



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2013 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: Covington

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 2013 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 1/1/2013 To:12/31/2013

Please indicate your cost report year.

From: 01/01/2013 To:12/31/2013

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: Gordon Smith

Contact Title: Cost Accountant

Phone: 678-385-7950

Fax: 770-385-4281

E-mail: ggsmith@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	103,834,000
Total Inpatient Admissions accounting for Inpatient Revenue	5,763
Outpatient Gross Patient Revenue	178,836,000
Total Outpatient Visits accounting for Outpatient Revenue	0
Medicare Contractual Adjustments	68,981,646
Medicaid Contractual Adjustments	42,248,529
Other Contractual Adjustments:	88,060,599
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	2,128,000
Uncompensated Indigent Care (net):	13,619,043
Uncompensated Charity Care (net):	6,092,699
Other Free Care:	0
Other Revenue/Gains:	3,280,238
Total Expenses:	80,521,000

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 2013? (Check box if yes.) ☒

2. Effective Date

What was the effective date of the policy or policies in effect during 2013?

04/28/2009

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.?

Director, Patient Financial Services

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 2013? (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	5,635,745	2,061,084	7,696,829
Outpatient	9,560,646	4,737,267	14,297,913
Total	15,196,391	6,798,351	21,994,742

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	2,283,000
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	2,283,000

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	5,050,768	1,847,149	6,897,917
Outpatient	8,568,275	4,245,550	12,813,825
Total	13,619,043	6,092,699	19,711,742

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	3,468	14	4,294	0	0	21	3,863
Baldwin	0	0	28	6,908	3	882	160	509
Banks	0	0	1	200	0	0	0	0
Barrow	2	9,334	0	0	0	0	0	0
Bartow	0	0	1	1,283	0	0	1	408
Bibb	0	0	6	4,497	0	0	8	923
Bryan	0	0	1	1,873	0	0	2	305
Bulloch	0	0	2	60	0	0	2	39
Butts	71	75,443	352	113,330	27	20,553	384	52,604
Camden	0	0	0	0	0	0	1	150
Carroll	4	748	6	5,368	1	565	8	1,162
Chatham	0	0	3	1,591	0	0	5	91
Cherokee	0	0	4	1,379	0	0	12	502
Clarke	0	0	8	5,352	0	0	12	2,454
Clayton	0	0	31	16,154	0	0	40	7,789
Cobb	0	0	20	9,746	2	759	42	4,745
Columbia	0	0	5	1,719	0	0	4	980
Coweta	0	0	7	527	0	0	8	34
Crawford	0	0	1	195	0	0	7	126
Dawson	0	0	2	73	0	0	1	47
DeKalb	27	26,544	296	129,883	12	18,859	361	82,065
Douglas	0	0	4	4,328	0	0	12	3,127
Fannin	0	0	1	650	0	0	0	0
Fayette	0	0	12	462	0	0	11	358
Florida	5	10,456	39	20,092	0	514	69	9,912
Floyd	0	0	2	1,087	0	0	2	282
Forsyth	2	2,138	6	1,433	0	1,614	8	550
Franklin	1	5,009	0	0	0	0	2	230
Fulton	5	22,700	93	43,102	1	12,362	102	14,436
Glynn	2	2,226	4	6,920	0	1,680	5	1,429
Gordon	0	0	0	0	0	0	2	222
Greene	9	10,162	27	4,271	0	0	61	4,361

Gwinnett	13	21,962	101	39,515	5	9,214	140	21,744
Hall	0	0	6	3,392	0	0	12	2,137
Hancock	0	0	5	1,011	0	0	3	626
Hart	0	0	2	1,650	0	0	0	0
Henry	45	40,205	254	93,093	19	7,148	416	42,197
Houston	1	238	1	195	0	0	4	126
Jackson	0	0	9	1,685	0	0	16	1,000
Jasper	392	364,713	1,859	486,695	183	100,949	2,484	252,400
Jones	0	0	1	2,148	0	0	1	403
Lamar	0	0	3	3,410	0	0	2	1,190
Laurens	0	0	3	1,966	0	0	3	204
Liberty	0	0	0	0	0	0	3	47
Lowndes	0	0	3	1,300	0	0	0	0
Lumpkin	0	0	1	1,787	0	0	3	1,094
Madison	0	0	6	71	0	0	0	0
McDuffie	0	0	9	4,700	0	0	1	400
Meriwether	0	0	7	2,546	0	0	4	1,094
Monroe	0	0	5	1,863	0	0	5	278
Morgan	120	111,926	564	119,379	46	55,972	863	82,083
Muscogee	0	0	1	73	0	0	4	407
Newton	2,892	4,351,465	23,841	7,046,948	1,232	1,483,011	27,562	3,466,939
North Carolina	1	681	22	14,846	0	514	35	3,808
Oconee	0	0	9	5,375	0	0	15	1,766
Oglethorpe	0	0	1	345	0	0	0	0
Other Out of State	9	124,524	106	62,743	3	89,704	171	46,648
Paulding	0	0	2	1,252	0	0	6	1,365
Peach	1	1,184	1	650	0	0	0	0
Pickens	0	0	0	0	0	0	2	400
Pike	0	0	2	2,285	0	0	2	227
Polk	0	0	6	1,050	0	0	0	0
Putnam	45	25,299	98	24,873	21	5,879	131	21,585
Rabun	0	0	0	0	0	0	1	256
Richmond	0	0	4	4,064	0	0	6	2,203
Rockdale	203	162,802	1,825	564,590	143	138,492	2,568	272,658
South Carolina	0	0	16	16,716	0	0	18	6,181
Spalding	2	21,624	10	15,623	1	17,803	20	6,065
Tattnall	0	0	1	241	0	0	0	0
Tennessee	0	0	20	7,358	1	1,184	12	2,384
Tift	0	0	1	200	0	0	0	0
Toombs	0	0	1	200	0	0	0	0
Upson	0	0	1	650	0	0	0	0
Walton	332	240,894	2,156	635,437	139	93,426	2,793	302,957
Ware	0	0	0	0	0	0	3	276
White	0	0	1	650	0	0	0	0

Wilkes	0	0	4	1,294	0	0	9	416
Total	4,185	5,635,745	31,944	9,560,646	1,839	2,061,084	38,671	4,737,267

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 2013?
(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 2013.

Patient Category		SFY 2012 7/1/11-6/30/12	SFY2013 7/1/12-6/30/13	SFY2014 7/1/13-6/30/14
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	947,714	596,917	613,318
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 2012 7/1/11-6/30/12	SFY2013 7/1/12-6/30/13	SFY2014 7/1/13-6/30/14
3,788	2,294	2,405

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: 6/17/2015

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: 6/17/2015

Title: Assistant Administrator for Fiscal Services

Comments: