



2010 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP322

Facility Name: Newton Medical Center

County: Newton

Street Address: 5126 Hospital Drive NE

City: Covington

Zip: 30014-2567

Mailing Address: 5126 Hospital Drive NE

Mailing City: Covington

Mailing Zip: 30014

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2010 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 1/1/2010 To:12/31/2010

Please indicate your cost report year.

From: 01/01/2010 To:12/31/2010

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.

Part B : Survey Contact Information

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

Contact Name: Steve Dickstein

Contact Title: Controller

Phone: 770-385-7950

Fax: 770-385-4426

E-mail: sdickstein@newtonmedical.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	88,365,000
Total Inpatient Admissions accounting for Inpatient Revenue	5,391
Outpatient Gross Patient Revenue	148,997,000
Total Outpatient Visits accounting for Outpatient Revenue	321,000
Medicare Contractual Adjustments	55,052,000
Medicaid Contractual Adjustments	28,356,000
Other Contractual Adjustments:	72,472,054
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	1,932,000
Uncompensated Indigent Care (net):	10,330,242
Uncompensated Charity Care (net):	918,704
Other Free Care:	0
Other Revenue/Gains:	5,972,000
Total Expenses:	72,051,000

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	0
Employee Discounts	0
	0
Total	0

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 2010? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2010?

10/01/2007

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.?

David Hargrave

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.)?

250%

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 2010? (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	3,786,818	1,141,847	4,928,665
Outpatient	6,772,088	2,812,057	9,584,145
Total	10,558,906	3,953,904	14,512,810

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	3,263,864
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	3,263,864

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	3,703,068	245,541	3,948,609
Outpatient	6,627,174	673,163	7,300,337
Total	10,330,242	918,704	11,248,946

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	1	10,457	30	14,481	0	0	6	2,139
Baldwin	0	0	10	1,732	0	0	10	2,361
Banks	0	0	0	0	0	0	7	3,561
Barrow	0	0	43	8,326	0	0	18	5,711
Bartow	1	5,189	0	0	0	0	2	200
Bibb	0	0	3	739	0	0	4	100
Bleckley	0	0	0	0	0	0	1	650
Bulloch	0	0	3	872	0	0	2	147
Burke	0	0	0	0	0	0	1	400
Butts	34	71,552	295	48,704	21	14,914	203	40,998
Carroll	0	0	3	1,000	1	1,112	7	1,580
Chatham	0	0	5	1,140	0	0	0	0
Chattooga	0	0	0	0	0	0	1	75
Cherokee	0	0	20	5,673	0	0	9	2,966
Clarke	2	49	11	1,939	0	0	0	0
Clayton	0	0	43	11,975	0	0	16	1,813
Cobb	1	54	31	5,982	0	0	26	3,171
Columbia	0	0	6	1,200	0	0	10	1,817
Coweta	0	0	5	486	0	0	0	0
Crisp	0	0	1	650	0	0	0	0
DeKalb	30	58,636	248	51,258	14	49,423	164	22,295
Dougherty	0	0	0	0	0	0	1	342
Douglas	0	0	14	3,484	0	0	5	100
Effingham	0	0	3	705	0	0	3	2,605
Elbert	0	0	5	650	0	0	0	0
Emanuel	0	0	0	0	0	0	1	400
Fayette	0	0	12	1,786	0	0	0	0
Florida	3	7,446	33	11,895	1	225	20	5,977
Floyd	1	20,031	3	1,250	0	0	5	650
Forsyth	0	0	5	400	0	0	6	400
Franklin	0	0	5	198	0	0	4	898
Fulton	1	9,179	70	13,575	0	0	100	21,843

Glynn	0	0	3	720	0	0	2	75
Greene	3	16,646	68	3,080	0	0	45	802
Gwinnett	9	28,401	106	27,536	0	0	71	6,963
Habersham	0	0	0	0	0	0	3	100
Hall	0	0	7	1,694	1	390	8	2,600
Hancock	0	0	4	1,450	0	0	2	1,800
Henry	38	17,868	349	50,241	11	463	178	11,159
Houston	0	0	2	400	0	0	3	140
Jackson	0	0	5	391	0	0	6	3,300
Jasper	309	418,910	1,755	271,609	98	65,167	1,399	114,760
Jefferson	0	0	0	0	0	0	1	1,000
Jones	1	1,118	1	37	0	0	1	100
Lamar	0	0	14	1,793	0	0	7	350
Lee	0	0	3	1,300	0	0	0	0
Liberty	0	0	1	342	0	0	0	0
Lowndes	0	0	1	1,400	0	0	0	0
Madison	0	0	4	509	0	0	2	400
Mitchell	0	0	1	400	0	0	2	110
Monroe	0	0	2	400	0	0	1	400
Morgan	114	34,118	601	86,320	44	10,225	1,022	70,154
Muscogee	0	0	7	1,300	0	0	5	225
Newton	2,548	2,643,318	24,304	5,098,019	1,003	896,306	14,144	2,138,894
North Carolina	2	1,702	10	5,306	0	0	4	1,517
Oconee	0	0	9	1,650	0	0	12	650
Oglethorpe	0	0	1	200	0	0	0	0
Other Out of State	8	42,721	84	54,282	0	0	57	21,796
Paulding	0	0	8	1,850	0	0	1	679
Pike	0	0	0	0	0	0	4	685
Polk	0	0	9	1,250	0	0	2	300
Putnam	0	0	112	38,296	6	2,225	59	8,298
Rabun	0	0	1	200	0	0	0	0
Richmond	1	390	10	1,400	0	0	11	1,563
Rockdale	152	143,108	3,369	428,051	118	44,431	1,450	134,725
South Carolina	0	0	20	8,094	0	0	9	3,627
Spalding	0	0	28	11,972	0	0	7	650
Stephens	0	0	0	0	0	0	1	1,000
Sumter	0	0	3	600	0	0	1	650
Tennessee	0	0	2	800	0	0	1	650
Treutlen	0	0	2	850	0	0	2	1,000
Troup	0	0	2	707	0	0	1	650
Twiggs	1	1,241	0	0	0	0	1	50
Upson	0	0	2	650	0	0	0	0
Walker	0	0	2	67	0	0	0	0
Walton	282	254,684	3,489	475,594	101	56,966	1,628	153,724

Ware	0	0	2	800	0	0	1	1,450
White	0	0	0	0	0	0	3	1,862
Whitfield	0	0	10	428	0	0	0	0
Total	3,542	3,786,818	35,320	6,772,088	1,419	1,141,847	20,789	2,812,057

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 2010?
(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 2010.

Patient Category		SFY 2010	SFY2010	SFY2012
		7/1/09-6/30/10	7/1/10-6/30/11	7/1/11-6/30/12
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	431,971	1,089,641	947,714
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	0	0
C.	Other Patients in accordance with the department approved policy.	0	0	0

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2010	SFY2010	SFY2012
7/1/09-6/30/10	7/1/10-6/30/11	7/1/11-6/30/12
1,868	4,530	3,788

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: James Weadick

Date: 3/15/2013

Title: Administrator

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: Troy Brooks

Date: 3/15/2013

Title: Assistant Administrator for Fiscal Services

Comments:

none