



2018 Hospital Financial Survey

Part A : General Information

1. Identification

UID:hosp611

Facility Name: Northeast Georgia Medical Center

County: Hall

Street Address: 743 Spring Street NE

City: Gainesville

Zip: 30501-3899

Mailing Address: 743 Spring Street NE

Mailing City: Gainesville

Mailing Zip: 30501-3899

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2018 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 10/1/2017 To:9/30/2018

Please indicate your cost report year.

From: 10/01/2017 To:09/30/2018

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: Linda Nicholson

Contact Title: V.P. of Finance

Phone: 770-219-6622

Fax: 770-219-6644

E-mail: Linda.Nicholson@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	2,241,109,227
Total Inpatient Admissions accounting for Inpatient Revenue	40,263
Outpatient Gross Patient Revenue	2,094,176,661
Total Outpatient Visits accounting for Outpatient Revenue	567,661
Medicare Contractual Adjustments	1,714,631,563
Medicaid Contractual Adjustments	329,050,885
Other Contractual Adjustments:	935,681,891
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	112,225,302
Gross Indigent Care:	81,976,293
Gross Charity Care:	136,090,368
Uncompensated Indigent Care (net):	81,976,293
Uncompensated Charity Care (net):	136,090,368
Other Free Care:	91,917
Other Revenue/Gains:	81,803,875
Total Expenses:	865,041,984

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	91,917
Employee Discounts	0
	0
Total	91,917

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 2018? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2018?

10/01/2017

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 2018? (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	52,995,305	60,907,727	113,903,032
Outpatient	28,980,988	75,182,641	104,163,629
Total	81,976,293	136,090,368	218,066,661

2. Sources of Indigent and Charity Care Funding

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

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

3. Net Uncompensated Indigent and Charity Care Charges

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

Patient Type	Indigent Care	Charity Care	Total
Inpatient	52,995,305	60,907,727	113,903,032
Outpatient	28,980,988	75,182,641	104,163,629
Total	81,976,293	136,090,368	218,066,661

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	0	0	1	6,651	1	1,316	8	13,285
Banks	26	716,792	119	536,772	69	1,415,588	349	1,361,230
Barrow	66	3,716,709	252	1,393,940	193	4,195,578	869	4,158,760
Bartow	1	14,418	0	0	1	13	5	43,145
Ben Hill	1	49,700	0	0	0	0	3	21,040
Brooks	2	136,479	0	0	0	0	0	0
Butts	0	0	0	0	0	0	1	120
Carroll	0	0	0	0	0	0	1	12,158
Chatham	0	0	0	0	0	0	10	26,328
Cherokee	6	602,079	6	95,921	8	257,083	16	94,681
Clarke	4	210,712	14	131,363	11	98,421	48	151,098
Clay	3	921,118	0	0	9	386,396	11	13,296
Clayton	2	73,006	0	0	0	0	2	10,525
Cobb	0	0	3	19,750	2	35,498	7	33,353
Cook	0	0	0	0	0	0	2	7,695
Dawson	27	1,190,417	99	342,652	51	1,265,132	370	2,093,227
DeKalb	2	196,247	0	0	9	238,880	25	167,419
Douglas	0	0	1	32,759	0	0	2	55,460
Elbert	1	21,161	0	0	1	14,430	2	7,533
Fannin	3	113,275	1	21,418	5	126,345	6	22,387
Fayette	0	0	3	149	0	0	0	0
Florida	4	99,017	2	11,221	10	159,511	39	116,069
Floyd	1	1,290	0	0	0	0	0	0
Forsyth	11	1,291,867	80	307,573	21	281,082	155	829,453
Franklin	8	546,082	23	240,086	10	58,677	48	216,586
Fulton	4	466,597	0	0	4	89,516	19	68,910
Gilmer	2	151,843	2	5,369	2	13,822	1	24,299
Gordon	1	37,013	0	0	0	0	0	0
Gwinnett	79	4,953,443	421	2,589,471	187	4,551,650	903	4,526,648
Habersham	81	2,534,085	316	1,440,756	161	3,720,024	810	3,021,691
Hall	468	21,230,888	3,618	15,375,112	1,263	27,230,839	9,630	43,393,187
Hancock	0	0	0	0	0	0	2	417

