

**2019 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	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	380,320,781											
Outpatient Gross Patient Revenue	410,263,638											
Per Part C, 1. Financial Table		349,939,044	77,986,089	31,278,504	0	43,667,810			0			
Per Part E, 1. Indigent and Charity Care							24,243,048	7,281,286				
Totals per HFS	790,584,419	349,939,044	77,986,089	31,278,504	0	43,667,810	24,243,048	7,281,286	0	534,395,781	256,188,638	
Section 2: Reconciling Items to Financial Statements:										(B)	(B)	
Non-Hospital Services:												
> Professional Fees	23861463.0									14,288,063		
> Home Health Agency	0									0		
> SNF/NF Swing Bed Services	0									0		
> Nursing Home	4,734,143									233,827		
> Hospice	0									0		
> Freestanding Ambulatory Surg. Centers	0									0		
> Reference Lab	356,926									0		
> Nutrition Fees	277225.0									0		
> EAP Services	165083.0									0		
> N/A	0.0									0.0		
> N/A	0									0		
> N/A	0									0		
Bad Debt (Expense per Financials) (A)										1,312,046		
Indigent Care Trust Fund Income										-2,311,217		
Other Reconciling Items:												
> Indigent/Charity	0.0									-921831.0		
> Indigent/Charity PF	0									919,485		
> N/A	0									0		
> N/A	0									0		
Total Reconciling Items	29,394,840									13,520,373	15,874,467	
Total Per Form	819,979,259									547,916,154	272,063,105	
Total Per Financial Statements	819,979,259.0										272,063,105	
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.												



2019 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: PO Box 1018

Mailing City: Thomasville

Mailing Zip: 31799-1018

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2019 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 10/1/2018 To:9/30/2019

Please indicate your cost report year.

From: 10/01/2018 To:09/30/2019

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: 229-228-8857

Fax: 229-228-8891

E-mail: pbarrett@archbold.org

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	380,320,781
Total Inpatient Admissions accounting for Inpatient Revenue	11,593
Outpatient Gross Patient Revenue	410,263,638
Total Outpatient Visits accounting for Outpatient Revenue	256,951
Medicare Contractual Adjustments	349,939,044
Medicaid Contractual Adjustments	77,986,089
Other Contractual Adjustments:	31,278,504
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	43,667,810
Gross Indigent Care:	24,243,048
Gross Charity Care:	7,281,286
Uncompensated Indigent Care (net):	24,243,048
Uncompensated Charity Care (net):	7,281,286
Other Free Care:	0
Other Revenue/Gains:	4,750,376
Total Expenses:	233,990,101

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 2019? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2019?

11.17 7.19

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.)?

325%

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 2019? (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	12,019,184	1,774,745	13,793,929
Outpatient	12,223,864	5,506,541	17,730,405
Total	24,243,048	7,281,286	31,524,334

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	12,019,184	1,774,745	13,793,929
Outpatient	12,223,864	5,506,541	17,730,405
Total	24,243,048	7,281,286	31,524,334

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	4	2,346
Atkinson	0	0	0	0	1	114,233	0	0
Baker	0	0	2	15,700	1	93,902	3	3,315
Ben Hill	0	0	0	0	1	1,340	1	872
Berrien	0	0	7	19,695	1	6,330	7	20,976
Bibb	0	0	0	0	0	0	2	2,498
Brantley	0	0	0	0	0	0	1	90
Brooks	54	962,396	365	591,785	25	79,769	158	121,009
Butts	0	0	0	0	1	1,340	0	0
Calhoun	1	60,025	15	68,626	0	0	2	6,654
Chatham	0	0	0	0	0	0	1	6,471
Clarke	1	116,701	10	21,138	0	0	0	0
Clay	0	0	5	26,676	0	0	0	0
Clinch	0	0	0	0	0	0	4	604
Cobb	0	0	2	1,943	0	0	2	227
Coffee	0	0	27	53,811	0	0	4	15,455
Colquitt	71	1,959,975	404	1,008,712	48	436,736	278	767,351
Cook	4	40,105	0	0	1	2,415	8	5,568
Crisp	0	0	0	0	0	0	1	935
Decatur	68	244,539	549	745,562	56	263,606	415	499,677
DeKalb	1	992	1	187	0	0	2	929
Dougherty	2	18,734	19	21,042	3	3,461	22	31,741
Early	0	0	0	0	1	13	10	6,072
Echols	0	0	1	900	0	0	0	0
Florida	14	312,161	106	75,664	7	6,280	117	133,710
Fulton	0	0	0	0	0	0	1	5,675
Glynn	0	0	0	0	0	0	1	187
Grady	164	2,538,384	940	1,349,755	62	136,320	552	720,297
Hall	0	0	1	1,137	0	0	1	1,139
Hart	0	0	0	0	0	0	1	109
Houston	0	0	0	0	0	0	3	321
Irwin	0	0	0	0	1	1,650	0	0

Jeff Davis	0	0	1	657	0	0	0	0
Jefferson	0	0	0	0	0	0	1	705
Lamar	0	0	0	0	0	0	1	3,175
Lanier	1	1,340	12	8,130	0	0	5	22,004
Lee	1	5,164	2	3,347	0	0	1	74
Lowndes	8	38,839	102	660,872	15	12,422	92	120,468
McDuffie	0	0	0	0	0	0	1	3,745
Meriwether	0	0	0	0	0	0	1	2,205
Miller	2	4,751	19	86,385	2	2,525	23	33,953
Mitchell	106	1,539,757	655	1,503,802	58	135,579	329	404,204
Montgomery	0	0	0	0	0	0	1	6,912
Murray	0	0	0	0	0	0	1	1,551
Muscogee	1	1,340	1	3,320	0	0	2	820
North Carolina	0	0	0	0	0	0	1	326
Other Out of State	9	65,405	8	15,543	2	40,618	14	16,358
Pierce	0	0	0	0	1	7,822	1	486
Randolph	0	0	0	0	0	0	1	104
Richmond	0	0	0	0	0	0	1	3,131
Seminole	3	96,006	68	134,312	4	5,099	13	3,393
South Carolina	0	0	0	0	2	2,322	5	1,569
Sumter	0	0	0	0	0	0	2	3,319
Telfair	0	0	0	0	1	13	0	0
Tennessee	0	0	0	0	0	0	1	584
Terrell	0	0	0	0	1	13	2	1,654
Thomas	413	3,922,804	4,336	5,776,058	190	271,393	2,510	2,466,620
Tift	14	38,703	23	23,321	5	143,842	12	31,922
Treutlen	0	0	0	0	1	1,440	0	0
Turner	0	0	2	241	0	0	0	0
Ware	0	0	0	0	0	0	1	142
Wayne	0	0	0	0	0	0	1	70
Webster	0	0	0	0	0	0	1	2,128
Worth	2	51,063	2	5,543	1	4,262	4	20,691
Total	940	12,019,184	7,685	12,223,864	492	1,774,745	4,629	5,506,541

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 2019?
 (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 2019.

Patient Category		SFY 2018	SFY2019	SFY2019
		7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	0	0
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 2018	SFY2019	SFY2019
7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
0	0	0

Reconciliation Addendum

This section is printed in landscape format on a separate PDF file.

Nurse Employment Addendum

This section is printed 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:

Date: 7/15/2020

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:

Date: 7/15/2020

Title: Senior Vice President/CFO

Comments: