

**2022 Hospital Financial Survey Hospital Financial Statements Reconciliation Addendum
HOSP614- John D. Archbold Memorial Hospital**

Section 1: Hospital Only Data from Hospital Financial Survey (HFS):											
HFS Source:	Contractual Adj's, Hill Burton, Bad Debt, Gross Indigent and Charity Care, and Other Free Care									Total Deductions of All Types (Sum Col 2-9)	Net Patient Revenue (Col 1 - 10)
	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part E, 1	Part E, 1	Part C, 1		
	Gross Patient Charges	Medicare Contractual Adjs	Medicaid Contractual Adjs	Other Contractual Adjs	Hill Burton Obligations	Bad Debt	Gross Indigent Care (IP & OP)	Gross Charity Care (IP & OP)	Other Free Care		
	1	2	3	4	5	6	7	8	9	10	11
Inpatient Gross Patient Revenue	326,955,020										
Outpatient Gross Patient Revenue	525,249,790										
Per Part C, 1. Financial Table		364,517,658	86,905,767	70,487,240	0	26,736,292			0		
Per Part E, 1. Indigent and Charity Care							13,012,305	24,659,709			
Totals per HFS	852,204,810	364,517,658	86,905,767	70,487,240	0	26,736,292	13,012,305	24,659,709	0	586,318,971	265,885,839
Section 2: Reconciling Items to Financial Statements:									(B)		(B)
Non-Hospital Services:											
> Professional Fees	27523195.0									18,692,162	
> Home Health Agency	0.0									0	
> SNF/NF Swing Bed Services	0.0									0	
> Nursing Home	4385339.0									312,260	
> Hospice	0.0									0	
> Freestanding Ambulatory Surg. Centers	0.0									0	
> Reference Lab	514204.0									0	
> Nutrition Fees	154333.0									0	
> EAP Services	178900.0									0	
> N/A	0.0									0.0	
> N/A	0.0									0	
> N/A	0.0									0	
Bad Debt (Expense per Financials) (A)										0	
Indigent Care Trust Fund Income										-4,043,257	
Other Reconciling Items:											
> Indigent/Charity	0.0									1213535.0	
> PPAA Add-on Amount	0.0									-2487160.0	
> N/A	0.0									0.0	
> N/A	0.0									0.0	
Total Reconciling Items	32,755,971									13,687,540	19,068,431
Total Per Form	884,960,781									600,006,511	284,954,270
Total Per Financial Statements	884960781.0										284954270.0
Unreconciled Difference (Must be Zero)	0										0

(A) Due to specific differences in the presentation of data on the HFS, Bad Debt per Financials may differ from the amount reported on the HFS-proper (Part C).

(B) Taxable Net Patient Revenue will equal Net Patient Revenue in Section 1 column 11, plus Other Free Care in Section 1 column 9.



2022 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP614

Facility Name: John D. Archbold Memorial Hospital

County: Thomas

Street Address: 915 Gordon Ave

City: Thomasville

Zip: 31792-6614

Mailing Address: P. O. Box 1018

Mailing City: Thomasville

Mailing Zip: 31799-1018

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2022 only.
Do not use a different report period.

Please indicate your hospital fiscal year.

From: 10/1/2021 To:9/30/2022

Please indicate your cost report year.

From: 10/01/2021 To:09/30/2022

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.

3. Trauma Center Designation Change During the Report Period

Check the box to the right if your facility experienced a change in trauma center designation during the report period.

If your facility's trauma center designation changed, provide the date and type of change.

Part B : Survey Contact Information

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

Contact Name: Patricia L. Barrett

Contact Title: Director of Reimbursement

Phone:

Fax:

E-mail:

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	326,955,020
Total Inpatient Admissions accounting for Inpatient Revenue	9,400
Outpatient Gross Patient Revenue	525,249,790
Total Outpatient Visits accounting for Outpatient Revenue	280,693
Medicare Contractual Adjustments	364,517,658
Medicaid Contractual Adjustments	86,905,767
Other Contractual Adjustments:	70,487,240
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	26,736,292
Gross Indigent Care:	13,012,305
Gross Charity Care:	24,659,709
Uncompensated Indigent Care (net):	13,012,305
Uncompensated Charity Care (net):	24,659,709
Other Free Care:	0
Other Revenue/Gains:	34,270,342
Total Expenses:	261,359,328

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 2022? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2022?

06/01/2015

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.?

Chief Financial Officer

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.)?

200%

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 2022? (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	4,199,691	7,878,499	12,078,190
Outpatient	8,812,614	16,781,210	25,593,824
Total	13,012,305	24,659,709	37,672,014

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	4,199,691	7,878,499	12,078,190
Outpatient	8,812,614	16,781,210	25,593,824
Total	13,012,305	24,659,709	37,672,014

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	18	17,209
Atkinson	0	0	0	0	0	0	5	219
Baker	2	13,348	9	27,325	1	19,122	28	40,907
Baldwin	0	0	0	0	1	1,761	1	1,231
Ben Hill	0	0	4	2,558	0	0	4	859
Berrien	1	12,734	3	1,023	5	54,968	27	61,243
Bibb	0	0	0	0	1	1,556	5	5,172
Brantley	2	34,208	2	26,806	0	0	0	0
Brooks	32	185,287	470	716,115	32	334,154	650	768,171
Bulloch	0	0	0	0	0	0	1	265
Calhoun	0	0	0	0	1	3,985	14	5,205
Camden	0	0	0	0	0	0	1	1,255
Charlton	0	0	0	0	1	3,622	0	0
Chatham	0	0	0	0	1	5,071	1	425
Chattahoochee	0	0	0	0	0	0	1	4,575
Cherokee	0	0	0	0	1	30,910	5	6,292
Clay	0	0	0	0	0	0	2	5,375
Clayton	0	0	0	0	0	0	5	5,281
Clinch	0	0	0	0	0	0	2	381
Cobb	0	0	0	0	0	0	2	228
Coffee	0	0	4	4,198	0	0	4	3,323
Colquitt	30	215,665	311	333,154	44	468,668	632	1,090,470
Columbia	0	0	0	0	0	0	1	797
Cook	0	0	17	10,214	7	109,328	38	44,196
Coweta	0	0	0	0	0	0	1	438
Crisp	0	0	0	0	0	0	4	2,163
Decatur	44	355,671	633	668,107	36	509,815	1,242	945,226
DeKalb	0	0	0	0	0	0	4	2,471
Dooly	1	11,981	2	3,967	0	0	1	725
Dougherty	3	6,270	26	48,277	5	117,419	81	133,557
Douglas	0	0	0	0	0	0	1	860
Early	3	67,377	34	5,781	2	45,216	37	42,465

Echols	1	13,898	1	1,470	0	0	3	654
Effingham	1	5,613	6	29,424	0	0	2	374
Elbert	0	0	0	0	0	0	1	1,513
Fayette	0	0	0	0	0	0	2	754
Florida	7	130,096	175	173,510	11	141,317	407	369,791
Floyd	0	0	0	0	0	0	2	1,104
Fulton	0	0	0	0	0	0	5	668
Glynn	1	9,109	0	0	0	0	3	560
Grady	109	938,252	1,521	1,609,127	114	1,270,415	1,896	2,144,109
Gwinnett	0	0	0	0	0	0	5	1,740
Hall	0	0	0	0	0	0	1	846
Hart	0	0	0	0	0	0	1	415
Henry	0	0	0	0	0	0	4	1,286
Houston	0	0	0	0	0	0	8	7,364
Irwin	0	0	0	0	0	0	5	1,529
Jeff Davis	0	0	1	288	0	0	0	0
Lanier	1	23,220	5	3,684	2	76,192	10	24,842
Lee	1	14,664	1	1,505	2	17,078	7	11,216
Liberty	0	0	0	0	0	0	1	121
Lowndes	9	43,530	85	184,144	10	61,211	283	274,840
McDuffie	0	0	0	0	0	0	1	26
McIntosh	0	0	0	0	0	0	1	772
Miller	4	3,595	12	33,506	2	17,353	72	78,863
Mitchell	65	555,192	614	884,179	89	1,091,965	1,309	1,799,692
Monroe	0	0	0	0	0	0	2	791
Muscogee	0	0	0	0	0	0	4	1,618
Newton	0	0	0	0	0	0	4	7,003
North Carolina	0	0	2	5,545	0	0	8	1,827
Other Out of State	0	0	12	19,011	3	23,475	64	73,803
Peach	0	0	0	0	0	0	2	1,186
Randolph	0	0	0	0	0	0	2	220
Richmond	0	0	0	0	0	0	2	267
Schley	0	0	0	0	0	0	1	720
Screven	0	0	0	0	1	36,188	2	3,465
Seminole	3	48,713	75	22,554	5	64,188	149	149,579
South Carolina	0	0	0	0	1	12,635	11	8,349
Stephens	0	0	0	0	1	3,598	0	0
Sumter	0	0	0	0	1	29,310	9	7,163
Tennessee	0	0	3	5,680	0	0	9	12,193
Terrell	0	0	0	0	0	0	4	3,182
Thomas	281	1,508,359	4,072	3,902,670	287	3,045,381	10,018	8,442,568
Tift	0	0	9	50,195	2	2,804	39	72,172
Toombs	0	0	0	0	1	7,289	0	0
Turner	0	0	0	0	0	0	2	1,206

Union	0	0	0	0	0	0	1	339
Walton	0	0	0	0	0	0	1	280
Ware	0	0	4	27,626	1	269,196	4	3,978
Washington	0	0	0	0	0	0	1	131
Wayne	0	0	0	0	0	0	2	2,431
Wheeler	0	0	0	0	0	0	1	3,443
Worth	1	2,909	21	10,971	1	3,309	40	69,233
Total	602	4,199,691	8,134	8,812,614	672	7,878,499	17,229	16,781,210

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 2022?
(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 2022.

Patient Category		SFY 2021	SFY2022	SFY2023
		7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	9,759,229	3,253,076
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	18,494,782	6,164,927
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 2021	SFY2022	SFY2023
7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
0	19,978	6,659

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: Darcy M. Craven

Date: 7/13/2023

Title: President and 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: Greg S. Hembree

Date: 7/13/2023

Title: Senior Vice President/Chief Financial Officer

Comments: