



2020 Hospital Financial Survey

Part A : General Information

1. Identification

UID:hosp541

Facility Name: Northside Hospital Cherokee

County: Cherokee

Street Address: 450 Northside Cherokee Boulevard

City: Canton

Zip: 30115-9295

Mailing Address: 450 Northside Cherokee Boulevard

Mailing City: Canton

Mailing Zip: 30115-9295

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2020 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 10/1/2019 To:9/30/2020

Please indicate your cost report year.

From: 10/01/2019 To:09/30/2020

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: Anne Eiswirth

Contact Title: Director of Finance / System Controller

Phone: 404-303-3798

Fax: 404-303-3820

E-mail: Anne.Eiswirth@northside.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	880,873,052
Total Inpatient Admissions accounting for Inpatient Revenue	14,053
Outpatient Gross Patient Revenue	1,117,805,793
Total Outpatient Visits accounting for Outpatient Revenue	140,614
Medicare Contractual Adjustments	848,711,308
Medicaid Contractual Adjustments	129,889,137
Other Contractual Adjustments:	415,831,449
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	45,458,994
Gross Indigent Care:	44,390,016
Gross Charity Care:	103,669,868
Uncompensated Indigent Care (net):	44,390,016
Uncompensated Charity Care (net):	103,444,807
Other Free Care:	8,082,183
Other Revenue/Gains:	11,152,875
Total Expenses:	358,963,403

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	7,475,593
Admin Discounts	606,590
Employee Discounts	0
	0
Total	8,082,183

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 2020? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2020?

02/12/2020

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.?

4. Charity Care Provisions

Did the policy or policies include provisions for the care that is defined as charity pursuant to HFMA guidelines and the definitions contained in the Glossary that accompanies this survey (i.e., a sliding fee scale or the accomodation to provide care without the expectation of compensation for patients whose individual or family income exceeds 125% of federal poverty level guidelines)? (Check box if yes.)

5. Maximum Income Level

If you had a provision for charity care in your policy, as reflected by responding yes to item 4, what was the maximum income level, expressed as a percentage of the federal poverty guidelines, for a patient to be considered for charity care (e.g., 185%, 200%, 235%, etc.)?

300%

6. Agreements Concerning the Receipt of Government Funds

Did the hospital have an agreement or agreements with any city or county concerning the receipt of government funds for indigent and/or charity care during 2020? (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	15,152,515	41,705,788	56,858,303
Outpatient	29,237,501	61,964,080	91,201,581
Total	44,390,016	103,669,868	148,059,884

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	225,061
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	225,061

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	15,152,515	41,480,727	56,633,242
Outpatient	29,237,501	61,964,080	91,201,581
Total	44,390,016	103,444,807	147,834,823

Part F : Patient Origin

1. Total Gross Indigent/Charity Care By Charges County

Please report Indigent/Charity Care by County in the following categories. For non Georgia use Alabama, Florida, North Carolina, South Carolina, Tennessee, or Other-Out-of-State.

To add a row press the button. To delete a row press the minus button at the end of the row.

(You may enter the data on the web form or upload the data to the web form using the .csv file.)

Inp Ad-I = Inpatient Admissions (Indigent Care)

Inp Ch-I = Inpatient Charges (Indigent Care)

Out Vis-I = Outpatient Visits (Indigent Care)

Out Ch-I = Outpatient Charges (Indigent Care)

Inp Ad-C = Inpatient Admissions (Charity Care)

Inp Ch-C = Inpatient Charges (Charity Care)

Out Vis-C = Outpatient Visits (Charity Care)

Out Ch-C = Outpatient Charges (Charity Care)

County	Inp Ad-I	Inp Ch-I	Out Vis-I	Out Ch-I	Inp Ad-C	Inp Ch-C	Out Vis-C	Out Ch-C
ALABAMA	1	79,819	4	11,072	5	97,036	37	155,420
APPLING	0	0	0	0	0	0	1	13,618
BALDWIN	0	0	1	7,710	0	0	2	5,904
BANKS	2	2,815	2	540	0	0	2	4,651
BARROW	0	0	2	1,276	1	1,364	19	67,611
BARTOW	14	574,904	168	804,225	45	1,311,668	607	2,326,031
BIBB	0	0	1	4,731	0	0	2	4,016
BULLOCH	0	0	0	0	1	1,996	6	12,619
BURKE	0	0	0	0	0	0	4	9,246
BUTTS	0	0	0	0	0	0	2	16,519
CAMDEN	0	0	0	0	1	1,160	2	143
CARROLL	0	0	6	2,688	5	10,699	16	105,283
CATOOSA	1	103,889	0	0	1	1,364	6	1,992
CHARLTON	0	0	0	0	0	0	1	20,826
CHATHAM	0	0	0	0	1	168,601	6	24,353
CHATTOOGA	0	0	6	10,332	0	0	18	145,375
CHEROKEE	385	8,243,179	3,693	14,570,552	1,091	27,790,019	11,557	38,399,199
CLARKE	0	0	0	0	0	0	7	19,936
CLAYTON	2	112,958	6	131,764	0	0	14	26,104
COBB	39	703,180	448	1,921,533	88	1,867,076	1,113	3,928,263
COFFEE	0	0	0	0	0	0	1	370
COLQUITT	0	0	1	61	1	53,282	3	14,144
COLUMBIA	0	0	1	425	0	0	0	0
COWETA	1	1,000	3	16,380	0	0	10	29,092
DADE	0	0	0	0	0	0	1	20,815
DAWSON	6	776,846	44	391,043	7	85,709	86	318,806
DECATUR	0	0	0	0	0	0	1	5,239
DEKALB	0	0	26	55,894	3	33,727	73	235,831
DOUGLAS	1	385,610	36	549,896	3	2,347	37	81,324
EARLY	0	0	0	0	0	0	3	25,478
EFFINGHAM	0	0	0	0	0	0	1	8,525
ELBERT	0	0	0	0	0	0	1	4,772

EMANUEL	0	0	0	0	0	0	1	1,087
FANNIN	14	1,596,483	215	1,336,408	25	438,980	210	1,173,836
FAYETTE	0	0	0	0	0	0	10	19,223
FLORIDA	4	49,136	19	89,439	8	562,543	86	407,666
FLOYD	1	1,179	0	0	0	0	58	196,256
FORSYTH	1	84,390	83	374,365	10	286,539	187	574,522
FRANKLIN	0	0	0	0	0	0	5	21,845
FULTON	7	358,628	102	686,046	28	1,272,085	211	1,378,980
GILMER	18	169,520	334	1,932,949	49	1,346,863	570	2,377,872
GLYNN	0	0	0	0	0	0	2	2,809
GORDON	7	306,948	110	622,047	16	345,761	187	927,385
GWINNETT	3	50,384	28	139,742	8	128,211	128	788,839
HABERSHAM	0	0	3	105,096	0	0	7	19,098
HALL	0	0	25	189,612	5	7,624	39	217,979
HARALSON	0	0	0	0	1	1,053	5	2,426
HARRIS	0	0	0	0	0	0	1	7,623
HART	0	0	0	0	0	0	1	5,118
HENRY	1	2,292	4	1,924	2	145,752	13	32,784
HOUSTON	0	0	1	1,360	0	0	0	0
JACKSON	0	0	5	15,163	0	0	9	12,749
JEFFERSON	0	0	0	0	0	0	2	13,208
LAMAR	0	0	0	0	0	0	2	959
LIBERTY	0	0	0	0	0	0	2	5,075
LOWNDES	0	0	0	0	0	0	3	7,301
LUMPKIN	0	0	1	1,552	3	29,505	4	13,602
MACON	0	0	0	0	0	0	5	1,035
MADISON	0	0	0	0	0	0	1	548
MARION	0	0	0	0	0	0	1	837
MCDUFFIE	0	0	0	0	0	0	1	4,760
MCINTOSH	0	0	0	0	0	0	2	130
MERIWETHER	0	0	0	0	0	0	2	720
MONROE	0	0	1	7,072	0	0	4	34,188
MONTGOMERY	0	0	0	0	2	1,504	1	455
MORGAN	0	0	1	275	1	3,415	0	0
MURRAY	0	0	20	150,952	2	21,328	16	42,993
MUSCOGEE	0	0	0	0	0	0	1	2,622
NEWTON	0	0	1	28	0	0	20	16,175
NORTH CAROLINA	0	0	34	485,131	8	171,993	73	254,252
OTHER OUT OF STAT	2	3,224	31	16,787	20	1,276,765	232	712,644
PAULDING	5	130,632	53	198,314	20	388,202	112	710,952
PICKENS	27	747,215	678	3,235,240	132	3,179,253	1,441	4,832,358
PIERCE	0	0	0	0	0	0	1	3,922
PIKE	0	0	0	0	1	46,336	2	807
POLK	0	0	8	18,106	7	137,871	40	74,414

PUTNAM	0	0	0	0	0	0	2	1,287
QUITMAN	0	0	0	0	0	0	1	4,768
RABUN	0	0	0	0	0	0	3	63,655
RICHMOND	0	0	0	0	0	0	10	27,666
ROCKDALE	1	2,570	1	1,673	0	0	7	7,410
SEMINOLE	1	1,504	0	0	0	0	0	0
SOUTH CAROLINA	0	0	2	2,634	5	115,692	18	47,669
SPALDING	0	0	2	54,777	0	0	4	3,875
STEPHENS	0	0	1	223	1	46,412	7	20,403
SUMTER	0	0	0	0	0	0	1	8,212
TENNESSEE	1	434,735	24	157,177	5	205,150	48	322,142
TIFT	1	97,018	1	36,018	0	0	0	0
TOOMBS	0	0	0	0	0	0	1	739
TOWNS	2	42,629	40	556,207	2	3,208	19	59,295
UNION	2	3,506	28	123,809	2	114,706	49	298,186
UPSON	0	0	0	0	0	0	1	140
WALKER	0	0	0	0	0	0	3	42,848
WALTON	0	0	1	2,058	0	0	20	63,961
WARE	0	0	0	0	0	0	4	9,003
WASHINGTON	0	0	0	0	0	0	3	6,632
WHITE	0	0	22	209,274	1	1,364	10	9,096
WHITFIELD	2	86,322	3	5,921	0	0	7	26,302
WILKES	0	0	0	0	0	0	1	7,232
WILKINSON	0	0	0	0	1	1,625	0	0
Total	552	15,152,515	6,330	29,237,501	1,618	41,705,788	17,556	61,964,080

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 2020?
(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 2020.

Patient Category		SFY 2018	SFY2020	SFY2020
		7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	0	0
B.	Medically Indigent Patients with incomes between 125% and 200% of the Federal Poverty Level Guidelines where adjustments were made to patient amounts due in accordance with an established sliding scale.	0	0	0
C.	Other Patients in accordance with the department approved policy.	0	0	0

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2018	SFY2020	SFY2020
7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
0	0	0

Reconciliation Addendum

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

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: ROBERT QUATTROCCHI

Date: 7/22/2021

Title: PRESIDENT & CEO

I hereby certify that I am the financial officer authorized to sign this form and that the information is true and accurate. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Signature of Financial Officer: SHANNON A BANNA

Date: 7/22/2021

Title: VP FINANCE / CFO

Comments: