



2011 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

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 2011 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 1/1/2011 To:12/31/2011

Please indicate your cost report year.

From: 01/01/2011 To:12/31/2011

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: 770-385-4257

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	91,427,000
Total Inpatient Admissions accounting for Inpatient Revenue	4,986
Outpatient Gross Patient Revenue	158,064,000
Total Outpatient Visits accounting for Outpatient Revenue	327,000
Medicare Contractual Adjustments	68,960,000
Medicaid Contractual Adjustments	31,611,000
Other Contractual Adjustments:	63,777,743
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	2,255,000
Uncompensated Indigent Care (net):	11,389,528
Uncompensated Charity Care (net):	3,727,729
Other Free Care:	0
Other Revenue/Gains:	5,869,000
Total Expenses:	71,790,000

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 2011? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2011?

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.?

KIM TILLOTSON

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 2011? (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	4,129,792	2,227,580	6,357,372
Outpatient	7,259,736	4,374,149	11,633,885
Total	11,389,528	6,601,729	17,991,257

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	2,874,000
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	2,874,000

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	4,129,792	1,181,580	5,311,372
Outpatient	7,259,736	2,546,149	9,805,885
Total	11,389,528	3,727,729	15,117,257

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	1,132	9	3,897	0	0	9	2,086
Baldwin	0	0	1	252	0	0	5	325
Banks	0	0	4	1,850	0	0	0	0
Barrow	0	0	36	10,100	3	8,989	75	3,600
Bartow	0	0	4	1,561	0	0	0	0
Bibb	0	0	5	3,220	0	0	16	928
Brooks	0	0	1	75	0	0	1	650
Bulloch	0	0	0	0	0	0	3	625
Butts	41	113,188	287	60,591	18	57,552	276	42,804
Carroll	0	0	15	5,740	0	0	3	1,050
Chatham	0	0	0	0	0	0	6	2,268
Cherokee	0	0	15	4,718	0	0	3	400
Clarke	0	0	7	400	0	0	4	1,800
Clayton	3	1,157	42	9,373	0	0	44	7,596
Cobb	0	0	57	11,012	0	0	15	860
Coffee	1	10,420	0	0	0	0	0	0
Columbia	0	0	4	1,600	0	0	0	0
Cook	0	0	0	0	0	0	1	438
Coweta	0	0	4	900	0	0	6	1,680
Dawson	0	0	0	0	0	0	2	400
DeKalb	0	0	372	89,772	4	270	241	43,150
Dodge	0	0	1	6,342	0	0	0	0
Dooly	0	0	0	0	0	0	1	326
Dougherty	0	0	1	650	0	0	0	0
Douglas	0	0	14	4,860	0	0	6	762
Effingham	0	0	0	0	0	0	3	271
Emanuel	0	0	1	11,951	0	0	1	400
Fayette	0	0	0	0	0	0	5	72
Florida	0	0	29	12,522	2	900	14	9,879
Floyd	0	0	3	373	0	0	3	95
Forsyth	0	0	8	1,274	0	0	0	0
Franklin	0	0	0	0	0	0	0	0

Fulton	6	1,169	86	32,326	1	0	36	4,836
Gilmer	0	0	1	650	0	0	1	400
Gordon	0	0	5	650	0	0	0	0
Greene	5	3,953	28	6,971	1	0	58	33,425
Gwinnett	5	22,058	208	39,497	5	5,824	86	12,578
Habersham	0	0	3	200	0	0	2	0
Hall	1	2,830	18	5,611	0	0	16	5,445
Hancock	0	0	4	692	1	1,132	6	457
Haralson	0	0	2	1,000	0	0	0	0
Hart	0	0	0	0	0	0	2	400
Heard	0	0	0	0	1	51	0	0
Henry	14	59,919	257	60,263	13	53,067	290	37,299
Houston	0	0	3	541	0	0	0	0
Jackson	1	1,132	8	1,831	0	0	4	1,591
Jasper	157	176,995	2,176	425,033	101	86,500	1,881	278,341
Jeff Davis	0	0	0	0	0	0	1	1,000
Lamar	0	0	0	0	0	0	3	104
Laurens	0	0	1	3,660	0	0	0	0
Long	0	0	1	1,400	0	0	0	0
McIntosh	0	0	1	650	0	0	0	0
Meriwether	0	0	2	650	0	0	0	0
Monroe	0	0	4	74	0	0	0	0
Morgan	68	89,815	605	108,338	33	27,412	653	56,327
Muscogee	1	34,286	5	2,050	0	0	0	0
Newton	2,061	3,272,344	21,947	5,330,606	1,080	1,736,697	14,722	3,037,895
North Carolina	1	51	15	8,698	1	1,132	13	4,946
Oconee	0	0	12	1,861	0	0	9	5,054
Oglethorpe	0	0	2	400	0	0	0	0
Other Out of State	3	6,921	114	52,922	1	90	56	27,417
Paulding	0	0	3	1,147	0	0	2	3,662
Pickens	0	0	1	150	0	0	0	0
Pike	0	0	5	2,750	0	0	1	165
Polk	0	0	3	350	0	0	0	0
Putnam	17	3,321	70	8,260	7	2,611	60	10,733
Rabun	1	8,392	1	72	0	0	0	0
Richmond	0	0	0	0	0	0	3	602
Rockdale	140	175,746	2,125	417,172	100	123,503	1,975	394,383
Screven	0	0	1	650	0	0	0	0
South Carolina	1	566	9	3,438	0	0	8	3,331
Spalding	0	0	26	25,874	0	0	17	2,683
Stewart	0	0	0	0	0	0	1	650
Sumter	0	0	2	1,033	0	0	0	0
Taylor	0	0	0	0	0	0	1	75
Telfair	0	0	1	400	0	0	2	692

Tennessee	0	0	6	4,841	0	0	7	2,192
Toombs	0	0	2	400	0	0	0	0
Towns	0	0	3	992	0	0	0	0
Treutlen	0	0	0	0	0	0	2	1,650
Troup	0	0	4	932	0	0	0	0
Upson	0	0	4	0	0	0	0	0
Walker	1	226	0	0	0	0	3	892
Walton	140	144,171	2,209	461,018	94	121,850	2,184	322,459
Whitfield	0	0	1	650	0	0	0	0
Total	2,669	4,129,792	30,904	7,259,736	1,466	2,227,580	22,848	4,374,149

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 2011?
(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 2011.

Patient Category		SFY 2010	SFY2011	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.	1,089,641	947,714	940,330
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	SFY2011	SFY2012
7/1/09-6/30/10	7/1/10-6/30/11	7/1/11-6/30/12
4,530	3,788	3,608

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: 7/5/2012

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: 7/5/2012

Title: Assistant Administrator for Fiscal Services

Comments: