



2021 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 2021 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 10/1/2020 To:9/30/2021

Please indicate your cost report year.

From: 10/01/2020 To:09/30/2021

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: 229-228-8891

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	356,761,524
Total Inpatient Admissions accounting for Inpatient Revenue	10,087
Outpatient Gross Patient Revenue	495,273,597
Total Outpatient Visits accounting for Outpatient Revenue	280,129
Medicare Contractual Adjustments	354,466,377
Medicaid Contractual Adjustments	89,405,482
Other Contractual Adjustments:	60,246,969
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	49,498,262
Gross Indigent Care:	16,039,450
Gross Charity Care:	15,860,572
Uncompensated Indigent Care (net):	16,039,450
Uncompensated Charity Care (net):	15,860,572
Other Free Care:	0
Other Revenue/Gains:	90,406,912
Total Expenses:	258,151,471

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 2021? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2021?

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 2021? (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	6,729,525	5,398,646	12,128,171
Outpatient	9,309,925	10,461,926	19,771,851
Total	16,039,450	15,860,572	31,900,022

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	6,729,525	5,398,646	12,128,171
Outpatient	9,309,925	10,461,926	19,771,851
Total	16,039,450	15,860,572	31,900,022

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	2	7,727	1	1,239	1	1,875	12	9,598
Atkinson	0	0	4	2,249	0	0	2	631
Baker	2	40,100	9	23,661	1	4,060	13	13,181
Baldwin	0	0	0	0	1	14,773	1	2,386
Barrow	0	0	0	0	0	0	1	150
Ben Hill	2	3,160	8	4,028	0	0	0	0
Berrien	0	0	4	19,949	2	37,177	12	25,342
Bibb	0	0	0	0	0	0	2	3,728
Brooks	34	293,428	396	553,935	18	197,923	371	390,298
Bryan	0	0	0	0	0	0	1	134
Bulloch	0	0	0	0	1	1,260	10	2,827
Calhoun	1	237,602	8	17,275	2	40,122	15	8,063
Carroll	0	0	0	0	0	0	1	322
Catoosa	0	0	0	0	0	0	2	899
Chatham	0	0	0	0	1	4,715	0	0
Cherokee	0	0	0	0	0	0	1	50
Clarke	0	0	0	0	0	0	3	2,186
Clayton	0	0	0	0	0	0	1	771
Clinch	0	0	0	0	0	0	4	8,768
Cobb	0	0	1	1,183	0	0	5	5,156
Coffee	0	0	1	2,026	0	0	3	742
Colquitt	44	833,372	538	769,493	23	443,438	395	555,090
Columbia	0	0	0	0	0	0	1	2,867
Cook	2	17,005	13	31,752	2	14,059	12	7,813
Coweta	0	0	0	0	0	0	1	128
Crisp	0	0	0	0	0	0	4	4,387
Dade	0	0	0	0	0	0	1	667
Decatur	55	533,618	759	796,274	34	407,500	664	488,945
Dodge	1	5,211	0	0	0	0	0	0
Dooly	0	0	0	0	1	35,419	0	0
Dougherty	1	5,294	18	48,067	1	31,481	78	57,423
Early	7	205,857	31	58,986	0	0	21	14,791

Echols	0	0	0	0	0	0	1	560
Effingham	0	0	0	0	0	0	1	255
Florida	7	69,215	119	104,223	6	80,360	233	265,202
Fulton	0	0	0	0	0	0	3	2,492
Grady	85	937,698	1,162	1,410,912	50	462,256	1,089	1,066,133
Gwinnett	0	0	0	0	2	65,056	5	9,859
Henry	0	0	0	0	0	0	3	2,882
Houston	0	0	4	2,677	0	0	1	11
Irwin	0	0	0	0	0	0	3	387
Lanier	1	1,580	1	828	0	0	2	4,799
Laurens	0	0	0	0	0	0	1	4,561
Lee	0	0	0	0	0	0	8	9,031
Liberty	0	0	0	0	0	0	1	65
Lowndes	7	147,306	144	274,594	12	112,153	195	254,156
Macon	0	0	0	0	1	6,296	1	709
Miller	2	2,800	43	24,681	1	5,109	47	15,547
Mitchell	73	594,756	580	635,441	53	926,302	791	954,772
Muscogee	1	7,841	2	2,437	1	125	3	1,814
North Carolina	0	0	2	1,660	0	0	2	8,783
Other Out of State	0	0	19	7,364	1	80,826	35	62,843
Paulding	0	0	1	2,288	0	0	0	0
Pierce	0	0	0	0	0	0	1	3,026
Quitman	0	0	0	0	0	0	2	2,328
Richmond	0	0	0	0	1	954	0	0
Seminole	7	115,609	177	278,227	2	51,773	67	50,708
South Carolina	1	1,679	0	0	0	0	2	6,282
Sumter	0	0	0	0	0	0	1	233
Tattnall	0	0	0	0	0	0	1	103
Taylor	0	0	0	0	1	1,750	0	0
Tennessee	0	0	0	0	0	0	6	5,201
Terrell	0	0	0	0	0	0	1	131
Thomas	279	2,563,052	4,241	4,119,900	169	2,294,703	6,443	6,056,965
Tift	1	58,682	16	25,679	2	60,661	21	38,508
Troup	0	0	0	0	1	9,109	3	7,020
Turner	0	0	0	0	0	0	5	2,192
Ware	0	0	2	6,289	0	0	1	1,582
Wheeler	0	0	0	0	1	4,866	0	0
White	0	0	0	0	0	0	1	30
Wilcox	2	1,008	1	20	0	0	0	0
Worth	3	45,925	13	82,588	1	2,545	16	15,413
Total	620	6,729,525	8,318	9,309,925	393	5,398,646	10,633	10,461,926

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 2021?
(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 2021.

Patient Category		SFY 2020	SFY2021	SFY2022
		7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	12,029,588	4,009,863
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	11,895,429	3,965,143
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 2020	SFY2021	SFY2022
7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
0	14,973	4,991

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: 7/19/2022

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: 7/19/2022

Title: Senior Vice President/CFO

Comments:

**2021 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	356,761,524										
Outpatient Gross Patient Revenue	495,273,597										
Per Part C, 1. Financial Table		354,466,377	89,405,482	60,246,969	0	49,498,262			0		
Per Part E, 1. Indigent and Charity Care							16,039,450	15,860,572			
Totals per HFS	852,035,121	354,466,377	89,405,482	60,246,969	0	49,498,262	16,039,450	15,860,572	0	585,517,112	266,518,009
Section 2: Reconciling Items to Financial Statements:									(B)		(B)
Non-Hospital Services:											
> Professional Fees	26276117.0									16,165,480	
> Home Health Agency	0									0	
> SNF/NF Swing Bed Services	0									0	
> Nursing Home	4,097,305									240,923	
> Hospice	0									0	
> Freestanding Ambulatory Surg. Centers	0									0	
> Reference Lab	792,143									0	
> Nutrition Fees	254262.0									0	
> EAP Services	164492.0									0	
> N/A	0.0									0.0	
> N/A	0									0	
> N/A	0									0	
Bad Debt (Expense per Financials) (A)										1,746,404	
Indigent Care Trust Fund Income										-3,065,935	
Other Reconciling Items:											
> Indigent/Charity	0.0									1236477.0	
> PPAA Allocation	0									-2,565,631	
> N/A	0									0	
> N/A	0									0	
Total Reconciling Items	31,584,319									13,757,718	17,826,601
Total Per Form	883,619,440									599,274,830	284,344,610
Total Per Financial Statements	883619440.0										284,344,610
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.											