



## 2021 Hospital Financial Survey

### Part A : General Information

#### 1. Identification

UID:hosp346

**Facility Name:** Northside Hospital Forsyth

**County:** Forsyth

**Street Address:** 1200 Northside Forsyth Drive

**City:** Cumming

**Zip:** 30041

**Mailing Address:** 1200 Northside Forsyth Drive

**Mailing City:** Cumming

**Mailing Zip:** 30041

#### 2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2021 only.

***Do not use a different report period.***

**Please indicate your hospital fiscal year.**

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

**Please indicate your cost report year.**

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

Check the box to the right if your facility was **not** operational for the entire year.

If your facility was **not** operational for the entire year, provide the dates the facility was operational.

#### 3. Trauma Center Designation Change During the Report Period

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

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

### Part B : Survey Contact Information

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

**Contact Name:** 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	1,345,788,247
Total Inpatient Admissions accounting for Inpatient Revenue	19,361
Outpatient Gross Patient Revenue	1,537,530,048
Total Outpatient Visits accounting for Outpatient Revenue	204,176
Medicare Contractual Adjustments	1,230,958,072
Medicaid Contractual Adjustments	140,204,518
Other Contractual Adjustments:	666,929,347
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	28,752,477
Gross Indigent Care:	45,078,009
Gross Charity Care:	119,110,267
Uncompensated Indigent Care (net):	45,078,009
Uncompensated Charity Care (net):	119,110,267
Other Free Care:	32,274,848
Other Revenue/Gains:	17,774,024
Total Expenses:	529,987,705

### 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	27,004,954
Admin Discounts	5,269,894
Employee Discounts	0
	0
<b>Total</b>	<b>32,274,848</b>

## Part D : Indigent/Charity Care Policies and Agreements

### 1. Formal Written Policy

Did the hospital have a formal written policy or written policies concerning the provision of indigent and/or charity care during 2021? (Check box if yes.)

### 2. Effective Date

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

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 2021? (Check box if yes.)

### Part E : Indigent And Charity Care

#### 1. Gross Indigent and Charity Care Charges

Please indicate the totals for indigent and charity care for the categories provided below. If the hospital used a sliding fee scale for certain charity patients, only the net charges to charity should be reported (i.e., gross patient charges less any payments received from or billed to the patient.) Total Uncompensated I/C Care must balance to totals reported in Part C.

Patient Type	Indigent Care	Charity Care	Total
Inpatient	15,864,219	58,583,692	74,447,911
Outpatient	29,213,790	60,526,575	89,740,365
<b>Total</b>	<b>45,078,009</b>	<b>119,110,267</b>	<b>164,188,276</b>

#### 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
<b>Total</b>	<b>0</b>

#### 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	15,864,219	58,583,692	74,447,911
Outpatient	29,213,790	60,526,575	89,740,365
<b>Total</b>	<b>45,078,009</b>	<b>119,110,267</b>	<b>164,188,276</b>

## Part F : Patient Origin

### 1. Total Gross Indigent/Charity Care By Charges County

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

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

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

Inp Ad-I = Inpatient Admissions (Indigent Care)

Inp Ch-I = Inpatient Charges (Indigent Care)

Out Vis-I = Outpatient Visits (Indigent Care)

Out Ch-I = Outpatient Charges (Indigent Care)

Inp Ad-C = Inpatient Admissions (Charity Care)

Inp Ch-C = Inpatient Charges (Charity Care)

Out Vis-C = Outpatient Visits (Charity Care)

Out Ch-C = Outpatient Charges (Charity Care)

County	Inp Ad-I	Inp Ch-I	Out Vis-I	Out Ch-I	Inp Ad-C	Inp Ch-C	Out Vis-C	Out Ch-C
ALABAMA	0	0	10	113,879	2	22,859	35	53,588
BALDWIN	1	1,484	3	49,009	0	0	1	234
BANKS	2	20	18	33,953	0	0	67	203,763
BARROW	3	98,852	42	43,238	15	107,119	163	382,183
BARTOW	2	3,575	0	0	5	846,764	26	306,907
BEN HILL	0	0	0	0	1	264	0	0
BERRIEN	0	0	0	0	0	0	3	36,922
BIBB	0	0	6	96,443	0	0	3	13,476
BULLOCH	0	0	3	273	0	0	3	7,447
BURKE	0	0	0	0	0	0	1	224
BUTTS	0	0	0	0	0	0	8	5,538
CAMDEN	0	0	1	3,338	0	0	0	0
CANDLER	0	0	0	0	0	0	1	746
CARROLL	0	0	6	3,989	1	3,207	8	20,209
CHATHAM	0	0	0	0	1	2,272	3	3,478
CHATTOOGA	0	0	0	0	5	188,308	22	113,255
CHEROKEE	21	340,764	139	431,638	57	2,430,822	402	1,636,899
CLARKE	0	0	12	26,674	2	409,146	31	111,648
CLAYTON	0	0	15	137,885	0	0	24	77,714
COBB	2	32,540	56	604,816	17	252,585	132	827,247
COFFEE	0	0	0	0	0	0	1	8,276
COLQUITT	0	0	10	216	0	0	0	0
COLUMBIA	0	0	0	0	0	0	2	4,336
COWETA	0	0	1	2,443	0	0	8	18,499
CRISP	0	0	0	0	1	91,262	2	2,947
DADE	0	0	0	0	1	802	5	207,998
DAWSON	64	1,236,077	505	1,357,954	218	8,299,789	1,906	6,002,921
DEKALB	6	232,446	120	660,563	30	1,276,280	284	1,342,733
DODGE	0	0	0	0	0	0	2	4,021
DOUGLAS	1	2,065	7	2,880	1	762	23	72,857
ELBERT	0	0	1	522	0	0	2	2,069
FANNIN	0	0	6	137,027	0	0	18	260,936

