

Provider Name	NORTHSIDE HOSPITAL GWINNETT
Mcaid Provider Number	000000294A
Mcare Provider Number	110087

Below is the preliminary uncompensated care cost (UCC) and allocation factor used as a basis for the 2025 Georgia Disproportionate Share Hospital (DSH) Payment. An initial review of the provider submitted survey and detailed information was performed and adjustments made, as appropriate. Please review the proposed adjustments and adjusted survey included with the preliminary results and respond with concerns within 5 business days. Hospital specific preliminary results are subject to change based on revisions needed after initial results are reviewed and possible additional validation work.

NOTE: These are initial results only.

GA Medicaid DSH Payment Uncompensated Care Cost (UCC) For State Fiscal Year: 7/1/2024 - 6/30/2025

	(A)	(B)	(C)	(D)	(E)
	Cost Report Year Begin	Cost Report Year End	As-Filed DSH Uncompensated Care Cost (UCC)	Total Adjustments	Adjusted DSH Uncompensated Care Cost (UCC)
Cost Report Year UCC:	10/1/2022	- 9/30/2023	\$ 113,407,306	\$ -	\$ 113,407,306
Less: 2023 Net UPL Payments					\$ 8,119,097
Less: 2025 Net DPP Payments					\$ 46,251,938
Plus: 2024 Net DPP Recoupments					\$ -
Less: GME Payments					\$ 1,124,572
Add: Net OP Settlement (Difference between provider submitted and estimated)					\$ (32,772)
Add: Provider tax excluded from the cost report (Medicaid primary & uninsured portion)					\$ 1,064,893
Uncompensated Care Allocation Factor					\$ 58,943,820
Hospital Specific DSH Limit					\$ 26,776,968
2025 Eligibility					Eligible
DSH Year Low Income Utilization Ratio (LIUR):					16.93%
DSH Year Medicaid Inpatient Utilization Ratio (MIUR):					33.73%

If you disagree with the findings presented above please respond within five days of receipt with additional supporting documentation.

All inquiries and additional documentation should be sent to the following:

e-mail: gadsh@mslc.com

Fax: 816-945-5301

Web Portal Address: <https://DSH.MSLC.com>

Phone Inquiries: 800-374-6858

EXAMINER ADJUSTED SURVEY

Workpaper #:		Reviewer:
Examiner:		
Date:		
DSH Version	9.00	9/11/2024

D. General Cost Report Year Information 10/1/2022 - 9/30/2023

The following information is provided based on the information we received from the state. Please review this information for items 4 through 8 and select "Yes" or "No" to either agree or disagree with the accuracy of the information. If you disagree with one of these items, please provide the correct information along with supporting documentation when you submit your survey.

1. Select Your Facility from the Drop-Down Menu Provided: Northside Hospital, Inc. - Gwinnett

10/1/2022 through 9/30/2023		
X		

2. Select Cost Report Year Covered by this Survey:

3. Status of Cost Report Used for this Survey (Should be audited if available): 1 - As Submitted

3a. Date CMS processed the HCRIS file into the HCRIS database: 3/4/2024

	Data	Correct?	If Incorrect, Proper Information
4. Hospital Name:	Northside Hospital, Inc. - Gwinnett	Yes	
5. Medicaid Provider Number:	000000294A	Yes	
6. Medicaid Subprovider Number 1 (Psychiatric or Rehab):	0	Yes	
7. Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0	Yes	
8. Medicare Provider Number:	110087	Yes	
Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal):	Non-State Govt.	Yes	

Out-of-State Medicaid Provider Number. List all states where you had a Medicaid provider agreement during the cost report year:

	State Name	Provider No.
9. State Name & Number	Alabama	247571
10. State Name & Number	Florida	107736700
11. State Name & Number	North Carolina	1457396079
12. State Name & Number	Tennessee	Q061341
13. State Name & Number	South Carolina	232810
14. State Name & Number		
15. State Name & Number		

(List additional states on a separate attachment)

E. Disclosure of Medicaid / Uninsured Payments Received: (10/01/2022 - 09/30/2023)

1. Section 1011 Payment Related to Hospital Services Included in Exhibits B & B-1 (See Note 1)	\$ -
2. Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)	\$ -
3. Section 1011 Payment Related to Outpatient Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)	\$ -
4. Total Section 1011 Payments Related to Hospital Services (See Note 1)	\$ -
5. Section 1011 Payment Related to Non-Hospital Services Included in Exhibits B & B-1 (See Note 1)	\$ -
6. Section 1011 Payment Related to Non-Hospital Services NOT Included in Exhibits B & B-1 (See Note 1)	\$ -
7. Total Section 1011 Payments Related to Non-Hospital Services (See Note 1)	\$ -

8. Out-of-State DSH Payments (See Note 2) \$ -

	Inpatient	Outpatient	Total
9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B)	\$ 2,297,432	\$ 8,082,730	\$10,380,162
10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)	\$ 7,044,026	\$ 25,241,828	\$32,285,854
11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Column (N) on Exhibit B)	\$9,341,458	\$33,324,558	\$42,666,016
12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments:	24.59%	24.25%	24.33%

13. Did your hospital receive any Medicaid managed care payments not paid at the claim level?
Should include all non-claim-specific payments such as lump sum payments for full Medicaid pricing, supplementals, quality payments, bonus payments, capitation payments received by the hospital (not by the MCO), or other incentive payments.

No

14. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to hospital services	\$ -
15. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to non-hospital services	\$ -
16. Total Medicaid managed care non-claims payments (see question 13 above) received	\$ -

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 (10/01/2022 - 09/30/2023)

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. I, Col. 8, Sum of Lns. 14, 16, 17, 18.00-18.03, 30, 31 less lines 5 & 6) 174,688

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 I/P and O/P Hospital Subsidies	-
5. Non-Hospital Subsidies	-
6. Total Hospital Subsidies	\$ -
7. Inpatient Hospital Charity Care Charges	218,185,185
8. Outpatient Hospital Charity Care Charges	128,031,178
9. Non-Hospital Charity Care Charges	-
10. Total Charity Care Charges	\$ 346,216,363

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

	Total Patient Revenues (Charges)			Contractual Adjustments			Net Hospital Revenue
	Inpatient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	
11. Hospital	\$ 475,131,482	\$ -	\$ -	\$ 376,980,951	\$ -	\$ -	\$ 98,150,531
12. Psych Subprovider	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Rehab. Subprovider	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14. Swing Bed - SNF	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15. Swing Bed - NF	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16. Skilled Nursing Facility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Nursing Facility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18. Other Long-Term Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19. Ancillary Services	\$ 1,830,632,570	\$ 2,508,172,053	\$ -	\$ 1,452,468,702	\$ 1,990,045,117	\$ -	\$ 896,290,804
20. Outpatient Services	\$ -	\$ 549,872,446	\$ -	\$ -	\$ 436,282,262	\$ -	\$ 113,590,184
21. Home Health Agency	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22. Ambulance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Outpatient Rehab Providers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24. ASC	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25. Hospice	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
26. Other	\$ -	\$ -	\$ 421,021,706	\$ -	\$ -	\$ 334,048,930	\$ -
27. Total	\$ 2,305,764,052	\$ 3,058,044,499	\$ 421,021,706	\$ 1,829,449,653	\$ 2,426,327,378	\$ 334,048,930	\$ 1,108,031,520
28. Total Hospital and Non Hospital		Total from Above	\$ 5,784,830,257		Total from Above	\$ 4,589,825,961	
29. Total Per Cost Report		Total Patient Revenues (G-3 Line 1)	\$ 5,784,830,257		Total Contractual Adj. (G-3 Line 2)	\$ 4,589,825,961	
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. Increase worksheet G-3, Line 2 to reverse offset of State and Local Patient Care Cash Subsidies INCLUDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)						\$ -	
34. 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)						\$ -	
35. Blank Recon Line OR "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)"						\$ -	
36. Adjusted Contractual Adjustments						4,589,825,961	
37. Unreconciled Difference		Unreconciled Difference (Should be \$0)	\$ -		Unreconciled Difference (Should be \$0)	\$ -	

G. Cost Report - Cost / Days / Charges

Cost Report Year (10/01/2022-09/30/2023) Northside Hospital, Inc. - Gwinnet

Line #	Cost Center Description	Total Allowable Cost	Intern & Resident Costs Removed on Cost Report *	RCE and Therapy Add-Back (If Applicable)	Net 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
		Cost Report Worksheet B, Part I, Col. 26	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)	Cost Report Worksheet C, Part I, Col. 2 and Col. 4	Swing-Bed Carve Out - Cost Report Worksheet D-1, Part I, Line 26	Calculated	Days - Cost Report W/S D-1, Pt. I, Line 2 for Adults & Peds; W/S D-1, Pt. 2, Lines 42-47 for others	Inpatient Routine Charges - Cost Report Worksheet C, Pt. I, Col. 6 (Informational only unless used in Section L charges allocation)	Calculated Per Diem
Routine Cost Centers (list below):									
1	03000 ADULTS & PEDIATRICS	\$ 184,231,768	\$ 4,777,367	\$ -	\$ -	\$ 189,009,135	157,048	\$ 297,130,536	\$ 1,203.51
2	03100 INTENSIVE CARE UNIT	\$ 43,699,800	\$ 831,735	\$ -	\$ -	\$ 44,531,535	14,600	\$ 113,951,339	\$ 3,056.11
3	03200 CORONARY CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
4	03300 BURN INTENSIVE CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
5	03400 SURGICAL INTENSIVE CARE UNIT	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
6	03500 OTHER SPECIAL CARE UNIT	\$ 16,392,336	\$ -	\$ -	\$ -	\$ 16,392,336	9,445	\$ 57,334,633	\$ 1,735.56
7	04000 SUBPROVIDER I	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
8	04100 SUBPROVIDER II	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
9	04200 OTHER SUBPROVIDER	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
10	04300 NURSERY	\$ 5,539,381	\$ 351,063	\$ -	\$ -	\$ 5,890,444	6,594	\$ 7,114,974	\$ 893.30
18	Total Routine	\$ 249,863,285	\$ 5,960,165	\$ -	\$ -	\$ 255,823,450	187,687	\$ 475,131,482	
19	Weighted Average								\$ 1,363.03
Observation Data (Non-Distinct)									
20	09200 Observation (Non-Distinct)								
			12,999	\$ -	\$ -	\$ 15,644,426	1,513,525	\$ 15,132,400	\$ 16,645,925
									\$ 0.939835
Ancillary Cost Centers (from W/S C excluding Observation) (list below)									
21	5000 OPERATING ROOM	\$ 44,626,125	\$ 702,266	\$ -	\$ -	\$ 45,328,391	189,914,447	\$ 111,668,684	\$ 301,583,131
22	5100 RECOVERY ROOM	\$ 6,451,694	\$ -	\$ -	\$ -	\$ 6,451,694	18,698,705	\$ 38,802,122	\$ 57,500,827
23	5200 DELIVERY ROOM & LABOR ROOM	\$ 18,256,676	\$ 702,266	\$ -	\$ -	\$ 18,958,944	49,502,968	\$ 5,343,552	\$ 54,846,540
24	5300 ANESTHESIOLOGY	\$ 1,048,711	\$ -	\$ -	\$ -	\$ 1,048,711	46,701,910	\$ 50,831,562	\$ 97,533,472
25	5400 RADIOLOGY-DIAGNOSTIC	\$ 37,612,095	\$ -	\$ -	\$ -	\$ 37,612,095	64,196,277	\$ 228,195,280	\$ 292,352,557
26	5500 RADIOLOGY-THERAPEUTIC	\$ 4,102,857	\$ -	\$ -	\$ -	\$ 4,102,857	1,350,672	\$ 76,636,119	\$ 77,986,791
27	5600 RADIOISOTOPE	\$ 1,981,651	\$ -	\$ -	\$ -	\$ 1,981,651	3,115,654	\$ 6,565,971	\$ 9,681,825
28	5700 CT SCAN	\$ 5,141,304	\$ -	\$ -	\$ -	\$ 5,141,304	132,882,753	\$ 182,013,165	\$ 314,895,918
29	5800 MRI	\$ 2,208,627	\$ -	\$ -	\$ -	\$ 2,208,627	32,036,726	\$ 25,741,308	\$ 57,778,034
30	5900 CARDIAC CATHETERIZATION	\$ 11,691,752	\$ -	\$ -	\$ -	\$ 11,691,752	90,378,084	\$ 112,361,851	\$ 202,739,935
31	6000 LABORATORY	\$ 31,057,824	\$ -	\$ -	\$ -	\$ 31,057,824	303,718,272	\$ 163,538,020	\$ 467,256,292
32	6500 RESPIRATORY THERAPY	\$ 21,269,103	\$ -	\$ -	\$ -	\$ 21,269,103	75,992,468	\$ 4,235,598	\$ 80,228,066
33	6600 PHYSICAL THERAPY	\$ 12,717,720	\$ -	\$ -	\$ -	\$ 12,717,720	18,628,239	\$ 15,955,564	\$ 34,583,803
34	6700 OCCUPATIONAL THERAPY	\$ 1,511,284	\$ -	\$ -	\$ -	\$ 1,511,284	11,887,505	\$ 749,615	\$ 12,637,120
35	6800 SPEECH PATHOLOGY	\$ 1,258,840	\$ -	\$ -	\$ -	\$ 1,258,840	7,853,146	\$ 722,957	\$ 8,576,103
36	6900 ELECTROCARDIOLOGY	\$ 11,290,149	\$ -	\$ -	\$ -	\$ 11,290,149	51,618,633	\$ 61,522,536	\$ 113,141,169
37	7000 ELECTROENCEPHALOGRAPHY	\$ 891,916	\$ -	\$ -	\$ -	\$ 891,916	3,390,954	\$ 2,084,159	\$ 5,475,113
38	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	\$ 90,778,937	\$ -	\$ -	\$ -	\$ 90,778,937	67,955,837	\$ 86,198,831	\$ 154,152,668
39	7200 IMPL. DEV. CHARGED TO PATIENTS	\$ 92,543,384	\$ -	\$ -	\$ -	\$ 92,543,384	222,310,371	\$ 123,854,350	\$ 346,164,721
40	7300 DRUGS CHARGED TO PATIENTS	\$ 171,378,079	\$ -	\$ -	\$ -	\$ 171,378,079	410,445,416	\$ 1,132,692,004	\$ 1,543,137,420
41	7400 RENAL DIALYSIS	\$ 3,734,212	\$ -	\$ -	\$ -	\$ 3,734,212	13,836,530	\$ -	\$ 13,836,530
42	7500 ASC (NON-DISTINCT PART)	\$ 26,743,580	\$ -	\$ -	\$ -	\$ 26,743,580	14,216,783	\$ 75,168,746	\$ 89,385,531
43	7600 MISC ANCILLARY SERVICES	\$ 508,125	\$ -	\$ -	\$ -	\$ 508,125	-	\$ 3,331,057	\$ 3,331,057
44	9000 CLINIC	\$ 8,777,294	\$ -	\$ -	\$ -	\$ 8,777,294	11,895	\$ 3,526,734	\$ 3,538,629
45	9001 MENTAL HEALTH OP CLINIC	\$ 3,176,115	\$ -	\$ -	\$ -	\$ 3,176,115	216,201	\$ 1,085,155	\$ 1,301,356
46	9002 CANCER CENTER	\$ 32,438,663	\$ -	\$ -	\$ -	\$ 32,438,663	120,629	\$ 154,079,996	\$ 154,200,625
47	9003 GME OP CLINIC	\$ 402,126	\$ 5,932,578	\$ -	\$ -	\$ 6,334,704	423	\$ 6,516,504	\$ 6,516,504
48	9100 EMERGENCY	\$ 81,615,256	\$ 1,118,061	\$ -	\$ -	\$ 82,733,317	107,832,118	\$ 260,636,865	\$ 367,668,963
126	Total Ancillary	\$ 725,414,201	\$ 8,455,171	\$ -	\$ -	\$ 733,869,372	1,939,527,361	\$ 2,949,149,707	\$ 4,888,677,068
127	Weighted Average								\$ 0.153316
128	Sub Totals	\$ 975,277,486	\$ 14,415,336	\$ -	\$ -	\$ 989,692,822	2,414,658,843	\$ 2,949,149,707	\$ 5,363,808,550
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)	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
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)	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
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	\$ -	\$ -	\$ -	\$ -	\$ 989,692,822	-	\$ -	\$ -
133	Total Intern/Resident Cost as a Percent of Other Allowable Cost					1.48%			

* 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.

Cost Report Year (10/01/2022-09/30/2023) Northside Hospital, Inc. - Gwinnett

Total Medicare Days from WIS 9-3 of the Cost Report Excluding Swing-Bed (CIR, WIS 9-3, Pt. 1, Col. 6, Sum of Lns. 2, 3, 4, 14, 16, 17, 18 less lines 5 & 6)	71,003
Percent of cross-over days to total Medicare days from the cost report	14%

Note A - These amounts may agree to your Inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-over data, and other eligibles, use the hospital's logs if PSBR 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 PSBR).
Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific Payments - DSPH payments should NOT be included. UPR payments made on a state fiscal year basis should be reported in Section C of the survey.
Note D - Should include all Medicaid payments (including Medicaid managed care payments) in the past claim data reported above. This includes payments paid based on the Medicare capitated settlement. Medicare Graduate 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.

I. Out-of-State Medicaid Data:

Cost Report Year (10/01/2022-09/30/2023) Northside Hospital, Inc. - Gwinnett

			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 Eligible (Not Included Elsewhere & with Medicaid Secondary)		Total Out-Of-State Medicaid	
Line #	Cost Center Description	Medicaid Per Diem Cost for Routine Cost Centers	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
		From Section G	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)		
Routine Cost Centers (list below):			Days		Days		Days		Days		Days	
1	03000 ADULTS & PEDIATRICS	\$ 1,203.51	25	-	-	-	-	-	89	-	94	-
2	03100 INTENSIVE CARE UNIT	\$ 3,050.11	2	-	-	-	-	-	-	-	-	-
3	03200 CORONARY CARE UNIT	\$ -	-	-	-	-	-	-	-	-	-	-
4	03300 BURN INTENSIVE CARE UNIT	\$ -	-	-	-	-	-	-	-	-	-	-
5	03400 SURGICAL INTENSIVE CARE UNIT	\$ -	-	-	-	-	-	-	-	-	-	-
6	03500 OTHER SPECIAL CARE UNIT	\$ 1,735.56	-	-	-	-	-	-	-	-	-	-
7	04000 SUBPROVIDER I	\$ -	-	-	-	-	-	-	-	-	-	-
8	04100 SUBPROVIDER II	\$ -	-	-	-	-	-	-	-	-	-	-
9	04200 OTHER SUBPROVIDER	\$ -	-	-	-	-	-	-	-	-	-	-
10	04300 NURSERY	\$ 893.30	2	-	-	-	-	-	-	-	2	-
18	Total Days		29	-	-	-	-	-	89	-	98	-
19	Total Days per PS&R or Exhibit Detail		29	-	-	-	-	-	89	-		-
20	Unreconciled Days (Explain Variance)		-	-	-	-	-	-	-	-		-
21	Routine Charges		\$ 58,562	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 163,490	\$ -	\$ 243,042	\$ -
21.01	Calculated Routine Charge Per Diem		\$ 2,053.86	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,659.13	\$ -	\$ 2,480.02	\$ -
Ancillary Cost Centers (from W/S C) (list below):			Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges
22	06200 Observation (Non-Distinct)	0.939835	-	16.235	-	-	-	-	10.770	\$ -	\$ -	\$ 27.005
23	8000 OPERATING ROOM	0.150301	-	-	-	-	-	-	-	\$ -	\$ -	\$ 106.401
24	5100 RECOVERY ROOM	0.112202	-	7.192	-	-	-	-	3,541	\$ -	\$ 3,541	\$ 12.761
25	5200 DELIVERY ROOM & LABOR ROOM	0.345673	-	-	-	-	-	-	-	\$ -	\$ -	\$ -
26	5300 ANESTHESIOLOGY	0.010752	-	6.840	-	-	-	-	7,229	\$ -	\$ -	\$ 13,269
27	5400 RADIOLOGY DIAGNOSTIC	0.129337	8,613	77,515	-	-	-	-	8,620	\$ 22,076	\$ 17,233	\$ 99,583
28	5500 RADIOLOGY-THERAPEUTIC	0.052611	-	-	-	-	-	-	-	\$ -	\$ -	\$ -
29	5600 RADIOISOTOPE	0.204677	-	-	-	-	-	-	2,934	\$ -	\$ 2,934	\$ -
30	5700 CT SCAN	0.016327	39,371	43,678	-	-	-	-	32,702	\$ 29,369	\$ 72,073	\$ 73,047
31	5800 MRI	0.038226	5,373	28,039	-	-	-	-	6,606	\$ 14,827	\$ 11,979	\$ 42,866
32	5900 CARDIAC CATHETERIZATION	0.057669	8,317	12,539	-	-	-	-	3,436	\$ 3,436	\$ 11,753	\$ 15,975
33	6000 LABORATORY	0.066468	90,267	170,333	-	-	-	-	82,967	\$ 22,119	\$ 173,234	\$ 192,452
34	6500 RESPIRATORY THERAPY	0.265108	5,616	2,753	-	-	-	-	18,974	\$ 1,081	\$ 24,582	\$ 3,834
35	6600 PHYSICAL THERAPY	0.367736	2,016	-	-	-	-	-	-	\$ -	\$ 6,158	\$ -
36	6700 OCCUPATIONAL THERAPY	0.119591	885	-	-	-	-	-	4,286	\$ 618	\$ 5,171	\$ 618
37	6800 SPEECH PATHOLOGY	0.146785	-	1,331	-	-	-	-	-	\$ 1,331	\$ -	\$ 2,682
38	6900 ELECTROCARDIOLOGY	0.099788	2,340	10,764	-	-	-	-	1,872	\$ 4,680	\$ 4,212	\$ 15,444
39	7000 ELECTROENCEPHALOGRAPHY	0.162904	-	1,175	-	-	-	-	-	\$ -	\$ -	\$ 1,175
40	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.588890	497	414	-	-	-	-	-	\$ -	\$ 497	\$ 414
41	7200 IMPL. DEVT. CHARGED TO PATIENTS	0.267339	-	-	-	-	-	-	-	\$ -	\$ 47,307	\$ -
42	7300 DRUGS CHARGED TO PATIENTS	0.111058	62,687	7,927	-	-	-	-	143,043	\$ 18,837	\$ 205,730	\$ 26,764
43	7400 RENAL DIALYSIS	0.269881	-	-	-	-	-	-	-	\$ -	\$ -	\$ -
44	7500 ASC (NON-DISTINCT PART)	0.299194	-	-	-	-	-	-	-	\$ -	\$ -	\$ -
45	7600 MISSC ANCILLARY SERVICES	0.152542	-	-	-	-	-	-	-	\$ -	\$ -	\$ -
46	9000 CLINIC	2.480422	-	-	-	-	-	-	-	\$ -	\$ -	\$ -
47	9001 MENTAL HEALTH OP CLINIC	2.440620	-	1,122	-	-	-	-	-	\$ -	\$ -	\$ 1,122
48	9002 CANCER CENTER	0.210367	-	-	-	-	-	-	-	\$ -	\$ -	\$ -
49	9003 GME OP CLINIC	0.972039	-	-	-	-	-	-	-	\$ -	\$ -	\$ -
50	9100 EMERGENCY	0.225021	70,411	543,415	-	-	-	-	20,579	\$ 36,734	\$ 90,990	\$ 580,149
			296,385	930,472	-	-	-	-	335,033	\$ 332,386		
Totals / Payments												
128	Total Charges (includes organ acquisition from Section K)		\$ 355,947	\$ 930,472	\$ -	\$ -	\$ -	\$ -	\$ 518,513	\$ 332,386	\$ 874,460	\$ 1,282,858
129	Total Charges per PS&R or Exhibit Detail		\$ 355,947	\$ 930,472	\$ -	\$ -	\$ -	\$ -	\$ 518,513	\$ 332,386		
130	Unreconciled Charges (Explain Variance)		-	-	-	-	-	-	-	-		
131.01	Sampling Cost Adjustment (if applicable)		-	-	-	-	-	-	-	-	\$ -	\$ -
131.02	Total Calculated Cost (includes organ acquisition from Section K)		\$ 72,082	\$ 168,318	\$ -	\$ -	\$ -	\$ -	\$ 119,754	\$ 56,415	\$ 191,836	\$ 224,733
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)		\$ -	\$ 1,628	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,628
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
134	Private Insurance (including primary and third party liability)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 586	\$ -	\$ 586
135	Self-Pay (including Co-Pay and Spend-Down)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)		\$ -	\$ 1,628	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (272)
137	Medicaid Cost Settlement Payments (See Note B)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles) (See Note F)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 24,068	\$ 8,444	\$ 24,068	\$ 6,449
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 29,657	\$ 31,468	\$ 29,657	\$ 31,468
141	Medicare Cross-Over Bad Debt Payments		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
142	Other Medicare Cross-Over Payments (See Note D)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
143	Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)		\$ 72,082	\$ 166,690	\$ -	\$ -	\$ -	\$ -	\$ 66,030	\$ 18,184	\$ 138,112	\$ 184,874
144	Calculated Payments as a Percentage of Cost		0%	1%	0%	0%	0%	0%	45%	68%	28%	18%

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 if PS&R 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 PS&R).

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 Medicare cross-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cost report settlement (e.g., Medicare Graduate 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.

Note F - Medicare payments reported in FFS, MCO, MCD Excluded/Non-covered, and uninsured payer buckets should only include Medicare Part B payments for inpatient, Medicaid primary claims with Medicare Part B only coverage for Medicaid covered ancillary services. Such claims should not have Medicare Part A benefits (due to no coverage or exhausted benefits).

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

Cost Report Year (10/01/2022-09/30/2023)

Northside Hospital, Inc. - Gwinnett

	Total Organ Acquisition Cost	Additional Add-In Intern/Resident Cost	Total Adjusted Organ Acquisition Cost	Revenue for Medicaid/ Cross- Over / Uninsured Organs Sold	Total Useable Organs (Count)	In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Over (with Medicaid Secondary)		In-State Other Insurance Programs (ven Included Elsewhere & with Medicaid Secondary - Exclude Medicaid Exhausted and Non-Covered)		Medicaid FFS & MCO Exhausted and Non-Covered (Not to be Included Elsewhere)		Uninsured	
						Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)
	Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition Cost	Sum of Cost Report Organ Acquisition Cost and the Add- On Cost	Similar to Instructions from Cost Report W/S D-4 Pt. III, Col. 1, Ln 66 (substitute Medicare with 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)	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
Organ Acquisition Cost Centers (list below):																	
1	Lung Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
2	Kidney Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
3	Liver Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
4	Heart Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
5	Pancreas Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
6	Intestinal Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
7	Islet Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
8		\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0
9	Totals	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-
10	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 D as part of your In-State Medicaid total payments

Note C: Enter the total revenue applicable to organs furnished to other 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 (10/01/2022-09/30/2023)

Northside Hospital, Inc. - Gwinnett

	Total Organ Acquisition Cost	Additional Add-In Intern/Resident Cost	Total Adjusted Organ Acquisition Cost	Revenue for Medicaid/ Cross- Over / Uninsured Organs Sold	Total Useable Organs (Count)	Out-of-State Medicaid FFS Primary		Out-of-State Medicaid Managed Care Primary		Out-of-State Medicare FFS Cross-Over (with Medicaid Secondary)		Included Elsewhere & with Medicaid Secondary)	
						Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)
	Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition Cost	Sum of Cost Report Organ Acquisition Cost and the Add- On Cost	Similar to Instructions from Cost Report W/S D-4 Pt. III, Col. 1, Ln 66 (substitute Medicare with 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)
Organ Acquisition Cost Centers (list below):													
11	Lung Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0
12	Kidney Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0
13	Liver Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0
14	Heart Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0
15	Pancreas Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0
16	Intestinal Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0
17	Islet Acquisition	\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0
18		\$ -	\$ -	\$ -	\$ -	0	0	\$ -	0	\$ -	0	\$ -	0
19	Totals	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	-	\$ -	-	\$ -	-
20	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 E as part of your Out-of-State Medicaid total payments

L. Provider Tax Assessment Reconciliation / Adjustment

An adjustment is necessary to properly reflect the Medicaid and uninsured share of the provider tax assessment for some hospitals. The Medicaid and uninsured share of the provider tax assessment collected is an allowable cost in determining hospital-specific DSH limits and, therefore, can be included in the DSH examination survey. However, depending on how your hospital reports it on the Medicare cost report, an adjustment may be necessary to ensure the cost is properly reflected in determining your hospital-specific DSH limit. For instance, if your hospital removed part or all of the provider tax assessment on the Medicare cost report, the full amount of the provider tax assessment would not have been apportioned to the various payers through the step down allocation process, resulting in the Medicaid and uninsured share being understated in determining the hospital-specific DSH limit. If your hospital needs to make an adjustment for the Medicaid and uninsured share of the provider tax assessment, please fill out the reconciliation below, and submit the supporting general ledger entries and other supporting documentation to Myers and Stauffer, LC along with your hospital's DSH examination surveys.

Cost Report Year (10/01/2022-09/30/2023) Northside Hospital, Inc. - Gwinnett

Worksheet A Provider Tax Assessment Reconciliation:

	Dollar Amount	W/S A Cost Center Line
1 Hospital Gross Provider Tax Assessment (from general ledger)*	\$ 10,722,842	
1a Working Trial Balance Account Type and Account # that includes Gross Provider Tax Assessment	Expense	30-00900-00141 (WTB Account #)
2 Hospital Gross Provider Tax Assessment Included in Expense on the Cost Report (W/S A, Col. 2)	\$ 10,722,842	5.00 (Where is the cost included on w/s A?)
3 Difference (Explain Here ----->)	\$ -	
Provider Tax Assessment Reclassifications (from w/s A-6 of the Medicare cost report)		
4 Reclassification Code	\$ -	- (Reclassified to / (from))
5 Reclassification Code	\$ -	- (Reclassified to / (from))
6 Reclassification Code	\$ -	- (Reclassified to / (from))
7 Reclassification Code	\$ -	- (Reclassified to / (from))
DSH UCC ALLOWABLE - Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)		
8 Reason for adjustment	\$ (5,802,146)	5.00 (Adjusted to / (from))
9 Reason for adjustment	\$ -	- (Adjusted to / (from))
10 Reason for adjustment	\$ -	- (Adjusted to / (from))
11 Reason for adjustment	\$ -	- (Adjusted to / (from))
DSH UCC NON-ALLOWABLE Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)		
12 Reason for adjustment	\$ -	-
13 Reason for adjustment	\$ -	-
14 Reason for adjustment	\$ -	-
15 Reason for adjustment	\$ -	-
16 Total Net Provider Tax Assessment Expense Included in the Cost Report	\$ 4,920,696	

DSH UCC Provider Tax Assessment Adjustment:

17 Gross Allowable Assessment Not Included in the Cost Report	\$ 5,802,146
Apportionment of Provider Tax Assessment Adjustment to All Medicaid Eligible & Uninsured:	
18 Medicaid Eligible*** Charges Sec. G	1,128,857,903
19 Uninsured Hospital Charges Sec. G	502,067,045
20 Total Hospital Charges Sec. G	5,363,808,550
21 Medicaid Eligible Percentage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC***	21.05%
22 Percentage of Provider Tax Assessment Adjustment to include in DSH Uninsured UCC	9.36%
23 Medicaid Eligible Provider Tax Assessment Adjustment to DSH UCC***	\$ 1,221,110
24 Uninsured Provider Tax Assessment Adjustment to DSH UCC	\$ 543,097
25 Provider Tax Assessment Adjustment to DSH UCC including all Medicaid eligibles***	\$ 1,764,207
Apportionment of Provider Tax Assessment Adjustment to Medicaid Primary & Uninsured:	
26 Medicaid Primary*** Charges Sec. G	460,231,911
27 Uninsured Hospital Charges Sec. G	524,210,469
28 Total Hospital Charges Sec. G	5,363,808,550
29 Medicaid Primary Percentage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC***	8.58%
30 Percentage of Provider Tax Assessment Adjustment to include in DSH Uninsured UCC	9.77%
31 Medicaid Primary Provider Tax Assessment Adjustment to DSH UCC***	\$ 497,843
32 Uninsured Provider Tax Assessment Adjustment to DSH UCC	\$ 567,050
33 Medicaid Primary Tax Assessment Adjustment to DSH UCC***	\$ 1,064,893

* Assessment must exclude any non-hospital assessment such as Nursing Facility.

** The Gross Allowable Assessment Not Included in the Cost Report (line 17, above) will be apportioned to Medicaid and Uninsured based on Charges Sec. G unless the hospital provides a revised cost report to include the amount in the cost-to-charge ratios and per diems used in the survey.

***For state plan rate years (SPRY) beginning on or after October 1, 2021, Medicaid UCC includes only Medicaid primary cost and payments, unless a provider qualifies for 97th percentile exception and it benefits them. The exception is based on SPRY. For cost report periods overlapping SPRYs beginning on or after effective date, the Medicaid primary tax assessment adjustment to DSH UCC (line 33, above) will be utilized unless the provider qualifies for the 97th percentile exception and the SPRY UCC is greater utilizing total Medicaid eligible population. In which case, the provider tax assessment adjustment to DSH UCC including all Medicaid eligibles (line 25, above) will be utilized.

DSH Examination Eligibility Summary

Hospital Name	Northside Hospital, Inc. - Gwinnett		
Hospital Medicaid Number	000000294A		
Cost Report Period	From	10/1/2022	To 9/30/2023

		As-Reported	Adjustments	As-Adjusted
LIUR				
1 Medicaid Hospital Net Revenue	Survey H & I (Sum all In-State & Out-of-State Medicaid Payments)	\$ 65,535,217	\$ -	\$ 65,535,217
2 Hospital Cash Subsidies	Survey F-2	\$ -	\$ -	\$ -
3 Total		\$ 65,535,217	\$ -	\$ 65,535,217
4 Net Hospital Patient Revenue	Survey F-3	\$ 1,195,004,296	\$ (86,972,776)	\$ 1,108,031,520
5 Medicaid Fraction		5.48%	0.43%	5.91%
6 Inpatient Charity Care Charges	Survey F-2	\$ 218,185,185	\$ -	\$ 218,185,185
7 Inpatient Hospital Cash Subsidies	Survey F-2	\$ -	\$ -	\$ -
8 Unspecified Hospital Cash Subsidies	Survey F-2	\$ -	\$ -	\$ -
9 Adjusted Inpatient Charity Care		\$ 218,185,185	\$ -	\$ 218,185,185
10 Inpatient Hospital Charges	Survey F-3	\$ 2,305,764,052	\$ -	\$ 2,305,764,052
11 Inpatient Charity Fraction		9.46%	0.00%	9.46%
12 LIUR		14.94%	0.43%	15.37%
MIUR				
13 In-State Medicaid Eligible Days	Survey H	58,823	-	58,823
14 Out-of-State Medicaid Eligible Days	Survey I	98	-	98
15 Total Medicaid Eligible Days		58,921	-	58,921
16 Total Hospital Days (excludes swing-bed)	Survey F-1	174,688	-	174,688
17 MIUR		33.73%	0.00%	33.73%

NOTE: LIUR calculated above does not include other Medicaid or supplemental payments reported on DSH Survey Part I and may not reconcile to DSH results letter as a result.

DSH Examination UCC Cost & Payment Summary Georgia

Hospital Name Northside Hospital, Inc. - Gwinnett
Hospital Medicaid Number 00000294A
Cost Report Period From 10/1/2022 To 9/30/2023

As-Reported:		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Service Type		Total Costs	Medicaid Basic Rate Payments	Medicaid Managed Care Payments	Private Insurance Payments	Self-Pay Payments (Includes Co-Pay and Spenddown)	Medicaid Cost Settlement Payments	Other Medicaid Payments (Outliers, etc.) **	Medicare Traditional (non-HMO) Payments	Medicare Managed Care (HMO) Payments	Medicare Cross-over Bad Debt	Other Medicare Cross-over Payments (GME, etc.)	Uninsured Payments	Uninsured Payments Not On Exhibit B (1011 Payments)	Total Payments (Col. B through Col. M)	Uncomp. Care Costs (Col. A - Col. N)	Payment to Cost Ratio (Col. N / Col. A)
		Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey H & I	Survey E			
1 Medicaid Fee for Service	Inpatient	33,760,141	19,987,713	-	384,446	-	-	-	-	-	-	-	-	-	20,372,159	13,387,982	60.34%
2 Medicaid Fee for Service	Outpatient	6,845,434	5,578,518	-	8,562	-	(827,505)	-	-	-	-	-	-	-	4,759,575	2,085,859	69.53%
3 Medicaid Managed Care	Inpatient	32,800,497	-	21,502,249	43,688	6,420	-	-	-	-	-	-	-	-	21,552,358	11,248,139	65.71%
4 Medicaid Managed Care	Outpatient	19,841,166	13,481	12,807,761	32,468	71,264	-	-	-	-	-	-	-	-	12,924,975	6,916,191	65.14%
5 Medicare Cross-over (FFS)	Inpatient	28,929,407	265,129	-	-	31,617	-	-	20,778,110	-	414,558	1,215,582	-	-	22,704,996	6,224,411	78.48%
6 Medicare Cross-over (FFS)	Outpatient	11,529,565	1,388,971	-	-	479	-	-	9,211,754	-	271,448	263,303	-	-	11,135,955	393,610	96.59%
7 Other Medicaid Eligibles	Inpatient	52,554,559	2,673,541	213,049	11,486,137	40,072	-	-	8,824,039	18,699,525	-	-	-	-	41,936,362	10,618,197	79.80%
8 Other Medicaid Eligibles	Outpatient	21,440,081	1,165,275	128,558	7,260,585	31,032	-	-	1,696,247	12,288,637	-	-	-	-	22,660,333	(1,220,252)	105.69%
9 Uninsured	Inpatient	52,830,181	-	-	-	(79)	-	-	-	-	-	-	2,297,432	-	2,297,353	50,532,828	4.35%
10 Uninsured	Outpatient	37,108,081	-	-	-	27,816	-	-	-	-	-	-	8,082,730	-	8,110,546	28,997,535	21.86%
11 In-State Sub-total	Inpatient	200,874,785	22,926,383	21,715,298	11,914,271	78,031	-	-	29,602,149	18,699,525	414,558	1,215,582	2,297,432	-	108,863,227	92,011,558	54.19%
12 In-State Sub-total	Outpatient	96,764,327	8,146,244	13,026,319	7,301,615	130,591	(827,505)	-	10,908,001	12,288,637	271,448	263,303	8,082,730	-	59,591,384	37,172,943	61.58%
13 Out-of-State Medicaid	Inpatient	191,836	-	-	-	-	-	-	24,068	29,657	-	-	-	-	53,724	138,112	28.01%
14 Out-of-State Medicaid	Outpatient	224,733	1,628	-	586	(272)	-	-	6,449	31,468	-	-	-	-	39,859	184,874	17.74%
15 Sub-Total	I/P and O/P	298,055,681	31,074,255	34,741,618	19,216,472	208,350	(827,505)	-	40,540,667	31,049,286	686,006	1,478,885	10,380,162	-	168,548,195	129,507,486	56.55%
15.01 Provider Tax Assessment Adjustment to UCC																1,764,207	

Adjustments:		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Service Type		Total Costs	Medicaid Basic Rate Payments	Medicaid Managed Care Payments	Private Insurance Payments	Self-Pay Payments (Includes Co-Pay and Spenddown)	Medicaid Cost Settlement Payments	Other Medicaid Payments (Outliers, etc.) **	Medicare Traditional (non-HMO) Payments	Medicare Managed Care (HMO) Payments	Medicare Cross-over Bad Debt	Other Medicare Cross-over Payments (GME, etc.)	Uninsured Payments	Uninsured Payments Not On Exhibit B (1011 Payments)	Total Payments (Col. B through Col. M)	Uncomp. Care Costs (Col. A - Col. N)	Payment to Cost Ratio (Col. N / Col. A)
1 Medicaid Fee for Service	Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
2 Medicaid Fee for Service	Outpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
3 Medicaid Managed Care	Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
4 Medicaid Managed Care	Outpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
5 Medicare Cross-over (FFS)	Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
6 Medicare Cross-over (FFS)	Outpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
7 Other Medicaid Eligibles	Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
8 Other Medicaid Eligibles	Outpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
9 Uninsured	Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
10 Uninsured	Outpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
11 In-State Sub-total	Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
12 In-State Sub-total	Outpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
13 Out-of-State Medicaid	Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
14 Out-of-State Medicaid	Outpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
15 Sub-Total	I/P and O/P	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
15.01 Provider Tax Assessment Adjustment to UCC																	

DSH Examination UCC Cost & Payment Summary Georgia

Hospital Name		Northside Hospital, Inc. - Gwinnett															
Hospital Medicaid Number		000000294A															
Cost Report Period		From	10/1/2022		To	9/30/2023											
As-Adjusted:																	
Service Type		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
		Total Costs Survey H & I	Medicaid Basic Rate Payments Survey H & I	Medicaid Managed Care Payments Survey H & I	Private Insurance Payments Survey H & I	Self-Pay Payments (Includes Co- Pay and Spenddown) Survey H & I	Medicaid Cost Settlement Payments Survey H & I	Other Medicaid Payments (Outliers, etc.) ** Survey H & I	Medicare Traditional (non-HMO) Payments Survey H & I	Medicare Managed Care (HMO) Payments Survey H & I	Medicare Cross-over Bad Debt Survey H & I	Other Medicare Cross-over Payments (GME, etc.) Survey H & I	Uninsured Payments Survey H & I	Uninsured Payments Not On Exhibit B (1011 Payments) Survey E	Total Payments (Col. B through Col. M)	Uncomp. Care Costs (Col. A - Col. N)	Payment to Cost Ratio (Col. N / Col. A)
1 Medicaid Fee for Service	Inpatient	33,760,141	19,987,713	-	384,446	-	-	-	-	-	-	-	-	-	20,372,159	13,387,982	60.34%
2 Medicaid Fee for Service	Outpatient	6,845,434	5,578,518	-	8,562	-	(827,505)	-	-	-	-	-	-	-	4,759,575	2,085,859	69.53%
3 Medicaid Managed Care	Inpatient	32,800,497	-	21,502,249	43,688	6,420	-	-	-	-	-	-	-	-	21,552,358	11,248,139	65.71%
4 Medicaid Managed Care	Outpatient	19,841,166	13,481	12,807,761	32,468	71,264	-	-	-	-	-	-	-	-	12,924,975	6,916,191	65.14%
5 Medicare Cross-over (FFS)	Inpatient	28,929,407	265,129	-	-	31,617	-	-	20,778,110	-	414,558	1,215,582	-	-	22,704,996	6,224,411	78.48%
6 Medicare Cross-over (FFS)	Outpatient	11,529,565	1,388,971	-	-	479	-	-	9,211,754	-	271,448	263,303	-	-	11,135,955	393,610	96.59%
7 Other Medicaid Eligibles	Inpatient	52,554,559	2,673,541	213,049	11,486,137	40,072	-	-	8,824,039	18,699,525	-	-	-	-	41,936,362	10,618,197	79.80%
8 Other Medicaid Eligibles	Outpatient	21,440,081	1,165,275	218,558	7,260,585	31,032	-	-	1,696,247	12,288,637	-	-	-	-	22,660,333	(1,220,252)	105.69%
9 Uninsured	Inpatient	52,830,181	-	-	-	(79)	-	-	-	-	-	-	2,297,432	-	2,297,353	50,532,828	4.35%
10 Uninsured	Outpatient	37,108,081	-	-	-	27,816	-	-	-	-	-	-	8,082,730	-	8,110,546	28,997,535	21.86%
11 In-State Sub-total	Inpatient	200,874,785	22,926,383	21,715,298	11,914,271	78,031	-	-	29,602,149	18,699,525	414,558	1,215,582	2,297,432	-	108,863,227	92,011,558	54.19%
12 In-State Sub-total	Outpatient	96,764,327	8,146,244	13,026,319	7,301,615	130,591	(827,505)	-	10,908,001	12,288,637	271,448	263,303	8,082,730	-	59,591,384	37,172,943	61.58%
13 Out-of-State Medicaid	Inpatient	191,836	-	-	-	-	-	-	24,068	29,657	-	-	-	-	53,724	138,112	28.01%
14 Out-of-State Medicaid	Outpatient	224,733	1,628	-	586	(272)	-	-	6,449	31,468	-	-	-	-	39,859	184,874	17.74%
15 Cost Report Year Sub-Total	I/P and O/P	298,055,681	31,074,255	34,741,618	19,216,472	208,350	(827,505)	-	40,540,667	31,049,286	686,006	1,478,885	10,380,162	-	168,548,195	129,507,486	56.55%
15.01	Provider Rate Adjustment to UCC Including all Medicaid Eligibles															1,764,207	
16	Less: Out of State DSH Payments from Adjusted Survey															-	
17	Adjusted Sub-Total UCC Including All Medicaid Eligibles and Uninsured Prior to Supplemental Medicaid Payments															131,271,693	
18	Less: Non-Medicaid Primary Provider Tax Assessment Adjustment to UCC															699,314	
19	Less: Non-Medicaid Primary UCC Prior to Supplemental Medicaid Payments															16,100,179	
20	Adjusted Sub-Total UCC Including Only Medicaid-Primary Payors and Uninsured Prior to Supplemental Medicaid Payments															114,472,199	

Provider Tax Assessment Adjustment to UCC Including all Medicaid Eligibles

Less: Out of State DSH Payments from Adjusted Survey

Adjusted Sub-Total UCC Including All Medicaid Eligibles and Uninsured Prior to Supplemental Medicaid Payments

Less: Non-Medicaid Primary Provider Tax Assessment Adjustment to UCC

Less: Non-Medicaid Primary UCC Prior to Supplemental Medicaid Payments

Adjusted Sub-Total UCC Including Only Medicaid-Primary Payors and Uninsured Prior to Supplemental Medicaid Payments

Medicaid DSH Survey Adjustments

PROVIDER: Northside Hospital, Inc. - Gwinnett
FROM: 10/1/2022

TO: 9/30/2023

Mcaid Number: 000000294A
Mcare Number: 110087

Myers and Stauffer DSH Survey Adjustments

Adj. #	Schedule	Line #	Line Description	Column	Column Description	Explanation for Adjustmen	Original Amount	Adjustment	Adjusted Total	W/P Ref.
1	F - MIUR/LIUR Data	26	Other	2.00	Outpatient Total Patient Revenues (Total Charges)	Adjust hospital revenues to the hospital cost report worksheet G-2.	\$ 421,021,706	\$ (421,021,706)	\$ -	2002
1	F - MIUR/LIUR Data	26	Other	3.00	Non-Hospital Total Patient Revenues (Total Charges)	Adjust hospital revenues to the hospital cost report worksheet G-2.	\$ -	\$ 421,021,706	\$ 421,021,706	2002
1	F - MIUR/LIUR Data	26	Other	5.00	Outpatient Contractuals	Adjust hospital contractuals to the hospital cost report worksheet G-3 total.	\$ 334,048,930	\$ (334,048,930)	\$ -	2002
1	F - MIUR/LIUR Data	26	Other	6.00	Non-Hospital Contractuals	Adjust hospital contractuals to the hospital cost report worksheet G-3 total.	\$ -	\$ 334,048,930	\$ 334,048,930	2002

Medicaid DSH Report Notes

PROVIDER: Northside Hospital, Inc. - Gwinnett

Mcaid Number: 000000294A

FROM: 10/1/2022

TO: 9/30/2023

Mcare Number: 110087

Myers and Stauffer DSH Report Notes

Note #	Note for Report	Amounts
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