



2012 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 2012 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 10/1/2011 To:9/30/2012

Please indicate your cost report year.

From: 10/01/2011 To:09/30/2012

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: Linda Nicholson

Contact Title: Controller

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	1,021,218,018
Total Inpatient Admissions accounting for Inpatient Revenue	26,830
Outpatient Gross Patient Revenue	879,709,601
Total Outpatient Visits accounting for Outpatient Revenue	341,148
Medicare Contractual Adjustments	682,974,266
Medicaid Contractual Adjustments	173,886,221
Other Contractual Adjustments:	328,681,850
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	65,287,794
Uncompensated Indigent Care (net):	48,492,096
Uncompensated Charity Care (net):	44,214,621
Other Free Care:	24,487,133
Other Revenue/Gains:	50,754,629
Total Expenses:	483,502,975

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 2012? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2012?

11/01/2011

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.?

Dir. of Patient Access or Mgr. of Financial Counseling

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 2012? (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	16,311,908	23,223,697	39,535,605
Outpatient	32,180,188	20,990,924	53,171,112
Total	48,492,096	44,214,621	92,706,717

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	16,311,908	23,223,697	39,535,605
Outpatient	32,180,188	20,990,924	53,171,112
Total	48,492,096	44,214,621	92,706,717

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	0	0	0	0	1	1,316
Banks	16	83,778	142	331,021	33	1,496,944	170	566,142
Barrow	2	154,863	50	97,540	6	200,061	79	196,491
Bartow	0	0	0	0	0	0	6	16,890
Carroll	0	0	0	0	0	0	1	1,926
Chatham	0	0	0	0	0	0	1	9,686
Cherokee	0	0	2	3,096	0	0	7	8,130
Clarke	2	12	0	0	1	52,045	10	25,262
Clay	0	0	0	0	0	0	1	390
Clinch	0	0	0	0	2	94,928	3	2,120
Cobb	0	0	0	0	1	12,729	4	5,395
Coweta	0	0	1	2,468	0	0	0	0
Dawson	22	127,608	202	752,175	17	615,930	190	638,240
DeKalb	0	0	1	2,742	0	0	14	24,461
Douglas	0	0	0	0	0	0	2	1,231
Effingham	1	4,436	0	0	0	0	0	0
Fannin	0	0	0	0	1	28,801	4	9,203
Fayette	0	0	0	0	0	0	1	5,842
Florida	1	1,716	10	4,310	0	0	17	37,659
Floyd	0	0	0	0	0	0	1	1,249
Forsyth	5	214,662	81	261,425	9	281,235	111	298,610
Franklin	5	396,351	0	0	5	250,080	23	66,564
Fulton	0	0	0	0	1	219,995	19	47,434
Gilmer	0	0	0	0	0	0	3	4,554
Gwinnett	17	275,415	160	366,150	21	455,422	211	437,796
Habersham	34	755,245	372	1,249,959	57	2,986,791	482	1,543,622
Hall	479	10,650,628	8,573	24,009,520	404	9,074,146	5,902	12,126,620
Hart	0	0	2	16,824	3	63,909	19	45,181
Jackson	41	845,503	391	1,480,084	44	2,121,205	406	1,146,335
Jasper	0	0	1	115	1	77,473	8	113,024
Jeff Davis	0	0	0	0	0	0	3	7,240
Jefferson	0	0	0	0	0	0	1	399

Johnson	0	0	0	0	0	0	1	5,005
Lumpkin	22	213,543	246	647,343	28	910,402	338	909,412
Madison	0	0	1	1,955	0	0	11	21,825
Monroe	0	0	1	20,307	0	0	2	4,402
Murray	0	0	0	0	0	0	1	814
Newton	0	0	0	0	0	0	1	719
North Carolina	1	6,038	0	0	4	200,517	15	49,373
Oconee	0	0	0	0	0	0	2	1,584
Other Out of State	13	325,564	70	231,665	19	784,018	136	265,018
Paulding	0	0	0	0	0	0	12	22,627
Pickens	0	0	0	0	1	62,589	4	11,268
Rabun	21	421,491	115	342,333	14	159,392	82	321,817
Richmond	0	0	0	0	0	0	1	2,502
Rockdale	0	0	0	0	0	0	3	16,517
South Carolina	1	16,578	0	0	1	7,959	17	62,745
Stephens	20	330,921	91	229,296	10	292,904	86	254,723
Tennessee	0	0	0	0	1	34,699	3	2,339
Towns	5	270,390	28	163,398	4	257,786	15	121,284
Turner	0	0	0	0	0	0	1	680
Union	13	336,734	33	198,791	13	1,119,382	19	54,895
Upson	0	0	0	0	0	0	3	2,769
Walton	0	0	0	0	1	1,246	6	12,178
White	42	880,432	538	1,767,671	50	1,361,109	563	1,456,648
Wilkinson	0	0	0	0	0	0	1	768
Total	763	16,311,908	11,111	32,180,188	752	23,223,697	9,023	20,990,924

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 2012?
(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 2012.

Patient Category		SFY 2011	SFY2012	SFY2013
		7/1/10-6/30/11	7/1/11-6/30/12	7/1/12-6/30/13
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	39,189,949	9,302,147
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	8,273,483	1,968,098
C.	Other Patients in accordance with the department approved policy.	0	20,489,417	13,483,623

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2011	SFY2012	SFY2013
7/1/10-6/30/11	7/1/11-6/30/12	7/1/12-6/30/13
0	15,160	6,489

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: 8/23/2013

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: Anthony M. Herdener

Date: 8/23/2013

Title: Vice President Finance & Systems / CFO

Comments:

Northeast Georgia Medical Center offers charity care adjustments to patients who apply with income levels up to 300% of the Federal Poverty Guideline levels. In the "Indigent Care Trust Fund Addendum - Amount Charged to ICTF" section, line "C." amounts reflect write-offs related to patients with income levels between 200 and 300% of the Federal Poverty Guideline levels. The number of patients served indicated in item "3." of this section also includes these patients.