FAYETTE	0	0	4	153,192	2	71,588	11	31,701
FLORIDA	4	18,705	11	2,832	7	299,647	99	343,845
FLOYD	0	0	0	0	0	0	9	41,267
FORSYTH	169	6,245,980	2,157	10,105,945	753	22,171,086	5,657	19,345,392
FRANKLIN	0	0	2	14,445	0	0	28	32,869
FULTON	43	1,091,958	613	3,194,757	158	5,576,199	1,261	5,098,240
GILMER	1	170,729	18	68,895	2	33,215	33	140,054
GORDON	1	629	1	1,225	1	1,364	16	40,286
GREENE	1	260	2	273	2	3,752	6	3,709
GWINNETT	116	4,004,838	1,427	7,248,268	338	9,637,254	3,139	12,263,493
HABERSHAM	0	0	91	344,341	0	0	130	452,199
HALL	24	261,291	528	1,866,852	125	3,242,291	1,744	4,638,902
HANCOCK	0	0	0	0	0	0	1	5,312
HARALSON	0	0	0	0	0	0	1	769
HARRIS	0	0	1	23,530	0	0	0	0
HART	5	291,999	3	14,517	0	0	2	516
HENRY	2	139,211	29	224,847	1	31,816	38	78,522
HOUSTON	0	0	0	0	0	0	4	9,213
JACKSON	6	473,344	61	193,896	11	351,542	126	195,970
JASPER	0	0	0	0	0	0	2	27,559
JEFF DAVIS	0	0	0	0	1	66,540	0	0
JOHNSON	0	0	0	0	0	0	1	10,002
JONES	0	0	0	0	1	22,802	0	0
LAURENS	0	0	0	0	1	261	11	18,509
LOWNDES	1	503	31	250,437	0	0	1	1,372
LUMPKIN	5	43,107	139	482,547	57	1,211,390	558	2,392,118
MACON	0	0	0	0	0	0	1	4,373
MADISON	0	0	1	1,142	1	2,481	7	17,885
MCDUFFIE	0	0	0	0	0	0	1	3,390
MERIWETHER	0	0	4	53,581	1	1,408	1	837
MITCHELL	0	0	0	0	0	0	2	2,168
MONROE	0	0	3	702	0	0	4	16,472
MORGAN	0	0	2	2,051	0	0	6	46,488
MURRAY	0	0	0	0	0	0	5	8,425
MUSCOGEE	0	0	0	0	0	0	2	2,445
NEWTON	0	0	0	0	2	1,609	32	64,345
NORTH CAROLINA	0	0	9	37,066	0	0	49	132,782
OCONEE	1	1,408	0	0	0	0	4	9,995
OGLETHORPE	0	0	0	0	1	59,401	8	280,299
OTHER OUT OF STAT	3	64,322	19	27,885	31	475,561	241	781,956
PAULDING	0	0	8	13,388	1	1,408	21	30,079
PICKENS	0	0	28	71,060	16	496,174	137	1,003,665
PIKE	0	0	0	0	0	0	1	10,691
POLK	1	21,138	3	28,836	1	22,531	10	117,421

PUTNAM	0	0	1	2,632	0	0	2	742
RABUN	0	0	6	5,919	2	3,600	27	98,673
RICHMOND	0	0	0	0	0	0	2	12,422
ROCKDALE	0	0	0	0	1	2,532	13	28,518
SOUTH CAROLINA	2	1,533	9	12,147	2	75,369	16	38,189
SPALDING	3	538,289	4	1,217	1	1,408	10	6,177
STEPHENS	1	61,329	48	544,503	7	59,466	36	92,091
TATTNALL	0	0	0	0	0	0	1	8,303
TELFAIR	0	0	0	0	0	0	1	2,351
TENNESSEE	0	0	4	806	5	78,234	20	67,323
TIFT	0	0	1	2,752	0	0	3	8,051
TOOMBS	0	0	0	0	0	0	3	3,059
TOWNS	0	0	4	4,251	0	0	5	2,221
TROUP	0	0	0	0	1	5,690	3	10,661
UNION	1	119,560	0	0	1	1,364	32	41,557
UPSON	1	77,863	2	9,936	1	274,010	9	1,751
WALKER	0	0	0	0	1	47,030	2	16,908
WALTON	3	110,195	49	272,566	10	307,642	104	250,950
WARE	0	0	1	353	0	0	0	0
WARREN	0	0	0	0	0	0	1	27
WHITE	4	178,205	98	217,590	8	13,786	194	374,820
WHITFIELD	0	0	9	5,868	0	0	12	23,222
WILKES	0	0	0	0	0	0	1	3,953
<b>Total</b>	<b>500</b>	<b>15,864,219</b>	<b>6,392</b>	<b>29,213,790</b>	<b>1,911</b>	<b>58,583,692</b>	<b>17,093</b>	<b>60,526,575</b>



## Indigent Care Trust Fund Addendum

### 1. Indigent Care Trust Fund

Did your hospital receive funds from the Indigent Care Trust Fund during its Fiscal Year 2021?  
(Check box if yes.)

### 2. Amount Charged to ICTF

Indicate the amount charged to the ICTF by each State Fiscal Year (SFY) and for each of the patient categories indicated below during Hospital Fiscal Year 2021.

Patient Category		SFY 2020	SFY2021	SFY2022
		7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	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 2020	SFY2021	SFY2022
7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
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:** 7/22/2022

**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:** 7/22/2022

**Title:** VP FINANCE / CFO

**Comments:**