



## 2019 Hospital Financial Survey

### Part A : General Information

#### 1. Identification

UID:hosp226

**Facility Name:** Gwinnett Medical Center - Duluth

**County:** Gwinnett

**Street Address:** 3620 Howell Ferry Road

**City:** Duluth

**Zip:** 30096

**Mailing Address:** 1000 Johnson Ferry Rd

**Mailing City:** Atlanta

**Mailing Zip:** 30342

#### 2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2019 only.

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

**Please indicate your hospital fiscal year.**

From: 7/1/2018 To:6/30/2019

**Please indicate your cost report year.**

From: 07/01/2018 To:06/30/2019

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:** Susan Samson

**Contact Title:** Manager, Costing Reporting & Gov Reimb

**Phone:** 404-300-2275

**Fax:** 770-339-3459

**E-mail:** susan.samson@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	215,845,072
Total Inpatient Admissions accounting for Inpatient Revenue	5,450
Outpatient Gross Patient Revenue	445,026,655
Total Outpatient Visits accounting for Outpatient Revenue	105,027
Medicare Contractual Adjustments	181,953,979
Medicaid Contractual Adjustments	52,769,265
Other Contractual Adjustments:	183,817,970
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	20,795,063
Gross Indigent Care:	8,517,190
Gross Charity Care:	40,092,465
Uncompensated Indigent Care (net):	8,472,190
Uncompensated Charity Care (net):	40,092,465
Other Free Care:	1,292,343
Other Revenue/Gains:	1,909,986
Total Expenses:	162,929,985

### 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	1,292,343
Employee Discounts	0
	0
<b>Total</b>	<b>1,292,343</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 2019? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2019?

09/01/2015

### 3. Person Responsible

Please indicate the title or position held by the person most responsible for adherence to or interpretation of the policy or policies you will provide the department.?

**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 2019? (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	3,781,411	13,514,618	17,296,029
Outpatient	4,735,779	26,577,847	31,313,626
<b>Total</b>	<b>8,517,190</b>	<b>40,092,465</b>	<b>48,609,655</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	45,000
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>45,000</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	3,781,411	13,514,618	17,296,029
Outpatient	4,690,779	26,577,847	31,268,626
<b>Total</b>	<b>8,472,190</b>	<b>40,092,465</b>	<b>48,564,655</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	0	0	6	71,400	28	99,660
APPLING	0	0	0	0	0	0	1	818
BALDWIN	0	0	0	0	0	0	4	2,759
BANKS	0	0	0	0	0	0	4	12,041
BARROW	3	30,327	4	6,883	0	0	47	77,612
BARTOW	0	0	0	0	0	0	10	30,131
BIBB	0	0	0	0	1	16,599	12	20,097
BRYAN	0	0	0	0	0	0	1	6,293
BULLOCH	0	0	0	0	0	0	2	11,322
BUTTS	0	0	0	0	0	0	1	3,455
CARROLL	1	44,853	3	1,613	1	30,900	9	9,513
CHATHAM	0	0	0	0	0	0	3	14,056
CHEROKEE	0	0	2	12,521	1	1,693	20	96,044
CLARKE	0	0	1	150	0	0	8	25,966
CLAYTON	1	1,995	1	3,293	3	31,373	46	119,369
COBB	8	188,096	7	43,023	11	48,108	84	240,369
COLQUITT	0	0	0	0	0	0	1	4,499
COLUMBIA	0	0	0	0	0	0	2	3,386
COOK	0	0	0	0	0	0	1	748
COWETA	0	0	0	0	1	19,242	3	11,360
DADE	0	0	0	0	0	0	1	2,840
DAWSON	0	0	0	0	0	0	6	10,230
DEKALB	19	492,184	117	352,110	64	1,337,028	985	3,025,942
DODGE	0	0	0	0	0	0	1	1,522
DOOLY	0	0	0	0	0	0	1	9,162
DOUGHERTY	0	0	0	0	0	0	2	2,174
DOUGLAS	1	26,634	0	0	0	0	18	62,449
EARLY	0	0	0	0	0	0	1	330
EFFINGHAM	0	0	0	0	0	0	1	7,396
EVANS	0	0	0	0	0	0	3	10,899
FANNIN	0	0	0	0	0	0	8	4,626
FAYETTE	0	0	0	0	3	152,497	1	1,543

FLORIDA	1	21,205	3	15,973	4	154,685	77	199,991
FLOYD	0	0	0	0	2	48,820	5	27,519
FORSYTH	1	20,345	5	25,962	0	0	19	43,900
FRANKLIN	0	0	3	5,427	1	48,796	2	1,964
FULTON	19	413,263	91	281,651	42	602,340	343	897,003
GILMER	0	0	0	0	0	0	4	2,897
GORDON	0	0	0	0	0	0	1	12,480
GWINNETT	127	2,468,601	1,079	3,834,925	542	10,237,932	7,363	19,899,098
HABERSHAM	0	0	0	0	0	0	4	6,078
HALL	1	35,420	5	25,977	2	51,696	46	107,019
HANCOCK	0	0	0	0	0	0	1	372
HART	0	0	0	0	0	0	2	2,021
HENRY	0	0	0	0	0	0	20	41,294
HOUSTON	0	0	1	3,757	0	0	1	2,956
JACKSON	0	0	1	954	2	46,366	23	46,430
JENKINS	0	0	0	0	1	25,532	0	0
JONES	0	0	0	0	0	0	1	2,222
LAMAR	0	0	0	0	0	0	2	2,612
LAURENS	0	0	0	0	0	0	1	7,676
LEE	0	0	0	0	0	0	1	1,494
LOWNDES	0	0	1	652	0	0	4	31,197
LUMPKIN	0	0	0	0	0	0	1	9,911
MACON	0	0	0	0	0	0	2	2,791
MADISON	0	0	0	0	0	0	2	10,556
MILLER	0	0	0	0	0	0	1	6,858
MONROE	0	0	0	0	0	0	3	4,318
MORGAN	0	0	0	0	0	0	1	1,515
MURRAY	0	0	0	0	0	0	1	566
MUSCOGEE	0	0	0	0	0	0	10	25,187
NEWTON	0	0	3	4,058	2	43,274	34	76,382
NORTH CAROLINA	0	0	0	0	5	167,905	32	99,554
OCONEE	0	0	0	0	0	0	1	570
OGLETHORPE	0	0	0	0	0	0	2	9,857
OTHER OUT OF STAT	1	1,340	4	18,844	12	310,064	185	485,031
PAULDING	0	0	0	0	0	0	4	8,361
PEACH	0	0	0	0	0	0	2	2,122
PICKENS	0	0	0	0	0	0	1	3,165
POLK	0	0	0	0	0	0	2	3,317
PUTNAM	0	0	0	0	0	0	1	999
RABUN	0	0	0	0	0	0	1	40,409
RICHMOND	0	0	0	0	0	0	1	1,751
ROCKDALE	0	0	2	3,301	1	16,459	43	116,851
SEMINOLE	0	0	0	0	1	1,651	0	0
SOUTH CAROLINA	0	0	0	0	1	26,359	24	32,765

SPALDING	0	0	0	0	0	0	5	13,517
STEPHENS	0	0	0	0	0	0	3	15,983
SUMTER	0	0	0	0	0	0	1	583
TENNESSEE	0	0	0	0	0	0	20	43,875
TIFT	0	0	0	0	0	0	3	1,048
TREUTLEN	0	0	0	0	0	0	1	5,234
TROUP	0	0	0	0	0	0	3	3,260
UNION	0	0	0	0	0	0	3	11,095
UPSON	0	0	0	0	0	0	2	8,220
WALTON	9	31,032	11	94,705	0	0	82	220,875
WHEELER	0	0	0	0	0	0	1	16,279
WHITE	1	6,116	0	0	0	0	6	26,632
WHITFIELD	0	0	0	0	1	23,899	1	1,191
WILKINSON	0	0	0	0	0	0	1	2,385
<b>Total</b>	<b>193</b>	<b>3,781,411</b>	<b>1,344</b>	<b>4,735,779</b>	<b>710</b>	<b>13,514,618</b>	<b>9,721</b>	<b>26,577,847</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 2019?  
(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 2019.

Patient Category		SFY 2018	SFY2019	SFY2019
		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	8,517,190	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	2,667,208	0
C.	Other Patients in accordance with the department approved policy.	0	37,425,256	0

### 3. Patients Served

Indicate the number of patients served by SFY.

SFY 2018	SFY2019	SFY2019
7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
0	11,968	0

## Reconciliation Addendum

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

## Nurse Employment Addendum

This section is printed 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:** 7/24/2020

**Title:** CEO, Northside Hospital, Successor-In-Interest

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:** 7/24/2020

**Title:** CFO, Northside Hospital, Successor-In-Interest

**Comments:**

Effective 12:01 AM on August 28, 2019, Gwinnett Hospital System, Inc. merged with and into Northside Hospital, Inc. an unrelated Georgia nonprofit corporation. Robert T. Quattrocchi, CEO of Northside Hospital, Inc. and Shannon A. Banna, CFO of Northside Hospital, Inc. each serve as the signing officers for Gwinnett Hospital System solely for the purpose of filing this Hospital Financial Survey, and solely in their capacity, respectively, as CEO and CFO of Northside Hospital, Inc. Successor-in-Interest by Merger to Gwinnett Hospital System, Inc.