



Wills Memorial Hospital
Community Health Needs Assessment

April 2019

Lincoln, Taliaferro, & Wilkes Counties



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Introduction

The Community Health Needs Assessment completed by Wills Memorial Hospital is a federal requirement of charitable hospital organizations under Section 501(r)(3) of the IRS code. It was designed to help hospitals better understand the populations in which they serve, to identify current needs within the community, and also to recognize existing assets. By completing this needs assessment, Wills Memorial Hospital can learn how to respond to these needs within the scope of our services and partnerships.

All non-profit hospitals are required to conduct a Community Health Needs Assessment every three years and make it available to the public. The Assessment should take into account input from “persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health”. Through surveys and interviews with local community leaders, as well as individuals from diverse socioeconomic backgrounds, we feel that the assessment IRS Section 501(r)(3) standards have been satisfied.



CNA Leadership Committee Members:

Tracie Haughey, WMH CEO & CFO

Kelly Powel, RN, WMH COO & Practice Manager of Community Medical Associates of Washington and Lincolnton

Susan Duncan Pope, WMH Human Resource and Community Relations Director

Angie Radford, WMH Director of Nursing

Mandy Jackson, WMH Administration Assistant

Community Advisory Council:

Carolyn Reynolds: Family Connection Board, Communities in Schools of Wilkes County Board, God's Marketplace Board, WMH Auxiliary, Kiwanis Member

Jennifer Jackson: RN & Wilkes County Health Department Nurse Manager

Dr. Rosemary Caddell: Superintendent of Wilkes County Board of Education, Wilkes County Board of Health

Kenya Smith: RN & Nurse Manager of Taliaferro County Health Department

Ray Hardy: RN, Owner of CSRA Private Duty Home Health, WMH Authority Board Member

Amethyst Wynn: Executive Director of Wilkes County Family Connection, Leader of Health & Wellness Coalition

Renee Brown: Taliaferro County Board of Health, Mayor of Sharon, WMH Foudation

Outside Advisors:

Elisa Marie Childs, MSW, ASW, PhD Student & Research Assistant at the University of Georgia School of Social Work



WMH Community Health Needs Assessment

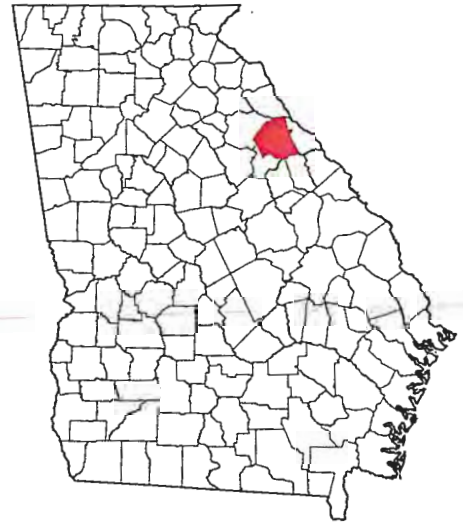
Wills Memorial Hospital and the Community it Serves:

Wills Memorial Hospital is a 25 bed acute care hospital located in Washington, Georgia. It is governed by the Hospital Authority of Wilkes County. WMH is accredited by the Joint Commission and is designated a critical access hospital. The facility serves the counties of Lincoln, Taliaferro, and Wilkes. It is the only hospital located in this tri-county area. All three counties are rural and designated "medically underserved" by the State of Georgia's Rural Health Division of the Department of Community Health (DCH).

According to the 2010 census, the total combined population of these counties is 20,306. The following figures represent the breakdown of county populations served by Wills Memorial Hospital in 2018: Wilkes 75%, Lincoln 11.3%, Taliaferro 6.7%, and other counties 7%.

The original facility opened in 1924 as Washington General Hospital. In 2012, a new inpatient wing, pharmacy, respiratory therapy department, registration, emergency room, reception, main entrance, specialty clinic, and physical therapy/occupational therapy facilities were completed. Wills Memorial Hospital focuses on providing complete medical care for Wilkes, Taliaferro, and Lincoln County residents.

Washington is a beautiful town, touted as a retirement haven and tourist destination due to the many antebellum homes and the town's rich civil and revolutionary war history. However, poverty in WMH service areas is higher than the Georgia average. Many socioeconomic groups face disparities due to poverty and the issues that arise from it. Several area manufacturing facilities have closed or experienced a reduction-in-force over the last decade leading to higher than average unemployment rates. Due to these factors, a high percentage of Lincoln, Taliaferro, and Wilkes residents are uninsured and, as a result, not as healthy as their insured counterparts.

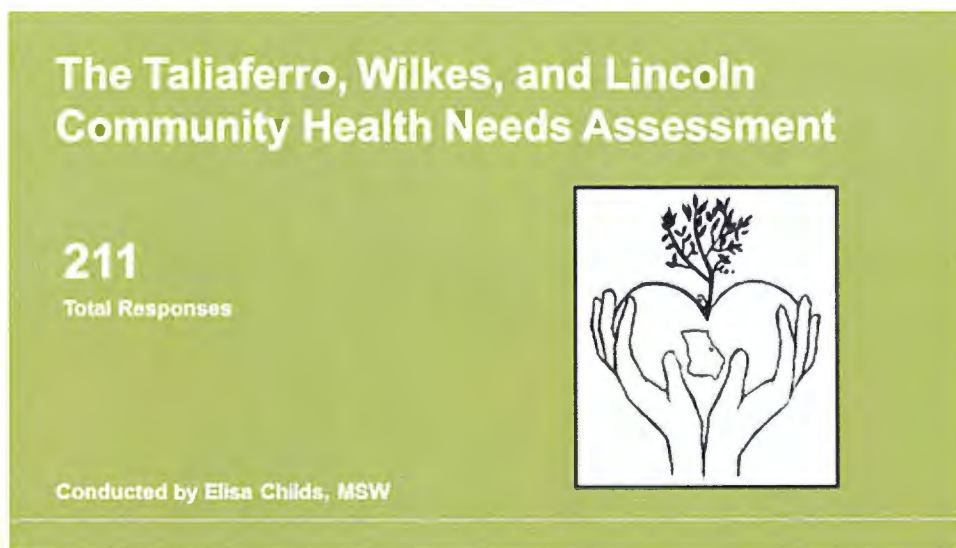




Process

The WMH's Community Needs Assessment is a process that identifies the health needs of the communities of Lincoln, Taliaferro, and Wilkes using primary and secondary data from various sources. The primary data was derived from on-line and in-person surveys that included community leaders as well as many diverse groups of community members. To view the survey used, visit: https://www.surveymonkey.com/r/TWL_CHNA. The secondary data was obtained through national and state demographic studies including the U.S. Census and the University of Georgia's <https://Georgiadata.org> website.

The assessment began with the collection of data from various Georgia and U.S. studies. This data includes demographic and socioeconomic characteristics, health data and vital statistics, as well as general county health rankings. After this secondary data was collected, a comprehensive survey was completed by community members who are knowledgeable about health care in the WMH service areas. These community members have an expertise or a vested interest in the health of our community. Surveys were also conducted with individuals from differing socioeconomic backgrounds to gather primary data. Once the primary and secondary data was collected, a meeting was held with several key community members to discuss the findings and determine how Wills Memorial Hospital would respond to the needs of the community. Finally, the WMH Community Needs Assessment leadership committee met to determine which needs the hospital can financially and physically undertake. The Hospital Authority of Wilkes County was presented the analysis in the May 29, 2019 meeting and the assessment was then posted on the WMH website: <https://www.willsmemorialhospital.com>.





Primary Data/Community Input

Primary data was collected from community members who are knowledgeable about health care in the WMH service areas. These community members have expertise and/or a vested interest in the health of our community. Data was also collected from targeted socioeconomic groups in the Lincoln-Taliaferro-Wilkes area that are known to have unmet health needs. After the survey was completed, the results were shared with the following community leaders:

- Carolyn Reynolds, Family Connection Board , Communities in Schools of Wilkes County Board, God's Marketplace Board, WMH Auxiliary, Kiwanis Member
- Jennifer Jackson, RN & Wilkes County Health Department Nurse Manager, Health & Wellness Coalition member
- Renee Brown, Taliaferro County Board of Health, Mayor of Sharon, WMH Foundation
- Kenya Smith, RN & Taliaferro County Health Department Nurse Manager
- Dr. Rosemary Caddell, Superintendent of Wilkes County Board of Education, Wilkes County Board of Health
- Amethyst Wynn, Executive Director of Wilkes County Family Connection, Leader of Health & Wellness Coalition
- Ray Hardy, RN BSN, Administrator of CSRA Private Duty, Inc.



Secondary Data

- 2018 Georgia County Guide, Carl Vinson Institute of Government and Georgia Cooperative Extension, The University of Georgia. Available at: [www. countyguide.uga.edu](http://www.countyguide.uga.edu)
- Georgia Department of Community Health. Oasis Population Data 2018. Available at: [www. oasis.ga.us](http://www.oasis.ga.us)
- Georgia Department of Public Health. Health and Data Information. Available at [www. health.state.ga.us](http://www.health.state.ga.us)
- Robert Wood Johnson Foundation, 2019 County Health Rankings, Countyhealthrankings.org
- Federal Government, Census.gov



Demographic Data

The 2010 census data reports the combined populations of Lincoln, Taliaferro, and Wilkes Counties as 20,306. The 2030 projected population for the three counties combined is 18,518, which is an 8.8% decrease over the 20 year period.

Age

Race/Ethnicity (2011)	Lincoln	Taliaferro	Wilkes	Georgia
Median age	45.8	46	44.4	38.4
Age 65 and over	17.9%	20.3%	18.8%	14.0%

Race/Ethnicity

Race/Ethnicity (2011)	Lincoln	Taliaferro	Wilkes	Georgia
Black	32.4%	59.7%	42.4%	28.4%
White	65.8%	37.8%	55.2%	68.6%
Other	0.8%	0.9%	0.9%	1.7%
Hispanic/Latino	1.4%	2.5%	3.6%	6.0%

Household Information

Households (2011)	Lincoln	Taliaferro	Wilkes	Georgia
Married Couple	67.8%	48.2%	60.0%	70.8%
Married Couple with children < 18	20.9%	7.1%	15.2%	27.7%
Male Household with children <18	1.6%	3.7%	3.6%	3.1%
Female Household with children <18	12.8%	12.4%	14.4%	12.4%



Education Level

Education Level (2010)	Lincoln	Taliaferro	Wilkes	Georgia
Not Completing High School	22.6%	41.7%	28.2%	16.5%
High School Grad/GED	42.3%	37.5%	38.3%	29.6%
Some College	25.4%	14.0%	18.0%	26.7%
Bachelor's Degree	6.4%	4.5%	8.4%	17.5%
Graduate/Professional	3.3%	2.3%	7.1%	9.7%

Public Education

Public Education (2011)	Lincoln	Taliaferro	Wilkes	Georgia
High School Drop Out Rate (per 100 enrolled)	1.9%	1.4%	6.3%	3.3%
Completion Rate (2011)	75.7%	40.0%	66.7%	70.3%
Economically disadvantaged	66.2%	93.6%	75.6%	66%
Students retained in a grade	5.4%	6.5%	6.8%	3.7%
Students with disabilities	14.3%	14.1%	12.4%	12.3%
Students in Gifted Program	3.2%	0.0%	7.5%	6.7%
Grads with college prep diploma	64.4%	38.5%	51.1%	66.0%



Socioeconomic Characteristics

A significant percent of the population of Lincoln, Taliaferro, and Wilkes Counties lives below the poverty level. The percentages range from 20%-30%, which are higher than the state average of 21.7%. The population without a high school diploma/GED in the WMH service area ranges from 22.6% to 41.7% and is higher than the state average of 16.5%. The unemployment rates are above the 9.8 % state average in Lincoln, Taliaferro, and Wilkes Counties. The median household income in all three counties is much lower than the state average of \$46, 252.

Social and Economic Indicators

	Persons Below Poverty 2010	Children Below Poverty 2010	Single Female Children 2011	No High School Diploma 2010
Lincoln	20.8%	32.0%	12.8%	22.6%
Taliaferro	30.3%	48.9%	12.4%	41.7%
Wilkes	24.9%	38.7%	14.4%	28.2%
Georgia Average	21.7%	31.2%	12.4%	16.5%

	Minority 2011	Unemployed 2011	Uninsured 2010	Median Household income 2010
Lincoln	34.6%	10.8%	25.1%	\$35,201
Taliaferro	63.1%	12.6%	26.3%	\$26,863
Wilkes	46.9%	12.0%	22.6%	\$30,451
Georgia Average	36.1%	9.8%	22.5%	\$46,252



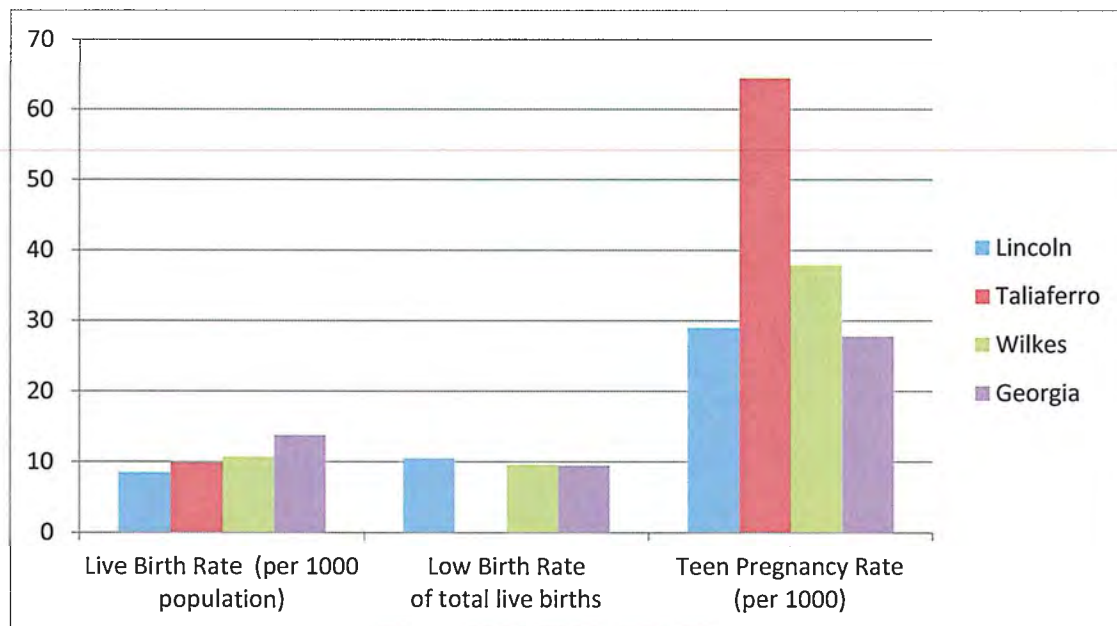
Health Data

The County Health Rankings report premature death as a measure of mortality. In 2018, the Lincoln County rate of premature death was 10,300 per 100,000 of the population. In Taliaferro the rate was unreported, and in Wilkes it was 10,700 per 100,000. Premature death represents the years of potential life lost before the age of 75 (rate is age adjusted). The overall Georgia premature death rate in 2018 was 7,500.

A vital statistic that is important to include in health data is the death rate. The Lincoln County death rate in 2018 was 1138.1 per 100,000 population. In Taliaferro the death rate was 1863.7 and in Wilkes it was 1406.6 per 100,000. The average county in Georgia's death rate in 2018 was 923.5 per 100,000.

The following graphs give information about several vital statistics and health indicators:

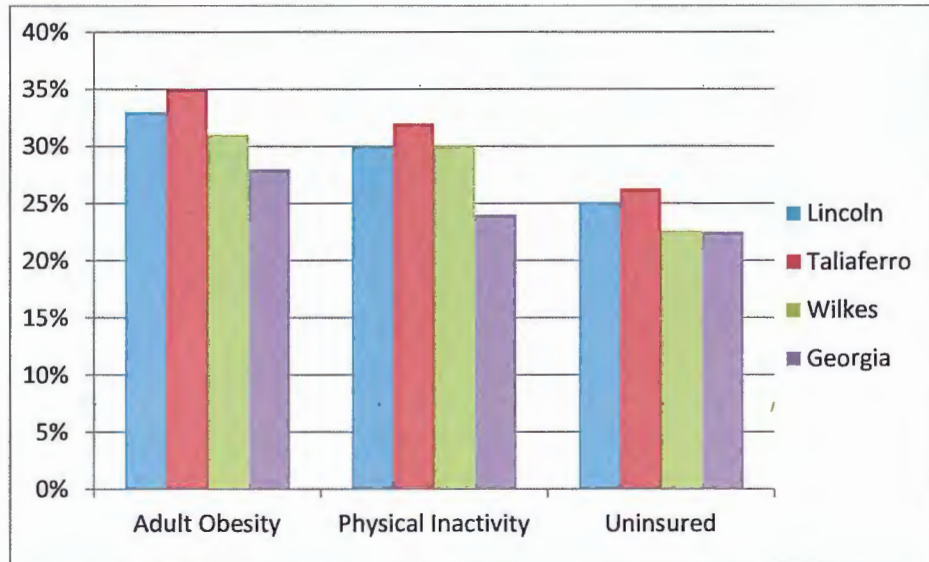
2018 Vital Statistics



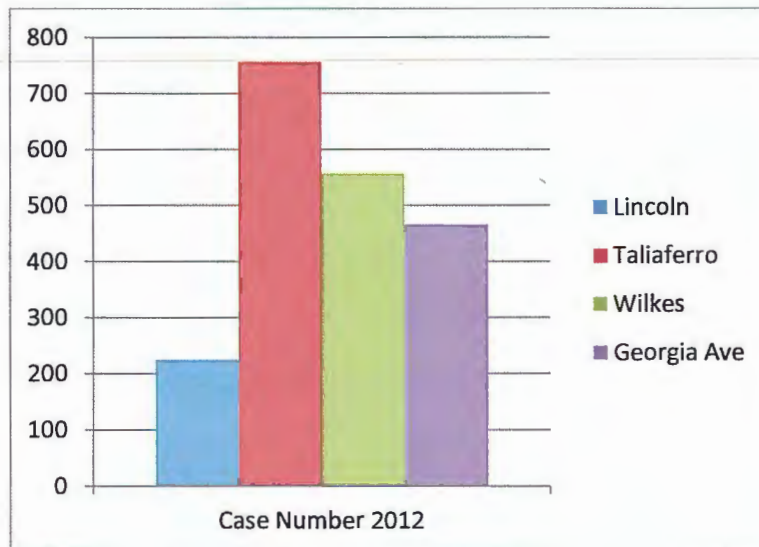
The rate of Sexually Transmitted Diseases reported in a county is an indicator of the population's health. The cases in 2012 in Lincoln, Taliaferro, and Wilkes were 225, 757, and 557 respectively. The Georgia average in 2012 was 466. The percentage of the population that is uninsured is also an indicator of the general health of a community. The uninsured rates in the WMH service areas are higher than the Georgia average of 22.5%.



Health Indicators



Sexually Transmitted Infections



The County Health Ranking report also identifies “health behaviors” and ranks each county in the state in numerical order from 1 to 159 in this category. Included in health behaviors are: adult smoking, adult obesity, physical inactivity, excessive drinking, motor vehicle crash death rate, sexually transmitted infections, and teen birth rate. Lincoln County ranks 47th in health behaviors, Taliaferro ranks 144th, and Wilkes ranks 121th out of 159 Georgia Counties.



Summary of Needs Assessment Responses



Services Difficult to access in the Area:

- Specialty Medical Care
- Mental Health
- Alternative Medicine/Treatments
- Alcohol/drug abuse treatments
- Dental care

Identified Health Issues:

- Cancer
- Problems associated with aging
- Heart Disease
- Obesity
- Lack of Affordable/Primary Healthcare

Identified Behaviors that have the Greatest Impact on Community Health:

- Drug abuse
- Obesity
- Poor eating habits
- Not visiting a doctor
- Alcohol abuse



Prioritization Process

Wills Memorial Hospital used the following process to prioritize and address the needs identified in the 2019 Community Needs Assessment.

- A. All data, primary and secondary, were read and analyzed
- B. Reoccurring issues were identified and noted
- C. Information was presented to the Community Advisory Council
- D. The Advisory Council made their recommendation to the CNA Leadership Committee that the reoccurring health issues that impacted the community the most be focused on by the Wills Memorial Hospital CNA team.
- E. The identified health issues/needs were presented to the Hospital Authority of Wilkes County to make the final decisions based on our human and financial resources.



Community Health Resources

Wills Memorial Hospital: Wills Memorial Hospital is a non-profit, community, 25 bed, acute care hospital that has been serving the area since 1924. It is designated a critical access hospital. The campus includes: inpatient wing, pharmacy, outpatient surgery, laboratory, radiology, respiratory therapy, emergency room, specialty clinic, and physical therapy/occupational therapy facilities. Also available through our emergency room are telemedicine services for early stroke recognition and intervention. Specialty services provided in Wills Memorial Hospital focus on providing complete medical care for Wilkes, Taliaferro, and Lincoln County residents. These specialty services include: general surgery, cardiology, urology, orthopedics, and podiatry. Our current Medical Staff consists of an Active Staff of 5 physicians and Courtesy, Consulting, and Affiliate Staffs consisting of 57 physicians and mid-levels.

Community Medical Associates Lincolnton: A subsidiary of WMH, CMA is a growing primary care clinic that accepts Medicare, Medicaid, and privately insured patients. The full-time provider staff consists of one family medicine physician and one nurse practitioner.

Lincoln County Health Department: The Lincoln County health department offers many services to the public including screening and treatment of high blood pressure, diabetes, TB, and sexually transmitted diseases, immunizations, family planning services, environmental health services, outbreak investigation, and is a provider of the WIC food supplementation program for low-income children.

Two Private Family Medicine Practices in Lincoln County

Taliaferro County Health Department: The Taliaferro County health department offers many services to the public including screening and treatment of high blood pressure, diabetes, TB, and sexually transmitted diseases, immunizations, family planning services, environmental health services, outbreak investigation, and is a provider of the WIC food supplementation program for low-income children.

Community Medical Associates Washington: A subsidiary of WMH, CMA is a growing primary care clinic that accepts Medicare, Medicaid, and privately insured patients. The full-time provider staff consists of one internal medicine/pediatrician and one nurse practitioner.



Community Health Resources

Urgent MD Washington

Wilkes County Health Department: The Wilkes County health department offers many services to the public including screening and treatment of high blood pressure, diabetes, TB, and sexually transmitted diseases, immunizations, family planning services, environmental health services, outbreak investigation, and is a provider of the WIC food supplementation program for low-income children.

Three Private Primary Care Physician Practices in Wilkes County; two of which are internal medicine and one family medicine practice.



Conclusion

The Community Needs Assessment has provided Wills Memorial Hospital with clear evidence that many of the health issues that we see and treat on a daily basis are indeed, the most prevalent health concerns among our population. Cancer, obesity in children and adults, lack of access to primary and specialty health care, problems associated with age, and lack of mental health/alcohol/drug counseling and treatment options were identified time and time again by respondents.

Wills Memorial Hospital is a non-profit, community hospital that focuses on serving our community's needs. The information that has been gathered in this CNA will direct our community outreach efforts. It will serve as the foundation for fostering new partnerships within our community and outside as well. It will provide an outline for us as we work to generate new ideas, approaches, and educational programs to help solve these issues. This tool has provided much useful information that we can use to better understand and serve our community.



References

- 2010 US Census. Available at: www.quickfacts.census.gov
- Centers for Disease Control and Prevention. Available at: www.cdc.gov
- County Health Rankings & Roadmaps, Robert Wood Johnson Foundation. Available at: www.countyhealthrankings.org
- 2018 Georgia County Guide, Carl Vinson Institute of Government and Georgia Cooperative Extension, The University of Georgia. Available at: www.countyguide.uga.edu
- Georgia Department of Community Health. Oasis Population Data 2018. Available at: www.oasis.ga.us
- Georgia Department of Public Health. Health and Data Information. Available at www.health.state.ga.us



Wills Memorial Hospital FY2019-FY2021 Implementation Plan

The CHNA team ranked the community health needs based on size and prevalence of the issue, effectiveness of interventions, and the hospital's capacity to address the need. Once this prioritization process was complete, the team discussed the results and decided to address the prioritized needs in various capacities through hospital specific implementation plans.

The five most significant needs are listed below:

1. Access to affordable health care and access to primary care services
2. Prevention, education, and services to address obesity, poor eating habits, chronic diseases, preventable conditions, and unhealthy lifestyles
3. Access to specialty care services
4. Access to mental health services
5. Age related issues including loss of mobility and mental health

Wills Memorial Hospital FY 2017 - FY 2019 Implementation Plan

The CHNA Team ranked the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and the hospital's capacity to address the need. Once this prioritization process was complete, the hospital leadership discussed the results and decided to address all of the prioritized needs in various capacities through hospital specific implementation plans.

The five most significant needs are listed below:

1. Access to affordable health care and access to primary care services
2. Prevention, education, and services to address obesity, poor eating habits, chronic diseases, preventable conditions, and unhealthy lifestyles
3. Access to specialty care services
4. Access to mental health services
5. Age related issues including loss of mobility and mental health

The WMH Board reviewed and adopted the 2019 Community Health Needs Assessment and Implementation Plan on May 28th, 2019.

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2019	FY 2020	FY 2021		
	<ul style="list-style-type: none"> Wills Memorial Hospital will continue to promote its primary care provider services in order to increase awareness of service offerings in the community. This will be done via the local newspaper, social media outlets, email campaigns, and updating the hospital's website. 	S. Pope	x	x	x	telehealth access to all WW County schools	
	<ul style="list-style-type: none"> Hospital works with Wilkes Ministers United and Lincolnnton Ministers to make local residents aware of local services available. 	S. Pope	x	x	x	on-going	
	<ul style="list-style-type: none"> WMH provides inserts for church bulletins to raise awareness of services provided. 	S. Pope	x	x	x	on-going	

Priority #1: Access to Primary Care Services

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2019	FY 2020	FY 2021		
Increase Access to Primary Care Services and Providers	<ul style="list-style-type: none"> Wills Memorial Hospital is actively recruiting a Primary Care Physician for the community. 	T. Haughey	x	x	x	Mercer Rural Residency & CHC Recruiting	Dr. Sanders and Dr. Mason-Woodard
	<ul style="list-style-type: none"> Wills Memorial Hospital serves as a clinical site for Athens Tech (RN, LPN, ASN, PT) as well as several universities within a 2 hour radius for Nurse Practitioners and Physician Assistants. 	A. Radford	x	x	x	5 orientation; 2 students/week Average 40/year	
	<ul style="list-style-type: none"> The hospital also serves as a clinical site for high school health occupations programs, such as the C.N.A. (Certified Nursing Assistant) program as well as radiology and laboratory. This also includes both clinical and administrative roles. 	A. Radford	x	x	x	on-going	
	<ul style="list-style-type: none"> The hospital will continue to be available for local high school and college student requests for job shadowing. 	T. Haughey	x	x	x	on-going	
	<ul style="list-style-type: none"> Wills Memorial Hospital will continue to promote its primary care provider services in order to increase awareness of service offerings in the community. This will be done via the local newspaper, social media outlets, email campaigns, and updating the hospital's website. 	S. Pope	x	x	x	telehealth access to all WW County schools	
	<ul style="list-style-type: none"> Hospital works with Wilkes Ministers United and Lincolnton Ministers to make local residents aware of local services available. 	S. Pope	x	x	x	on-going	

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2019	FY 2020	FY 2021		
	<ul style="list-style-type: none"> • WMH provides inserts for church bulletins to raise awareness of services provided. 	S. Pope	x	x	x	on-going	
	<ul style="list-style-type: none"> • The hospital offers their indigent care application on their website for public access. • The hospital will continue to employ a full time Financial Counselor who will help all patients, including those without insurance, to determine the appropriate payment method for their services. • Wills Memorial Hospital will continue to collaborate with MDR (Medicaid and Disability Resource) to help patients enroll under Medicaid, if applicable. 	T. Haughey	x	x	x	on-going	
	<ul style="list-style-type: none"> • Wills Memorial Hospital will continue to operate under its charity care policy that provides access to qualified patients who would otherwise be unable to receive or afford necessary healthcare services. 	T. Haughey	x	x	x	on-going	

Priority #2: Prevention, education, and services to address obesity, poor eating habits, chronic diseases, preventable conditions, and unhealthy lifestyles

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2019	FY 2020	FY 2021		
Increase healthy lifestyle education and prevention resources at the hospital and in the community	<ul style="list-style-type: none"> WMH Registered Dietitian offers Nutritional Education Services to adults and children in our community. Individuals are counseled on general nutrition as well as those who need help with controlling diabetes. Medicare and Medicaid patients have access to these services as well. 	T. Haughey	x	x	x	Kathryn Filipiak provides nutritional education	
	<ul style="list-style-type: none"> The hospital will host preventive education over the span of a few weeks for members of the community at no cost. Living Well and Lunch & Learn seminars on various health topics are included. 	S. Pope	x	x	x	BOE Health Fairs and Community Health fairs and info sessions	
	<ul style="list-style-type: none"> WMH will continue to provide healthy food options for employees in the cafeteria, including dietary accommodations (i.e., gluten-free) and the use of local farmer's produce. 	R. Coffee	x	x	x	on-going	
	<ul style="list-style-type: none"> WMH hosts health fairs for the City of Washington, Barnett Southern, school district employees, and REA (Rayle Electric). Services provided include: vital signs, cholesterol, bone density, height and weight measurements with an associated calculated Body Mass Index (BMI), blood glucose, visual acuity and glaucoma, PT grip and balance, and asthma screening. 	S. Pope	x	x	x		

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2019	FY 2020	FY 2021		
	<ul style="list-style-type: none"> The hospital will allow space for community and civic organizations to meet as appropriate. 	M. Jackson	x	x	x	on-going	
	<ul style="list-style-type: none"> WMH will continue to incentivize employees to participate in regular physical activity through payroll deduction and a discounted membership at the 2 local gyms. 	S. Pope	x	x	x	Spring Fitness Challenges & Real Appeal with loss program	
	<ul style="list-style-type: none"> The hospital will continue to maintain a tobacco-free facility. 	S. Pope	x	x	x	on-going	
	<ul style="list-style-type: none"> WMH and respiratory therapy will continue to provide pamphlets on smoking cessation to applicable patients and employees. 	A. Radford	x	x	x	on-going	
	<ul style="list-style-type: none"> The hospital offers a free flu clinic for employees on an annual basis. 	S. Penvose	x	x	x	Annually in the Fall	
	<ul style="list-style-type: none"> Participate in Beta Sigma Phi walk, which is an annual cancer awareness walk. 	S. Pope	x	x	x	Fall 2018	
Participate in activities that raise awareness regarding chronic diseases and conditions	<ul style="list-style-type: none"> Upon request, the hospital is available for speaking opportunities. The hospital has previously spoken to local civic organizations, county commissions and city council gatherings, and surrounding universities. 	S. Pope	x	x	x	Woman's Club, Rotary, Kiwanis, Auxiliary	

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2019	FY 2020	FY 2021		
Align Efforts and Collaborate with Community Partners to Increase Health Education	<ul style="list-style-type: none"> Many representatives from the hospital serve as members of community organizations, including the Chamber of Commerce, Civic Sororities, God's Marketplace, Child Morbidity Committee, and the Women's Club. 	S. Pope	x	x	x	on-going	
	<ul style="list-style-type: none"> Wills Memorial Hospital works in conjunction with the Family Connections and Communities in Schools of Wilkes County on various projects surrounding community outreach. 	S. Pope	x	x	x	on-going	
	<ul style="list-style-type: none"> The hospital will continue to work with local Emergency Management Services (EMS) to provide CPR classes on a monthly basis for hospital and EMS staff. The hospital will continue to provide a location for those classes as well. 	A. Radford	x	x	x	on-going	

Priority #3: Access to Specialty Care Services

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2019	FY 2020	FY 2021		
Increase Access to Additional Specialist Services and Providers in the Community	<ul style="list-style-type: none"> Wills Memorial Hospital will continue to explore opportunities regarding increased access to specialty services in the area. 	T. Haughey	x	x	x	Ortho, Cath Lab, Senior Wellness	Athens Ortho
	<ul style="list-style-type: none"> The hospital will continue to host a docking station for MRI services weekly. 	T. Haughey	x	x	x	on-going	
	<ul style="list-style-type: none"> The hospital supports community blood drives with Sheppard Blood Center multiple times a year. 	S. Pope	x	x	x	3-4 times per year	
	<ul style="list-style-type: none"> The hospital will continue to provide space for the mobile mammography services in their parking lot every other month. 	T. Haughey	x	x	x	on-going	
	<ul style="list-style-type: none"> Wills Memorial Hospital will continue to promote its specialty care provider services in order to increase awareness of service offerings in the community. This will be done via the local newspaper, presentations to civic organizations, social media outlets, and updating the hospital's website. 	S. Pope	x	x	x		

Priority #4: Access to Mental Health Services

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2019	FY 2020	FY 2021		
Increase Local Access to Mental Health Care Services	<ul style="list-style-type: none"> The hospital is currently exploring potential expansion of mental health services within the rural health clinics and local schools. 	T. Haughey	x	x	x	on-going	Senior Wellness Program
	<ul style="list-style-type: none"> WMH provides flyers to local schools that has a list of mental health providers and services that are offered. 	J. Berry Cofer	x	x	x	on-going	
Collaborate with Organizations to Increase Access to Care	<ul style="list-style-type: none"> The hospital collaborates with the Behavioral Health Link through the evaluation of patients in the Emergency Room, which recommends next steps for patient care. 	A. Radford	x	x	x	on-going	

**Age related issues including
loss of mobility and mental
health**

Priority #5:

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			FY 2017	FY 2018	FY 2019		
	The Senior Wellness facility will continue to offer mental health counseling to senior citizens.	K. Powell	x	x	x	on-going	
	• The hospital will continue their involvement with the local Meals on Wheels program through the provision of meals and the handling of billing processes.	R. Coffee	x	x	x	on-going	
	• WMH offers a telehealth program called "Reach" in collaboration with Georgia Regents University (GRU) that uses telemedicine to help diagnose and plan treatment for possible stroke patients. As a part of the diagnosis process, GRU neurologists view the CT scans as part of their decision making in regards to administering tissue plasminogen activator (TPA).	A. Radford	x	x	x	on-going	
	• WMH will continue to support the local nursing home in the area by participating in their evacuation drills.	D. Winfrey	x	x	x	as needed	
	• The hospital will continue their involvement with community-based organizations and programs including the Senior Citizen Center and the UGA OLLI chapter.	S. Pope	x	x	x	on-going	

POLICIES AND PROCEDURES

SUBJECT: Indigent Care (Financial Assistance Policy)

DEVELOPED BY: Cliff Cooper

DATE: April 30, 2002

REVIEWED/REVISED:

DATE: May 24, 2017

Consistent with the mission of the Hospital, Wills Memorial Hospital will provide medical service to all patients, regardless of their ability to pay. The Hospital has developed an Indigent Care Plan for those patients without the ability to pay.

- The Hospital is committed to public service.
- The Hospital will participate as a provider for the Medicare and Medicaid programs. Hospital employees will be available during normal business hours to assist patients in determining their eligibility to participate in these programs.
- The Hospital will exhaust reasonable effort to collect payment from all individuals with the ability to pay for Hospital services.
- The Hospital's Indigent Care Program is structured to benefit residents of Wilkes and surrounding counties.

An application process for the Indigent Care Program has been developed and implemented.

- Registration for the program will be completed at the Hospital by the financial advisor.
- All necessary qualification documents must be received to complete the application.
- The applicant must present proof of income; for example, a pay stub or previous year tax return.
- If the patient has no income, a written statement attesting to that fact is obtained.
- If there is a question about a patient's eligibility, proof of monthly expenses is obtained to aid in making the determination.

The financial eligibility requirements are as follows:

- The Hospital bases its determination for Indigent Care on the Federal Poverty Guidelines. As these are updated yearly, the Hospital makes adjustments to its plan requirements.
- In order to qualify as indigent, real property must not exceed 25 times the monthly poverty level for the appropriate family size.
- In the case of a deceased patient, final collection from the estate will precede any indigent care allowance.
- All re-applications for indigent care must be submitted within 30 days of the original denied date.
- Income is defined as total cash received from all sources after taxes and other deductions.
- For patients with income below 125% of the Federal Poverty Guidelines, a 100% discount is offered.

Participation in this Indigent Care Plan is open to all residents of Wilkes and surrounding counties.

HOSPITAL AUTHORITY OF WILKES COUNTY, GEORGIA

FINANCIAL STATEMENTS

for the years ended April 30, 2019 and 2018

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INDEPENDENT AUDITOR'S REPORT

The Board of Directors
Hospital Authority of Wilkes County, Georgia
Washington, Georgia

Report on the Financial Statements

We have audited the accompanying financial statements of Hospital Authority of Wilkes County, Georgia (Authority) which comprise the balance sheets as of April 30, 2019 and 2018, and the related statements of revenues, expenses and changes in net position and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Authority's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Continued

Let's Think Together.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Hospital Authority of Wilkes County, Georgia, as of April 30, 2019 and 2018, and the changes in its financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note 14 to the financial statements, the Authority is facing financial difficulty and recurring operating losses. Management's evaluation of the events and conditions and management's plans to mitigate these matters are also described in Note 14. Our opinion is not modified with respect to this matter.

Other Matter

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that Management's Discussion and Analysis on pages 3 through 7 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated August 27, 2019, on our consideration of the Authority's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Authority's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Authority's internal control over financial reporting and compliance.

Draffen + Tucker, LLP

Albany, Georgia
August 27, 2019



WILLS MEMORIAL HOSPITAL

Management's Discussion and Analysis For the Year Ending April 30, 2019

Our discussion and analysis of Hospital Authority of Wilkes County, Georgia's (Authority's) financial performance provides an overview of the Authority's financial activities for the fiscal years ended April 30, 2019, 2018, and 2017. Please read it in conjunction with the Authority's financial statements, which begin on page 8.

FINANCIAL HIGHLIGHTS

- The Authority's net position increased in 2019 by \$521,000 (22%), decreased in 2018 by \$299,000 (14%) and in 2017 by \$1,145,000 (119%).
- The Authority reported an operating loss of \$357,000 in 2019, \$124,000 in 2018, and \$663,000 in 2017.
- Cash increased by \$383,000 (250%) in 2019, decreased by \$32,000 (17%) in 2018, and increased by \$49,000 (36%) in 2017.

USING THIS ANNUAL REPORT

The Authority's financial statements consist of three statements – a balance sheet; a statement of revenues, expenses and changes in net position; and a statement of cash flows. These financial statements and related notes provide information about the activities of the Authority.

The Balance Sheet and Statement of Revenues, Expenses and Changes in Net Position

One of the most important questions asked about the Authority's finances is, "Is the Authority as a whole better or worse off as a result of the year's activities?" The balance sheet and the statement of revenues, expenses and changes in net position report information about the Authority's resources and its activities in a way that helps answer this question. These statements include all assets and all liabilities using the accrual basis of accounting. All of the current year's revenues and expenses are taken into account regardless of when cash is received or paid.

These two statements report the Authority's net position and changes in it. You can think of the Authority's net position – the difference between assets and liabilities – as one way to measure the Authority's financial health or financial position. Over time, increases or decreases in the Authority's net position are one indicator of whether its financial health is improving or deteriorating. You will need to consider other nonfinancial factors, however, such as changes in the Authority's patient base and measures of the quality of services it provides to the community, as well as local economic factors to assess the overall health of the Authority.

**Management's Discussion and Analysis
For the Year Ending April 30, 2019**

The Statement of Cash Flows

The final required statement is the statement of cash flows. This statement reports cash receipts, cash payments, and net changes in cash resulting from operating, investing, and financing activities. It provides answers to such questions as "Where did cash come from?", "What was cash used for?" and "What was the change in cash balance during the reporting period?"

THE AUTHORITY'S NET POSITION

The Authority's net position is the difference between its assets and liabilities reported on the balance sheets on pages 8 and 9. The Authority's net position decreased in each of the past three years as reflected in Table 1 below.

Table 1: Assets, Liabilities and Net Position

	<u>2019</u>	<u>2018</u>	<u>2017</u>
Assets:			
Current assets	\$ 2,959,000	\$ 2,778,000	\$ 3,098,000
Noncurrent cash and investments	1,459,000	1,455,000	1,225,000
Capital assets, net	<u>7,397,000</u>	<u>8,012,000</u>	<u>8,646,000</u>
Total assets	<u>\$ 11,815,000</u>	<u>\$ 12,245,000</u>	<u>\$ 12,969,000</u>
Liabilities:			
Current liabilities	\$ 2,806,000	\$ 3,444,000	\$ 3,578,000
Long-term debt	<u>10,895,000</u>	<u>11,208,000</u>	<u>11,499,000</u>
Total liabilities	<u>13,701,000</u>	<u>14,652,000</u>	<u>15,077,000</u>
Net position:			
Net investment in capital assets	(4,161,000)	(3,912,000)	(3,621,000)
Restricted	1,459,000	1,455,000	1,225,000
Unrestricted	<u>816,000</u>	<u>50,000</u>	<u>288,000</u>
Total net position	<u>(1,886,000)</u>	<u>(2,407,000)</u>	<u>(2,108,000)</u>
Total liabilities and net position	<u>\$ 11,815,000</u>	<u>\$ 12,245,000</u>	<u>\$ 12,969,000</u>

Management's Discussion and Analysis
For the Year Ending April 30, 2019

Current assets increased primarily due to an increase in contributions.

The Authority's noncurrent cash and investments are funds held by Huntington National Bank, restricted by bond requirements. Capital assets decreased \$615,000 (8%) due to the following activity:

Additions:

Building Improvements	\$	23,000
Labdaq Information System		66,000
Hospital Beds		100,000
Radiographic Room X-Ray		15,000
Big Wheel Stretcher		8,000
Pharmacy Software		6,000
Blood Pressure Monitors		17,000
Bladder Scanner		10,000
Zix Gateway Portal		10,000

Total additions		255,000
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Disposals	(50,000)
Depreciation	(820,000)

Total change in capital assets	\$	(615,000)
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A recap of the Authority's long-term debt outstanding at April 30, 2019 and 2018 follows:

<u>Description</u>	<u>Interest Rates</u>	<u>Long-Term Debt</u>	
		<u>2019</u>	<u>2018</u>
Revenue Certificates, Series 2009	7.20%	\$ 11,209,000	\$ 11,499,000
Purchase agreement	3.75%	350,000	425,000
Total long-term debt		<u>\$ 11,559,000</u>	<u>\$ 11,924,000</u>

See Notes 7 and 8 to the financial statements for additional information about the capital assets and debt of the Authority.

**Management's Discussion and Analysis
For the Year Ending April 30, 2019**

OPERATING RESULTS AND CHANGES IN THE AUTHORITY'S NET POSITION

In 2019, the Authority's net position increased as shown in Table 2. This increase is made up of different components described on the following pages.

Table 2: Operating Results and Changes in Net Position

	<u>2019</u>	<u>2018</u>	<u>2017</u>
Operating revenues:			
Net patient service revenue	\$ 12,242,000	\$ 12,329,000	12,148,000
Other revenue	<u>498,000</u>	<u>682,000</u>	<u>493,000</u>
Total operating revenues	<u>12,740,000</u>	<u>13,011,000</u>	<u>12,641,000</u>
Operating expenses:			
Salaries, wages and employee benefits	7,764,000	8,052,000	8,015,000
Purchased services and physician fees	2,182,000	1,402,000	1,470,000
Medical supplies and drugs	611,000	617,000	599,000
Depreciation and amortization	820,000	856,000	873,000
Other expenses	<u>1,720,000</u>	<u>2,208,000</u>	<u>2,347,000</u>
Total operating expenses	<u>13,097,000</u>	<u>13,135,000</u>	<u>13,304,000</u>
Operating loss	<u>(357,000)</u>	<u>(124,000)</u>	<u>(663,000)</u>
Nonoperating revenues (expenses):			
Investment income	9,000	5,000	5,000
Interest expense	(584,000)	(625,000)	(623,000)
Noncapital grants, contributions and other	1,466,000	431,000	3,000
Gain (loss) on sale of assets	<u>(40,000)</u>	<u>-</u>	<u>-</u>
Total nonoperating revenues (expenses)	<u>851,000</u>	<u>(189,000)</u>	<u>(615,000)</u>

**Management's Discussion and Analysis
For the Year Ending April 30, 2019**

Table 2: Operating Results and Changes in Net Position, Continued

	<u>2019</u>	<u>2018</u>	<u>2017</u>
Excess revenues (expenses) before capital contributions	\$ 494,000	\$ (313,000)	\$ (1,278,000)
Capital contributions	<u>27,000</u>	<u>14,000</u>	<u>133,000</u>
Increase (decrease) in net position	521,000	(299,000)	(1,145,000)
Net position, beginning of year	<u>(2,407,000)</u>	<u>(2,108,000)</u>	<u>(963,000)</u>
Net position, end of year	<u>\$ (1,886,000)</u>	<u>\$ (2,407,000)</u>	<u>\$ (2,108,000)</u>

Operating Income or Loss

The first component of the overall change in the Authority's net position is its operating loss – generally the difference between net patient service revenue and the expenses incurred to perform those services.

The Authority continued to have an operating loss in 2019, the loss was increased by \$233,000 (188 %) from 2018. However, the Authority's net position increased \$521,000 (22%) from 2018. An increase in the Rural Hospital Tax Credit contributions of \$1,027,000 (299%) led to an increase in nonoperating revenues.

The Authority's operating expenses also decreased \$38,000.

Capital Contributions

The Authority received \$27,000 in capital contributions during fiscal year 2019.

CONTACTING THE AUTHORITY'S FINANCIAL MANAGEMENT

This financial report is designed to provide our patients, suppliers and creditors with a general overview of the Authority's finances and to show the Authority's accountability for the money it receives. If you have questions about this report or need additional financial information, please contact the Authority's management at Wills Memorial Hospital, 120 Gordon Street, Washington, Georgia 30673.

HOSPITAL AUTHORITY OF WILKES COUNTY, GEORGIA

Balance Sheets April 30, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Assets		
<i>Current assets:</i>		
Cash and cash equivalents	\$ 536,000	\$ 153,000
Short-term investments	508,000	508,000
Patient accounts receivable, net of estimated uncollectibles of \$2,227,000 in 2019 and \$3,098,000 in 2018	1,247,000	1,286,000
Estimated third-party payor settlements	-	122,000
Supplies	106,000	117,000
Other current assets	<u>562,000</u>	<u>592,000</u>
 Total current assets	 <u>2,959,000</u>	 <u>2,778,000</u>
<i>Noncurrent cash and investments:</i>		
Held by trustee under indenture agreement	<u>1,459,000</u>	<u>1,455,000</u>
 <i>Capital assets:</i>		
Land	61,000	61,000
Depreciable, net of accumulated depreciation	<u>7,336,000</u>	<u>7,951,000</u>
 Total capital assets, net of accumulated depreciation	 <u>7,397,000</u>	 <u>8,012,000</u>
 Total assets	 <u>\$ 11,815,000</u>	 <u>\$ 12,245,000</u>

	<u>2019</u>	<u>2018</u>
Liabilities and Net Position		
<i>Current liabilities:</i>		
Current maturities of long-term debt	\$ 664,000	\$ 716,000
Accounts payable	840,000	1,502,000
Accrued expenses	872,000	1,047,000
Estimated third-party payor settlements	<u>430,000</u>	<u>179,000</u>
Total current liabilities	2,806,000	3,444,000
Long-term debt, net of current maturities	<u>10,895,000</u>	<u>11,208,000</u>
Total liabilities	<u>13,701,000</u>	<u>14,652,000</u>
<i>Net position:</i>		
Net investment in capital assets	(4,161,000)	(3,912,000)
Restricted	1,459,000	1,455,000
Unrestricted	<u>816,000</u>	<u>50,000</u>
Total net position	<u>(1,886,000)</u>	<u>(2,407,000)</u>
Total liabilities and net position	<u>\$ 11,815,000</u>	<u>\$ 12,245,000</u>

See accompanying notes to financial statements.

HOSPITAL AUTHORITY OF WILKES COUNTY, GEORGIA

Statements of Revenues, Expenses and Changes in Net Position
Years Ended April 30, 2019 and 2018

	<u>2019</u>	<u>2018</u>
<i>Operating revenues:</i>		
Net patient service revenue (net of provision for bad debts of \$1,273,000 in 2019 and \$1,709,000 in 2018)	\$ 12,242,000	\$ 12,329,000
Other revenue	<u>498,000</u>	<u>682,000</u>
Total operating revenues	<u>12,740,000</u>	<u>13,011,000</u>
<i>Operating expenses:</i>		
Salaries and wages	6,326,000	6,438,000
Employee benefits	1,438,000	1,614,000
Physician fees	582,000	723,000
Medical supplies and drugs	611,000	617,000
Purchased services	1,600,000	679,000
Repairs and maintenance	324,000	937,000
Utilities and communications	468,000	448,000
Insurance	158,000	150,000
Other operating expenses	770,000	673,000
Depreciation and amortization	<u>820,000</u>	<u>856,000</u>
Total operating expenses	<u>13,097,000</u>	<u>13,135,000</u>
Operating loss	<u>(357,000)</u>	<u>(124,000)</u>
<i>Nonoperating revenues (expenses):</i>		
Investment income	9,000	5,000
Interest expense	(584,000)	(625,000)
Noncapital grants, contributions and other	1,466,000	431,000
Gain (loss) on sale of assets	<u>(40,000)</u>	<u>-</u>
Total nonoperating revenues (expenses)	<u>851,000</u>	<u>(189,000)</u>

Continued

HOSPITAL AUTHORITY OF WILKES COUNTY, GEORGIA

Statements of Revenues, Expenses and Changes in Net Position, Continued
Years Ended April 30, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Excess revenues (expenses) before capital contributions	\$ 494,000	\$ (313,000)
Capital contributions	<u>27,000</u>	<u>14,000</u>
Increase (decrease) in net position	521,000	(299,000)
Net position, beginning of year	<u>(2,407,000)</u>	<u>(2,108,000)</u>
Net position, end of year	<u>\$ (1,886,000)</u>	<u>\$ (2,407,000)</u>

See accompanying notes to financial statements.

HOSPITAL AUTHORITY OF WILKES COUNTY, GEORGIA

Statements of Cash Flows
Years Ended April 30, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Cash flows from operating activities:		
Receipts from and on behalf of patients	\$ 13,118,000	\$ 12,517,000
Payments to suppliers and contractors	(5,100,000)	(4,135,000)
Payments to employees	(7,939,000)	(7,983,000)
	<u>79,000</u>	<u>399,000</u>
Net cash provided by operating activities		
Cash flows from noncapital financing activities:		
Noncapital grants, contributions and other	<u>1,426,000</u>	<u>431,000</u>
Cash flows from capital and related financing activities:		
Principal paid on debt	(365,000)	(343,000)
Interest paid on debt	(584,000)	(625,000)
Purchase of capital assets	(255,000)	(222,000)
Proceeds from sale of property and equipment	50,000	-
Capital contributions	<u>27,000</u>	<u>14,000</u>
Net cash used by capital and related financing activities	<u>(1,127,000)</u>	<u>(1,176,000)</u>
Cash flows from investing activities:		
Purchase of short-term investments	(508,000)	(1,050,000)
Redemption of short-term investments	508,000	1,589,000
Investment income	<u>9,000</u>	<u>5,000</u>
Net cash provided by investing activities	<u>9,000</u>	<u>544,000</u>
Net increase in cash and cash equivalents	387,000	198,000
Cash and cash equivalents, beginning of year	<u>1,608,000</u>	<u>1,410,000</u>
Cash and cash equivalents, end of year	<u>\$ 1,995,000</u>	<u>\$ 1,608,000</u>

Continued

HOSPITAL AUTHORITY OF WILKES COUNTY, GEORGIA

Statements of Cash Flows, Continued
Years Ended April 30, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Reconciliation of cash and cash equivalents to the balance sheet:		
Cash and cash equivalents in current assets	\$ 536,000	\$ 153,000
Held by trustee under indenture	<u>1,459,000</u>	<u>1,455,000</u>
Total cash and cash equivalents	<u>\$ 1,995,000</u>	<u>\$ 1,608,000</u>
Reconciliation of operating loss to net cash flows provided by operating activities:		
Operating loss	\$ (357,000)	\$ (124,000)
Adjustments to reconcile change in operating loss to net cash provided by operating activities		
Depreciation	820,000	856,000
Provision for bad debts	1,273,000	1,709,000
Changes in:		
Patient accounts receivable	(1,234,000)	(1,823,000)
Supplies	11,000	(10,000)
Estimated third-party payor settlements	373,000	(398,000)
Other current assets	30,000	(5,000)
Accounts payable	(662,000)	125,000
Accrued expenses	<u>(175,000)</u>	<u>69,000</u>
Net cash provided by operating activities	<u>\$ 79,000</u>	<u>\$ 399,000</u>

See accompanying notes to financial statements.

HOSPITAL AUTHORITY OF WILKES COUNTY, GEORGIA

NOTES TO FINANCIAL STATEMENTS April 30, 2019 and 2018

1. Description of Reporting Entity and Summary of Significant Accounting Policies

Reporting entity. The Hospital Authority of Wilkes County, Georgia (Authority), is a public corporation that operates Wills Memorial Hospital, a 25-bed acute care hospital, and rural health clinics located in Washington and Lincolnton, Georgia. The Authority provides inpatient, outpatient and emergency care service for residents of Wilkes County, Georgia and the surrounding area. Admitting physicians are primarily practitioners in the local area.

Use of estimates. The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Enterprise fund accounting. The Authority uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus. The Authority prepares its financial statements as a business-type activity in conformity with applicable pronouncements of the Governmental Accounting Standards Board (GASB).

Cash and cash equivalents. Cash and cash equivalents include certain investments in highly liquid debt instruments with an original maturity of three months or less.

Allowance for doubtful accounts. The Authority provides an allowance for doubtful accounts based on the evaluation of the overall collectability of the accounts receivable. As accounts are known to be uncollectible, the accounts are charged against the allowance.

Supplies. Supplies are stated at the lower of cost or market value, using the first-in, first-out method.

Noncurrent cash and investments. Noncurrent cash and investments include assets held by trustees under indenture agreements. Assets consist of cash and money market accounts.

Capital assets. The Authority's capital assets are reported at historical cost. Contributed capital assets are reported at their acquisition value at the time of their donation. Assets costing more than \$5,000 with an estimated useful life of more than one year are capitalized. The estimated useful life is assigned using AHA Useful Lives Guidelines listed below. All capital assets other than land are depreciated using the straight-line method of depreciation using these asset lives:

Land improvements	2 to 25 years
Buildings and improvements	5 to 40 years
Equipment	3 to 20 years

Continued

HOSPITAL AUTHORITY OF WILKES COUNTY, GEORGIA

NOTES TO FINANCIAL STATEMENTS, Continued
April 30, 2019 and 2018

**1. Description of Reporting Entity and Summary of Significant Accounting Policies,
Continued**

Costs of borrowing. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Financing cost. Costs related to the issuance of long-term debt are expensed in the period in which they are incurred.

Impairment of long-lived assets. The Authority evaluates on an ongoing basis the recoverability of its assets for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. The impairment loss to be recognized is the amount by which the carrying value of the long-lived asset exceeds the asset's fair value. In most instances, the fair value is determined by discounted estimated future cash flows using an appropriate interest rate. The Authority has not recorded any impairment charges in the accompanying statements of revenues, expenses and changes in net position for the years ended April 30, 2019 and 2018.

Compensated absences. The Authority's employees earn paid time off (PTO) at varying rates depending on years of service. PTO time accumulates to a maximum of 320 hours. Employees who retire or resign in good standing may request payment for up to 75% of their PTOs. The estimated amount of PTOs payable as separation payments is reported as a current liability in both 2019 and 2018.

Net position. Net position of the Authority is classified into three components. *Net investment in capital assets* consist of capital assets net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. *Restricted net position* are noncapital assets that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the Authority, including amounts deposited with trustees as required by revenue bond indentures, discussed in Note 8. *Unrestricted net position* is the remaining net amount of assets less remaining liabilities that do not meet the definition of *net investment in capital assets* or *restricted net position*.

Restricted resources. When the Authority has both restricted and unrestricted resources available to finance a particular program, it is the Authority's policy to use restricted resources before unrestricted resources.

Operating revenues and expenses. The Authority's statement of revenues, expenses and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services – the Authority's principal activity. Nonexchange revenues, including taxes, grants, and contributions received for purposes other than capital asset acquisition, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

Continued

HOSPITAL AUTHORITY OF WILKES COUNTY, GEORGIA

NOTES TO FINANCIAL STATEMENTS, Continued
April 30, 2019 and 2018

1. Description of Reporting Entity and Summary of Significant Accounting Policies, Continued

Net patient service revenue. The Authority has agreements with third-party payors that provide for payments to the Authority at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement arrangements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity care. The Authority provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Authority does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

Grants and contributions. The Authority occasionally receives grants from the Board of Commissioners of Wilkes County, Georgia, as well as contributions from individuals and private organizations. Revenues from grants and contributions are recognized when all eligibility requirements, including time requirements, are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating revenues. Amounts restricted to capital acquisitions are reported after nonoperating revenues and expenses.

Income taxes. The Authority is a governmental entity and is exempt from income taxes. Accordingly, no provision for income taxes has been considered in the accompanying financial statements.

Risk management. The Authority is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; medical malpractice; and employee health, dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage in any of the three preceding years. The Authority is self-insured for employee health insurance, see Note 10. See Note 11 for additional information related to the Authority's general and professional coverage.

Accounting pronouncement not yet adopted. In January 2017, the GASB issued Statement No. 84, *Fiduciary Activities* (GASB 84). GASB 84 establishes criteria for identifying fiduciary activities of all state and local governments. An activity meeting the criteria should be reported in a fiduciary fund in the financial statements. Governments with activities meeting the criteria should present a statement of fiduciary net position and a statement of changes in fiduciary net position. GASB 84 is effective for fiscal years beginning after December 15, 2018. The Authority is currently evaluating the impact GASB 84 will have on its financial statements.

Continued

HOSPITAL AUTHORITY OF WILKES COUNTY, GEORGIA

NOTES TO FINANCIAL STATEMENTS, Continued April 30, 2019 and 2018

2. Net Patient Service Revenue

The Authority has agreements with third-party payors that provide for payments to the Authority at amounts different from its established rates. The Authority does not believe that there are any significant credit risks associated with receivables due from third-party payors. A summary of the payment arrangements with major third-party payors follows:

- *Medicare.* Effective May 1, 2002, the Authority was granted Critical Access Hospital (CAH) designation by the Medicare program. The CAH designation places certain restrictions on daily acute care inpatient census and an annual, average length of stay of acute care inpatients. Inpatient acute care and outpatient services rendered to Medicare program beneficiaries are paid based on a cost reimbursement methodology.

The Authority is reimbursed for certain reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Authority and audits thereof by the Medicare Administrative Contractor (MAC). The Authority's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Authority. The Authority's Medicare cost reports have been audited by the MAC through April 30, 2016.

- *Medicaid.* Inpatient acute care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Certain outpatient services rendered to the Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology.

The Authority is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Authority and audits thereof by the Medicaid fiscal intermediary. The Authority's Medicaid cost reports have been audited by the Medicaid fiscal intermediary through April 30, 2016.

The Authority has also entered into contracts with certain care management organizations (CMOs) to receive reimbursements for providing services to selected enrolled Medicaid beneficiaries. Payment arrangements with these CMOs consist primarily of prospectively determined rates per discharge, discounts from established charges, or prospectively determined per diems.

Continued

HOSPITAL AUTHORITY OF WILKES COUNTY, GEORGIA

NOTES TO FINANCIAL STATEMENTS, Continued
April 30, 2019 and 2018

2. Net Patient Service Revenue, Continued

- *Medicaid, continued.* The Authority participates in the Georgia Indigent Care Trust Fund (ICTF) Program. The Authority receives ICTF payments for treating a disproportionate number of Medicaid and other indigent patients. ICTF payments are based on the Authority's estimated uncompensated cost of services to Medicaid and uninsured patients. The ICTF is funded through intergovernmental transfers from participating public hospitals and matching federal funds. The net amount of ICTF payments recognized in net patient service revenue was approximately \$157,000 and \$150,000 for the years ending April 30, 2019 and 2018, respectively.

The Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) provides for payment adjustments to certain facilities based on the Medicaid Upper Payment Limit (UPL). The UPL payment adjustments are based on a measure of the difference between Medicaid payments and the amount that could be paid based on Medicare payment principles. The net amount of UPL payment adjustments recognized in net patient service revenue was approximately \$61,000 and \$66,000 for the years ended April 30, 2019 and 2018, respectively.

- *Other arrangements.* The Authority also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Authority under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Revenue from the Medicare and Medicaid programs accounted for approximately 25% and 5%, respectively, of the Authority's net patient service revenue for 2019 and 26% and 6%, respectively, of the Authority's net patient service revenue for 2018. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

The Authority believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. However, there has been an increase in regulatory initiatives at the state and federal levels including the initiation of the Recovery Audit Contractor (RAC) program and the Medicaid Integrity Contractor (MIC) program. These programs were created to review Medicare and Medicaid claims for medical necessity and coding appropriateness. The RAC's have authority to pursue improper payments with a three year look back from the date the claim was paid. Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. There were no accruals relating to RAC audits for 2019 or 2018.

Continued

HOSPITAL AUTHORITY OF WILKES COUNTY, GEORGIA

NOTES TO FINANCIAL STATEMENTS, Continued April 30, 2019 and 2018

3. Charity Care

The Authority was compensated for services at amounts less than its established rates. Charges for uncompensated services for 2019 and 2018 were approximately \$11,658,000 and \$12,171,000, respectively.

Uncompensated care includes charity and indigent care services of approximately \$373,000 and \$319,000 in 2019 and 2018, respectively. The cost of charity and indigent care services provided during 2019 and 2018 was approximately \$204,000 and \$171,000, respectively computed by applying a total cost factor to the charges foregone.

The following is a summary of uncompensated services and a reconciliation of gross patient charges to net patient service revenue for 2019 and 2018.

	<u>2019</u>	<u>2018</u>
Gross patient charges	\$ <u>23,900,000</u>	\$ <u>24,500,000</u>
Uncompensated services:		
Indigent and charity care	373,000	319,000
Medicare	6,638,000	6,332,000
Medicaid	2,219,000	2,399,000
Other allowances	1,155,000	1,412,000
Bad debts	<u>1,273,000</u>	<u>1,709,000</u>
Total uncompensated care	<u>11,658,000</u>	<u>12,171,000</u>
Net patient service revenue	\$ <u><u>12,242,000</u></u>	\$ <u><u>12,329,000</u></u>

Continued

HOSPITAL AUTHORITY OF WILKES COUNTY, GEORGIA

NOTES TO FINANCIAL STATEMENTS, Continued
April 30, 2019 and 2018

4. **Bank Deposits and Investments**

Deposits and Investments

The Authority's investments are generally carried at fair value. Deposits and investments as of April 30, 2019 and 2018 are classified in the accompanying financial statements as follows:

	<u>2019</u>	<u>2018</u>
<i>Balance sheets:</i>		
Cash and cash equivalents	\$ 536,000	\$ 153,000
Short-term investments	508,000	508,000
Noncurrent cash and investments	<u>1,459,000</u>	<u>1,455,000</u>
 Total cash and investments	 <u>\$ 2,503,000</u>	 <u>\$ 2,116,000</u>
 <i>Deposits and investments consist of the following:</i>		
Deposits	\$ 440,000	\$ 111,000
Money market deposit accounts	1,555,000	1,497,000
CD deposits with financial institutions	<u>508,000</u>	<u>508,000</u>
 Total deposits and investments	 <u>\$ 2,503,000</u>	 <u>\$ 2,116,000</u>

Disclosures Relating to Custodial Credit Risk

Custodial credit risk for deposits is the risk that, in the event of the failure of a depository financial institution, the Authority will not be able to recover its deposits or will not be able to recover collateral securities that are in the possession of an outside party. State law requires collateralization of all deposits with federal depository insurance and other acceptable collateral in specific amounts. The Authority's bylaws require that all bank balances be insured or collateralized by U. S. government securities held by the Authority's third-party agent or the pledging financial institution's trust department in the name of the Authority. The Authority's bank deposits at April 30, 2019 and 2018 are entirely insured or collateralized with securities held by the pledging financial institution's designated trustee in the Authority's name.

Investments

The Authority maintains a certificate of deposit at a local bank with a maturity date of May 2019, and it is reported at amortized cost which approximates fair value.

Continued

HOSPITAL AUTHORITY OF WILKES COUNTY, GEORGIA

NOTES TO FINANCIAL STATEMENTS, Continued
April 30, 2019 and 2018

5. Accounts Receivable and Payable

Patient accounts receivable and accounts payable (including accrued expenses) reported as current assets and liabilities by the Authority at April 30, 2019 and 2018 consisted of these amounts:

	<u>2019</u>	<u>2018</u>
<i>Patient accounts receivable:</i>		
Receivable from patients and their insurance carriers	\$ 1,665,000	\$ 2,392,000
Receivable from Medicare	1,593,000	1,794,000
Receivable from Medicaid	<u>216,000</u>	<u>198,000</u>
Total gross patient accounts receivable	3,474,000	4,384,000
Less allowance for uncollectible amounts and contractual adjustments	<u>2,227,000</u>	<u>3,098,000</u>
Patient accounts receivable, net	<u>\$ 1,247,000</u>	<u>\$ 1,286,000</u>
<i>Accounts payable and accrued expenses:</i>		
Payable to employees (including payroll taxes)	\$ 619,000	\$ 641,000
Payable to suppliers	1,093,000	1,693,000
Other	<u>-</u>	<u>215,000</u>
Total accounts payable and accrued expenses	<u>\$ 1,712,000</u>	<u>\$ 2,549,000</u>

Continued

HOSPITAL AUTHORITY OF WILKES COUNTY, GEORGIA

NOTES TO FINANCIAL STATEMENTS, Continued
April 30, 2019 and 2018

6. Concentrations of Credit Risk

The Authority grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor arrangements. The mix of receivables from patients and third-party payors at April 30, 2019 and 2018 was as follows:

	<u>2019</u>	<u>2018</u>
Medicare	46%	41%
Medicaid	6%	4%
Other third-party payors	16%	12%
Patients	<u>32%</u>	<u>43%</u>
Total	<u>100%</u>	<u>100%</u>

7. Capital Assets

Capital asset changes for the years ended April 30, 2019 and 2018 are as follows:

	Balance April 30, <u>2018</u>	<u>Additions</u>	<u>Retirements</u>	<u>Transfers</u>	Balance April 30, <u>2019</u>
Land	\$ 61,000	\$ -	\$ -	\$ -	\$ 61,000
Land improvements	488,000	-	-	-	488,000
Buildings and improvements	12,970,000	23,000	-	-	12,993,000
Equipment	<u>5,265,000</u>	<u>232,000</u>	<u>1,809,000</u>	<u>-</u>	<u>3,688,000</u>
Total at historical cost	<u>18,784,000</u>	<u>255,000</u>	<u>1,809,000</u>	<u>-</u>	<u>17,230,000</u>
Less accumulated depreciation for:					
Land improvements	235,000	28,000	-	-	263,000
Buildings and improvements	5,930,000	578,000	-	-	6,508,000
Equipment	<u>4,607,000</u>	<u>214,000</u>	<u>1,759,000</u>	<u>-</u>	<u>3,062,000</u>
Total accumulated depreciation	<u>10,772,000</u>	<u>820,000</u>	<u>1,759,000</u>	<u>-</u>	<u>9,833,000</u>
Capital assets, net	<u>\$ 8,012,000</u>	<u>\$ (565,000)</u>	<u>\$ 50,000</u>	<u>\$ -</u>	<u>\$ 7,397,000</u>

Continued

HOSPITAL AUTHORITY OF WILKES COUNTY, GEORGIA

NOTES TO FINANCIAL STATEMENTS, Continued
April 30, 2019 and 2018

7. Capital Assets, Continued

	Balance April 30, <u>2017</u>	<u>Additions</u>	<u>Retirements</u>	<u>Transfers</u>	Balance April 30, <u>2018</u>
Land	\$ 61,000	\$ -	\$ -	\$ -	\$ 61,000
Land improvements	488,000	-	-	-	488,000
Buildings and improvements	12,876,000	94,000	-	-	12,970,000
Equipment	<u>5,678,000</u>	<u>128,000</u>	<u>541,000</u>	<u>-</u>	<u>5,265,000</u>
Total at historical cost	<u>19,103,000</u>	<u>222,000</u>	<u>541,000</u>	<u>-</u>	<u>18,784,000</u>
Less accumulated depreciation for:					
Land improvements	203,000	32,000	-	-	235,000
Buildings and improvements	5,343,000	587,000	-	-	5,930,000
Equipment	<u>4,911,000</u>	<u>237,000</u>	<u>541,000</u>	<u>-</u>	<u>4,607,000</u>
Total accumulated depreciation	<u>10,457,000</u>	<u>856,000</u>	<u>541,000</u>	<u>-</u>	<u>10,772,000</u>
Capital assets, net	<u>\$ 8,646,000</u>	<u>\$ (634,000)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 8,012,000</u>

Continued

HOSPITAL AUTHORITY OF WILKES COUNTY, GEORGIA

NOTES TO FINANCIAL STATEMENTS, Continued
April 30, 2019 and 2018

8. Long-Term Debt

A schedule of changes in the Authority's long-term debt for fiscal years 2019 and 2018 follows:

	Balance April 30, <u>2018</u>	<u>Additions</u>	<u>Reductions</u>	Balance April 30, <u>2019</u>	Amounts Due Within <u>One Year</u>
Revenue certificates	\$ 11,499,000	\$ -	\$ 290,000	\$ 11,209,000	\$ 314,000
Purchase agreement	<u>425,000</u>	<u>-</u>	<u>75,000</u>	<u>350,000</u>	<u>350,000</u>
Total long-term debt	<u>\$ 11,924,000</u>	<u>\$ -</u>	<u>\$ 365,000</u>	<u>\$ 11,559,000</u>	<u>\$ 664,000</u>
	Balance April 30, <u>2017</u>	<u>Additions</u>	<u>Reductions</u>	Balance April 30, <u>2018</u>	Amounts Due Within <u>One Year</u>
Revenue certificates	\$ 11,767,000	\$ -	\$ 268,000	\$ 11,499,000	\$ 291,000
Purchase agreement	<u>500,000</u>	<u>-</u>	<u>75,000</u>	<u>425,000</u>	<u>425,000</u>
Total long-term debt	<u>\$ 12,267,000</u>	<u>\$ -</u>	<u>\$ 343,000</u>	<u>\$ 11,924,000</u>	<u>\$ 716,000</u>

The terms and due dates of the Authority's long-term debt for 2019 and 2018, follows:

- Commercial Installment Purchase Agreement – The Authority entered into an agreement on June 15, 2015 to sell two medical office buildings to the Washington-Wilkes Payroll Development Authority for \$500,000 and lease them back with an initial interest rate of 2.85%. On February 22, 2018, this agreement was extended with an interest rate of 3.25%. On February 25, 2019, this agreement was extended for an additional 12-month period, with an interest rate of 3.75%. This transaction was initiated to generate capital to ensure payment of operational expenses. Interest payments are payable monthly. At the end of the term, the Authority will repay the principal, over a period not to exceed 10 years, and regain title of the medical office buildings.

Continued

HOSPITAL AUTHORITY OF WILKES COUNTY, GEORGIA

NOTES TO FINANCIAL STATEMENTS, Continued
April 30, 2019 and 2018

8. Long-Term Debt, Continued

- Taxable Revenue Build America Bonds – Series 2009A, for \$12,410,000, with an interest rate of 7.2%. These bonds were issued for the purpose of providing funds for the demolition, acquisition, construction and equipping of certain healthcare facilities. These are payable in monthly installments ranging from \$24,000 in May 2019 to \$95,000 in February 2037.

The Bonds are secured under the Indenture by (a) all right, title and interest of the Issuer in and to all revenues together with all other revenues received by the Trustee for the account of the Issuer arising out or on account of the Trust Estate; (b) all right, title and interest of the Issuer in and to the Government National Mortgage Association (GNMA) Securities, profits or other income derived from the investment thereof; and (c) all funds, monies and securities and any and all other rights and interests in property whether tangible or intangible.

In connection with the 2009A bond issue, the Federal Housing Administration (FHA) issued a commitment dated August 5, 2009 which will be assigned to the FHA approved lender Red Mortgage Capital, Inc. (Red Capital) for a mortgage in the full amount of the 2009A bonds. The proceeds from the bond issue were used to acquire GNMA securities from Red Capital which are securitizations of the mortgage loan to the Authority.

The 2009A Build America Bonds include an agreed upon rebate of 35% of all interest paid. The amounts refunded were approximately \$267,000 and \$273,000 for fiscal years 2019 and 2018, respectively.

Under the terms of the 2009A Series Revenue Certificates, the Authority is required to not have a loss from operations equal to or greater than 1% of the total operating revenue. The Authority did not meet the requirement of this covenant during fiscal year 2019; however, they did meet the requirement during fiscal year 2018. The Authority must also maintain an excess of revenues over expenses. The Authority did meet this requirement during fiscal year 2019; however, they did not meet the requirement of this covenant during fiscal year 2018.

As a result of not producing the required amounts, the Authority must submit a correction report to HUD within sixty days of the date of the audited financial statements. This report must include what measures are being taken to improve the Authority's operations and financial performance.

Also, under the terms of the 2009A Series Revenue Certificates, the Authority is required to make monthly payments to the mortgage reserve fund in accordance with a payment schedule set forth by the original bond documents. The Authority was in compliance with this schedule during fiscal years 2019 and 2018.

Continued

HOSPITAL AUTHORITY OF WILKES COUNTY, GEORGIA

NOTES TO FINANCIAL STATEMENTS, Continued
April 30, 2019 and 2018

8. Long-Term Debt, Continued

Scheduled principal and interest repayments on long-term debt are as follows:

Year Ending April 30,	Long-Term Debt	
	Principal	Interest
2020	\$ 664,000	\$ 797,000
2021	337,000	773,000
2022	363,000	748,000
2023	391,000	721,000
2024	420,000	692,000
2025-2029	2,645,000	2,939,000
2030-2034	3,836,000	1,789,000
2035-2037	2,903,000	315,000
Total	<u>\$ 11,559,000</u>	<u>\$ 8,774,000</u>

9. Defined Contribution Pension Plan

The Wills Memorial Hospital 401(k) Plan (Plan) was established by the Authority and administered by Fidelity Management and Research Company to provide benefits at retirement to substantially all employees of the Authority who have completed 90 days of service and have averaged 32 service hours per week. Plan provisions and contribution requirements are established and may be amended by the Authority.

Pension expense for the years ended April 30, 2019 and 2018 was approximately \$23,000 and \$51,000, respectively. The amount of employer contributions to be made for any particular year end with respect to any particular participant is not to exceed 50% of participant contributions up to 4% of Plan compensation. Employees begin vesting after one year of service at 20% each year until they become fully vested in year five. Forfeitures recorded for the years ended April 30, 2019 and 2018 were \$0 and \$913, respectively.

Continued

HOSPITAL AUTHORITY OF WILKES COUNTY, GEORGIA

NOTES TO FINANCIAL STATEMENTS, Continued April 30, 2019 and 2018

10. Employee Health Coverage

From December 2016 to November 2017, the Authority had a self-insurance program under which a third-party administrator processed and paid claims. The Authority reimbursed the third-party administrator for claims incurred and paid and has purchased stop-loss insurance coverage for claims in excess of \$80,000 for each individual employee. The health claims expense related to the self-insured claims was approximately \$0 and \$398,000 for 2019 and 2018, respectively. The stop-loss policy required a monthly premium expense in which the Authority paid approximately \$0 and \$127,000 for 2019 and 2018, respectively. In November 2017, the Authority changed to a health insurance policy with United Healthcare. This policy requires a monthly premium expense in which the Authority paid \$735,000 and \$399,000 for 2019 and 2018, respectively.

11. Malpractice Insurance

The Authority is covered by a general and professional liability insurance policy with a specified deductible per incident and excess coverage on a claims-made basis. Liability limits related to this policy in 2019 and 2018 are \$1 million per occurrence and \$3 million in aggregate. The Authority uses a third-party administrator to review and analyze incidents that may result in a claim against the Authority. In conjunction with the third-party administrator, incidents are assigned reserve amounts for the ultimate liability that may result from an asserted claim.

Various claims and assertions have been made against the Authority in its normal course of providing services. In addition, other claims may be asserted arising from services provided to patients in the past. In the opinion of management, adequate consideration has been made for losses which may occur from such asserted and unasserted claims that are not covered by liability insurance.

12. Fair Value of Financial Instruments

The following methods and assumptions were used by the Authority in estimating the fair value of its financial instruments:

- *Cash and cash equivalents; short-term investments; estimated third-party payor settlements; noncurrent cash and investments; accounts payable and accrued expenses:* The carrying amount reported in the balance sheets approximates their fair value due to the short-term nature of these instruments.
- *Long-term debt:* The fair value of the Authority's remaining long-term debt is estimated based on the quoted market value for same or similar debt instruments.

Continued

HOSPITAL AUTHORITY OF WILKES COUNTY, GEORGIA

NOTES TO FINANCIAL STATEMENTS, Continued
April 30, 2019 and 2018

12. Fair Value of Financial Instruments, Continued

The carrying amounts and fair values of the Authority's long-term debt at April 30, 2019 and 2018 are as follows:

	2019		2018	
	<u>Carrying Amount</u>	<u>Fair Value</u>	<u>Carrying Amount</u>	<u>Fair Value</u>
Long-term debt	\$ 11,559,000	\$ 12,192,000	\$ 11,924,000	\$ 12,590,000

13. Contingencies

Compliance plan. The healthcare industry has been subjected to increased scrutiny from governmental agencies at both the federal and state level with respect to compliance with regulations. Areas of noncompliance identified at the national level include Medicare and Medicaid, Internal Revenue Service, and other regulations governing the healthcare industry. In addition, the Reform Legislation includes provisions aimed at reducing fraud, waste, and abuse in the healthcare industry. These provisions allocate significant additional resources to federal enforcement agencies and expand the use of private contractors to recover potentially inappropriate Medicare and Medicaid payments. The Authority has implemented a compliance plan focusing on such issues. There can be no assurance that the Authority will not be subjected to future investigations with accompanying monetary damages.

Litigation. The Authority is involved in litigation and regulatory investigations arising in the normal course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Authority's future financial position or results from operations. See malpractice insurance disclosures in Note 11.

Health care reform. There has been increasing pressure on Congress and some state legislatures to control and reduce the cost of healthcare at the national and state levels. Legislation has been passed that includes cost controls on healthcare providers, insurance market reforms, delivery system reforms and various individual and business mandates among other provisions. The costs of these provisions are and will be funded in part by reductions in payments by government programs, including Medicare and Medicaid. There can be no assurance that these changes will not adversely affect the Authority.

Continued

HOSPITAL AUTHORITY OF WILKES COUNTY, GEORGIA

NOTES TO FINANCIAL STATEMENTS, Continued April 30, 2019 and 2018

13. Contingencies, Continued

340B Program. The Authority participates in the 340B Drug Pricing Program (Program) which enables qualifying safety-net health care providers to purchase drugs from pharmaceutical suppliers at a substantial discount. The Program is administered by the Health Resources and Services Administration's (HRSA) Office of Pharmacy Affairs. Participants in the Program must ensure the Program's integrity and maintain accurate records documenting compliance with all 340B Program requirements. Noncompliance with these requirements can result in repayments to the affected manufacturers and/or termination from the Program.

The Authority identified certain transactions that may not meet Program requirements for patient eligibility during a routine internal audit. Management is in the process of evaluating the affected manufacturers and notifying HRSA of the noncompliance identified. HRSA requires that participants in the Program work in "good faith" to remedy noncompliance. Management believes some of these noncompliance purchases will result in repayment to some of the affected manufacturers and that adequate provision has been made in the financial statements as of April 30, 2019 for potential repayment to manufacturers.

14. Management's Plan

The Authority reported an increase in net position of \$521,000 in 2019 and a decrease in net position of \$299,000 in 2018. The Authority has a net position deficiency of \$1,886,000 and \$2,407,000 at April 30, 2019 and 2018, respectively. The Authority reported operating losses of \$357,000 and \$124,000 in 2019 and 2018, respectively.

Management's plan to improve the Authority's financial position is as follows:

Cost reduction. The management team did a complete review of all expenses and continues to explore opportunities to optimize, reduce, replace or simply not renew existing contracts. Changes have been made in the areas of radiology vendors, emergency room vendors, computer system vendors. In addition, each department manager was challenged to evaluate staffing needs and to implement a plan to adjust those needs based on volume. Several other cost saving initiatives were also implemented during the year to reduce overall cost of the organization. These included manpower reductions and attrition.

Revenue enhancement. In an effort to improve the Authority's financial position, the management team continues to work diligently. An agreement was signed with Meridian to begin an outpatient pulmonary rehabilitation service in February 2018. In addition, an agreement was signed to expand the pulmonary rehabilitation services to include full pulmonary function testing in June 2019. Management continues to work on recruiting physicians to the community through the specialty clinic as well as employment opportunities with the hospital. The Authority Board has created a Long Term Planning Committee to also look into opportunities as well.

Continued

HOSPITAL AUTHORITY OF WILKES COUNTY, GEORGIA

NOTES TO FINANCIAL STATEMENTS, Continued
April 30, 2019 and 2018

14. Management's Plan, Continued

Rural hospital tax credit. The State of Georgia (State) passed legislation which allows individuals or corporations to receive a State tax credit for making a contribution to certain qualified rural hospital organizations. The Authority submitted the necessary documentation and was approved by the State to participate in the rural hospital tax credit program for calendar years 2019 and 2018. Contributions received under the program approximated \$1,027,000 and \$344,000 during the Authority's fiscal year 2019 and 2018, respectively. Subsequent to fiscal year-end, the Authority has received and/or been approved by the State to receive approximately \$65,000 in donations.

2017 Qualified Rural Hospital Organization Expense Tax Credit Proxy for IRS Form 990

Name of Hospital	Hospital Authority of Wilkes County, Georgia
Doing Business As	Wills Memorial Hospital
Number and Street Address	120 Gordon Street
Room/Suite	
City or Town	Washington
State	Georgia
Zip Code	30673
Telephone Number	706-678-9212
Name and Address of Principal Officer ..	Tracie Haughey, 120 Gordon Street, Washington, GA 30673

Total Number of Individuals Employed
in Calendar Year 2017 196

The Hospital's Fiscal Year 2016 Covered the Following Dates:

Start Date: May 1, 2015 End Date: April 30, 2016

The Hospital's Fiscal Year 2017 Covered the Following Dates:

Start Date: May 1, 2016 End Date: April 30, 2017

2017 Qualified Rural Hospital Organization Expense Tax Credit Proxy for IRS Form 990
Attestation Statement

I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of Officer: _____ Date: 10/12/2018

Print Name and Title: Tracie P. Haughey, CEO/CFO

Signature of Preparer _____ Date: _____

Print Preparer's Name: _____

Preparer's Firm's Name: _____

Preparer's Firm's Address: _____

2017 Qualified Rural Hospital Organization Expense Tax Credit Proxy for IRS Form 990
Net Assets or Fund Balances

1. Total Assets	Beginning of Current Year	End of Year
a. Cash - Non-Interest Bearing	\$ 136,000	\$ 185,000
b. Savings and Temporary Cash Investments	1,168,000	1,047,000
c. Pledges and Grants Receivable, Net	-	-
d. Accounts Receivable, Net	1,331,000	1,172,000
e. Loans and Other Receivables From Current and Former Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	-	-
f. Notes and Loans Receivable, Net	-	-
g. Inventories for sale or use	131,000	107,000
h. Prepaid expenses and deferred charges	513,000	587,000
i. Land, buildings, and equipment: cost or other basis.	-	-
Less Accumulated Depreciation	9,449,000	8,646,000
j. Investments- Publicly Traded Securities	-	-
k. Investments- Other Securities	-	-
l. Investments- Program-Related	-	-
m. Intangible Assets	-	-
n. Other Assets	997,000	1,225,000
o. Total a - n above	\$ 13,725,000	\$ 12,969,000

2. Total Liabilities	Beginning of Current Year	End of Year
a. Accounts Payable and Accrued Expenses	\$ 2,921,000	\$ 3,578,000
b. Grants Payable	-	-
c. Deferred Revenue	-	-
d. Tax-Exempt Bond Liabilities	-	-
e. Escrow or Custodial Account Liability	-	-
Loans and Other Payables to Current and Former Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Disqualified Persons	-	-
g. Secured Mortgages and Notes Payable to Unrelated Third Parties .	11,767,000	11,499,000
h. Unsecured Notes and Loans Payable to Unrelated Third Parties . .	-	-
Other Liabilities (including Federal Income Tax, Payables to i. Related Third Parties, and Other Liabilities Not Included in Lines a through h).	-	-
h. Total a - i above	\$ 14,688,000	\$ 15,077,000

3. Net Assets or Fund Balances. Subtract line 2h from line 1o.	Beginning of Current Year	End of Year
	\$ (963,000)	\$ (2,108,000)

2017 Qualified Rural Hospital Organization Expense Tax Credit Proxy for IRS Form 990

Name of Hospital	Hospital Authority of Wilkes County, Georgia
Doing Business As	Wills Memorial Hospital
Number and Street Address	120 Gordon Street
Room/Suite	
City or Town	Washington
State	Georgia
Zip Code	30673
Telephone Number	706-678-9212
Name and Address of Principal Officer .	Tracie Haughey, 120 Gordon Street, Washington, GA 30673

Total Number of Individuals Employed
in Calendar Year 2017 196

The Hospital's Fiscal Year 2016 Covered the Following Dates:

Start Date: May 1, 2015 End Date: April 30, 2016

The Hospital's Fiscal Year 2017 Covered the Following Dates:

Start Date: May 1, 2016 End Date: April 30, 2017

**2017 Qualified Rural Hospital Organization Expense Tax Credit Proxy for IRS Form 990
Attestation Statement**

I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of Officer: _____ Date: 10/12/2018

Print Name and Title: Tracie P. Haughey, CEO/CFO

Signature of Preparer _____ Date: _____

Print Preparer's Name: _____

Preparer's Firm's Name: _____

Preparer's Firm's Address: _____

2017 Qualified Rural Hospital Organization Expense Tax Credit Proxy for IRS Form 990
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e. Loans and Other Receivables From Current and Former Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	-	-
f. Notes and Loans Receivable, Net	-	-
g. Inventories for sale or use	131,000	107,000
h. Prepaid expenses and deferred charges	513,000	587,000
i. Land, buildings, and equipment: cost or other basis. Less Accumulated Depreciation	-	-
	9,449,000	8,646,000
j. Investments- Publicly Traded Securities	-	-
k. Investments- Other Securities	-	-
l. Investments- Program-Related	-	-
m. Intangible Assets	-	-
n. Other Assets	997,000	1,225,000
o. Total a - n above	\$ 13,725,000	\$ 12,969,000

2. Total Liabilities	Beginning of Current Year	End of Year
a. Accounts Payable and Accrued Expenses	\$ 2,921,000	\$ 3,578,000
b. Grants Payable	-	-
c. Deferred Revenue	-	-
d. Tax-Exempt Bond Liabilities	-	-
e. Escrow or Custodial Account Liability	-	-
f. Loans and Other Payables to Current and Former Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Disqualified Persons	-	-
g. Secured Mortgages and Notes Payable to Unrelated Third Parties ..	11,767,000	11,499,000
h. Unsecured Notes and Loans Payable to Unrelated Third Parties ... Other Liabilities (including Federal Income Tax, Payables to	-	-
i. Related Third Parties, and Other Liabilities Not Included in Lines a through h).	-	-
h. Total a - i above	\$ 14,688,000	\$ 15,077,000

3. Net Assets or Fund Balances. Subtract line 2h from line 1o.	Beginning of Current Year	End of Year
	\$ (963,000)	\$ (2,108,000)



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2018 Annual Hospital Questionnaire

Part A : General Information

1. Identification

UID:HOSP526

Facility Name: Wills Memorial Hospital

County: Wilkes

Street Address: 120 Gordon Street

City: Washington

Zip: 30673-0370

Mailing Address: PO Box 370

Mailing City: Washington

Mailing Zip: 30673-0370

Medicaid Provider Number: 00002087A

Medicare Provider Number: 111325

2. Report Period

Report Data for the full twelve month period- January 1, 2018 through December 31, 2018.

Do not use a different report period.

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: Tracie P. Haughey

Contact Title: CEO

Phone: 706-678-9212

Fax: 706-678-1546

E-mail: mjackson@willsmemorialhospital.com

Part C : Ownership, Operation and Management

1. Ownership, Operation and Management

As of the last day of the report period, indicate the operation/management status of the facility and provide the effective date. Using the drop-down menus, select the organization type. If the category is not applicable, the form requires you only to enter Not Applicable in the legal name field. You must enter something for each category.

A. Facility Owner

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Hospital Authority of Wilkes County	Hospital Authority	1/1/1961

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

2. Changes in Ownership, Operation or Management

Check the box to the right if there were any changes in the ownership, operation, or management of the facility during the report period or since the last day of the Report Period. ☐
If checked, please explain in the box below and include effective dates.

3. Check the box to the right if your facility is part of a health care system ☐

Name:

City: State:

4. Check the box to the right if your hospital is a division or subsidiary of a holding company. ☐

Name:

City: State:

5. Check the box to the right if the hospital itself operates subsidiary corporations ☐

Name:

City: State:

6. Check the box to the right if your hospital is a member of an alliance. ☒

Name: Hometown Health, Inc.

City: Atlanta State: Georgia

7. Check the box to the right if your hospital is a participant in a health care network ☐

Name:

City: State:

8. Check the box to the right if the hospital has a policy or policies and a peer review process related to medical errors. ☒

9. Check the box to the right if the hospital owns or operates a primary care physician group practice. ☒

10a. Managed Care Information: Formal Written Contract

Does the hospital have a formal written contract that specifies the obligations of each party with each of the following? (check the appropriate boxes)

1. Health Maintenance Organization(HMO) ☒

2. Preferred Provider Organization(PPO) ☒

3. Physician Hospital Organization(PHO) ☐

4. Provider Service Organization(PSO) ☐

5. Other Managed Care or Prepaid Plan ☒

10b. Managed Care Information: Insurance Products

Check the appropriate boxes to indicate if any of the following insurance products have been developed by the hospital, health care system, network, or as a joint venture with an insurer:

Type of Insurance Product	Hospital	Health Care System	Network	Joint Venture with Insurer
Health Maintenance Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Provider Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indemnity Fee-for-Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Insurance Product Not Listed Above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Owner or Owner Parent Based in Another State

If the owner or owner parent at Part C, Question 1(A&B) is an entity based in another state please report the location in which the entity is based. (City and State)

Part D : Inpatient Services

1. Utilization of Beds as Set Up and Staffed(SUS):

Please indicate the following information. Do not include newborn and neonatal services. Do not include long-term care units, such as Skilled Nursing Facility beds, if not licensed as hospital beds. If your facility is approved for LTCH beds report them below.

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Obstetrics (no GYN, include LDRP)	0	0	0	0	0
Pediatrics (Non ICU)	0	0	0	0	0
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	0	0	0	0
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	19	393	1,709	391	1,712
Intensive Care	0	0	0	0	0
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	0	0	0	0	0
Pediatric Physical Rehabilitation (0-17)	0	0	0	0	0
Burn Care	0	0	0	0	0
Swing Bed (Include All Utilization)	0	199	2,347	170	2,109
Long Term Care Hospital (LTCH)	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Total	19	592	4,056	561	3,821

2. Race/Ethnicity

Please report admissions and inpatient days for the hospital by the following race and ethnicity categories. Exclude newborn and neonatal.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	216	1,234
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	372	2,801
Multi-Racial	4	21
Total	592	4,056

3. Gender

Please report admissions and inpatient days by gender. Exclude newborn and neonatal.

Gender	Admissions	Inpatient Days
Male	242	1,662
Female	350	2,394
Total	592	4,056

4. Payment Source

Please report admissions and inpatient days by primary payment source. Exclude newborn and neonatal.

Primary Payment Source	Admissions	Inpatient Days
Medicare	486	3,581
Medicaid	37	156
Peachare	0	0
Third-Party	23	136
Self-Pay	22	66
Other	24	117

5. Discharges to Death

Report the total number of inpatient admissions discharged during the reporting period due to death.

0

6. Charges for Selected Services

Please report the hospital's average charges as of 12-31-2018 (to the nearest whole dollar).

Service	Charge
Private Room Rate	510
Semi-Private Room Rate	0
Operating Room: Average Charge for the First Hour	0
Average Total Charge for an Inpatient Day	0

Part E : Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only.

6,480

2. Inpatient Admissions from ER

Please report inpatient admissions to the Hospital from the ER for emergency cases ONLY.

688

3. Beds Available

Please report the number of beds available in ER as of the last day of the report period.

6

4. Utilization by Specific type of ER bed or room for the report period.

Type of ER Bed or Room	Beds	Visits
Beds dedicated for Trauma	0	0
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	0	0
General Beds	6	6,480
	0	0
	0	0
	0	0
	0	0

5. Transfers

Please provide the number of Transfers to another institution from the Emergency Department.

393

6. Non-Emergency Visits

Please provide the number of Outpatient/Clinic/All Other Non-Emergency visits to the hospital.

16,056

7. Observation Visits/Cases

Please provide the total number of Observation visits/cases for the entire report period.

668

8. Diverted Cases

Please provide the number of cases your ED diverted while on Ambulance Diversion for the entire report period.

0

9. Ambulance Diversion Hours

Please provide the total number of Ambulance Diversion hours for your ED for the entire report period

0

10. Untreated Cases

Please provide the number of patients who sought care in your ED but who left without or before being treated. Do not include patients who were transferred or cases that were diverted.

0

Part F : Services and Facilities

1a. Services and Facilities

Please report services offered onsite for in-house and contract services as requested. Please reflect the status of the service during the report period. *(Use the blank lines to specify other services.)*

Site Codes

- 1 = In-House - Provided by the Hospital
- 2 = Contract - Provided by a contractor but onsite
- 3 = Not Applicable

Status Codes

- 1 = On-Going
- 2 = Newly Initiated
- 3 = Discontinued
- 4 = Not Applicable

Service/Facilities	Site Code	Service Status
Podiatric Services	0	0
Renal Dialysis	0	0
ESWL	0	0
Biliary Lithotripter	0	0
Kidney Transplants	0	0
Heart Transplants	0	0
Other-Organ/Tissues Transplants	0	0
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnostic	0	0
Positron Emission Tomography (PET)	0	0
Radioisotope, Therapeutic	0	0
Magnetic Resonance Imaging (MRI)	2	1
Chemotherapy	0	0
Respiratory Therapy	1	1
Occupational Therapy	1	1
Physical Therapy	1	1
Speech Pathology Therapy	1	1
Gamma Ray Knife	0	0
Audiology Services	0	0
HIV/AIDS Diagnostic Treatment/Services	0	0
Ambulance Services	0	0
Hospice	0	0
Respite Care Services	0	0
Ultrasound/Medical Sonography	1	1
EKG and Echos and IV Therapy	1	1
Sr. Wellness (geri-psych)	2	1
Pulmonary Rehab Therapy	2	1

1b. Report Period Workload Totals

Please report the workload totals for in-house and contract services as requested. The number of units should equal the number of machines.

Category	Total
Number of Podiatric Patients	0
Number of Dialysis Treatments	0
Number of ESWL Patients	0
Number of ESWL Procedures	0
Number of ESWL Units	0
Number of Biliary Lithotripter Procedures	0
Number of Biliary Lithotripter Units	0
Number of Kidney Transplants	0
Number of Heart Transplants	0
Number of Other-Organ/Tissues Treatments	0
Number of Diagnostic X-Ray Procedures	3,865
Number of CTS Units (machines)	1
Number of CTS Procedures	1,777
Number of Diagnostic Radioisotope Procedures	0
Number of PET Units (machines)	0
Number of PET Procedures	0
Number of Therapeutic Radioisotope Procedures	0
Number of Number of MRI Units	1
Number of Number of MRI Procedures	116
Number of Chemotherapy Treatments	0
Number of Respiratory Therapy Treatments	16,439
Number of Occupational Therapy Treatments	6,249
Number of Physical Therapy Treatments	16,214
Number of Speech Pathology Patients	339
Number of Gamma Ray Knife Procedures	0
Number of Gamma Ray Knife Units	0
Number of Audiology Patients	0
Number of HIV/AIDS Diagnostic Procedures	0
Number of HIV/AIDS Patients	0
Number of Ambulance Trips	0
Number of Hospice Patients	0
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	1
Number of Ultrasound/Medical Sonography Procedures	938
Number of Treatments, Procedures, or Patients (Other 1)	5,296
Number of Treatments, Procedures, or Patients (Other 2)	420
Number of Treatments, Procedures, or Patients (Other 3)	1,900

2. Medical Ventilators

Provide the number of computerized/mechanical Ventilator Machines that were in use or available

for immediate use as of the last day of the report period (12/31).

0

3. Robotic Surgery System

Please report the number of units, number of procedures, and type of unit(s).

# Units	# Procedures	Type of Unit(s)
0	0	

Part G : Facility Workforce Information

1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2018. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2018.

Profession	Profession	Profession	Profession
Licensed Physicians	2.00	0.00	0.00
Physician Assistants Only (not including Licensed Physicians)	1.00	0.00	0.00
Registered Nurses (RNs-Advanced Practice*)	12.00	2.00	0.00
Licensed Practical Nurses (LPNs)	14.00	1.00	0.00
Pharmacists	0.00	0.00	0.00
Other Health Services Professionals*	40.00	0.00	0.00
Administration and Support	31.00	0.00	0.00
All Other Hospital Personnel (not included above)	22.00	0.00	0.00

2. Filling Vacancies

Using the drop-down menus, please select the average time needed during the past six months to fill each type of vacant position.

Type of Vacancy	Average Time Needed to Fill Vacancies
Physician's Assistants	61-90 Days
Registered Nurses (RNs-Advance Practice)	61-90 Days
Licensed Practical Nurses (LPNs)	61-90 Days
Pharmacists	61-90 Days
Other Health Services Professionals	61-90 Days
All Other Hospital Personnel (not included above)	30 Days or Less

3. Race/Ethnicity of Physicians

Please report the number of physicians with admitting privileges by race.

Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	0
Asian	0
Black/African American	0
Hispanic/Latino	0
Pacific Islander/Hawaiian	0
White	4
Multi-Racial	0

4. Medical Staff

Please report the number of active and associate/provisional medical staff for the following specialty categories. Keep in mind that physicians may be counted in more than one specialty. Please

indicate whether the specialty group(s) is hospital-based. Also, indicate how many of each medical specialty are enrolled as providers in Georgia Medicaid/PeachCare for Kids and/or the Public Employee Health Benefit Plans (PEHB-State Health Benefit Plan and/or Board of Regents Benefit Plan).

Medical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
General and Family Practice	4	<input type="checkbox"/>	0	0
General Internal Medicine	2	<input type="checkbox"/>	0	0
Pediatricians	1	<input type="checkbox"/>	0	0
Other Medical Specialties	7	<input type="checkbox"/>	0	0

Surgical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Obstetrics	0	<input type="checkbox"/>	0	0
Non-OB Physicians Providing OB Services	0	<input type="checkbox"/>	0	0
Gynecology	0	<input type="checkbox"/>	0	0
Ophthalmology Surgery	1	<input type="checkbox"/>	0	0
Orthopedic Surgery	2	<input type="checkbox"/>	0	0
Plastic Surgery	0	<input type="checkbox"/>	0	0
General Surgery	3	<input type="checkbox"/>	0	0
Thoracic Surgery	0	<input type="checkbox"/>	0	0
Other Surgical Specialties	1	<input type="checkbox"/>	0	0

Other Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Anesthesiology	0	<input type="checkbox"/>	0	0
Dermatology	0	<input type="checkbox"/>	0	0
Emergency Medicine	5	<input type="checkbox"/>	0	0
Nuclear Medicine	5	<input type="checkbox"/>	0	0
Pathology	1	<input type="checkbox"/>	0	0
Psychiatry	1	<input type="checkbox"/>	0	0
Radiology	34	<input type="checkbox"/>	0	0
	0	<input type="checkbox"/>	0	0
	0	<input type="checkbox"/>	0	0
	0	<input type="checkbox"/>	0	0

5a. Non-Physicians

Please report the number of professionals for the categories below. Exclude any hospital-based staff reported in Part G, Questions 1,2,3 and 4 above.

Profession	Number
Dentists (include oral surgeons) with Admitting Privileges	0
Podiatrists	1
Certified Nurse Midwives with Clinical Privileges in the Hospital	0
All Other Staff Affiliates with Clinical Privileges in the Hospital	6

5b. Name of Other Professions

Please provide the names of professions classified as "Other Staff Affiliates with Clinical Privileges" above.

Podiatrists, CRNA, Physician Assistants

Comments and Suggestions:

Part H : Physician Name and License Number

1. Physicians on Staff

Please report the full name and license number of each physician on staff. (Due to the large number of entries, this section has been moved to a separate PDF file.)

Part I : Patient Origin Table

1. Patient Origin

Please report the county of origin for the inpatient admissions or discharges excluding newborns (except surgical services should include outpatients only).

Inpat=Inpatient Services

Surg=Outpatient Surgical

OB=Obstetric

P18+=Acute psychiatric adult 18 and over

P13-17=Acute psychiatric adolescent 13-17

P0-12=Acute psychiatric children 12 and under

Rehab=Inpatient Rehabilitation

S18+=Substance abuse adult 18 and over

S13-17=Substance abuse adolescent 13-17

E18+=Extended care adult 18 and over

E13-17=Extended care adolescent 13-17

E0-12=Extended care children 0-12

LTCH=Long Term Care Hospital

County	Inpat	Surg	OB	P18+	P13-17	P0-12	S18+	S13-17	E18+	E13-17	E0-12	LTCH	Rehab
Appling	1	0	0	0	0	0	0	0	0	0	0	0	0
Blain	1	0	0	0	0	0	0	0	0	0	0	0	0
Burke	1	0	0	0	0	0	0	0	0	0	0	0	0
Clarke	7	0	0	0	0	0	0	0	0	0	0	0	0
Columbia	3	0	0	0	0	0	0	0	0	0	0	0	0
Elbert	3	0	0	0	0	0	0	0	0	0	0	0	0
Glascocock	1	0	0	0	0	0	0	0	0	0	0	0	0
Greene	10	9	0	0	0	0	0	0	0	0	0	0	0
Hall	1	0	0	0	0	0	0	0	0	0	0	0	0
Hart	2	0	0	0	0	0	0	0	0	0	0	0	0
Lincoln	76	24	0	0	0	0	0	0	0	0	0	0	0
Madison	4	0	0	0	0	0	0	0	0	0	0	0	0
McDuffie	2	6	0	0	0	0	0	0	0	0	0	0	0
Morgan	1	0	0	0	0	0	0	0	0	0	0	0	0
Oconee	1	0	0	0	0	0	0	0	0	0	0	0	0
Oglethorpe	26	0	0	0	0	0	0	0	0	0	0	0	0
Other Out of State	2	0	0	0	0	0	0	0	0	0	0	0	0
Rockdale	1	0	0	0	0	0	0	0	0	0	0	0	0
Taliaferro	22	9	0	0	0	0	0	0	0	0	0	0	0
Walton	4	0	0	0	0	0	0	0	0	0	0	0	0
Warren	3	1	0	0	0	0	0	0	0	0	0	0	0
Wilkes	420	145	0	0	0	0	0	0	0	0	0	0	0
Total	592	194	0	0	0	0	0	0	0	0	0	0	0

Surgical Services Addendum

Part A : Surgical Services Utilization

1. Surgery Rooms in the OR Suite

Please report the Number of Surgery Rooms, (as of the end of the report period). Report only the rooms in CON-Approved Operating Room Suites pursuant to Rule 111-2-2-.40 and 111-8-48-.28.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Rooms
General Operating	0	0	1
Cystoscopy (OR Suite)	0	0	0
Endoscopy (OR Suite)	0	0	1
	0	0	0
Total	0	0	2

2. Procedures by Type of Room

Please report the number of procedures by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms
General Operating	0	0	0	60
Cystoscopy	0	0	0	3
Endoscopy	0	0	0	168
	0	0	0	0
Total	0	0	0	231

3. Patients by Type of Room

Please report the number of patients by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms
General Operating	0	0	0	66
Cystoscopy	0	0	0	3
Endoscopy	0	0	0	125
	0	0	0	0
Total	0	0	0	194

Part B : Ambulatory Patient Race/Ethnicity, Age, Gender and Payment Source

1. Race/Ethnicity of Ambulatory Patients

Please report the total number of ambulatory patients for both dedicated outpatient and shared room environment.

Race/Ethnicity	Number of Ambulatory Patients
American Indian/Alaska Native	0
Asian	0
Black/African American	103
Hispanic/Latino	0
Pacific Islander/Hawaiian	0
White	91
Multi-Racial	0
Total	194

2. Age Grouping

Please report the total number of ambulatory patients by age grouping.

Age of Patient	Number of Ambulatory Patients
Ages 0-14	0
Ages 15-64	78
Ages 65-74	69
Ages 75-85	40
Ages 85 and Up	7
Total	194

3. Gender

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	84
Female	110
Total	194

4. Payment Source

Please report the total number of ambulatory patients by payment source.

Primary Payment Source	Number of Patients
Medicare	140
Medicaid	9
Third-Party	44
Self-Pay	1

Perinatal Services Addendum

Part A : Obstetrical Services Utilization

Please report the following obstetrical services information for the report period. Include all deliveries and births in any unit of the hospital or anywhere on its grounds.

1. Number of Delivery Rooms: 0

2. Number of Birthing Rooms: 0
3. Number of LDR Rooms: 0
4. Number of LDRP Rooms: 0
5. Number of Cesarean Sections: 0
6. Total Live Births: 1
7. Total Births (Live and Late Fetal Deaths): 1
8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 2

Part B : Newborn and Neonatal Nursery Services

1. Nursery Services

Please Report the following newborn and neonatal nursery information for the report period.

Type of Nursery	Set-Up and Staffed Beds/Station	Neonatal Admissions	Inpatient Days	Transfers within Hospital
Normal Newborn (Basic)	0	0	0	0
Specialty Care (Intermediate Neonatal Care)	0	0	0	0
Subspecialty Care (Intensive Neonatal Care)	0	0	0	0

Part C : Obstetrical Charges and Utilization by Mother's Race/Ethnicity and Age

1. Race/Ethnicity

Please provide the number of admissions and inpatient days for mothers by the mother's race using race/ethnicity classifications.

Race/Ethnicity	Admissions by Mother's Race	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
Total	0	0

2. Age Grouping

Please provide the number of admissions by the following age groupings.

Age of Patient	Number of Admissions	Inpatient Days
Ages 0-14	0	0
Ages 15-44	0	0
Ages 45 and Up	0	0
Total	0	0

3. Average Charge for an Uncomplicated Delivery

Please report the average hospital charge for an uncomplicated delivery(CPT 59400)

\$0.00

4. Average Charge for a Premature Delivery

Please report the average hospital charge for a premature delivery.

\$0.00

LTCH Addendum

Part A : General Information

1a. Accreditation Check the box to the right if your Long Term Care Hospital is accredited. ☐
If you checked the box for yes, please specify the agency that accredits your facility in the space below.

1b. Level/Status of Accreditation

Please provide your organization's level/status of accreditation.

2. Number of Licensed LTCH Beds: 0

3. Permit Effective Date:

4. Permit Designation:

5. Number of CON Beds: 0

6. Number of SUS Beds: 0

7. Total Patient Days: 0

8. Total Discharges: 0

9. Total LTCH Admissions: 0

Part B : Utilization by Race, Age, Gender and Payment Source

1. Race/Ethnicity

Please provide the number of admissions and inpatient days using the following race/ethnicity classifications.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
Total	0	0

2. Age of LTCH Patient

Please provide the number of admissions and inpatient days by the following age groupings.

Age of Patient	Admissions	Inpatient Days
Ages 0-64	0	0
Ages 65-74	0	0
Ages 75-84	0	0
Ages 85 and Up	0	0
Total	0	0

3. Gender

Please provide the number of admissions and inpatient days by the following gender classifications.

Gender of Patient	Admissions	Inpatient Days
Male	0	0
Female	0	0
Total	0	0

4. Payment Source

Please indicate the number of patients by the payment source. Please note that individuals may have multiple payment sources.

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	0	0
Third-Party	0	0
Self-Pay	0	0
Other	0	0

Psychiatric/Substance Abuse Services Addendum

Part A : Psychiatric and Substance Abuse Data by Program

1. Beds

Please report the number of beds as of the last day of the report period. Report beds only for officially recognized programs. Use the blank row to report combined beds. For combined bed programs, please report each of the combined bed programs and the number of combined beds. Indicate the combined programs using letters A through H, for example, "AB"

Patient Type	Distribution of CON-Authorized Beds	Set-Up and Staffed Beds
A- General Acute Psychiatric Adults 18 and over	0	0
B- General Acute Psychiatric Adolescents 13-17	0	0
C- General Acute Psychiatric Children 12 and under	0	0
D- Acute Substance Abuse Adults 18 and over	0	0
E- Acute Substance Abuse Adolescents 13-17	0	0
F-Extended Care Adults 18 and over	0	0
G- Extended Care Adolescents 13-17	0	0
H- Extended Care Adolescents 0-12	0	0
	0	0

2. Admissions, Days, Discharges, Accreditation

Please report the following utilization for the report period. Report only for officially recognized programs.

Program Type	Admissions	Inpatient Days	Discharges	Discharge Days	Average Charge Per Patient Day	Check if the Program is JCAHO Accredited
General Acute Psychiatric Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
General Acute Psychiatric Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
General Acute Psychiatric Children 12 and Under	0	0	0	0	0	<input type="checkbox"/>
Acute Substance Abuse Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
Acute Substance Abuse Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adolescents 0-12	0	0	0	0	0	<input type="checkbox"/>

Part B : Psych/SA Utilization by Race/Ethnicity, Gender, and Payment Source

1. Race/Ethnicity

Please provide the number of admissions and inpatient days using the following race/ethnicity classifications.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
Total	0	0

2. Gender

Please provide the number of admissions and inpatient days by the following gender classifications.

Gender of Patient	Admissions	Inpatient Days
Male	0	0
Female	0	0
Total	0	0

3. Payment Source

Please indicate the number of patients by the following payment sources. Please note that individuals may have multiple payment sources.

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	0	0
Medicaid	0	0
Third Party	0	0
Self-Pay	0	0
PeachCare	0	0

Georgia Minority Health Advisory Council Addendum

Because of Georgia's racial and ethnic diversity, and a dramatic increase in segments of the population with Limited English Proficiency, the Georgia Minority Health Advisory Council is working with the Department of Community Health to assess our health systems' ability to provide Culturally and Linguistically Appropriate Services (CLAS) to all segments of our population. We appreciate your willingness to provide information on the following questions:

1. Do you have paid medical interpreters on staff? (Check the box, if yes.) ☐

If you checked yes, how many? 0 (FTE's)

What languages do they interpret?

Spanish is our primary language needing interpretation. We have an as needed contracted agreement with local interpreter.

2. When a paid medical interpreter is not available for a limited-English proficiency patient, what alternative mechanisms do you use to assure the provision of Linguistically Appropriate Services? (Check all that apply)

Bilingual Hospital Staff Member ☒

Bilingual Member of Patient's Family ☒

Community Volunteer Interpreter ☐

Telephone Interpreter Service ☐

Refer Patient to Outside Agency ☐

Other (please describe): ☐

3. Please complete the following grid to show the proportion of patients you serve who prefer speaking various languages (name the 3 most common non-English languages spoken.)

Top 3 most common non-English languages spoken by your patients	Percent of patients for whom this is their preferred language	# of physicians on staff who speak this language	# of nurses on staff who speak this language	# of other employed staff who speak this language
Spanish	.5	2	1	0
		0	0	0
		0	0	0

4. What **training** have you provided to your staff to assure cultural competency and the provision of **Culturally and Linguistically Appropriate Services (CLAS)** to your patients?

Cultural and Linguistically adaption - incorporated into employee annual training.

5. What is the most urgent tool or resource you need in order to increase your ability to provide **Culturally and Linguistically Appropriate Services (CLAS)** to your patients?

Healthstream educational resource and local contracted interpreted called as needed.

6. In what languages are the signs written that direct patients within your facility?

1. English

2. Spanish

3.

4.

7. If an uninsured patient visits your emergency department, is there a community health center, federally-qualified health center, free clinic, or other reduced-fee safety net clinic nearby to which you could refer that patient in order to provide him or her an affordable primary care medical home regardless of ability to pay? (*Check the box, if yes*) ☒

If you checked yes, what is the name and location of that health care center or clinic?

County Health Department.

Comprehensive Inpatient Physical Rehabilitation Addendum

Part A : Rehab Utilization by Race/Ethnicity, Gender, and Payment Source

1. Admissions and Days of Care by Race

Please report the number of inpatient physical rehabilitation admissions and inpatient days for the hospital by the following race and ethnicity categories.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0

2. Admissions and Days of care by Gender

Please report the number of inpatient physical rehabilitation admissions and inpatient days by gender.

Gender	Admissions	Inpatient Days
Male	0	0
Female	0	0

3. Admissions and Days of Care by Age Cohort

Please report the number of inpatient physical rehabilitation admissions and inpatient days by age cohort.

Gender	Admissions	Inpatient Days
0-17	0	0
18-64	0	0
65-84	0	0
85 Up	0	0

Part B : Referral Source

1. Referral Source

Please report the number of inpatient physical rehabilitation admissions during the report period from each of the following sources.

Referral Source	Admissions
Acute Care Hospital/General Hospital	0
Long Term Care Hospital	0
Skilled Nursing Facility	0
Traumatic Brain Injury Facility	0

	0
--	---

1. Payers

Please report the number of inpatient physical rehabilitation admissions by each of the following payer categories.

Primary Payment Source	Admissions
Medicare	0
Third Party/Commercial	0
Self Pay	0
Other	0

2. Uncompensated Indigent and Charity Care

Please report the number of inpatient physical rehabilitation patients qualifying as uncompensated indigent or charity care

0

Part D : Admissions by Diagnosis Code

1. Admissions by Diagnosis Code

Please report the number of inpatient physical rehabilitation admissions by the "CMS 13" diagnosis of the patient listed below.

Diagnosis	Admissions
1. Stroke	0
2. Brain Injury	0
3. Amputation	0
4. Spinal Cord	0
5. Fracture of the femur	0
6. Neurological disorders	0
7. Multiple Trauma	0
8. Congenital deformity	0
9. Burns	0
10. Osteoarthritis	0
11. Rheumatoid arthritis	0
12. Systemic vasculidities	0
13. Joint replacement	0
All Other	0

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.

Authorized Signature: Tracie P. Haughey

Date: 4/4/2019

Title: Chief Executive Officer

Comments:

Part F. 1b Report period workload table, include:

(Other 1) EKGs and IV Therapy

(Other 2) Sr. Wellness (geri-psych program)

(Other 3) Pulmonary Rehab program



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2018 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP526

Facility Name: Wills Memorial Hospital

County: Wilkes

Street Address: 120 Gordon Street

City: Washington

Zip: 30673-0370

Mailing Address: PO Box 370

Mailing City: Washington

Mailing Zip: 30673-0370

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2018 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 5/1/2017 To: 4/30/2018

Please indicate your cost report year.

From: 05/01/2017 To: 04/30/2018

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: Tracie Haughey

Contact Title: CEO

Phone: 706-678-9211

Fax: 706-678-1546

E-mail: thaughey@willsmemorialhospital.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	4,445,350
Total Inpatient Admissions accounting for Inpatient Revenue	397
Outpatient Gross Patient Revenue	13,968,763
Total Outpatient Visits accounting for Outpatient Revenue	11,800
Medicare Contractual Adjustments	5,648,899
Medicaid Contractual Adjustments	2,071,475
Other Contractual Adjustments:	962,107
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	1,718,005
Gross Indigent Care:	138,406
Gross Charity Care:	182,474
Uncompensated Indigent Care (net):	138,406
Uncompensated Charity Care (net):	182,474
Other Free Care:	155,199
Other Revenue/Gains:	1,095,376
Total Expenses:	9,127,961

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	155,199
Employee Discounts	0
	0
Total	155,199

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 2018? (Check box if yes.) ☒

2. Effective Date

What was the effective date of the policy or policies in effect during 2018?

04/30/2011

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.?

Financial Counselor

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 accommodation 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.)?

185%

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 2018? (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	19,147	72,889	92,036
Outpatient	119,259	109,585	228,844
Total	138,406	182,474	320,880

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	19,147	72,889	92,036
Outpatient	119,259	109,585	228,844
Total	138,406	182,474	320,880

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
Cook	0	0	0	0	0	0	1	1,038
Greene	0	0	5	1,104	0	0	1	0
Habersham	0	0	0	0	0	0	1	505
Hart	0	0	0	0	0	0	1	856
Lincoln	0	0	35	18,157	4	2,601	85	14,246
McDuffie	0	0	1	579	0	0	3	4,549
Oglethorpe	0	0	0	0	0	0	1	979
Other Out of State	0	0	2	3,587	0	0	0	0
Richmond	0	0	2	1,302	0	0	4	1,663
Taliaferro	0	0	4	2,048	3	20,012	11	7,255
Wilkes	10	19,147	107	92,482	24	50,276	170	78,494
Total	10	19,147	156	119,259	31	72,889	278	109,585

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 2018?

(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 2018.

Patient Category		SFY 2017	SFY2018	SFY2019
		7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	33,208	101,469	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.	44,149	1,874	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 2017	SFY2018	SFY2019
7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
130	100	0

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: Tracie Haughey

Date: 7/23/2019

Title: 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: Tracie Haughey

Date: 7/23/2019

Title: CEO

Comments:

**2018 Hospital Financial Survey Hospital Financial Statements Reconciliation Addendum
HOSP526- Wills Memorial Hospital**

Section 1: Hospital Only Data from Hospital Financial Survey (HFS):											
HFS Source:	Part C, 1 Gross Patient Charges	Part C, 1 Medicare Contractual Adjs	Part C, 1 Medicaid Contractual Adjs	Part C, 1 Other Contractual Adjs	Part C, 1 Hill Burton Obligations	Part C, 1 Bad Debt	Part E, 1 Gross Indigent Care (IP & OP)	Part E, 1 Gross Charity Care (IP & OP)	Part C, 1 Other Free Care	Total Deductions of All Types (Sum Col 2-9)	Net Patient Revenue (Col 1 - 10)
Inpatient Gross Patient Revenue	1 4,445,350	2	3	4	5	6	7	8	9	10	11
Outpatient Gross Patient Revenue	13,968,763										
Per Part C, 1, Financial Table		5,648,899	2,071,475	962,107	0	1,718,005			155,199		
Per Part E, 1, Indigent and Charity Care							138,406	182,474			
Totals per HFS	18,414,113	5,648,899	2,071,475	962,107	0	1,718,005	138,406	182,474	155,199	10,876,565	7,537,548
Section 2: Reconciling Items to Financial Statements:											
Non-Hospital Services:											(B)
> Professional Fees	0.0										
> Home Health Agency	0									0	
> SNF/NF Swing Bed Services	3,562,223									525,410	
> Nursing Home	0									0	
> Hospice	0									0	
> Freestanding Ambulatory Surg. Centers	0									0	
> Rural Health Clinics	2,523,855									985,830	
> N/A	0.0									0	
> N/A	0.0									0	
> N/A	0.0									0.0	
> N/A	0									0	
> N/A	0									0	
Bad Debt (Expense per Financials) (A)										0	
Indigent Care Trust Fund Income										0	
Other Reconciling Items:											
> ICTF	216343.0									0.0	
> Other Revenue	1,132,582									0	
> Total Expenses	0									13,761,631	
> N/A	0									0	
Total Reconciling Items	7,435,003									15,272,871	-7,837,868
Total Per Form	25,849,116										
Total Per Financial Statements	25,849,116.0									26,149,436	-300,320
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.											

Community Benefit Report

See Financial Statement

UNAUDITED

DSH Survey Parts 1 & 2

11/1/2017

DSH Version 5.20

A. General DSH Year Information

1. DSH Year:
2. Select Your Facility from the Drop-Down Menu Provided:

Begin 07/01/2018 End 06/30/2017

WILLS MEMORIAL HOSPITAL

Identification of cost reports needed to cover the DSH Year:

3. Cost Report Year 1
4. Cost Report Year 2 (if applicable)
5. Cost Report Year 3 (if applicable)

Cost Report Begin Date(s) 05/01/2016 Cost Report End Date(s) 04/30/2017

Data	000002087A
	0
	0
	111325

Must also complete a separate survey file for each cost report period listed - SEE DSH SURVEY PART II FILES

6. Medicaid Provider Number:
7. Medicaid Subprovider Number 1 (Psychiatric or Rehab):
8. Medicaid Subprovider Number 2 (Psychiatric or Rehab):
9. Medicare Provider Number:

B. DSH OB Qualifying Information

Questions 1-3, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act.

During the DSH Examination Year:

1. Did the hospital have at least two obstetricians who had staff privileges at the hospital that agreed to provide obstetric services to Medicaid-eligible individuals during the DSH year? (In the case of a hospital located in a rural area, the term "obstetrician" includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures.)
2. Was the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age?
3. Was the hospital exempt from the requirement listed under #1 above because it did not offer non-emergency obstetric services to the general population when federal Medicaid DSH regulations were enacted on December 22, 1987?

DSH Examination Year (07/01/18 - 06/30/17)

Yes

No

No

Yes

3/27/1978

3a. Was the hospital open as of December 22, 1987?

3b. What date did the hospital open?

Questions 4-6, below, should be answered in the accordance with Sec. 1923(d) of the Social Security Act.

During the Interim DSH Payment Year:

4. Does the hospital have at least two obstetricians who have staff privileges at the hospital who have agreed to provide obstetric services to Medicaid-eligible individuals during the DSH year? (In the case of a hospital located in a rural area, the term "obstetrician" includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures.)

DSH Payment Year (07/01/18 - 06/30/19)

Yes

List the Names of the two Obstetricians (or case of rural hospital, Physicians) who have agreed to perform OB services:

Dr. Lester Johnston
Dr. Robert Williams

5. Is the hospital exempt from the requirement listed under #1 above because the hospital's inpatients are predominantly under 18 years of age?
6. Is the hospital exempt from the requirement listed under #1 above because it did not offer non-emergency obstetric services to the general population when federal Medicaid DSH regulations were enacted on December 22, 1987?

No

No

C. Disclosure of Other Medicaid Payments Received:

1. Medicaid Supplemental Payments for DSH Year 07/01/2016 - 06/30/2017
(Should include LPL and Non-Claim Payments paid based on the state fiscal year. However, DSH payments should NOT be included.)

\$ 66,343

Certification:

1. Was your hospital allowed to retain 100% of the DSH payment it received for this DSH year?
Matching the federal share with an ICT/CHP is not a basis for answering this question "no". If your hospital was not allowed to retain 100% of its DSH payments, please explain what circumstances were present that prevented the hospital from retaining its payments.

Answer

Yes

Explanation for "No" answers:

The following certification is to be completed by the hospital's CEO or CFO:

I hereby certify that the information in Sections A, B, C, D, E, F, G, H, I, J, K and L of the DSH Survey files are true and accurate to the best of our ability, and supported by the financial and other records of the hospital. All Medicaid eligible patients, including those who have private insurance coverage, have been reported on the DSH survey regardless of whether the hospital received payment on the claim. I understand that this information will be used to determine the Medicaid program's compliance with federal Disproportionate Share Hospital (DSH) eligibility and payments provisions. Detailed support exists for all amounts reported in the survey. These records will be retained for a period of not less than 5 years following the due date of the survey, and will be made available for inspection when requested.

Hospital CEO or CFO Signature

Tracie Haughey

Hospital CEO or CFO Printed Name

CEO

Title

706-678-9213

Hospital CEO or CFO Telephone Number

thaughey@willsmemorialhospital.com

Hospital CEO or CFO E-Mail

Date

Contact Information for individuals authorized to respond to inquiries related to this survey:

Hospital Contact:

Name: Tracie Haughey
Title: CEO
Telephone Number: 706-678-9213
E-Mail Address: thaughey@willsmemorialhospital.com
Mailing Street Address: 120 Gordon Street
Mailing City, State, Zip: Washington, GA 30873

Outside Preparer:

Name: Wilson E. Joiner, III
Title: Partner
Firm Name: Draffin & Tucker, LLP
Telephone Number: 229-883-7878
E-Mail Address: wjoiner@draffin-tucker.com

State of Georgia
Disproportionate Share Hospital (DSH) Examination Survey Part II

Note 1: Subtitle B - Miscellaneous Provision, Section 1011 of the Medicare Prescription Drug Improvement and Modernization Act of 2003 provides federal reimbursement for emergency health services furnished to undocumented aliens. If your hospital received these funds during any cost report year covered by the survey, they must be reported here. If you can document that a portion of the payment received is related to non-hospital services (physician or ambulance services), report that amount in the section titled "Section 1011 Payments Related to Non-Hospital Services." Otherwise report 100 percent of the funds you received in the section related to hospital services.

Note 2: Report any DSH payments your hospital received from a state Medicaid program (other than your home state). In-state DSH payments will be reported directly from the Medicaid program and should not be included in this section of the survey.

F. MIUR / LIUR Qualifying Data from the Cost Report (05/01/2016 - 04/30/2017)

F-1. Total Hospital Days Used in Medicaid Inpatient Utilization Ratio (MIUR)

1. Total Hospital Days Per Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. 1, Col. 8, Sum of Lns. 14, 16, 17, 18, 00-18, 03, 30, 31 less lines 5 & 6)

1,393

(See Note in Section F-3, below)

F-2. Cash Subsidies for Patient Services Received from State or Local Governments and Charity Care Charges (Used in Low-Income Utilization Ratio (LIUR) Calculation):

2. Inpatient Hospital Subsidies	
3. Outpatient Hospital Subsidies	
4. Unspecified IP and O/P Hospital Subsidies	
5. Non-Hospital Subsidies	
6. Total Hospital Subsidies	\$ -
7. Inpatient Hospital Charity Care Charges	\$ 59,374
8. Outpatient Hospital Charity Care Charges	\$ 242,126
9. Non-Hospital Charity Care Charges	
10. Total Charity Care Charges	\$ 301,500

F-3. Calculation of Net Hospital Revenue from Patient Services (Used for LIUR) (W/S G-2 and G-3 of Cost Report)

NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS HCRRIS cost report data. If the hospital has a more recent version of the cost report, the data should be updated to the hospital's version of the cost report. Formulas can be overwritten as needed with actual data.

Total Patient Revenues (Charges)

	Inpatient Hospital	Outpatient Hospital	Non-Hospital
11. Hospital	\$ 333,013.00		
12. Subprovider 1 (Psych or Rehab)	\$ 0.00		
13. Subprovider 2 (Psych or Rehab)	\$ 0.00		
14. Swing Bed - SNF		\$ 661,500.00	
15. Swing Bed - NF		\$ 0.00	
16. Skilled Nursing Facility		\$ 0.00	
17. Nursing Facility		\$ 0.00	
18. Other Long-Term Care		\$ 0.00	
19. Ancillary Services	\$ 4,731,421.00	\$ 853,940.00	\$ 0.00
20. Outpatient Services		\$ 4,058,837.00	\$ 0.00
21. Home Health Agency			\$ 0.00
22. Ambulance			\$ 0.00
23. Outpatient Rehab Providers			\$ 0.00
24. ASC	\$ 0.00	\$ 0.00	\$ 0.00
25. Hospice	\$ 0.00	\$ 0.00	\$ 0.00
26. Other	\$ 0.00	\$ 0.00	\$ 2,352,388.00
27. Total	\$ 5,684,434	\$ 12,912,772	\$ 3,013,868
28. Total Hospital and Non-Hospital		Total from Above	\$ 21,591,074

Contractual Adjustments (formulas below can be overwritten if amounts are known)

	Inpatient Hospital	Outpatient Hospital	Non-Hospital
29. Total Per Cost Report	\$ 412,837	\$ -	\$ -
30. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)	\$ -	\$ -	\$ -
31. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)	\$ -	\$ -	\$ -
32. Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH Revenue INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)	\$ -	\$ -	\$ -
33. Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue)	\$ -	\$ -	\$ -
34. Decrease worksheet G-3, Line 2 to remove Charity Care Charges related to insured patients INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue)	\$ -	\$ -	\$ -
35. Adjusted Contractual Adjustments	\$ -	\$ -	\$ -
36. Total	\$ 412,837	\$ -	\$ -
37. Total	\$ 2,093,544	\$ 3,017,603	\$ 1,333,567
38. Total	\$ -	\$ -	\$ -
39. Total	\$ -	\$ -	\$ -
40. Total	\$ -	\$ -	\$ -
41. Total	\$ -	\$ -	\$ -
42. Total	\$ -	\$ -	\$ -
43. Total	\$ -	\$ -	\$ -
44. Total	\$ -	\$ -	\$ -
45. Total	\$ -	\$ -	\$ -
46. Total	\$ -	\$ -	\$ -
47. Total	\$ -	\$ -	\$ -
48. Total	\$ -	\$ -	\$ -
49. Total	\$ -	\$ -	\$ -
50. Total	\$ -	\$ -	\$ -
51. Total	\$ -	\$ -	\$ -
52. Total	\$ -	\$ -	\$ -
53. Total	\$ -	\$ -	\$ -
54. Total	\$ -	\$ -	\$ -
55. Total	\$ -	\$ -	\$ -
56. Total	\$ -	\$ -	\$ -
57. Total	\$ -	\$ -	\$ -
58. Total	\$ -	\$ -	\$ -
59. Total	\$ -	\$ -	\$ -
60. Total	\$ -	\$ -	\$ -
61. Total	\$ -	\$ -	\$ -
62. Total	\$ -	\$ -	\$ -
63. Total	\$ -	\$ -	\$ -
64. Total	\$ -	\$ -	\$ -
65. Total	\$ -	\$ -	\$ -
66. Total	\$ -	\$ -	\$ -
67. Total	\$ -	\$ -	\$ -
68. Total	\$ -	\$ -	\$ -
69. Total	\$ -	\$ -	\$ -
70. Total	\$ -	\$ -	\$ -
71. Total	\$ -	\$ -	\$ -
72. Total	\$ -	\$ -	\$ -
73. Total	\$ -	\$ -	\$ -
74. Total	\$ -	\$ -	\$ -
75. Total	\$ -	\$ -	\$ -
76. Total	\$ -	\$ -	\$ -
77. Total	\$ -	\$ -	\$ -
78. Total	\$ -	\$ -	\$ -
79. Total	\$ -	\$ -	\$ -
80. Total	\$ -	\$ -	\$ -
81. Total	\$ -	\$ -	\$ -
82. Total	\$ -	\$ -	\$ -
83. Total	\$ -	\$ -	\$ -
84. Total	\$ -	\$ -	\$ -
85. Total	\$ -	\$ -	\$ -
86. Total	\$ -	\$ -	\$ -
87. Total	\$ -	\$ -	\$ -
88. Total	\$ -	\$ -	\$ -
89. Total	\$ -	\$ -	\$ -
90. Total	\$ -	\$ -	\$ -
91. Total	\$ -	\$ -	\$ -
92. Total	\$ -	\$ -	\$ -
93. Total	\$ -	\$ -	\$ -
94. Total	\$ -	\$ -	\$ -
95. Total	\$ -	\$ -	\$ -
96. Total	\$ -	\$ -	\$ -
97. Total	\$ -	\$ -	\$ -
98. Total	\$ -	\$ -	\$ -
99. Total	\$ -	\$ -	\$ -
100. Total	\$ -	\$ -	\$ -

Total Contractual Adj. (G-3 Line 2)

9,410,845
142,705
9,553,550

G. Cost Report - Cost / Days / Charges

Cost Report Year (05/01/2016-04/30/2017) WILLS MEMORIAL HOSPITAL

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report*	RCE and Therapy Add-Back (if Applicable)	Swing-Bed Care Out - Cost Report Worksheet D-1, Part I, Line 26	Calculated	IP Days and IP Ancillary Charges	IP Routine Charges and OIP Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS HCRIS cost report data. If the hospital has a more recent version of the cost report, the data should be updated to the hospital's version of the cost report. Formulas can be overwritten as needed with actual data.										
Routine Cost Centers (list below):										
1	03000 ADULTS & PEDIATRICS	\$ 3,774,407	\$ -	\$ -	\$ -	\$ 1,859,854	2,092	\$1,533,893.00		\$ 889.03
2	03100 INTENSIVE CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$0.00		\$ -
3	03200 CORONARY CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$0.00		\$ -
4	03300 BURN INTENSIVE CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$0.00		\$ -
5	03400 SURGICAL INTENSIVE CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$0.00		\$ -
6	03500 OTHER SPECIAL CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$0.00		\$ -
7	04000 SUBPROVIDER I	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$0.00		\$ -
8	04100 SUBPROVIDER II	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$0.00		\$ -
9	04200 OTHER SUBPROVIDER	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$0.00		\$ -
10	04300 NURSERY	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$0.00		\$ -
11		\$ -	\$ -	\$ -	\$ -	\$ -	-	\$0.00		\$ -
12		\$ -	\$ -	\$ -	\$ -	\$ -	-	\$0.00		\$ -
13		\$ -	\$ -	\$ -	\$ -	\$ -	-	\$0.00		\$ -
14		\$ -	\$ -	\$ -	\$ -	\$ -	-	\$0.00		\$ -
15		\$ -	\$ -	\$ -	\$ -	\$ -	-	\$0.00		\$ -
16		\$ -	\$ -	\$ -	\$ -	\$ -	-	\$0.00		\$ -
17		\$ -	\$ -	\$ -	\$ -	\$ -	-	\$0.00		\$ -
18	Total Routine	\$ 3,774,407	\$ -	\$ -	\$ -	\$ 1,859,854	2,092	\$ 1,533,893		\$ 889.03
19	Weighted Average									

Observation Data (Non-Distinct)
09200 Observation (Non-Distinct)

09200	Observation (Non-Distinct)	\$ 526,662	\$ -	\$ -	\$ -	\$ 621,432	\$47,678.00	\$613,011.00	\$ 660,689	0.940582
Ancillary Cost Centers (from WIS C excluding Observation) (list below):										
5000	OPERATING ROOM	\$526,662.00	\$ -	\$0.00	\$ -	\$ -	\$ -	\$ -	\$ -	0.956012
5300	ANESTHESIOLOGY	\$53,728.00	\$ -	\$0.00	\$ -	\$ -	\$ -	\$ -	\$ -	3.251316
5400	RADIOLOGY-DIAGNOSTIC	\$1,149,672.00	\$ -	\$0.00	\$ -	\$ -	\$ -	\$ -	\$ -	0.390740
6000	LABORATORY	\$1,334,357.00	\$ -	\$0.00	\$ -	\$ -	\$ -	\$ -	\$ -	0.442291
6500	RESPIRATORY THERAPY	\$571,760.00	\$ -	\$0.00	\$ -	\$ -	\$ -	\$ -	\$ -	0.411198
6600	PHYSICAL THERAPY	\$1,092,229.00	\$ -	\$0.00	\$ -	\$ -	\$ -	\$ -	\$ -	0.594113
7100	MEDICAL SUPPLIES CHARGED TO PATIENT	\$168,950.00	\$ -	\$0.00	\$ -	\$ -	\$ -	\$ -	\$ -	0.142216
7200	IMPL. DEV. CHARGED TO PATIENTS	\$17,818.00	\$ -	\$0.00	\$ -	\$ -	\$ -	\$ -	\$ -	1.305348
7300	DRUGS CHARGED TO PATIENTS	\$615,059.00	\$ -	\$0.00	\$ -	\$ -	\$ -	\$ -	\$ -	0.273839

G. Cost Report - Cost / Days / Charges

Cost Report Year (05/01/2016-04/30/2017)

WILLS MEMORIAL HOSPITAL

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report	RCE and Therapy Add-Back (If Applicable)	Total Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and OIP Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
30	9100 EMERGENCY	\$1,951,966.00	\$	\$	\$	\$265,637.00	\$3,570,908.00	\$	0.508796
31	9300 GERO PSYCH	\$53,274.00	\$	\$	\$	\$	\$4,455.00	\$	11.958249
32		\$0.00	\$	\$	\$	\$	\$	\$	
33		\$0.00	\$	\$	\$	\$	\$	\$	
34		\$0.00	\$	\$	\$	\$	\$	\$	
35		\$0.00	\$	\$	\$	\$	\$	\$	
36		\$0.00	\$	\$	\$	\$	\$	\$	
37		\$0.00	\$	\$	\$	\$	\$	\$	
38		\$0.00	\$	\$	\$	\$	\$	\$	
39		\$0.00	\$	\$	\$	\$	\$	\$	
40		\$0.00	\$	\$	\$	\$	\$	\$	
41		\$0.00	\$	\$	\$	\$	\$	\$	
42		\$0.00	\$	\$	\$	\$	\$	\$	
43		\$0.00	\$	\$	\$	\$	\$	\$	
44		\$0.00	\$	\$	\$	\$	\$	\$	
45		\$0.00	\$	\$	\$	\$	\$	\$	
46		\$0.00	\$	\$	\$	\$	\$	\$	
47		\$0.00	\$	\$	\$	\$	\$	\$	
48		\$0.00	\$	\$	\$	\$	\$	\$	
49		\$0.00	\$	\$	\$	\$	\$	\$	
50		\$0.00	\$	\$	\$	\$	\$	\$	
51		\$0.00	\$	\$	\$	\$	\$	\$	
52		\$0.00	\$	\$	\$	\$	\$	\$	
53		\$0.00	\$	\$	\$	\$	\$	\$	
54		\$0.00	\$	\$	\$	\$	\$	\$	
55		\$0.00	\$	\$	\$	\$	\$	\$	
56		\$0.00	\$	\$	\$	\$	\$	\$	
57		\$0.00	\$	\$	\$	\$	\$	\$	
58		\$0.00	\$	\$	\$	\$	\$	\$	
59		\$0.00	\$	\$	\$	\$	\$	\$	
60		\$0.00	\$	\$	\$	\$	\$	\$	
61		\$0.00	\$	\$	\$	\$	\$	\$	
62		\$0.00	\$	\$	\$	\$	\$	\$	
63		\$0.00	\$	\$	\$	\$	\$	\$	
64		\$0.00	\$	\$	\$	\$	\$	\$	
65		\$0.00	\$	\$	\$	\$	\$	\$	
66		\$0.00	\$	\$	\$	\$	\$	\$	
67		\$0.00	\$	\$	\$	\$	\$	\$	
68		\$0.00	\$	\$	\$	\$	\$	\$	
69		\$0.00	\$	\$	\$	\$	\$	\$	
70		\$0.00	\$	\$	\$	\$	\$	\$	
71		\$0.00	\$	\$	\$	\$	\$	\$	
72		\$0.00	\$	\$	\$	\$	\$	\$	
73		\$0.00	\$	\$	\$	\$	\$	\$	
74		\$0.00	\$	\$	\$	\$	\$	\$	
75		\$0.00	\$	\$	\$	\$	\$	\$	
76		\$0.00	\$	\$	\$	\$	\$	\$	
77		\$0.00	\$	\$	\$	\$	\$	\$	
78		\$0.00	\$	\$	\$	\$	\$	\$	
79		\$0.00	\$	\$	\$	\$	\$	\$	
80		\$0.00	\$	\$	\$	\$	\$	\$	
81		\$0.00	\$	\$	\$	\$	\$	\$	
82		\$0.00	\$	\$	\$	\$	\$	\$	
83		\$0.00	\$	\$	\$	\$	\$	\$	
84		\$0.00	\$	\$	\$	\$	\$	\$	
85		\$0.00	\$	\$	\$	\$	\$	\$	
86		\$0.00	\$	\$	\$	\$	\$	\$	
87		\$0.00	\$	\$	\$	\$	\$	\$	
88		\$0.00	\$	\$	\$	\$	\$	\$	
89		\$0.00	\$	\$	\$	\$	\$	\$	

G. Cost Report - Cost / Days / Charges

Cost Report Year (05/01/2016-04/30/2017)

WILLS MEMORIAL HOSPITAL

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable)	Total Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
90		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
91		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
92		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
93		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
94		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
95		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
96		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
97		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
98		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
99		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
100		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
101		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
102		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
103		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
104		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
105		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
106		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
107		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
108		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
109		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
110		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
111		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
112		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
113		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
114		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
115		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
116		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
117		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
118		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
119		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
120		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
121		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
122		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
123		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
124		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
125		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
126	Total Ancillary	\$ 7,535,475	\$ -	\$ -	\$ 7,535,475	\$ 5,082,213	\$ 12,622,600	\$ 17,704,813	0.460717
127	Weighted Average								
128	Sub Totals	\$ 11,309,882	\$ -	\$ -	\$ 9,395,329	\$ 6,616,106	\$ 12,622,600	\$ 19,238,706	
129	NF, SNF, and Swing Bed Cost for Medicaid (Sum of applicable Cost Report Worksheet D-3, Title 19, Column 3, Line 200 and Worksheet D, Part V, Title 19, Column 5-7, Line 200)				\$0.00				
130	NF, SNF, and Swing Bed Cost for Medicare (Sum of applicable Cost Report Worksheet D-3, Title 18, Column 3, Line 200 and Worksheet D, Part V, Title 18, Column 5-7, Line 200)				\$649,706.00				
131	NF, SNF, and Swing Bed Cost for Other Payers (Hospital must calculate. Submit support for calculation of cost.)								
131.01	Other Cost Adjustments (support must be submitted)								
132	Grand Total				\$ 8,745,623				
133	Total Intern/Resident Cost as a Percent of Other Allowable Cost				0.00%				

* Note A - Final cost-to-charge ratios should include teaching cost. Only enter Intern & Resident costs if it was removed in Column 25 of Worksheet B, Pt. I of the cost report you are using.

H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data

Cost Report Year: 05/01/2016-04/30/2017 WILLS MEMORIAL HOSPITAL

Line #	Cost Center Description	Medicaid Per Diem Cost for All Cost Centers		Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicaid FFS Cross-Over (with Medicaid Secondary)		In-State Other Medicaid Eligible (Not Included Elsewhere)		Lifelines		Total In-State Medicaid		% Survey Report Totals
		From Section G	From Section G	Inpatient	Outpatient	From PSR Summary (Note A)	From PSR Summary (Note A)	Inpatient	Outpatient	From PSR Summary (Note A)	From PSR Summary (Note A)	Inpatient	Outpatient	Inpatient	Outpatient	
1	Routine Cost Centers (from Section D):															
2	01000 INTENSIVE CARE UNIT	3	685.03													
3	02000 CORONARY CARE UNIT	3	-													
4	03000 BURN INTENSIVE CARE UNIT	3	-													
5	04000 SURGICAL INTENSIVE CARE UNIT	3	-													
6	05000 SURGICAL INTENSIVE CARE UNIT	3	-													
7	06000 SUBPROVIDER I	3	-													
8	04100 SUBPROVIDER II	3	-													
9	04200 OTHER SUBPROVIDER	3	-													
10	04300 NURSERY	3	-													
11		3	-													
12		3	-													
13		3	-													
14		3	-													
15		3	-													
16		3	-													
17		3	-													
18		3	-													
19	Total Days per PSR or Exhibit Detail			77	11	352	78	32	32	32	32	32	32	518	518	38.4%
20	Unreconciled Days (Explain Variance)															28.3%
21	Routine Charges															
22	Calculator Routine Charge Per Den															
23	Ancillary Cost Centers (from WIS C) (from Section D)															
24	02000 Observation (Non-Diastol)	0.040593	4.650													
25	03000 ANESTHESIOLOGY	0.040593	4.650													
26	04000 RADIOLOGY/DIAGNOSTIC	0.040593	4.650													
27	05000 LABORATORY	0.040593	4.650													
28	06000 RESPIRATORY THERAPY	0.040593	4.650													
29	07000 MEDICAL SUPPLIES CHARGED TO PATIENT	0.040593	4.650													
30	08000 IMPL. DEL. CHARGED TO PATIENTS	0.040593	4.650													
31	09000 DRUGS CHARGED TO PATIENTS	0.040593	4.650													
32	10000 EMERGENCY	0.040593	4.650													
33	11000 GEN. TST/ST	0.040593	4.650													
34																
35																
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H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (DSH) 05/01/2018-04/30/2017 WILLS MEMORIAL HOSPITAL

	In-State Medicaid FFS Primary	In-State Medicaid Managed Care Primary	In-State Medicaid FFS Cross-Over (with Medicaid Secondary)	In-State Other Medicaid Eligible (Not Included Elsewhere)	Uninsured	Total In-State Medicaid
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
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120						
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122						
123						
124						
125						
126						
127						
Totals / Payments	\$ 158,114	\$ 518,855	\$ 26,081	\$ 1,056,113	\$ 80,360	\$ 1,238,382
128	\$ 186,514	\$ 518,855	\$ 34,081	\$ 1,056,113	\$ 104,360	\$ 1,279,291
129	\$ 186,514	\$ 518,855	\$ 34,081	\$ 1,056,113	\$ 104,360	\$ 1,279,291
130						
131	\$ 127,892	\$ 225,076	\$ 21,453	\$ 474,345	\$ 61,712	\$ 815,398
132	\$ 109,000	\$ 257,627	\$ 15,911	\$ 378,640	\$ 1,100	\$ 146,683
133	\$ 3,092	\$ 595	\$ 16	\$ 1,100	\$ 13,555	\$ 19,811
134	\$ 112,088	\$ 259,210	\$ 15,811	\$ 379,841	\$ 6,174	\$ 146,683
135						\$ 19,811
136						\$ 5,954
137						\$ 2,306
138						\$ (59,201)
139						\$ 460,103
140						\$ 1,083,173
141						\$ 57,095
142						\$ 19,109
143						\$ 66,518
144						\$ (104,418)
145	\$ 15,794	\$ 35,081	\$ 5,652	\$ 94,402	\$ 59,231	\$ 40,932
146						\$ 115,293
147						\$ 84%
148						\$ 84%

Total Charges per PS&R or Exhibit Detail
Unreconciled Charges (Explain Variance)
Total Calculated Cost (includes organ acquisition from Section J)
Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)
Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)
Private Insurance (including primary and third party liability)
Self-Pay (including Co-Pay and Spend-Down)
Total Allowed Amount from Medicaid (includes RA, Detail (All Payments))
Medicaid Payments Reported on Cost Report Year (See Note C)
Medicaid Traditional (non-HMO) Paid Amount (excludes coinsurance/eductibles)
Medicaid Cross-Over (HMO) Paid Amount (excludes coinsurance/eductibles)
Medicaid Cross-Over Bad Debt Payments
Other Medicaid Cross-Over Payments (See Note D)
Payment from Hospital Uninsured During Cost Report Year (Cash Basis)
Section 1011 Payment Related to Inpatient Hospital Services NOT included in Exhibit B & B-1 (from Section E)
Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)
Calculated Payments as a Percentage of Cost
Total Medicare Days from WIS 5.3 of the Cost Report Excluding Swing-Bed (CPL WIS 5.3, PL 1, Col. 6, Sum of Lns. 2, 3, 4, 14, 16, 17, 18 less lines 5 & 6)
Percent of cross-over days to total Medicare days from the cost report
Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other eligibles, use the hospital's logs (PS&R summaries are not available (submit logs with t
Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or PS&R).
Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments made on a state fiscal year basis should be reported in Section C of the survey.
Note D - Should include other Medicaid cross-over payments not included in the paid claims data reported above. This includes payments made by Medicaid for services provided but not billed to, incentive payments, bonus payments, capitation and sub-capitation pay
Note E - Medicaid Managed Care payments should include Medicaid Managed Care payments related to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation pay

I. Out-of-State Medicaid Data:

Cost Report Year (03/01/2016-02/29/2017) WILLS MEMORIAL HOSPITAL

Line #	Cost Center Description	Medicaid Per Diem Cost for Routine Cost Centers		Medicaid Cost to Charge Ratio for Ancillary Cost Centers		Out-of-State Medicaid FFS Primary		Out-of-State Medicaid Managed Care Primary		Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary)		Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)		Total Out-Of-State Medicaid	
		From Section G	From Section G	Inpatient	Outpatient	From PS&R Summary (Note A)	From PS&R Summary (Note A)	Inpatient	Outpatient	From PS&R Summary (Note A)	From PS&R Summary (Note A)	Inpatient	Outpatient	Inpatient	Outpatient
Routine Cost Centers (list below):															
1	03000 ADULTS & PEDIATRICS		\$ 289.03												
2	03100 INTENSIVE CARE UNIT														
3	03200 CORONARY CARE UNIT														
4	03300 BURN INTENSIVE CARE UNIT														
5	03400 SURGICAL INTENSIVE CARE UNIT														
6	03500 OTHER SPECIAL CARE UNIT														
7	04000 SUBPROVIDER I														
8	04100 SUBPROVIDER II														
9	04200 OTHER SUBPROVIDER														
10	04300 NURSERY														
11															
12															
13															
14															
15															
16															
17															
18															
Total Days															
Total Days per PS&R or Exhibit Detail															
Unreconciled Days (Explain Variance)															
Routine Charges		Calculated Routine Charge Per Diem		Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges	
21	Ancillary Cost Centers (from WIS C) (list below):														
21.01	01000 Observation (Non-Diagnosed)														
22	01000 Ancillary Cost Centers (list below):														
23	01000 Ancillary Cost Centers (list below):														
24	01000 Ancillary Cost Centers (list below):														
25	01000 Ancillary Cost Centers (list below):														
26	01000 Ancillary Cost Centers (list below):														
27	01000 Ancillary Cost Centers (list below):														
28	01000 Ancillary Cost Centers (list below):														
29	01000 Ancillary Cost Centers (list below):														
30	01000 Ancillary Cost Centers (list below):														
31	01000 Ancillary Cost Centers (list below):														
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74	01000 Ancillary Cost Centers (list below):														
75	01000 Ancillary Cost Centers (list below):														
76	01000 Ancillary Cost Centers (list below):														
77	01000 Ancillary Cost Centers (list below):														

I. Out-of-State Medicaid Data:

Cost Report Year (05/01/2016-04/30/2017) WILLS MEMORIAL HOSPITAL

	Out-of-State Medicaid FFS Primary	Out-of-State Medicaid Managed Care Primary	Out-of-State Medicare FFS Cross-Over (with Medicaid Secondary)	Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)	Total Out-of-State Medicaid
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
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90					
91					
92					
93					
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120					
121					
122					
123					
124					
125					
126					
127					
Totals / Payments	\$ 11,620	\$ -	\$ -	\$ 2,565	\$ 14,185
128	Total Charges (Includes organ acquisition from Section K)	\$ 11,620	\$ -	\$ -	\$ 11,620
129	Total Charges per PSAR or Exhibit Detail	\$ 11,620	\$ -	\$ -	\$ 11,620
130	Unrecorded Charges (Explain Variance)				
131	Total Calculated Cost (Includes organ acquisition from Section K)	\$ 5,275	\$ -	\$ -	\$ 5,275
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	\$ 917			\$ 917
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down)				
134	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down)				
135	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down)				
136	Total Allowed Amount from Medicaid PSAR or RA Detail (All Payments)	\$ 917			\$ 917
137	Medicaid Cost Settlement Payments (See Note B)				
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)				
139	Medicaid Traditional (non-HMO) Paid Amount (includes coinsurance/eductibles)				
140	Medicaid Managed Care (HMO) Paid Amount (includes coinsurance/eductibles)				
141	Medicaid Cross-Over Paid Amount (includes coinsurance/eductibles)				
142	Other Medicaid Cross-Over Payments (See Note D)				
143	Calculated Payment Shortfall / (Longfall)	\$ 4,353	\$ -	\$ -	\$ 4,353
144	Calculated Payments as a Percentage of Cost	17%	0%	0%	73%

Note A - These amounts must agree to your hospital and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other eligibles, use the hospital's logs if PSAR summaries are not available (submit logs with survey).
Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary (RA summary or PSAR).
Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. UPL payments made on a state fiscal year basis should be reported in Section C of the survey.
Note D - Should include other Medicaid cross-over payments not included in the paid claims data reported above. This includes payments paid to providers for Medicaid cross-over services (e.g., Medicaid Cross-Over Medical Education payments).
Note E - Medicaid Managed Care payments should include all Medicaid Managed Care payments related to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payments.

J. Transplant Facilities Only: Organ Acquisition Cost In-State Medicaid and Uninsured

Cost Report Year (05/01/2015-04/30/2017)

WILLS MEMORIAL HOSPITAL

Organ Acquisition Cost Centers (list below):	Total Organ Acquisition Cost	Additional Add-in Intervent/Resident Cost	Total Adjusted Organ Acquisition Cost	Revenue for Medicaid Cross-Over/Uninsured Organs Sold	Total Usable Organs (Count)	In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicaid FFS Cross-Over (with Medicaid Secondary)		In-State Other Medicaid Eligible (Not Included Elsewhere)		Uninsured	
						Charges	Usable Organs (Count)	Charges	Usable Organs (Count)	Charges	Usable Organs (Count)	Charges	Usable Organs (Count)	Charges	Usable Organs (Count)
1 Lung Acquisition	\$0.00	\$ -	\$ -	Similar to Instructions from Cost Report WBS D-4, Pt. III, Col. 1, Ln 66 (substitute Medicaid Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D-4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis
2 Kidney Acquisition	\$0.00	\$ -	\$ -		0										
3 Liver Acquisition	\$0.00	\$ -	\$ -		0										
4 Heart Acquisition	\$0.00	\$ -	\$ -		0										
5 Pancreas Acquisition	\$0.00	\$ -	\$ -		0										
6 Intestinal Acquisition	\$0.00	\$ -	\$ -		0										
7 Islet Acquisition	\$0.00	\$ -	\$ -		0										
8 Totals	\$ -	\$ -	\$ -		0	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-
9 Total Cost															

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary, if available (if not, use hospital's logs and submit with survey).

Note B - Enter Organ Acquisition Payments in Section 11 as part of your In-State Medicaid total payments.

Note C - Enter the total revenue applicable to organs furnished to or for providers, to organ procurement organizations and others, and for organs transplanted into non-Medicaid / non-uninsured patients (but where organs were included in the Medicaid and Uninsured organ counts above). Such revenues must be determined under the accrual method of accounting. If organs are transplanted into non-Medicaid/non-uninsured patients who are not liable for payment on a charge basis, and as such there is no revenue applicable to the related organ acquisitions, the amount entered must also include an amount representing the acquisition cost of the organs transplanted into such patients.

K. Transplant Facilities Only: Organ Acquisition Cost Out-of-State Medicaid

Cost Report Year (05/01/2015-04/30/2017)

WILLS MEMORIAL HOSPITAL

Organ Acquisition Cost Centers (list below):	Total Organ Acquisition Cost	Additional Add-in Intervent/Resident Cost	Total Adjusted Organ Acquisition Cost	Revenue for Medicaid Cross-Over/Uninsured Organs Sold	Total Usable Organs (Count)	Out-of-State Medicaid FFS Primary		Out-of-State Medicaid Managed Care Primary		Out-of-State Medicaid FFS Cross-Over (with Medicaid Secondary)		Out-of-State Other Medicaid Eligible (Not Included Elsewhere)	
						Charges	Usable Organs (Count)	Charges	Usable Organs (Count)	Charges	Usable Organs (Count)	Charges	Usable Organs (Count)
11 Lung Acquisition	\$ -	\$ -	\$ -	Similar to Instructions from Cost Report WBS D-4, Pt. III, Col. 1, Ln 66 (substitute Medicaid Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D-4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)
12 Kidney Acquisition	\$ -	\$ -	\$ -		0								
13 Liver Acquisition	\$ -	\$ -	\$ -		0								
14 Heart Acquisition	\$ -	\$ -	\$ -		0								
15 Pancreas Acquisition	\$ -	\$ -	\$ -		0								
16 Intestinal Acquisition	\$ -	\$ -	\$ -		0								
17 Islet Acquisition	\$ -	\$ -	\$ -		0								
18 Totals	\$ -	\$ -	\$ -		0	\$ -	-	\$ -	-	\$ -	-	\$ -	-
19 Total Cost													

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary, if available (if not, use hospital's logs and submit with survey).

Note B - Enter Organ Acquisition Payments in Section 11 as part of your Out-of-State Medicaid total payments.

Real Property Holdings Owned by the Hospital

Location	Parcel ID Number	Estimated Size	Purchase Price	Current Health Care Purpose	Improvements
124 Gordon St. Wilkes County	W19016	.56 acres	\$0	Yes	
120 Gordon St. Wilkes County	W19018	7.34 acres	Unknown	Yes	7/16/09 170x200x55 addition
Hospital Dr. Wilkes County	W20005	0.3 acres	\$0	Yes	
212 Hospital Dr. Wilkes County	W2008	.69 acres	\$141, 586	Yes	

Bond Indebtedness & Outstanding Loans

See Financial Statement

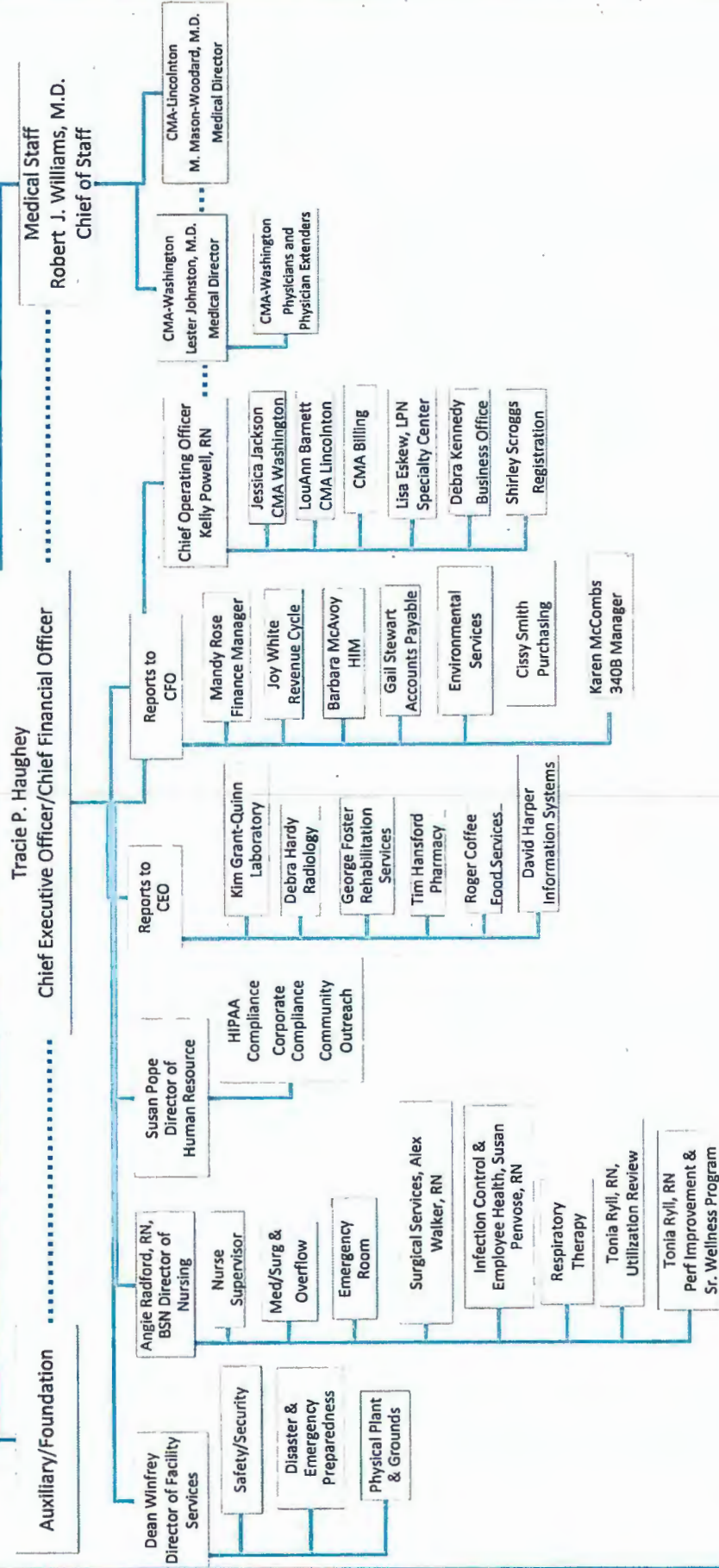
Fund Balances & Net Assets


See Financial Statement


Going Concerns

See Financial Statement

Hospital Authority of Wilkes County
Wills Memorial Hospital
Revised 08/08/2019 Organizational Chart




Tracie P. Haughey
Chief Executive Officer


Preston Sanders
Hospital Authority of Wilkes County

Hospital Authority of Wilkes County d.b.a .
Community Medical Associates

08/09/2019

Wills Memorial Hospital
Tracie P. Haughey
Chief Executive Officer

Community Medical
Associates Lincolnton
Medical Director
Michelle Mason-
Woodard, M.D.

Keith Cunningham,
FNP

Community Medical
Associates Washington
Medical Director
Lester T. Johnston, MD

Sally Reeder, NP
(prn)

P. Kim Lowe, PA

COO/Community
Medical Associates
Practice Manager
Kelly Powell RN

Clinic Clinical Staff

Clinic
Administrative
Staff

CMA Billing Staff

WMH Compensation/Benefits Report

Position Title	Base Compensation	Bonus & Incentive Compensation	Taxable Deferred Comp. Accrued in Prior Years	Other Reportable Compensation	Retirement and other Deferred Compensation	Non taxable Benefits
Chief Executive Officer	\$98,500.00	\$0.00	\$0.00	\$0.00	\$1,370.83	\$7,074.86
Chief Financial Officer	\$51,510.00	\$0.00	\$0.00	\$0.00	\$706.19	\$3,644.62
Chief Nursing Officer	\$95,680.00	\$0.00	\$0.00	\$0.00	\$1,246.14	\$815.40
Chief Operations Officer	\$90,480.00	\$0.00	\$0.00	\$0.00	\$1,175.22	\$10,445.52

State-Wide Compensation Comparisons

2018 Georgia Hospital Association

Position Title	Base Compensation
Chief Executive Officer Single Hospital	\$367,610.00
Chief Financial Officer	\$230,639.00
Top Nursing Services Executive	\$148,861.00
Chief Operations Officer	\$234,406.00

Hospital Authority Of Wilkes County Wills Memorial Hospital

Washington, GA

has been Accredited by

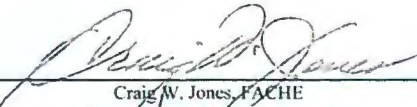


The Joint Commission


Which has surveyed this organization and found it to meet the requirements for the
Critical Access Hospital Accreditation Program

September 13, 2018

Accreditation is customarily valid for up to 36 months.

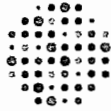

Craig W. Jones, FACHE
Chair, Board of Commissioners

ID #370251
Print/Reprint Date: 11/23/2018


Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.





COLLEGE of AMERICAN
PATHOLOGISTS

cc: K. Grant-Dine

July 3, 2019
CAP # 7156601
AU ID # 1363497

Tracie Haughey, CEO
Wills Memorial Hospital
PO Box 370
Washington, GA 30673-0370

Dear MS. Haughey:

The Commission on Laboratory Accreditation of the College of American Pathologists (CAP) is pleased to inform you that the following laboratory(s) at Wills Memorial Hospital Laboratory has recently completed its on-site inspection.

CAP-accredited laboratories must adhere to rigorous regulatory requirements to achieve accreditation. A copy of the inspection report was left with the laboratory director. The laboratory must respond to any deficiencies cited during the on-site inspection. The Accreditation Committee of the CAP's Laboratory Accreditation Program will make an accreditation decision based on the review of this documentation.

Official notification of accreditation will be mailed to you. We thank you for your institution's participation in the CAP's Laboratory Accreditation Program, the "gold standard" in laboratory accreditation

Sincerely,

Richard M. Scanlan, MD
Chair, Commission on Laboratory Accreditation

325 Waukegan Rd.
Northfield, IL 60093

Ref: INSRTHANKU ^{cap.org}