST CHURCH IN GAINESVILLE TO PROVIDE MEN'S HEALTH INFORMATION TO CHURCH MEMBERS, AS WELL AS TO EDUCATE ON HOW TO UTILIZE MEDLINE PLUS, AN ONLINE HEALTH RESOURCE FOR PATIENTS AND FAMILIES.

HOSPICE: HOSPICE OF NGMC PROVIDED MULTIPLE BEREAVEMENT SUPPORT GROUPS AND EDUCATION FOR THOSE GRIEVING A LOSS OR CARING FOR A LOVED ONE WITH AN ILLNESS (SUCH AS DEMENTIA) AND CAMPS FOR CHILDREN DEALING WITH THE LOSS OF SOMEONE CLOSE TO THEM. IN FY23, HOSPICE OF NGMC SERVED 3,448 INDIVIDUALS.

JUNETEENTH: NGMC PARTNERED WITH THE NEWTOWN FLORIST CLUB AND THE GAINESVILLE-HALL COUNTY BLACK HISTORY SOCIETY TO PLAN AND IMPLEMENT THE HEALTH CARE RESOURCE PORTION OF THE JUNETEENTH CELEBRATION IN GAINESVILLE. NGMC AND OTHER COMMUNITY-BASED ORGANIZATIONS PARTICIPATED IN HEALTH PANELS, HEALTH EDUCATION RESOURCE TABLES AND FREE HEALTH SCREENINGS FOR OVER 500 ATTENDEES.

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ONE HALL ADVOCATES: UNITED WAY OF HALL COUNTY'S ONE HALL ADVOCATES PARTNERED WITH NGHS, GAINESVILLE-HALL COUNTY COMMUNITY SERVICES, NEWTOWN FLORIST CLUB AND WOMENSOURCE TO PRESENT A COMMUNITY SCREENING OF "THE IMMORTAL LIFE OF HENRIETTA LACKS." A DISCUSSION ON WOMEN'S HEALTH WITH PANELISTS FROM NGHS (DR. SAMANTHA GRANT, GME FAMILY MEDICINE RESIDENT; ASHLEY SIMPSON, NP, ACUTE CARE NURSE PRACTITIONER, GEORGIA HEART INSTITUTE; ANGIE CATON, RN, NGMC ONCOLOGY NURSE) FOLLOWED THE SCREENING OF THE FILM MODERATED BY PHILLIPPA LEWIS MOSS, NGMC'S BOARD CHAIR AND CO-CHAIR OF OUR CHNA.

PARAMEDICS IMPROVING THE COMMUNITY'S HEALTH (PITCH): PITCH WORKS TO IDENTIFY POPULATIONS IN THE COMMUNITY THAT NEED ASSISTANCE NAVIGATING THE HEALTHCARE SYSTEM APPROPRIATELY AND GRADUATING THEM TO A LEVEL OF INDEPENDENCE. MANY INDIVIDUALS EXPERIENCE BARRIERS TO GETTING THE HEALTHCARE AND SOCIAL CARE SERVICES THEY NEED. THE PITCH PROGRAM WORKS WITH COMMUNITY NON-PROFIT PARTNERS WHO ACT AS BOTH A REFERRAL SOURCE AND RESOURCE FOR PARTICIPANTS. IN FY23, PITCH SERVED OVER 140 INDIVIDUALS, ESTABLISHING 60 NEW PITCH PROGRAM PATIENTS WITH PRIMARY CARE WHO INITIALLY REPORTED NO PRIMARY CARE.

RESPECTING CHOICES: RESPECTING CHOICES IS AN EVIDENCE-BASED MODEL OF ADVANCED CARE PLANNING THAT HONORS AN INDIVIDUAL'S GOALS AND VALUES FOR CURRENT AND FUTURE HEALTH CARE. THIS PROGRAM IS DESIGNED TO CREATE A CULTURE OF OPEN DISCUSSION ABOUT END-OF-LIFE CARE IN NORTHEAST GEORGIA SO THAT FAMILIES ARE RELIEVED OF UNNECESSARY STRESS AND TO AVOID THE USE OF EXPENSIVE RESOURCES THAT PATIENTS DON'T VALUE NOR BENEFIT FROM. THIS PROJECT IS FUNDED BY THE NGHS FOUNDATION.

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SAFE KIDS NORTHEAST GEORGIA: NORTHEAST GEORGIA MEDICAL CENTER SERVES AS LEAD AGENCY FOR SAFE KIDS NORTHEAST GEORGIA. THE MISSION OF SAFE KIDS IS TO REDUCE UNINTENTIONAL INJURIES AND DEATH IN CHILDREN 19 AND UNDER. IN FY23, SAFE KIDS PROVIDED 100 PROGRAMS AND EVENTS WITH OUTREACH ACROSS NGMC GAINESVILLE AND BRASELTON TO AN ESTIMATED 11,612 CHILDREN, FAMILY MEMBERS, TEACHERS AND CAREGIVERS. THROUGH THESE PROGRAMS, SAFETY ITEMS WERE DISTRIBUTED TO FAMILIES IN NEED.

SEPSIS COMMUNITY OUTREACH: NGMC PROVIDED SEPSIS AWARENESS EDUCATION AT LOCAL HEALTH FAIRS AND SEMINARS IN FY23, AND ALSO ASSISTED OTHER HEALTHCARE ORGANIZATIONS IN THE REGION TO DEVELOP SEPSIS NAVIGATION PROGRAMS TO ULTIMATELY INCREASE THE EARLY RECOGNITION OF SEPSIS TO SAVE LIVES.

#### SYMPOSIA

REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) AND SYMPOSIUM: NGMC AND THE REGIONAL TRAUMA ADVISORY COMMITTEE TO HOST THE ANNUAL NORTHEAST GEORGIA REGIONAL TRAUMA SYMPOSIUM, A TWO-DAY SYMPOSIUM THAT PROVIDES EDUCATIONAL SPEAKERS ON CURRENT TOPICS OF INTEREST TO PHYSICIANS, ADVANCE PRACTITIONERS, NURSES, RESPIRATORY THERAPISTS, PHYSICAL/OCCUPATIONAL THERAPISTS, EMS PROFESSIONALS AND OTHER HEALTHCARE WORKERS. AS PART OF THE STATE OF GEORGIA'S TRAUMA SYSTEM, THE REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) DEVELOPS AND MAINTAINS THE REGION'S TRAUMA SYSTEM PLAN AND MONITORS SYSTEM COMPLIANCE AND IMPROVEMENT ACTIVITIES. NGMC PARTNERS WITH OTHER EMS AGENCIES, PARTICIPATING HOSPITALS, LOCAL GOVERNMENTS AND THE PUBLIC AS A PART OF THIS COMMITTEE. IN FY23, 598 HEALTHCARE PROFESSIONALS ATTENDED THIS

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## SYMPOSIUM.

REGIONAL INFECTION PREVENTION SYMPOSIUM: THE NORTHEAST GEORGIA REGIONAL INFECTION PREVENTION SYMPOSIUM IS A FREE CONFERENCE OFFERED TO ANY HEALTHCARE PROVIDER BY NGMC'S INFECTION PREVENTION & CONTROL DEPARTMENT. MANY OF THE SMALL RURAL FACILITIES THROUGHOUT GEORGIA HAVE LIMITED TO NO ACCESS TO INFECTION PREVENTION AND CONTROL EDUCATION. IN FY23, THIS SYMPOSIUM PROVIDED EDUCATION TO 161 INDIVIDUALS.

NEURO REHAB SYMPOSIUM: THE NEURO REHAB SYMPOSIUM IS A ONE-DAY SYMPOSIUM FEATURING EDUCATIONAL PRESENTATIONS ON NEUROLOGICAL REHABILITATION AFTER STROKE. DESIGNED SPECIFICALLY FOR THERAPISTS WHO CARE FOR PATIENTS AND FAMILIES, TOPICS COVERED STROKE-SPECIFIC IMPAIRMENT PRIORITIES IN EACH PHASE OF STROKE REHABILITATION. IN FY23, 280 HEALTHCARE PROFESSIONALS ATTENDED THIS SYMPOSIUM.

GEORGIA HEART & VASCULAR SYMPOSIUM: THE GEORGIA HEART & VASCULAR SYMPOSIUM WAS A TWO-DAY CONFERENCE BRINGING HEALTHCARE PROFESSIONALS AND OVER 50 RENOWNED EXPERTS TOGETHER TO SHARE THEIR EXPERIENCE AND KNOWLEDGE ON CARDIOVASCULAR MEDICINE AND TREATMENT. THE EVENT INCLUDED DEBATES, DISCUSSIONS, EXHIBITS, TWO LIVE-STREAMED HEART PROCEDURES AND MORE FOR OVER 550 PHYSICIANS, ADVANCED PRACTICE PRACTITIONERS, NURSES, EMS AND OTHER CLINICAL PROFESSIONALS.

## RESEARCH

IN FY23, NGMC OFFERED PATIENTS THE OPPORTUNITY TO PARTICIPATE IN 50 CLINICAL TRIALS INVOLVING SOME OF THE MOST PROMISING, BREAKTHROUGH NEW



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MEDICAL THERAPIES. OVER 510 PATIENTS WERE ENROLLED IN TRIALS THAT PROVIDED PATIENTS WITH ACCESS TO CUTTING EDGE TREATMENTS FOR CANCER AND HEART DISEASE. FOR MORE INFORMATION, VISIT NGHS.COM/RESEARCH.

#### AWARDS AND RECOGNITION

NGHS REPRESENTS IN WASHINGTON, D.C.: BEAU PROCTOR, RN, SYSTEM MANAGER OF CARDIAC REHAB, REPRESENTED NGHS AT THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION'S "DAY ON THE HILL" IN MARCH 2023, ADVOCATING FOR BETTER ACCESS TO CARDIAC REHAB FOR PATIENTS IN GEORGIA TO ELIMINATE BARRIERS TO CARE.

#### COMMUNITY SERVICE

IN FY23, 66 LEADERS FROM NGMC GAINESVILLE AND BRASELTON REPORTED DEDICATING STAFF TIME TOWARDS A TOTAL OF 222 LEADERSHIP POSITIONS WITHIN VARIOUS CIVIC AND PROFESSIONAL ORGANIZATIONS.

#### NGMC BARROW

##### HIGHLIGHTS OF NGMC BARROW COMMUNITY BENEFIT ACTIVITIES:

NGMC BARROW VALUES COOPERATIVE EFFORTS WITH COMMUNITY ORGANIZATIONS AND OTHER HEALTHCARE PROVIDERS TO IMPROVE THE HEALTH STATUS OF AREA RESIDENTS. THE ORGANIZATION DEMONSTRATES THIS THROUGH COMMUNITY PARTNERSHIPS AND SUPPORT.

NGMC BARROW SUPPORTED THE COMMUNITY IN A VARIETY OF WAYS DURING FY23,

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FROM MENTAL HEALTH AWARENESS PROGRAMS AND SUICIDE PREVENTION, TO FACILITATING YOUTH APPRENTICESHIP PROGRAMS. IN ADDITION, BARROW PROVIDED SUPPORT TO OTHER LOCAL NON-PROFIT ORGANIZATIONS THAT SERVE THE COMMUNITY.

#### CHARITY CARE

LIKE NGMC GAINESVILLE, BRASELTON, LUMPKIN AND HABERSHAM, NGMC BARROW'S CHARITY CARE POLICY REMOVED BARRIERS FOR LOW-INCOME POPULATIONS WITHIN OUR SERVICE AREA, BEGINNING WITH THE FREE, MEDICALLY NECESSARY CARE FOR PATIENTS WHOSE GROSS FAMILY INCOME IS 0 TO 150 PERCENT OF THE FEDERAL POVERTY LEVEL (FPL) ADJUSTED FOR FAMILY SIZE. PATIENTS FROM OUR SERVICE AREA WHOSE FPL IS FROM 151 TO 300 PERCENT MAY QUALIFY FOR AN ADJUSTMENT EQUIVALENT TO THE HOSPITAL'S MEDICARE REIMBURSEMENT RATE PLUS AN ADDITIONAL 40 PERCENT DISCOUNT TO THE MEDICARE REIMBURSEMENT RATE.

IN FY23, THE ESTIMATED COST OF INDIGENT AND CHARITY CARE THROUGH NGMC BARROW WAS \$3.2 MILLION BASED ON 3,586 PATIENT ENCOUNTERS. IN ADDITION, NGMC BARROW INCURRED BAD DEBT EXPENSE DURING 2023 OF APPROXIMATELY \$11.4 MILLION AS MEASURED BY CHARGES. THIS REPRESENTS APPROXIMATELY 21.8 PERCENT OF NET PATIENT REVENUE AS REFLECTED IN THE AUDITED FINANCIAL STATEMENTS. A SIGNIFICANT PERCENTAGE OF THIS AMOUNT IS ESTIMATED TO BE THE RESULT OF PATIENTS THAT ARE EMPLOYED BY UNABLE TO PAY MEDICAL EXPENSES AND ARE THEREFORE CONSIDERED "MEDICALLY INDIGENT."

#### FINANCIAL NAVIGATION

NGMC BARROW EMPLOYS FINANCIAL ASSISTANCE COUNSELORS WHO HELP PATIENTS BECOME INSURED, BE IT THROUGH MEDICAID, PEACHCARE, OR OTHER PROGRAMS.

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NGMC'S FINANCIAL NAVIGATORS FOCUS ON BEING ADVOCATES FOR UNINSURED AND UNDERINSURED PATIENTS AIDING THEM IN FINDING VIABLE MEANS TO ACCESS CARE. THE TEAM'S FOCUS IS FINDING THE BEST SOLUTIONS FOR HELPING PATIENTS APPLY FOR MEDICAID, DISABILITY, ACCESSING THE NEW HEALTHCARE EXCHANGES, OR PROCESSING CHARITY, WHEN APPROPRIATE.

#### PATIENT NAVIGATION

NGMC BARROW EMPLOYS PATIENT NAVIGATORS WHO PROVIDE GUIDANCE TO CANCER PATIENTS AND THEY ARE SEEN AS A "LIVING RESOURCE DIRECTORY" FOR PATIENTS. SERVICES INCLUDE: CONNECTING PATIENTS WITH COMMUNITY RESOURCES, PROVIDING EMOTIONAL SUPPORT, HELPING PATIENTS UNDERSTAND THEIR DIAGNOSIS, COMMUNICATING WITH HEALTHCARE STAFF AND PROVIDERS, ADDRESSING LOGISTICAL ISSUES SUCH AS TRANSPORTATION AND HELPING PATIENTS UNDERSTAND MEDICAL TERMS AND TREATMENT OPTIONS. THESE EFFORTS CAME AT A TOTAL ESTIMATED COST OF \$117,442 FOR 1,439 PEOPLE FOR NGMC BARROW IN FY23.

#### INDIGENT PATIENT FUND

AT NGMC BARROW, FINANCIAL ASSISTANCE IS PROVIDED FOR INDIGENT PATIENTS TO OBTAIN URGENTLY NEEDED DISCHARGE MEDICATIONS AND TRANSPORTATION. INDIVIDUALS ELIGIBLE FOR THESE FUNDS ARE PATIENTS WHOSE NEEDS CANNOT BE MET THROUGH PRIMARY INSURANCE, THEIR FUNDS, GOVERNMENT PROGRAMS, OR OTHER CHARITABLE SERVICES.. THE NGHS FOUNDATION PROVIDED FUNDING FOR THIS PROGRAM AT AN ESTIMATED COST OF \$37,974 ACROSS ALL NGMC CAMPUSES IN FY23.

#### WHAT DRIVES COMMUNITY HEALTH IMPROVEMENT ACTIVITIES

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WITH SIGNIFICANT INPUT FROM THE COMMUNITY, THE HOSPITAL ENTITIES OF NORTHEAST GEORGIA HEALTH SYSTEM COMPLETED A REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN PARTNERSHIP WITH DISTRICT 2 PUBLIC HEALTH, STEPHENS COUNTY HOSPITAL, HABERSHAM MEDICAL CENTER AND GOOD NEWS CLINICS IN 2022. THE ASSESSMENT FOCUSED MAINLY ON THE NEEDS OF THE COMMUNITY'S MOST VULNERABLE POPULATIONS, PARTICULARLY THOSE WITH LOW INCOMES WHO ARE UNINSURED. INPUT FROM THE COMMUNITY WAS GATHERED THROUGH FOCUS GROUPS AND INTERVIEWS, PLUS ONLINE SURVEYS THAT GARNERED APPROXIMATELY 4,500 RESPONSES, WELL ABOVE EXPECTED RESPONSE RATES. THE STUDY IDENTIFIED THE THREE HEALTH PRIORITIES THAT FIT HAND-IN-GLOVE WITH THE ORGANIZATION'S STRATEGIC DIRECTION: MENTAL & BEHAVIORAL HEALTH, ACCESS TO CARE, AND HEALTHY BEHAVIORS. FOR MORE INFORMATION ABOUT THESE PRIORITIES, GO TO [WWW.NGHS.COM/COMMUNITY-BENEFIT-RESOURCES](http://WWW.NGHS.COM/COMMUNITY-BENEFIT-RESOURCES).

WORKFORCE DEVELOPMENT & HEALTH PROFESSIONS EDUCATION

NGMC BARROW CONTINUES TO SERVE AS A PIPELINE TO ATTRACT AND PREPARE QUALIFIED INDIVIDUALS AND STUDENTS INTERESTED IN HEALTHCARE POSITIONS AND WORKS TO TRAIN, EDUCATE AND RECRUIT STUDENTS FOR CAREERS IN HEALTHCARE. NGMC BARROW SPENT OVER \$134,000 IN FY23 IN THESE AREAS:

ALLIED HEALTH STUDENT EDUCATION: IN FY23, NGMC BARROW PROVIDED CLINICAL ROTATIONS FOR 10 ALLIED HEALTH STUDENTS. THE ALLIED HEALTH STUDENT EDUCATION PROGRAM HELPS STUDENTS LEARN VALUABLE SKILLS IN A CLINICAL ENVIRONMENT AND PROMOTES CAREERS IN HEALTHCARE, IMPROVING THE COMMUNITY'S ACCESS TO CARE.

NURSING STUDENT EDUCATION: NGMC BARROW WORKS TO ADDRESS THE SHORTAGE OF

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NURSES IN OUR COMMUNITY, IMPROVING ACCESS TO CARE. NGMC COORDINATED  
CLINICAL ROTATIONS FOR 22 NURSING STUDENTS AT NGMC BARROW IN FY23.

YOUTH APPRENTICESHIP PROGRAM: THE YOUTH APPRENTICESHIP PROGRAM PROVIDES  
AN OPPORTUNITY FOR HIGH SCHOOL STUDENTS TO COME WORK IN THE HOSPITAL  
FOR ONE CLASS PERIOD, WHICH PROVIDES HANDS-ON EXPOSURE TO MANY  
DIFFERENT HEALTHCARE CAREERS. 12 STUDENTS PARTICIPATED WITH NGMC BARROW  
IN FY23.

SUPPORT OF CHARITABLE CLINICS AND OTHER NON-PROFITS

NGMC HELPS SUPPORT LOCAL NON-PROFITS THAT CONNECT PEOPLE IN NEED TO  
RESOURCES SUCH AS FOOD, TRANSPORTATION, AND OTHER IMPORTANT SUPPORT  
SERVICES. OFTEN REFERRED TO AS SOCIAL DETERMINANTS OF HEALTH, LACK OF  
ACCESS TO THESE RESOURCES PLAY A DETRIMENTAL ROLE IN OVERALL HEALTH. IN  
FACT, RESEARCH SUPPORTS THE IDEA THAT AS MUCH AS 80% OF A PERSON'S  
WELLBEING IS TIED TO PHYSICAL ENVIRONMENT, ECONOMIC FACTORS, AND HEALTH  
BEHAVIORS. MAKING IMPROVEMENTS IN THESE AREAS UPSTREAM CAN IMPACT  
BETTER HEALTH DOWNSTREAM, MINIMIZING POOR HEALTH, UNNECESSARY SUFFERING  
AND HIGHER COSTS OF CARE.

IN FY23, NGMC BARROW HELPED SUPPORT THE FOLLOWING ORGANIZATIONS AT A  
COST OF OVER \$265,000:

-ADVENTURE BAGS

-AMERICAN FOUNDATION FOR SUICIDE PREVENTION, OUT OF THE DARKNESS WALK

-AMERICAN HEART ASSOCIATION

-BARROW AREA ROTARY CLUB

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-BARROW MINISTRY VILLAGE

-FOOD BANK OF NORTHEAST GEORGIA

-FRIENDS OF ADVANTAGE

-HABITAT FOR HUMANITY

-NORTHEAST GEORGIA COUNCIL OF BOY SCOUTS OF AMERICA

-REGION TEN EMS DIRECTOR'S ASSOCIATION

-ROTARY CLUB OF WINDER

-SOUTHEASTERN BRAIN TUMOR FOUNDATION

-THE BARROW COMMUNITY FOUNDATION

-THE CANCER FOUNDATION

-THE TREE HOUSE

-UNITED WAY OF NORTHEAST GEORGIA

-WIMBERLY'S ROOTS

-WINDER FIRE DEPARTMENT

-YMCA OF GEORGIA'S PIEDMONT

MENTAL AND BEHAVIORAL HEALTH

IN FY23, DIRECTOR OF COMMUNITY HEALTH IMPROVEMENT CHRISTY MOORE AND ONE HALL CO-CHAIR OF MENTAL AND BEHAVIORAL HEALTH MONICA NEWTON, D.O. MET WITH LOCAL CHURCH REPRESENTATIVES ABOUT THEIR LOCAL SUICIDE PREVENTION EFFORTS TO INTRODUCE THE ONE HALL STRUCTURE AND ANSWER QUESTIONS ABOUT HOW THEY MIGHT CONSIDER ORGANIZING EFFORTS.

ACCESS TO CARE

BETHLEHEM MEDICAL PLAZA: IN DECEMBER 2022, NGHS BROKE GROUND ON THE MEDICAL PLAZA LOCATED IN BETHLEHEM. EXPECTED TO OPEN IN SPRING 2024,

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THE TWO-STORY, 34,000-SQUARE-FOOT BUILDING WILL INCLUDE PRIMARY CARE, OB/GYN, SPORTS MEDICINE, ORTHOPEDIC SURGERY AND GENERAL SURGERY PHYSICIAN OFFICES, AN URGENT CARE AND ON-SITE LAB AND DIGITAL X-RAY SERVICES.

HEALTH EDUCATION AND COMMUNITY OUTREACH

CENTER FOR INNOVATIVE TEACHING SUPPORT: NGMC BARROW DONATED \$225,000 TOWARDS THE BUILDING OUR FUTURES PROJECT IN BARROW COUNTY. THE BUILDING OUR FUTURES PROJECT IS A PUBLIC-PRIVATE PARTNERSHIP BETWEEN THE BARROW COMMUNITY FOUNDATION, BARROW COUNTY SCHOOLS, LOCAL BUSINESSES, AND COMMUNITY MEMBERS TO DEVELOP AN 8-ACRE PARK AND PLAYGROUND THAT WILL BE CENTRALLY LOCATED NEAR THE CENTER FOR INNOVATIVE TEACHING (CFIT) IN WINDER. IT WILL PROVIDE SPACE FOR RECREATION, EDUCATION, AND PROGRAMS FOR BARROW COUNTY RESIDENTS. THE PLAYGROUND FEATURES UNIQUE AND CHALLENGING PLAY PIECES AS WELL AS ADA-ACCESSIBLE FEATURES FOR CHILDREN WITH DISABILITIES. NGHS PRESIDENT AND CEO, A NATIVE OF BARROW COUNTY, SERVES AS CAMPAIGN LEADER COUNCIL CO-CHAIR.

SAFE KIDS NORTHEAST GEORGIA: NGMC BARROW SERVED AS THE LEAD AGENCY FOR SAFE KIDS NORTHEAST GEORGIA, REDUCING UNINTENTIONAL INJURIES AND DEATHS IN CHILDREN 19 AND UNDER. IN FY23, SAFE KIDS PROVIDED TEN PROGRAMS AND EDUCATIONAL EVENTS IN THE BARROW AREA, WITH OUTREACH TO AN ESTIMATED 1,388 CHILDREN AND THEIR FAMILY MEMBERS, TEACHERS, AND CAREGIVERS. THROUGH THESE PROGRAMS, SAFETY ITEMS WERE DISTRIBUTED TO FAMILIES WHO WERE IN NEED OF THEM. THE NGHS FOUNDATION SUPPORTS SAFE KIDS OVERALL AT A COST OF \$204,394.

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TAR WARS: NGMC BARROW PARTNERED WITH BARROW COUNTY SCHOOLS TO IMPLEMENT "TAR WARS" FOR 2,061 FOURTH AND FIFTH-GRADE STUDENTS. "TAR WARS" IS A TOBACCO-FREE EDUCATION PROGRAM DEVELOPED BY THE AMERICAN ACADEMY OF FAMILY PHYSICIANS TO TEACH KIDS ABOUT THE DANGERS OF TOBACCO USE, THE COST OF TOBACCO PRODUCTS AND THE ADVERTISING TECHNIQUES USED BY THE TOBACCO INDUSTRY TO MARKET THEIR PRODUCTS TO YOUTH.

PARTNERS IN EDUCATION: AS A PARTNER IN EDUCATION WITH BARROW COUNTY SCHOOLS, NGMC BARROW PROVIDED A DONATION OF MEDICAL SUPPLIES TO STOCK ALL 19 BARROW COUNTY SCHOOLS' NURSING CLINICS.

#### AWARDS & RECOGNITION

PARAMEDICS OF THE YEAR: NGMC BARROW AND BARROW EMS PARTNER TOGETHER TO PROVIDE CRUCIAL EMERGENCY CARE TO THE BARROW COUNTY COMMUNITY. PRIOR TO THEIR PARTNERSHIP, BARROW COUNTY DID NOT HAVE EMERGENCY SERVICES WITHIN CITY LIMITS, NEGATIVELY IMPACTING CRITICAL RESPONSE TIME IN EMERGENCY SITUATIONS. JAMES OUELETT AND ROBERT LEE, PARAMEDICS FROM BARROW EMS, WERE RECOGNIZED AS THE 2023 BARROW COUNTY PARAMEDICS OF THE YEAR AT THE 29TH ANNUAL REGION 10 EMS AWARDS BANQUET.

#### COMMUNITY SERVICE

IN FY23, SEVEN LEADERS FROM NGMC BARROW DEDICATED STAFF TIME TOWARDS 29 LEADERSHIP POSITIONS WITH VARIOUS CIVIC AND PROFESSIONAL ORGANIZATIONS. NGMC BARROW MANAGER SUNITA SINGH SERVED AS BOTH A MEMBER OF THE EXECUTIVE LEADERSHIP TEAM OF THE AMERICAN HEART ASSOCIATION'S GO RED FOR WOMEN BOARD AND THE BOARD CHAIR OF THE NORTHEAST GEORGIA COUNCIL OF



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BOY SCOUTS OF AMERICA. NGMC BARROW ADMINISTRATOR JOHN NEIDENBACH SERVED WITH THE BARROW AREA ROTARY CLUB AND AS A BOARD MEMBER OF THE BARROW COUNTY CHAMBER OF COMMERCE.

NGMC LUMPKIN

HIGHLIGHTS OF NGMC LUMPKIN'S FY23 COMMUNITY BENEFIT ACTIVITIES:

NGMC LUMPKIN VALUES COOPERATIVE EFFORTS WITH COMMUNITY ORGANIZATIONS AND OTHER HEALTHCARE PROVIDERS TO IMPROVE THE HEALTH STATUS OF AREA RESIDENTS. THE ORGANIZATION DEMONSTRATES THIS BY PROVIDING FINANCIAL AND STAFF SUPPORT TO LOCAL NONPROFIT AGENCIES, DEVELOPING PARTNERSHIPS WITH SCHOOLS, PROVIDING HEALTH PROFESSIONS EDUCATION, AND FOSTERING PARTNERSHIPS WITH INDIGENT CLINICS THAT SERVE THE UNDER-SERVED POPULATION.

CHARITY CARE

NGMC LUMPKIN'S CHARITY CARE POLICY REMOVED BARRIERS FOR LOW-INCOME POPULATIONS WITHIN OUR SERVICE AREA, BEGINNING WITH FREE MEDICALLY NECESSARY CARE FOR PATIENTS WHOSE GROSS FAMILY INCOME WAS ZERO TO 150 PERCENT OF THE FEDERAL POVERTY LEVEL (FPL) ADJUSTED FOR FAMILY SIZE. PATIENTS FROM OUR SERVICE AREA WHOSE FPL IS FROM 151 TO 300 PERCENT QUALIFIED FOR AN ADJUSTMENT EQUIVALENT TO THE HOSPITAL'S MEDICARE REIMBURSEMENT RATE PLUS AN ADDITIONAL 40 PERCENT DISCOUNT TO THE MEDICARE REIMBURSEMENT RATE.

IN FY23, THE ESTIMATED COST OF INDIGENT AND CHARITY CARE THROUGH NGMC

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LUMPKIN WAS APPROXIMATELY \$895,000 BASED ON 1,194 PATIENT ENCOUNTERS.

IN ADDITION, NGMC INCURRED BAD DEBT EXPENSE DURING 2023 OF OVER \$7.2

MILLION AS MEASURED BY CHARGES. THIS REPRESENTS APPROXIMATELY 28.3

PERCENT OF NET PATIENT REVENUE AS REFLECTED IN THE AUDITED FINANCIAL

STATEMENTS. A SIGNIFICANT PERCENTAGE OF THIS AMOUNT IS ESTIMATED TO BE

THE RESULT OF PATIENTS THAT ARE EMPLOYED BY UNABLE TO PAY MEDICAL

EXPENSES AND ARE THEREFORE CONSIDERED "MEDICALLY INDIGENT."

INDIGENT PATIENT FUND

AT NGMC LUMPKIN, FINANCIAL ASSISTANCE IS PROVIDED FOR INDIGENT PATIENTS

TO OBTAIN URGENTLY NEEDED DISCHARGE MEDICATIONS AND TRANSPORTATION.

INDIVIDUALS ELIGIBLE FOR THESE FUNDS ARE PATIENTS WHOSE NEEDS CANNOT BE

MET THROUGH PRIMARY INSURANCE, THEIR FUNDS, GOVERNMENT PROGRAMS, OR

OTHER CHARITABLE SERVICES. THE NGHS FOUNDATION PROVIDED FUNDING FOR

THIS PROGRAM AT AN ESTIMATED COST OF \$37,974 ACROSS ALL NGMC CAMPUSES

IN FY23.

WHAT DRIVES COMMUNITY HEALTH IMPROVEMENT ACTIVITIES

WITH SIGNIFICANT INPUT FROM THE COMMUNITY, THE HOSPITAL ENTITIES OF

NORTHEAST GEORGIA HEALTH SYSTEM COMPLETED A REGIONAL COMMUNITY HEALTH

NEEDS ASSESSMENT (CHNA) IN PARTNERSHIP WITH DISTRICT 2 PUBLIC HEALTH,

STEPHENS COUNTY HOSPITAL, HABERSHAM MEDICAL CENTER AND GOOD NEWS

CLINICS IN 2022, WHICH CONTINUES TO DRIVE COMMUNITY HEALTH IMPROVEMENT

ACTIVITIES TODAY. THE ASSESSMENT FOCUSED MAINLY ON THE NEEDS OF THE

COMMUNITY'S MOST VULNERABLE POPULATIONS, PARTICULARLY THOSE WITH LOW

INCOMES WHO ARE UNINSURED. INPUT FROM THE COMMUNITY WAS GATHERED

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THROUGH FOCUS GROUPS AND INTERVIEWS, PLUS ONLINE SURVEYS THAT GARNERED APPROXIMATELY 4,500 RESPONSES, WELL ABOVE EXPECTED RESPONSE RATES. THE STUDY IDENTIFIED THE THREE HEALTH PRIORITIES THAT FIT HAND-IN-GLOVE WITH THE ORGANIZATION'S STRATEGIC DIRECTION: MENTAL & BEHAVIORAL HEALTH, ACCESS TO CARE, AND HEALTHY BEHAVIORS. FOR MORE INFORMATION ABOUT THESE PRIORITIES, GO TO [WWW.NGHS.COM/COMMUNITY-BENEFIT-RESOURCES](http://WWW.NGHS.COM/COMMUNITY-BENEFIT-RESOURCES).

#### WORKFORCE DEVELOPMENT

NGMC LUMPKIN CONTINUES TO SERVE AS A PIPELINE TO ATTRACT AND PREPARE QUALIFIED INDIVIDUALS AND STUDENTS INTERESTED IN HEALTHCARE POSITIONS. NGMC LUMPKIN WORKS TO TRAIN, EDUCATE AND RECRUIT STUDENTS FOR CAREERS IN HEALTHCARE. NGMC LUMPKIN SPENT OVER \$73,000 IN FY23 IN THESE AREAS:

ALLIED HEALTH STUDENT EDUCATION: IN FY23, NGMC LUMPKIN PROVIDED CLINICAL ROTATIONS FOR 10 ALLIED HEALTH STUDENTS. THE ALLIED HEALTH STUDENT EDUCATION PROGRAM HELPS STUDENTS LEARN VALUABLE SKILLS IN A CLINICAL ENVIRONMENT AND PROMOTES CAREERS IN HEALTHCARE, IMPROVING THE COMMUNITY'S ACCESS TO CARE. EDUCATIONAL AFFILIATION AGREEMENTS ARE MAINTAINED WITH EACH SCHOOL/PROGRAM, AND NGMC LUMPKIN ENSURES COMPLETION OF ALL ORIENTATION AND STUDENT HEALTH REQUIREMENTS PRIOR TO ROTATIONS.

NURSING STUDENT EDUCATION: NURSING STUDENT EDUCATION AT NGMC LUMPKIN WORKS TO ADDRESS THE SHORTAGE OF NURSES IN OUR COMMUNITY, IMPROVING ACCESS TO CARE. NGMC COORDINATED CLINICAL ROTATIONS FOR SEVEN NURSING STUDENTS WHICH INCLUDES FACULTY AND STUDENT ORIENTATION, EDUCATIONAL AFFILIATION AGREEMENT MAINTENANCE AND COMPLETION OF ALL HEALTH AND

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## LEGAL REQUIREMENTS PRIOR TO FIRST ROTATION.

## SUPPORT OF CHARITABLE CLINICS AND OTHER NON-PROFITS

NGMC LUMPKIN HELPS SUPPORT LOCAL NON-PROFITS THAT CONNECT PEOPLE IN NEED TO RESOURCES SUCH AS FOOD, TRANSPORTATION, AND OTHER IMPORTANT SUPPORT SERVICES. OFTEN REFERRED TO AS SOCIAL DETERMINANTS OF HEALTH, LACK OF ACCESS TO THESE RESOURCES PLAY A DETRIMENTAL ROLE IN OVERALL HEALTH. IN FACT, RESEARCH SUPPORTS THE IDEA THAT AS MUCH AS 80% OF A PERSON'S WELLBEING IS TIED TO PHYSICAL ENVIRONMENT, ECONOMIC FACTORS, AND HEALTH BEHAVIORS. MAKING IMPROVEMENTS IN THESE AREAS UPSTREAM CAN IMPACT BETTER HEALTH DOWNSTREAM, MINIMIZING POOR HEALTH, UNNECESSARY SUFFERING AND HIGHER COSTS OF CARE.

NGMC LUMPKIN PROVIDED OVER \$32,000 IN SUPPORT OF COMMUNITY NON-PROFITS IN FY23. BELOW ARE HIGHLIGHTS:

COMMUNITY HELPING PLACE: IN FY23, NGMC LUMPKIN PROVIDED SUPPORT FOR COMMUNITY HELPING PLACE, A NON-PROFIT IN LUMPKIN COUNTY THAT PROVIDES FREE MEDICAL AND DENTAL SERVICES, A FOOD PANTRY, SUMMER FOOD PROGRAMS FOR CHILDREN, A BABY AND PERSONAL CARE PANTRY, EMERGENCY FINANCIAL ASSISTANCE AND REFERRAL SUPPORT SERVICES FOR THE AREA'S MOST VULNERABLE POPULATIONS.

GOOD SHEPHERD OF DAWSON COUNTY: NGMC LUMPKIN PARTNERS WITH THE GOOD SHEPHERD CLINIC TO PROVIDE FREE AND REDUCED COST HEALTHCARE, DENTAL AND MENTAL HEALTH SERVICES TO COMMUNITY MEMBERS IN DAWSONVILLE, GEORGIA.

NGMC ALSO PROVIDES DONATED OFFICE SPACE TO THE GOOD SHEPHERD CLINIC.

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LUMPKIN COUNTY FAMILY CONNECTION: NGMC LUMPKIN SUPPORTED LUMPKIN COUNTY FAMILY CONNECTION, A PARTNERSHIP OF ORGANIZATIONS WORKING TOGETHER TO HELP MEET THE NEEDS OF CHILDREN AND FAMILIES OF THE COMMUNITY, TO PREVENT CHILD ABUSE AND NEGLECT, AND TO GIVE ALL CHILDREN AN EQUAL OPPORTUNITY TO SUCCEED IN SCHOOL AND LIFE.

CONNECTABILITY: NGMC LUMPKIN PROVIDED A DONATION TOWARDS THE PROGRAMMING OF CONNECTABILITY, A NON-PROFIT IN LUMPKIN COUNTY THAT OFFERS DIRECT SERVICES & COMMUNITY-BASED PROGRAMS TO STRENGTHEN SOCIAL NETWORKS AND REDUCE SOCIAL ISOLATION FOR CHILDREN AND ADULTS WITH DISABILITIES AND THEIR FAMILIES.

LUMPKIN FIGHT AGAINST DRUGS, ALCOHOL AND VIOLENCE: NGMC LUMPKIN PROVIDED A DONATION TO THE LUMPKIN COUNTY SHERIFF'S OFFICE TO DEVELOP AND PRODUCE CRIME PREVENTION, SAFETY EDUCATION & SUBSTANCE USE EDUCATION MATERIALS FOR LUMPKIN COUNTY SCHOOLS AS A PART OF THE "LUMPKIN FIGHT AGAINST DRUGS, ALCOHOL AND VIOLENCE" PROGRAM.

SOUTH ENOTAH CHILD ADVOCACY CENTER: NGMC LUMPKIN PROVIDED FUNDS TOWARDS SOUTH ENOTAH CHILD ADVOCACY CENTER'S SERVICES, INCLUDING FORENSIC INTERVIEWS, ADVOCACY, THERAPY AND FORENSIC MEDICAL EXAMINATIONS TO CHILD VICTIMS OF ABUSE AND NEGLECT IN LUMPKIN COUNTY AND WHITE COUNTY.

OTHER ORGANIZATIONS THAT NGMC LUMPKIN HELPED SUPPORT INCLUDE:

-AMERICAN CANCER SOCIETY  
-DAHLONEGA SUNRISE ROTARY

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## ACCESS TO CARE

LUMPKIN COUNTY SCHOOL-BASED HEALTH CLINIC: IN FY23, TAMMY SOLES, DIRECTOR OF CLINICAL CARE & STAFF DEVELOPMENT, WORKED WITH LUMPKIN COUNTY HIGH SCHOOL TO DEVELOP A PROPOSAL FOR A STATE GRANT FOR RENOVATIONS & STAFFING OF A SCHOOL-BASED HEALTH CLINIC.

MEDICAL PLAZA DAWSONVILLE: IN MARCH 2023, NGHS BROKE GROUND ON A NEW MEDICAL PLAZA OFFICE BUILDING IN DAWSONVILLE. THIS SECOND BUILDING ADDED TO MEDICAL PLAZA DAWSONVILLE WILL BE HOME TO A NEW, LARGER URGENT CARE AND NUMEROUS PHYSICIAN OFFICES AND IS SET TO OPEN IN EARLY 2024.

NGMC LUMPKIN DRYING-IN: IN 2023, NGMC LUMPKIN CELEBRATED ANOTHER MILESTONE WITH A SPECIAL "DRYING-IN" CEREMONY. THE NEW NGMC LUMPKIN IS SET TO OPEN IN SPRING 2024.

## HEALTH EDUCATION AND COMMUNITY OUTREACH

COMMUNITY EDUCATION ON INJURY PREVENTION AND TRAUMA: NGMC LUMPKIN PROVIDED COMMUNITY EDUCATION REGARDING FALLS, INJURY PREVENTION AND TRAUMA TO SCHOOLS, SUPPORT GROUPS AND HEALTHCARE PROFESSIONALS IN THE LUMPKIN COUNTY COMMUNITY, AS WELL AS TRAINING FOR THE STOP THE BLEED CAMPAIGN, A PROGRAM DESIGNED TO ENABLE TEACHERS, NURSES, AND STAFF TO RENDER IMMEDIATE, POTENTIALLY LIFE-SAVING MEDICAL AID TO INJURED STUDENTS OR CO-WORKERS WHILE AWAITING THE ARRIVAL OF PROFESSIONAL RESPONDERS.

HEALTHY AGING DAWSON: NGMC LUMPKIN PROVIDED COMMUNITY HEALTH EDUCATION,

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WITH TOPICS RANGING FROM SEPSIS PREVENTION TO ADVANCE CARE PLANNING, TO  
OVER 32 ATTENDEES AT THE HEALTHY AGING DAWSON HEALTH FAIR IN FY23.

SCHOOL-BASED GRIEF SUPPORT GROUPS: NGMC'S HOSPICE PROVIDED SCHOOL-BASED  
GRIEF SUPPORT GROUPS TO 18 ELEMENTARY AND MIDDLE SCHOOL STUDENTS IN  
LUMPKIN COUNTY IN FY23.

SCHOOL-BASED HEALTH EDUCATION: NGPG STAFF PROVIDED HEALTHCARE EDUCATION  
COURSES TO LUMPKIN COUNTY HIGH SCHOOL STUDENTS AND BASIC LIFE SUPPORT  
COURSES TO LANIER TECHNICAL COLLEGE STUDENTS IN FY23.

#### COMMUNITY SERVICE

IN FY23, SIX LEADERS FROM NGMC LUMPKIN REPORTED SPENDING DEDICATED  
STAFF TIME TOWARDS 17 LEADERSHIP POSITIONS WITH VARIOUS CIVIC AND  
PROFESSIONAL ORGANIZATIONS. NGMC LUMPKIN DIRECTOR KAY HALL SERVED ON  
THE BOARD OF COMMUNITY HELPING PLACE AND NGPG VP OF OPERATIONS BOBBY  
NORRIS SERVED ON THE BOARD OF DIRECTORS FOR THE GOOD SHEPHERD CLINIC OF  
DAWSON COUNTY.

#### NGMC HABERSHAM

HIGHLIGHTS OF NGMC HABERSHAM'S FY23 COMMUNITY BENEFIT ACTIVITIES:

HABERSHAM MEDICAL CENTER (HMC) OFFICIALLY BECAME NGMC HABERSHAM ON JULY  
1, 2023. NGHS ACQUIRED THE STRUGGLING RURAL HOSPITAL TO MAINTAIN ACCESS  
TO LOCAL HOSPITAL CARE FOR RURAL PARTS OF THE NORTH GEORGIA REGION.

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NGMC HABERSHAM VALUES COOPERATIVE EFFORTS WITH COMMUNITY ORGANIZATIONS AND OTHER HEALTHCARE PROVIDERS TO IMPROVE THE HEALTH STATUS OF AREA RESIDENTS. THE ORGANIZATION DEMONSTRATES THIS BY PROVIDING FINANCIAL AND STAFF SUPPORT TO LOCAL NONPROFIT AGENCIES, DEVELOPING PARTNERSHIPS WITH SCHOOLS ON HEALTH EDUCATION, AND FOSTERING A PARTNERSHIP WITH THE LOCAL INDIGENT CLINIC THAT SERVES THE UNDER-SERVED POPULATION.

#### CHARITY CARE

NGMC HABERSHAM'S CHARITY CARE POLICY REMOVED BARRIERS FOR LOW-INCOME POPULATIONS WITHIN OUR SERVICE AREA, BEGINNING WITH FREE MEDICALLY NECESSARY CARE FOR PATIENTS WHOSE GROSS FAMILY INCOME WAS ZERO TO 150 PERCENT OF THE FEDERAL POVERTY LEVEL (FPL) ADJUSTED FOR FAMILY SIZE. PATIENTS FROM OUR SERVICE AREA WHOSE FPL IS FROM 151 TO 300 PERCENT QUALIFIED FOR AN ADJUSTMENT EQUIVALENT TO THE HOSPITAL'S MEDICARE REIMBURSEMENT RATE PLUS AN ADDITIONAL 40 PERCENT DISCOUNT TO THE MEDICARE REIMBURSEMENT RATE.

IN FY23, THE ESTIMATED COST OF INDIGENT AND CHARITY CARE THROUGH NGMC HABERSHAM WAS APPROXIMATELY \$410,000 BASED ON 268 PATIENT ENCOUNTERS. IN ADDITION, NGMC HABERSHAM REPORTED NO BAD DEBT EXPENSE FOR THE PERIOD AS PATIENT ACCOUNTS DERIVED AFTER THE ACQUISITION DATE OF THE HOSPITAL BY NORTHEAST GEORGIA HEALTH SYSTEM DID NOT ALLOW FOR ENOUGH TIME TO PASS BEFORE DECLARING ANY ACCOUNTS AS BAD DEBT EXPENSE FOR THE PERIOD.

#### FINANCIAL NAVIGATION

NGMC HABERSHAM EMPLOYS FINANCIAL ASSISTANCE COUNSELORS WHO HELP



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PATIENTS BECOME INSURED, BE IT THROUGH MEDICAID, PEACHCARE, OR OTHER PROGRAMS. NGMC'S FINANCIAL NAVIGATORS FOCUS ON BEING ADVOCATES FOR UNINSURED AND UNDERINSURED PATIENTS, AIDING THEM IN FINDING VIABLE MEANS TO ACCESS CARE. THE TEAM'S FOCUS IS FINDING THE BEST SOLUTIONS FOR HELPING PATIENTS APPLY FOR MEDICAID, DISABILITY, ACCESSING THE NEW HEALTHCARE EXCHANGES, OR PROCESSING CHARITY, WHEN APPROPRIATE.

#### INDIGENT PATIENT FUND

FINANCIAL ASSISTANCE IS PROVIDED FOR INDIGENT PATIENTS TO OBTAIN URGENTLY NEEDED DISCHARGE MEDICATIONS AND TRANSPORTATION. INDIVIDUALS ELIGIBLE FOR THESE FUNDS ARE PATIENTS WHOSE NEEDS CANNOT BE MET THROUGH PRIMARY INSURANCE, THEIR FUNDS, GOVERNMENT PROGRAMS, OR OTHER CHARITABLE SERVICES. THE NGHS FOUNDATION PROVIDED FUNDING FOR THIS PROGRAM AT AN ESTIMATED COST OF \$37,974 ACROSS ALL NGMC CAMPUSES IN FY23.

#### REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

IN 2022, NGMC PARTNERED WITH HABERSHAM MEDICAL CENTER AND OTHER REGIONAL PARTNERS ON THE NORTHEAST GEORGIA REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT. THIS CHNA COVERED HABERSHAM, RABUN, AND BANKS COUNTIES, IN ADDITION TO OTHER COUNTIES IN THE REGION AND FOCUSED MAINLY ON THE NEEDS OF THE COMMUNITY'S MOST VULNERABLE POPULATIONS, PARTICULARLY THOSE WITH LOW INCOMES WHO ARE UNINSURED. INPUT FROM THE COMMUNITY WAS GATHERED THROUGH FOCUS GROUPS AND INTERVIEWS. THE STUDY CULMINATED IN THE IDENTIFICATION OF THE THREE FOLLOWING HEALTH PRIORITIES: MENTAL AND BEHAVIORAL HEALTH, ACCESS TO CARE, AND HEALTHY

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BEHAVIORS. FOR MORE INFORMATION ABOUT THESE PRIORITIES, GO TO

WWW.NGHS.COM/COMMUNITY-BENEFIT-RESOURCES.

#### WORKFORCE DEVELOPMENT

NGMC HABERSHAM SERVES AS A PIPELINE TO ATTRACT AND PREPARE QUALIFIED INDIVIDUALS AND STUDENTS INTERESTED IN HEALTHCARE POSITIONS AND WORKS TO TRAIN, EDUCATE AND RECRUIT STUDENTS FOR CAREERS IN HEALTHCARE. NGMC HABERSHAM SPENT OVER \$75,000 IN FY23 IN THESE AREAS:

ALLIED HEALTH STUDENT EDUCATION: NGMC HABERSHAM PROVIDES CLINICAL ROTATIONS FOR ALLIED HEALTH STUDENTS, HELPING STUDENTS LEARN VALUABLE SKILLS IN A CLINICAL ENVIRONMENT. FROM JULY 1 SEPTEMBER 30 IN FY23, NINE STUDENTS BENEFITTED FROM THIS PROGRAM.

NURSING STUDENT EDUCATION: THROUGH CLINICAL ROTATIONS AT NGMC HABERSHAM, NURSING STUDENTS LEARN VALUABLE SKILLS. FOR THE JULY 1 SEPTEMBER 30 PERIOD IN FY23, SEVEN STUDENTS BENEFITTED FROM THIS PROGRAM.

#### SUPPORT OF CHARITABLE CLINICS AND OTHER NON-PROFITS

NGMC HABERSHAM HELPS SUPPORT LOCAL NON-PROFITS THAT CONNECT PEOPLE IN NEED TO RESOURCES SUCH AS FOOD, TRANSPORTATION, AND OTHER IMPORTANT SUPPORT SERVICES. OFTEN REFERRED TO AS SOCIAL DETERMINANTS OF HEALTH, LACK OF ACCESS TO THESE RESOURCES PLAY A DETRIMENTAL ROLE IN OVERALL HEALTH. IN FACT, RESEARCH SUPPORTS THE IDEA THAT AS MUCH AS 80% OF A PERSON'S WELLBEING IS TIED TO PHYSICAL ENVIRONMENT, ECONOMIC FACTORS,

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AND HEALTH BEHAVIORS. MAKING IMPROVEMENTS IN THESE AREAS UPSTREAM CAN IMPACT BETTER HEALTH DOWNSTREAM, MINIMIZING POOR HEALTH, UNNECESSARY SUFFERING AND HIGHER COSTS OF CARE.

NGMC HABERSHAM PROVIDED OVER \$10,000 IN SUPPORT OF COMMUNITY NON-PROFITS IN FY23. BELOW ARE HIGHLIGHTS:

HUB OF HABERSHAM: NGMC MADE A DONATION TOWARD THE HUB OF HABERSHAM TO HELP SERVE YOUNG PEOPLE IN THE COMMUNITY THROUGH AN IN-SCHOOL MENTORING PROGRAM FOCUSED ON LEADERSHIP AND GOOD DECISION MAKING. HEALTHY SELF ESTEEM IS A FOCUS OF THIS WORK, WHICH ALIGNS WITH NGMC HABERSHAM'S FOCUS ON MENTAL HEALTH.

NORTH GEORGIA TECHNICAL COLLEGE: NGMC HABERSHAM DONATED TOWARDS THE RICH PERKINS AWARD FOR EXCELLENCE IN TECHNICAL INSTRUCTION, HONORING HEALTHCARE WORKERS WHO HAVE MADE CONTRIBUTIONS TO TECHNICAL EDUCATION THROUGH INNOVATION AND LEADERSHIP. VANESSA LONE, MEDICAL ASSISTING INSTRUCTOR AT NGTC, WAS THE HONOREE IN FY23.

HABERSHAM COUNTY RELAY FOR LIFE: IN FY23, NGMC HABERSHAM WAS A SPONSOR OF THE AMERICAN CANCER SOCIETY'S RELAY FOR LIFE EVENT IN HABERSHAM COUNTY, BENEFITTING CANCER RESEARCH AND COMMUNITY EDUCATION.

WATER SAFETY: IN FY23, NGMC HABERSHAM PARTNERED WITH HABERSHAM COUNTY PARKS & RECREATION THROUGH SAFE KIDS TO PROVIDE WATER SAFETY TRAINING TO CHILDREN & PARENTS.

SOQUE RIVER WATERSHED ASSOCIATION: NGMC HABERSHAM PROVIDED A DONATION

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TOWARDS THE SOQUE RIVER WATERSHED ASSOCIATION TO HELP SUPPORT EFFORTS  
TOWARDS WATER TESTING, RESEARCH AND EDUCATION ON THE IMPORTANCE OF  
CLEAN WATER RELATED TO HUMAN HEALTH.

GRACE GATE CLINIC: STAFF FROM FINANCIAL NAVIGATION AND COMMUNITY HEALTH  
IMPROVEMENT MET WITH LEADERSHIP AT GRACE GATE CLINIC TO ENSURE  
NAVIGATION PROCESSES ARE WORKING AND OPEN THE DOOR TO FUTURE  
PARTNERSHIP.

UNITED WAY OF HABERSHAM COUNTY: PARTNERSHIP MEETINGS OCCURRED BETWEEN  
NGMC AND UNITED WAY OF HABERSHAM COUNTY IN FY23.

ACCESS TO CARE

URGENT CARE OPENED IN TOCCOA: IN FY23, NGHS OPENED ITS NINTH URGENT  
CARE LOCATION IN TOCCOA, PROVIDING CARE FOR MINOR ILLNESSES AND  
INJURIES.

COMMUNITY SERVICE

KEVIN MATSON, VP OF REGIONAL HOSPITALS, SERVED ON THE HABERSHAM COUNTY  
CHAMBER OF COMMERCE BOARD OF DIRECTORS & FINANCE COMMITTEE, LEADERSHIP  
HABERSHAM, HABERSHAM COUNTY ROTARY, ECONOMIC DEVELOPMENT COMMITTEE, AND  
THE UNITED WAY OF HABERSHAM COMMITTEE FOR FUNDING DECISIONS.

SPECIAL NOTES ABOUT COMMUNITY BENEFIT REPORTING

NGMC USED THE PRECEPTS OUTLINED IN "A GUIDE FOR PLANNING AND REPORTING

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COMMUNITY BENEFIT," PROVIDED BY THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES AND VIZIENT FOR ITS COMMUNITY BENEFIT REPORTING WITHIN THE ORGANIZATION'S IRS 990 SCHEDULE H. THE GUIDE'S PURPOSE IS TO HELP NOT-FOR-PROFIT MISSION-DRIVEN HEALTHCARE ORGANIZATIONS DEVELOP, ENHANCE AND REPORT ON THEIR COMMUNITY BENEFIT PROGRAMS.

COMMUNITY BENEFIT DEFINITION: THE PROGRAM OR ACTIVITY MUST ADDRESS A DEMONSTRATED COMMUNITY NEED AND SEEK TO ADDRESS AT LEAST ONE OF THE FOLLOWING:

- IMPROVING ACCESS
- ENHANCING POPULATION HEALTH
- ADVANCING GENERALIZABLE KNOWLEDGE
- RELIEVING THE GOVERNMENT BURDEN ON IMPROVING HEALTH

THE PROGRAM OR ACTIVITY MUST:

- PRIMARILY BENEFIT THE COMMUNITY RATHER THAN THE ORGANIZATION
- RESULT IN MEASURABLE EXPENSE TO THE ORGANIZATION

IF THE PROGRAM OR ACTIVITY IS PROVIDED PRIMARILY FOR MARKETING PURPOSES, STANDARD PRACTICE, EXPECTED OF ALL HOSPITALS (SUCH AS ACTIVITIES REQUIRED FOR ACCREDITATION, LICENSURE, OR TO PARTICIPATE IN MEDICARE) OR IS PRIMARILY FOR EMPLOYEES (NOT INCLUDING INTERNS, RESIDENTS, AND FELLOWS) AND/OR AFFILIATED PHYSICIANS, IT IS NOT COMMUNITY BENEFIT.

CHARITY CARE COST IS AN ESTIMATED COST AND DOES NOT INCLUDE BAD DEBT.

ADDITIONAL INFORMATION HAS BEEN INCLUDED IN THE SCHEDULE O TO GIVE THE BROADEST VIEW OF COMMUNITY IMPACT OF NGHS HOSPITALS.

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FOR MORE INFORMATION, CONTACT THE COMMUNITY HEALTH IMPROVEMENT  
DEPARTMENT AT 770-219-8085.

FORM 990, PART VI, SECTION B, LINE 11B:

INFORMATION FOR THE FORM 990 WAS PROVIDED TO AN INDEPENDENT CERTIFIED  
PUBLIC ACCOUNTANT FOR PREPARATION OF THE RETURN. AFTER THE RETURN WAS  
PREPARED, IT WAS REVIEWED BY SENIOR FINANCIAL MANAGEMENT. THE FORM 990 IS  
MADE AVAILABLE TO MEMBERS OF THE BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE  
ANNUALLY. EMPLOYEES ATTEST TO THEIR UNDERSTANDING AND REPORTING/DISCLOSURE  
REQUIREMENTS AT HIRE AND ANNUALLY. COMPLIANCE IS MONITORED CONTINUOUSLY  
THROUGHOUT THE YEAR BY THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMPENSATION COMMITTEE OF THE NORTHEAST GEORGIA HEALTH SYSTEM  
BOARD (NGHS BOARD) HAS DEVELOPED A TOTAL COMPENSATION PHILOSOPHY AND  
INSTALLED COMPENSATION POLICIES AND PROCEDURES THAT SEEK TO FURTHER THE  
PURPOSE OF NGHS AND AFFILIATES AND THE IMPORTANCE OF THESE POLICIES TO  
ATTRACT AND RETAIN KEY EMPLOYEES. THE EXECUTIVE COMPENSATION COMMITTEE IS  
COMPOSED OF VOTING DIRECTORS WHO ARE NOT EMPLOYEES OF NGHS AND IS FREE FROM  
CONFLICT OF INTEREST. ALL DECISIONS OF THE EXECUTIVE COMPENSATION  
COMMITTEE ARE REVIEWED AND RATIFIED BY THE NGHS BOARD.

THE COMMITTEE'S METHODOLOGY AND APPROACH INCORPORATE BOTH QUALITATIVE AND

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QUANTITATIVE CONSIDERATIONS, WHICH ARE REFLECTED IN THE COMMITTEE'S DETERMINATIONS CONCERNING KEY EMPLOYEE COMPENSATION AND THE SPECIFIC COMPONENTS THEREOF. THE COMPENSATION DECISIONS OF THE COMMITTEE ARE DESCRIBED BELOW AS TO EACH OF THE THREE CATEGORIES.

#### BASE SALARY

NGHS ENGAGES AN INDEPENDENT THIRD-PARTY CONSULTANT TO COLLECT APPROPRIATE DATA FROM A GROUP OF PEERS SIMILAR IN SIZE AND COMPLEXITY TO NGHS. THIS COMPARABILITY DATA IS REVIEWED WITH THE COMMITTEE ALONG WITH COMPARISONS OF NGHS EXECUTIVE SALARIES COMPARED TO THE MARKET DATA. THE CEO MAKES RECOMMENDATIONS TO THE COMMITTEE FOR SALARIES WITHIN THE PEER GROUP SALARY RANGES BASED ON INDIVIDUAL PERFORMANCE ASSESSMENTS FOR EACH POSITION. IN EACH INSTANCE THE COMMITTEE MEMBERS REACH A CONSENSUS BASED ON THE COMBINATION OF AVAILABLE INFORMATION, AND THE COMMITTEE SETS A BASE SALARY LEVEL FOR EACH KEY EMPLOYEE.

