



## 2024 Hospital Financial Survey

### Part A : General Information

#### 1. Identification

UID:HOSP611

**Facility Name:** Northeast Georgia Medical Center

**County:** Hall

**Street Address:** 743 Spring Street NE

**City:** Gainesville

**Zip:** 30501

**Mailing Address:** 743 Spring Street NE

**Mailing City:** Gainesville

**Mailing Zip:** 30501

**Medicaid Provider Number:** 000000888A

**Medicare Provider Number:** 11-0029

#### 2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2024 only.  
**Do not use a different report period.**

**Please indicate your hospital fiscal year.**

From: 10/1/2023 To:9/30/2024

**Please indicate your cost report year.**

From: 10/01/2023 To:09/30/2024

Check the box to the right if your facility was **not** operational for the entire year.

If your facility was **not** operational for the entire year, provide the dates the facility was operational.

#### 3. Trauma Center Designation Change During the Report Period

Check the box to the right if your facility experienced a change in trauma center designation during the report period.

If your facility's trauma center designation changed, provide the date and type of change.

### Part B : Survey Contact Information

*Person authorized to respond to inquiries about the responses to this survey.*

**Contact Name:** Jennifer Crowe

**Contact Title:** Reimbursement Manager

**Phone:** 770-219-6628

**Fax:** 770-219-6661

**E-mail:** Jennifer.Crowe@nghs.com

## Part C : Financial Data and Indigent and Charity Care

### 1. Financial Table

Please report the following data elements. Data reported here must balance in other parts of the HFS.

Revenue or Expense	Amount
Inpatient Gross Patient Revenue	4,173,164,454
Total Inpatient Admissions accounting for Inpatient Revenue	46,567
Outpatient Gross Patient Revenue	3,827,209,167
Total Outpatient Visits accounting for Outpatient Revenue	487,341
Medicare Contractual Adjustments	3,508,557,072
Medicaid Contractual Adjustments	508,781,571
Other Contractual Adjustments:	1,721,800,204
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	162,571,013
Gross Indigent Care:	237,645,229
Gross Charity Care:	104,276,413
Uncompensated Indigent Care (net):	237,645,229
Uncompensated Charity Care (net):	104,276,413
Other Free Care:	1,861,928
Other Revenue/Gains:	241,770,710
Total Expenses:	1,364,335,450

### 2. Types of Other Free Care

Please enter the amount for each type of other free care. The amounts entered here must equal the total "Other Free Care" reported in Part C. Question 1. Use the blank line to indicate the type description and amount for other free care that is not included in the types listed.

Other Free Care Type	Other Free Care Amount
Self-Pay/Uninsured Discounts	0
Admin Discounts	1,861,928
Employee Discounts	0
	0
<b>Total</b>	<b>1,861,928</b>

## Part D : Indigent/Charity Care Policies and Agreements

### 1. Formal Written Policy

Did the hospital have a formal written policy or written policies concerning the provision of indigent and/or charity care during 2024? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2024?

08/12/2021

### 3. Person Responsible

Please indicate the title or position held by the person most responsible for adherence to or interpretation of the policy or policies you will provide the department.?

**4. Charity Care Provisions**

Did the policy or policies include provisions for the care that is defined as charity pursuant to HFMA guidelines and the definitions contained in the Glossary that accompanies this survey (i.e., a sliding fee scale or the accomodation to provide care without the expectation of compensation for patients whose individual or family income exceeds 125% of federal poverty level guidelines)? (Check box if yes.)

**5. Maximum Income Level**

If you had a provision for charity care in your policy, as reflected by responding yes to item 4, what was the maximum income level, expressed as a percentage of the federal poverty guidelines, for a patient to be considered for charity care (e.g., 185%, 200%, 235%, etc.)?

300%

## 6. Agreements Concerning the Receipt of Government Funds

Did the hospital have an agreement or agreements with any city or county concerning the receipt of government funds for indigent and/or charity care during 2024? (Check box if yes.)

### Part E : Indigent And Charity Care

#### 1. Gross Indigent and Charity Care Charges

Please indicate the totals for indigent and charity care for the categories provided below. If the hospital used a sliding fee scale for certain charity patients, only the net charges to charity should be reported (i.e., gross patient charges less any payments received from or billed to the patient.) Total Uncompensated I/C Care must balance to totals reported in Part C.

Patient Type	Indigent Care	Charity Care	Total
Inpatient	122,112,493	47,692,783	169,805,276
Outpatient	115,532,736	56,583,630	172,116,366
<b>Total</b>	<b>237,645,229</b>	<b>104,276,413</b>	<b>341,921,642</b>

#### 2. Sources of Indigent and Charity Care Funding

Please indicate the source of funding for indigent and/or charity care in the table below.

Source of Funding	Amount
Home County	0
Other Counties	0
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	0
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
<b>Total</b>	<b>0</b>

#### 3. Net Uncompensated Indigent and Charity Care Charges

Total net indigent care must balance to Part C net indigent care and total net charity care must balance to Part C net charity care.

Patient Type	Indigent Care	Charity Care	Total
Inpatient	122,112,493	47,692,783	169,805,276
Outpatient	115,532,736	56,583,630	172,116,366
<b>Total</b>	<b>237,645,229</b>	<b>104,276,413</b>	<b>341,921,642</b>

## Part F : Patient Origin

### 1. Total Gross Indigent/Charity Care By Charges County

Please report Indigent/Charity Care by County in the following categories. For non Georgia use Alabama, Florida, North Carolina, South Carolina, Tennessee, or Other-Out-of-State.

To add a row press the button. To delete a row press the minus button at the end of the row.

(You may enter the data on the web form or upload the data to the web form using the .csv file.)

Inp Ad-I = Inpatient Admissions (Indigent Care)

Inp Ch-I = Inpatient Charges (Indigent Care)

Out Vis-I = Outpatient Visits (Indigent Care)

Out Ch-I = Outpatient Charges (Indigent Care)

Inp Ad-C = Inpatient Admissions (Charity Care)

Inp Ch-C = Inpatient Charges (Charity Care)

Out Vis-C = Outpatient Visits (Charity Care)

Out Ch-C = Outpatient Charges (Charity Care)

County	Inp Ad-I	Inp Ch-I	Out Vis-I	Out Ch-I	Inp Ad-C	Inp Ch-C	Out Vis-C	Out Ch-C
Alabama	2	24,770	4	38,027	1	1,650	7	34,770
Appling	2	1,513	32	101,695	0	0	9	75,723
Banks	96	3,180,006	482	2,718,659	95	687,439	394	1,466,174
Barrow	197	9,483,063	952	6,739,767	275	3,874,901	1,017	5,040,727
Bibb	0	0	0	0	1	669	1	3,420
Bleckley	1	1,761	1	325	0	0	0	0
Burke	0	0	0	0	2	1,088	0	0
Butts	0	0	0	0	0	0	1	1,608
Camden	0	0	0	0	0	0	1	1,214
Carroll	1	4,389	1	6,435	0	0	1	125
Catoosa	0	0	0	0	1	746	0	0
Chatham	0	0	4	5,696	0	0	0	0
Cherokee	4	67,767	19	45,437	4	5,484	27	209,293
Clarke	10	303,789	26	190,712	3	27,573	16	145,816
Clayton	1	216,995	4	39,242	1	33,149	1	3,050
Cobb	3	85,515	8	28,116	4	4,782	7	15,047
Columbia	1	8,163	0	0	0	0	0	0
Coweta	0	0	1	2,695	1	2,584	3	1,084
Crawford	0	0	0	0	1	671	0	0
Dawson	60	3,555,992	509	3,395,024	51	1,305,218	258	1,412,134
DeKalb	8	782,034	8	60,529	0	0	9	87,146
Elbert	3	538,890	4	69,537	0	0	14	4,179
Fannin	13	961,187	12	58,623	23	93,681	2	1,425
Florida	7	750,315	5	107,485	10	424,978	38	381,500
Floyd	1	20,328	2	6,815	0	0	1	6,447
Forsyth	48	2,116,446	227	1,172,635	36	692,065	187	813,468
Franklin	29	1,675,876	196	874,854	30	524,369	75	277,829
Fulton	12	693,363	18	190,103	7	30,174	12	27,326
Gilmer	1	65,915	4	32,280	1	1,316	1	163
Gordon	1	187,619	0	0	0	0	0	0
Greene	1	14,150	0	0	0	0	0	0
Gwinnett	165	6,249,437	902	7,002,788	226	4,164,516	979	2,533,742

Habersham	168	12,154,797	983	5,784,057	228	3,039,992	785	2,860,564
Hall	1,067	46,524,856	10,578	63,607,358	1,187	16,164,931	7,557	30,273,082
Harris	0	0	0	0	0	0	1	350
Hart	7	147,402	23	324,544	6	398,245	47	181,489
Henry	0	0	5	55,116	0	0	1	434
Houston	4	150,634	6	36,048	0	0	0	0
Jackson	165	6,872,645	1,127	8,149,298	230	2,638,826	1,040	2,999,286
Lamar	1	111,152	0	0	0	0	0	0
Lumpkin	109	4,339,021	741	5,028,922	176	2,057,189	580	1,466,562
Macon	0	0	0	0	0	0	2	910
Madison	0	0	7	30,057	2	3,035	10	20,576
Montgomery	0	0	0	0	1	1,241	0	0
Muscogee	0	0	0	0	0	0	1	3,700
Newton	2	57,694	4	10,776	3	9,603	2	39,413
North Carolina	29	4,782,528	29	272,871	71	3,138,041	59	674,255
Oconee	0	0	1	15,666	1	892	2	18,678
Other Out of State	16	1,063,033	20	201,907	13	1,594,577	105	796,972
Paulding	0	0	1	2,630	0	0	0	0
Peach	0	0	2	8,929	0	0	0	0
Pickens	1	29,541	0	0	0	0	1	3,651
Polk	1	24,598	0	0	0	0	0	0
Rabun	26	752,997	208	1,617,280	82	1,519,016	303	1,193,231
Richmond	1	2,907	0	0	0	0	0	0
Rockdale	0	0	4	14,462	1	298	1	5,020
South Carolina	2	127,347	18	199,440	8	684,152	22	161,416
Stephens	102	5,731,466	348	2,700,162	96	791,477	383	1,152,714
Sumter	0	0	1	797	0	0	0	0
Tennessee	9	392,646	4	15,696	2	36,998	8	34,825
Towns	14	795,120	29	333,794	21	41,874	16	205,729
Troup	0	0	1	34,103	0	0	0	0
Union	29	1,511,256	47	269,212	50	614,809	73	127,622
Walton	9	308,117	16	57,429	8	21,696	51	142,493
White	112	5,240,907	743	3,874,703	239	3,058,838	874	1,677,248
Wilkes	1	2,546	0	0	0	0	0	0
<b>Total</b>	<b>2,542</b>	<b>22,112,493</b>	<b>18,367</b>	<b>15,532,736</b>	<b>3,198</b>	<b>47,692,783</b>	<b>14,985</b>	<b>56,583,630</b>

## Indigent Care Trust Fund Addendum

### 1. Indigent Care Trust Fund

Did your hospital receive funds from the Indigent Care Trust Fund during its Fiscal Year 2024?  
(Check box if yes.)

### 2. Amount Charged to ICTF

Indicate the amount charged to the ICTF by each State Fiscal Year (SFY) and for each of the patient categories indicated below during Hospital Fiscal Year 2024.

Patient Category		SFY 2022	SFY2024	SFY2024
		7/1/21-6/30/22	7/1/22-6/30/23	7/1/23-6/30/24
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	176,917,073	60,728,156
B.	Medically Indigent Patients with incomes between 125% and 200% of the Federal Poverty Level Guidelines where adjustments were made to patient amounts due in accordance with an established sliding scale.	0	36,171,487	15,739,059
C.	Other Patients in accordance with the department approved policy.	0	39,392,871	12,972,995

### 3. Patients Served

Indicate the number of patients served by SFY.

SFY2022	SFY2024	SFY2024
7/1/21-6/30/22	7/1/22-6/30/23	7/1/23-6/30/24
0	29,405	9,687

## Reconciliation Addendum

This section is printed in landscape format on a separate PDF file.

## Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

**Signature of Chief Executive:** Matt Hanley

**Date:** 7/25/2025

**Title:** President & CEO

I hereby certify that I am the financial officer authorized to sign this form and that the information is true and accurate. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

**Signature of Financial Officer:** Brian Steines

**Date:** 7/25/2025

**Title:** Chief Financial Officer

**Comments:**

1)Medicaid Contractual Adjustments in Section 1 of the Reconciliation Addendum reflect the amount of the Provider Payment Agreement Act (PPAA) add-on amount received from Medicaid. This amount is also shown as a reconciling amount in the Reconciliation Addendum Section 2.

2)Provider Relief Funds related to the Covid-19 Public Health Emergency totaling \$8.2M were recognized during this reporting period on the hospital's trial balance and eliminated from being reported on this 2024 Hospital Financial Survey filing as "Other Revenue/Gains".