



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2013 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

Mailing Address: 743 Spring Street NE

Mailing City: Gainesville

Mailing Zip: 30501

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: 10/1/2012 To:9/30/2013

Please indicate your cost report year.

From: 10/01/2012 To:09/30/2013

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: Linda Nicholson

Contact Title: Controller / VP 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	1,149,699,053
Total Inpatient Admissions accounting for Inpatient Revenue	27,714
Outpatient Gross Patient Revenue	964,802,135
Total Outpatient Visits accounting for Outpatient Revenue	351,388
Medicare Contractual Adjustments	787,424,569
Medicaid Contractual Adjustments	194,711,772
Other Contractual Adjustments:	383,223,917
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	65,285,551
Uncompensated Indigent Care (net):	43,596,736
Uncompensated Charity Care (net):	70,104,634
Other Free Care:	12,506
Other Revenue/Gains:	52,442,038
Total Expenses:	508,388,217

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	12,506
Employee Discounts	0
	0
Total	12,506

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?

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.?

Vice President Revenue Cycle

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	16,873,353	32,090,637	48,963,990
Outpatient	26,723,383	38,013,997	64,737,380
Total	43,596,736	70,104,634	113,701,370

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	16,873,353	32,090,637	48,963,990
Outpatient	26,723,383	38,013,997	64,737,380
Total	43,596,736	70,104,634	113,701,370

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	2	26,257	6	8,339
Banks	15	265,513	94	389,644	43	667,105	264	614,356
Barrow	2	96,474	43	147,757	16	240,982	112	350,083
Bartow	2	33,404	0	0	0	0	3	8,665
Bibb	0	0	1	2,221	0	0	5	9,452
Butts	0	0	0	0	0	0	2	1,526
Carroll	1	55,148	1	120	0	0	2	2,104
Catoosa	0	0	0	0	0	0	3	8,255
Chattooga	0	0	0	0	0	0	1	11,325
Cherokee	0	0	1	2,171	0	0	16	48,822
Clarke	0	0	1	1,798	1	5	24	66,090
Clay	0	0	0	0	0	0	5	22,572
Clayton	0	0	0	0	0	0	2	4,413
Clinch	0	0	0	0	1	34,036	3	9,471
Cobb	0	0	0	0	2	74,354	8	17,342
Cook	0	0	0	0	0	0	1	1,686
Coweta	0	0	0	0	0	0	8	25,906
Dawson	13	186,672	149	433,048	29	701,634	341	916,249
Decatur	1	22,689	0	0	0	0	0	0
DeKalb	0	0	2	2,556	0	0	18	25,393
Dougherty	0	0	0	0	0	0	1	4,019
Douglas	0	0	0	0	0	0	2	1,296
Elbert	0	0	0	0	1	36,332	1	1,628
Emanuel	0	0	0	0	0	0	1	1,208
Evans	0	0	0	0	0	0	1	1,459
Fannin	0	0	4	13,681	2	63,040	7	4,208
Florida	1	1,158	3	386	0	0	38	79,234
Floyd	0	0	0	0	0	0	5	27,004
Forsyth	14	513,188	82	375,234	15	428,478	229	537,967
Franklin	3	193,053	5	52,946	5	198,992	48	193,815
Fulton	0	0	5	6,757	7	194,209	47	87,561
Gilmer	0	0	0	0	0	0	9	12,983

Glascock	0	0	0	0	0	0	1	7,906
Glynn	0	0	0	0	0	0	3	9,728
Gordon	0	0	0	0	0	0	1	2,281
Gwinnett	20	372,157	185	670,711	45	1,062,147	368	815,092
Habersham	43	804,912	337	929,439	108	2,636,414	661	2,051,294
Hall	446	9,397,773	7,207	19,349,627	831	16,594,313	10,902	23,979,326
Hart	0	0	0	0	1	13,842	32	141,076
Henry	0	0	0	0	0	0	8	6,983
Houston	0	0	0	0	0	0	1	499
Jackson	38	1,935,152	356	918,893	77	1,433,712	744	2,030,525
Jefferson	0	0	0	0	1	96,578	4	7,679
Laurens	0	0	0	0	0	0	1	785
Liberty	0	0	0	0	0	0	1	793
Lumpkin	22	486,886	236	765,550	53	1,044,963	589	1,616,268
Madison	0	0	8	6,375	7	75,619	22	49,955
Miller	0	0	0	0	0	0	1	1,202
Morgan	0	0	0	0	1	25,246	3	4,045
Muscogee	0	0	0	0	0	0	2	1,166
Newton	0	0	5	7,623	0	0	6	9,039
North Carolina	0	0	0	0	10	501,668	17	34,928
Oconee	0	0	0	0	0	0	9	33,367
Oglethorpe	0	0	0	0	0	0	1	1,132
Other Out of State	0	0	6	3,007	5	15,941	55	144,925
Paulding	0	0	0	0	4	156,431	9	48,411
Pickens	0	0	0	0	2	23,760	6	55,522
Polk	0	0	0	0	1	46,190	2	2,136
Putnam	0	0	0	0	0	0	1	2,983
Rabun	21	378,242	97	429,061	30	687,371	90	364,629
Rockdale	0	0	0	0	0	0	3	3,014
South Carolina	0	0	0	0	2	42,573	50	127,567
Spalding	0	0	0	0	0	0	2	1,609
Stephens	12	114,319	57	320,715	41	1,118,413	119	422,156
Tennessee	0	0	0	0	1	13,475	15	20,323
Towns	2	195,857	23	67,871	26	467,017	53	158,269
Union	20	384,111	50	165,193	34	1,000,530	70	310,164
Upson	0	0	1	6,106	0	0	0	0
Walton	0	0	1	374	3	108,878	31	58,315
White	48	1,436,645	441	1,654,519	88	2,239,363	888	2,384,474
Whitfield	0	0	0	0	0	0	6	0
Wilkes	0	0	0	0	1	20,769	0	0
Total	724	16,873,353	9,401	26,723,383	1,496	32,090,637	15,990	38,013,997

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.	0	30,421,110	13,175,626
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	4,755,878	2,163,054
C.	Other Patients in accordance with the department approved policy.	0	49,195,940	13,989,763

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
0	19,920	5,676

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: 7/31/2014

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: 7/31/2014

Title: Vice President Finance & Systems / CFO

Comments:

Due to our inability to accurately identify the PPAA add-on amount received from DCH or Medicaid CMOs, we request the Department identify this amount and adjust our Medicaid Contractuals accordingly.