#### PERFORMANCE BASED VARIABLE COMPENSATION

NGHS LEADERSHIP PARTICIPATE IN A PERFORMANCE BASED VARIABLE COMPENSATION PLAN WITH OPPORTUNITY LEVELS DETERMINED BASED ON THE PEER GROUP MARKET DATA AND TO ALIGN WITH THE NGHS EXECUTIVE COMPENSATION PHILOSOPHY PARAMETERS. ANNUAL GOALS AND OBJECTIVES ARE DETERMINED THROUGH A FORMAL PLANNING PROCESS INVOLVING BOARD MEMBERS AND SENIOR MANAGEMENT. FOLLOWING THE END OF THE FISCAL YEAR, CASH AWARDS ARE DETERMINED BASED ON ORGANIZATION PERFORMANCE.

#### BENEFITS AND RETENTION PROGRAMS

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BENEFIT PLANS AND AMOUNTS ARE DETERMINED BY A COMPARISON PROCESS SIMILAR TO DETERMINING BASE SALARIES WITH POSITIONS AND ORGANIZATIONS SIMILAR TO NGHS. INCLUDED IN BENEFITS ARE RETIREMENT PROGRAMS TO ENHANCE RETENTION AND PROGRESS TOWARD LONG-TERM GOALS WITHIN NGHS' MISSION.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS AND STATISTICS ARE FILED QUARTERLY WITH DIGITAL ASSURANCE CERTIFICATION, LLC (DAC BOND). DAC BOND SERVES AS A DISCLOSURE DISSEMINATION AGENT FOR ISSUERS OF MUNICIPAL BONDS ELECTRONICALLY POSTING AND TRANSMITTING INFORMATION TO REPOSITORIES AND INVESTORS. ALL OTHER ITEMS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING FEES:

PROGRAM SERVICE EXPENSES	3,203,837.
MANAGEMENT AND GENERAL EXPENSES	1,195,406.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,399,243.

CONTRACT SERVICE FEES:

PROGRAM SERVICE EXPENSES	19,793,957.
MANAGEMENT AND GENERAL EXPENSES	7,385,464.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	27,179,421.

FEES FOR SERVICES - OTHER:

PROGRAM SERVICE EXPENSES	4,578,049.
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MANAGEMENT AND GENERAL EXPENSES 1,708,148.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 6,286,197.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 37,864,861.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INTERCOMPANY FORGIVENESS 152,423,587.

PARTNERSHIP INCOME NOT ON BOOKS 328,346.

PENSION ADJUSTMENT 22,291,288.

OTHER ADJUSTMENT -993.

ADJUSTMENT TO ADD NGHVS 351,359.

TOTAL TO FORM 990, PART XI, LINE 9 175,393,587.

**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022****Open to Public  
Inspection**

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**NORTHEAST GEORGIA HEALTH SYSTEM, INC.**Employer identification number  
**58-1694090****Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
GEORGIA HEART INSTITUTE, LLC - 46-4354068 743 SPRING STREET GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	41,104,098.	2,198,935.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.
HEALTHECONNECTIONS, LLC - 58-1694098 743 SPRING STREET GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	82,680.	0.	NORTHEAST GEORGIA MEDICAL CENTER, INC.
NGMC BARROW, LLC - 81-4015190 743 SPRING STREET GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	66,505,255.	11,047,426.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.
NGMC LUMPKIN, LLC - 83-1294232 743 SPRING STREET GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	34,963,702.	1,384,946.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NORTHEAST GEORGIA MEDICAL CENTER, INC. - 58-1694098, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE - HOSPITAL	GEORGIA	501(C)(3)	LINE 3	NORTHEAST GEORGIA HEALTH SYSTEM, INC.	X	
NORTHEAST GEORGIA PHYSICIANS GROUP, INC. - 58-2078064, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	501(C)(3)	LINE 12B, II	NORTHEAST GEORGIA HEALTH SYSTEM, INC.	X	
THE MEDICAL CENTER FOUNDATION DBA NGHS FOUNDATION - 58-1694820, 743 SPRING STREET, GAINESVILLE, GA 30501	FUNDRAISING AND SUPPORT	GEORGIA	501(C)(3)	LINE 7	NORTHEAST GEORGIA HEALTH SYSTEM, INC.	X	
THE MEDICAL CENTER AUXILIARY, INC. - 58-1550576, 743 SPRING STREET, GAINESVILLE, GA 30501	FUNDRAISING AND SUPPORT	GEORGIA	501(C)(3)	LINE 10	NORTHEAST GEORGIA HEALTH SYSTEM, INC.	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

Schedule R (Form 990)

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

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**Part I** Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NORTHEAST GEORGIA PHYSICIANS GROUP URGENT CARE, LLC - 20-5064238, 743 SPRING STREET, GAINESVILLE, GA 30501	MEDICAL	GEORGIA	43,926,936.	486,261.	NORTHEAST GEORGIA PHYSICIANS GROUP, INC.
NORTHEAST GEORGIA HEALTH RESOURCES, LLC - 85-3221091, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	0.	0.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.
NORTHEAST GEORGIA PEO, LLC - 85-3939319 743 SPRING STREET GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	4,930,965.	0.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.
NORTHEAST GEORGIA HEALTH VENTURES - 88-3268162, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	0.	0.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.
NORTHEAST GEORGIA MEDICAL CENTER HABERSHAM, LLC - 92-2451946, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	12,953,935.	17,526,528.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.
NORTHEAST GEORGIA HOME HEALTH III, LLC - 92-3515980, 743 SPRING STREET, GAINESVILLE, GA 30501	HEALTHCARE	GEORGIA	160,823.	0.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.
RIVER PLACE MEDICAL PLAZA I - 58-1694090 1515 RIVER PLACE BRASELTON, GA 30517	HEALTHCARE	GEORGIA	886,933.	15,947,273.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.
RIVER PLACE MEDICAL PLAZA II - 58-1694090 1524 RIVER PLACE BRASELTON, GA 30517	HEALTHCARE	GEORGIA	0.	25,204,159.	NORTHEAST GEORGIA HEALTH SYSTEM, INC.
BRASELTON ASC, LLC - 88-4229346 1524 RIVER PLACE SUITE 100 BRASELTON, GA 30517	HEALTHCARE	GEORGIA	0.	0.	NORTHEAST GEORGIA MEDICAL CENTER, INC.

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
NORTHEAST GEORGIA REHABILITATION HOSPITAL, LLC - 92-1186216, 2500 LIMESTONE PARKWAY, GAINESVILLE, GA	HEALTHCARE	GA	NORTHEAST GEORGIA HEALTH SYSTEM, INC	RELATED	0.	0.		X	N/A	X		51.00%

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
NORTHEAST GA HEALTH PARTNERS, LLC - 58-2131807, 743 SPRING STREET, GAINESVILLE, GA 30501	PPO DEVELOPMENT	GA	N/A	C CORP	4,539,436.	7,198.	100%		X
LANIER COMMUNITY ASSURANCE, LTD. 743 SPRING STREET GAINESVILLE, GA 30501	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	29,909,659.	89,489,650.	100%		X
NORTHEAST GEORGIA HEALTH PARTNERS NETWORK, LLC - 61-1972705, 743 SPRING STREET, GAINESVILLE, GA 30501	PPO DEVELOPMENT	GA	N/A	C CORP	621,203.	0.	100%		X

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b> X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b> X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b> X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b> X	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b> X	
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b> X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b> X	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b> X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NORTHEAST GEORGIA PHYSICIAN GROUP, INC.	C	19,811,565.	COST
(2) NORTHEAST GEORGIA MEDICAL CENTER, INC.	B	176,114,897.	COST
(3) NORTHEAST GEORGIA HEALTH SYSTEM, INC.	C	152,423,587.	COST
(4) NORTHEAST GEORGIA HEALTH PARTNERS, LLC	C	2,589,315.	COST
(5) NGHS FOUNDATION	C	2,469,859.	COST
(6) NORTHEAST GEORGIA MEDICAL CENTER, INC.	B	2,469,859.	COST

Schedule R (Form 990)

NORTHEAST GEORGIA HEALTH SYSTEM, INC.

58-1694090

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) NORTHEAST GEORGIA MEDICAL CENTER, INC.	D	628,346.	COST
(8) NGHS FOUNDATION	E	628,346.	COST
(9) NGHS FOUNDATION	C	219,386.	COST
(10) THE MEDICAL CENTER AUXILIARY, INC.	B	219,386.	COST
(11) NORTHEAST GEORGIA MEDICAL CENTER, INC.	L	163,709,620.	COST
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

NORTHEAST GEORGIA REHABILITATION HOSPITAL, LLC

EIN: 92-1186216

2500 LIMESTONE PARKWAY

GAINESVILLE, GA 30501