Harris	1	24,410	0	0	0	0	1	56
Hart	3	123,240	2	17,171	2	82,033	6	21,870
Henry	1	34,737	1	4,817	1	20,009	0	0
Jackson	62	3,018,009	330	1,233,311	194	4,039,420	1,113	5,059,833
Jasper	0	0	1	78,207	3	78,173	10	69,696
Jefferson	0	0	0	0	1	125,981	2	19,740
Johnson	1	30,913	0	0	0	0	0	0
Lee	1	170,885	0	0	0	0	3	5,798
Lowndes	0	0	0	0	1	19,283	0	0
Lumpkin	40	1,404,955	276	1,353,678	107	2,888,176	693	2,776,425
Macon	1	234,782	2	33,982	6	307,634	4	23,022
Madison	0	0	1	93,605	4	47,996	10	51,487
Marion	0	0	0	0	1	18,569	0	0
Monroe	0	0	0	0	0	0	1	2,033
Montgomery	0	0	0	0	0	0	1	55
Morgan	0	0	0	0	0	0	3	2,702
Newton	0	0	0	0	2	266,000	7	46,300
North Carolina	5	125,351	0	0	5	104,631	11	81,962
Oconee	2	175,588	0	0	3	96,510	3	52,615
Oglethorpe	0	0	1	44,930	0	0	0	0
Other Out of State	6	304,383	4	4,496	14	590,813	107	227,177
Paulding	0	0	1	86	4	38,188	0	0
Pickens	1	47,018	0	0	2	17,645	3	88,185
Pierce	0	0	0	0	0	0	1	522
Polk	1	139,201	0	0	2	59,983	1	1,527
Rabun	20	988,155	74	675,779	49	1,036,087	229	1,209,974
Richmond	1	39,101	0	0	0	0	3	8,256
Rockdale	0	0	0	0	1	7,487	0	0
South Carolina	1	52,670	1	45,898	4	484,949	11	106,605
Stephens	23	1,521,987	85	792,270	64	2,215,103	167	736,105
Taylor	0	0	0	0	0	0	1	1,270
Telfair	0	0	0	0	0	0	1	2,809
Tennessee	1	24,914	1	10,107	2	44,591	25	52,644
Towns	8	228,772	11	136,596	14	299,071	14	27,459
Twiggs	0	0	0	0	1	12,408	0	0
Union	7	1,066,052	32	293,619	20	685,566	65	516,767
Upson	0	0	0	0	1	1,315	0	0
Walker	0	0	1	20,493	0	0	0	0
Walton	4	265,736	8	57,335	8	179,770	30	142,377
Warren	0	0	0	0	0	0	1	261
Washington	0	0	0	0	0	0	1	134
Wayne	2	249,636	0	0	0	0	5	7,656
White	69	3,450,572	323	1,508,478	174	3,000,535	889	3,349,319
Whitfield	0	0	1	882	0	0	0	0

Wilkes	0	0	1	24,285	0	0	0	0
Total	1,064	52,995,305	6,118	28,980,988	2,708	60,907,727	16,766	75,182,641

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 2018?
(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 2018.

Patient Category		SFY 2017	SFY2018	SFY2019
		7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	57,935,282	24,041,011
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	80,722,931	32,495,534
C.	Other Patients in accordance with the department approved policy.	0	16,389,128	6,482,775

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2017	SFY2018	SFY2019
7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
0	18,611	8,045

Reconciliation Addendum

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

Electronic Signature

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

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

Signature of Chief Executive: Carol H. Burrell

Date: 8/9/2019

Title: President & CEO

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

Signature of Financial Officer: Brian D. Steines

Date: 8/9/2019

Title: Chief Financial Officer

Comments:

Medicaid Contractual Adjustments in Section 1 of the Reconciliation Addendum have been increased by the amount of the Provider Payment Agreement Act (PPAA) add-on amount received from Medicaid reported at \$7,420,640. This amount has also been shown as a reconciling amount in Section 2 so that totals per the form agree with NGMC's financial statements.

**2018 Hospital Financial Survey Hospital Financial Statements Reconciliation Addendum
hosp611- Northeast Georgia Medical Center**

Section 1: Hospital Only Data from Hospital Financial Survey (HFS):											
HFS Source:	Contractual Adj's, Hill Burton, Bad Debt, Gross Indigent and Charity Care, and Other Free Care									Total Deductions of All Types (Sum Col 2-9)	Net Patient Revenue (Col 1 - 10)
	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part E, 1	Part E, 1	Part C, 1		
	Gross Patient Charges	Medicare Contractual Adjs	Medicaid Contractual Adjs	Other Contractual Adjs	Hill Burton Obligations	Bad Debt	Gross Indigent Care (IP & OP)	Gross Charity Care (IP & OP)	Other Free Care		
	1	2	3	4	5	6	7	8	9	10	11
Inpatient Gross Patient Revenue	2,241,109,227										
Outpatient Gross Patient Revenue	2,094,176,661										
Per Part C, 1. Financial Table		1,714,631,563	329,050,885	935,681,891	0	112,225,302			91,917		
Per Part E, 1. Indigent and Charity Care							81,976,293	136,090,368			
Totals per HFS	4,335,285,888	1,714,631,563	329,050,885	935,681,891	0	112,225,302	81,976,293	136,090,368	91,917	3,309,748,219	1,025,537,669
Section 2: Reconciling Items to Financial Statements:									(B)		(B)
Non-Hospital Services:											
> Professional Fees	5361222.0									4,072,994	
> Home Health Agency	0									0	
> SNF/NF Swing Bed Services	0									0	
> Nursing Home	21,836,977									6,070,188	
> Hospice	19,518,672									8,838,111	
> Freestanding Ambulatory Surg. Centers	0									0	
> White Co EMS	2,170,938									911,348	
> N/A	0.0									0	
> N/A	0.0									0	
> N/A	0.0									0.0	
> N/A	0									0	
> N/A	0									0	
Bad Debt (Expense per Financials) (A)										0	
Indigent Care Trust Fund Income										-8,751,638	
Other Reconciling Items:											
> PPAA add-on amount	0.0									-7420640.0	
> N/A	0									0	
> N/A	0									0	
> N/A	0									0	
Total Reconciling Items	48,887,809									3,720,363	45,167,446
Total Per Form	4,384,173,697									3,313,468,582	1,070,705,115
Total Per Financial Statements	4384173697.0										1,070,705,115
Unreconciled Difference (Must be Zero)	0										0

(A) Due to specific differences in the presentation of data on the HFS, Bad Debt per Financials may differ from the amount reported on the HFS-proper (Part C).

(B) Taxable Net Patient Revenue will equal Net Patient Revenue in Section 1 column 11, plus Other Free Care in Section 1 column 9.