



2019 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: 30041-7659

Mailing Address: 1200 Northside Forsyth Drive

Mailing City: Cumming

Mailing Zip: 30041-7659

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: 10/1/2018 To:9/30/2019

Please indicate your cost report year.

From: 10/01/2018 To:09/30/2019

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: 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	1,081,001,496
Total Inpatient Admissions accounting for Inpatient Revenue	19,157
Outpatient Gross Patient Revenue	1,256,754,160
Total Outpatient Visits accounting for Outpatient Revenue	195,638
Medicare Contractual Adjustments	996,594,574
Medicaid Contractual Adjustments	125,596,235
Other Contractual Adjustments:	514,258,631
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	34,993,803
Gross Indigent Care:	43,998,488
Gross Charity Care:	88,243,398
Uncompensated Indigent Care (net):	43,998,488
Uncompensated Charity Care (net):	88,243,398
Other Free Care:	18,564,146
Other Revenue/Gains:	14,711,335
Total Expenses:	446,053,488

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	13,933,120
Admin Discounts	4,631,026
Employee Discounts	0
	0
Total	18,564,146

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?

06/12/2018

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	14,512,662	41,100,162	55,612,824
Outpatient	29,485,826	47,143,236	76,629,062
Total	43,998,488	88,243,398	132,241,886

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	14,512,662	41,100,162	55,612,824
Outpatient	29,485,826	47,143,236	76,629,062
Total	43,998,488	88,243,398	132,241,886

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	2	2,840	6	9,734	6	153,628	24	47,235
Baldwin	1	1,364	4	8,433	0	0	1	348
Banks	0	0	17	36,209	4	36,782	41	55,632
Barrow	4	4,771	28	42,711	5	53,490	105	208,313
Bartow	2	67,214	7	6,715	5	311,839	28	34,124
Ben Hill	0	0	2	9,844	0	0	0	0
Berrien	0	0	0	0	0	0	1	1,272
Bibb	0	0	1	1,165	0	0	6	17,883
Bleckley	0	0	0	0	0	0	1	7,478
Bryan	0	0	0	0	0	0	2	26,352
Butts	0	0	0	0	0	0	3	1,028
Camden	0	0	0	0	0	0	1	1,433
Carroll	0	0	6	40,913	4	14,493	12	30,150
Catoosa	0	0	1	40,440	0	0	0	0
Chatham	0	0	0	0	1	6,888	14	11,573
Chattooga	0	0	0	0	0	0	1	30
Cherokee	36	402,686	192	870,145	87	1,262,597	510	1,273,714
Clarke	3	4,589	5	3,104	1	49,545	25	66,026
Clayton	1	147,964	12	123,678	3	18,705	38	222,514
Cobb	7	83,391	90	758,135	20	541,924	211	1,425,321
Columbia	1	1,116	0	0	0	0	1	4,130
Coweta	2	2,633	6	153,973	3	76,278	12	19,908
Crisp	0	0	0	0	0	0	1	13,966
Dade	0	0	0	0	0	0	1	2,570
Dawson	115	1,613,593	753	2,256,424	222	6,029,935	2,155	5,372,713
DeKalb	2	92,535	77	952,106	26	29,132	231	1,355,220
Dodge	0	0	0	0	0	0	1	1,105
Dougherty	0	0	0	0	0	0	1	808
Douglas	1	790	7	124,554	3	22,792	29	205,241
Effingham	0	0	0	0	0	0	1	150
Elbert	0	0	0	0	1	1,523	14	22,541
Emanuel	0	0	0	0	1	457	0	0

Fannin	1	1,364	0	0	3	3,984	45	322,295
Fayette	0	0	4	16,437	0	0	13	92,110
Florida	8	13,320	15	28,608	7	23,935	100	313,506
Floyd	0	0	5	7,656	0	0	1	3,338
Forsyth	322	6,570,736	2,762	8,497,754	824	15,622,593	6,014	14,213,073
Franklin	0	0	7	5,351	2	1,089	10	30,083
Fulton	78	2,115,913	592	2,393,767	151	3,768,153	1,214	4,204,897
Gilmer	7	127,336	24	76,209	3	3,773	49	101,871
Gordon	0	0	12	59,171	3	5,807	5	5,920
Greene	0	0	0	0	0	0	8	14,323
Gwinnett	143	1,738,181	1,572	8,863,245	319	6,676,816	2,595	7,656,712
Habersham	0	0	62	213,909	0	0	135	244,401
Hall	45	830,554	639	1,513,640	117	2,376,643	1,865	3,884,805
Hancock	0	0	1	5,676	0	0	0	0
Haralson	0	0	2	562	0	0	2	5,961
Hart	0	0	4	2,854	2	2,704	6	15,047
Henry	0	0	13	66,926	7	361,394	18	47,367
Houston	0	0	0	0	0	0	1	5,934
Jackson	4	5,755	33	55,429	7	458,980	135	453,014
Jasper	0	0	1	2,012	0	0	5	6,645
Jefferson	0	0	0	0	0	0	1	4,276
Lamar	0	0	1	4,859	0	0	1	17,710
Laurens	0	0	1	34,861	0	0	1	3,375
Lowndes	0	0	0	0	0	0	3	3,432
Lumpkin	33	312,686	300	660,185	56	987,231	692	2,096,839
Madison	0	0	0	0	0	0	4	12,503
McIntosh	0	0	0	0	0	0	1	3,704
Meriwether	0	0	1	3,156	0	0	3	1,799
Mitchell	0	0	0	0	0	0	1	68
Morgan	0	0	0	0	0	0	10	889
Murray	0	0	6	3,753	0	0	3	1,528
Muscogee	0	0	0	0	2	265,308	4	20,836
Newton	0	0	19	261,998	1	3,147	33	85,915
North Carolina	0	0	15	17,277	11	265,949	46	308,813
Oconee	2	1,112	0	0	0	0	11	6,985
Oglethorpe	0	0	1	2,352	0	0	1	2,360
Other Out of State	3	10,335	0	0	26	580,888	203	468,894
Paulding	0	0	4	33,614	0	0	13	33,003
Peach	0	0	0	0	0	0	2	229
Pickens	9	95,962	44	131,855	8	505,048	107	358,997
Pike	0	0	0	0	1	96,415	4	66,080
Polk	0	0	0	0	0	0	7	22,897
Putnam	0	0	1	10,397	0	0	4	10,349
Rabun	2	54,586	12	5,756	0	0	17	8,355

Richmond	1	1,340	0	0	0	0	5	2,560
Rockdale	1	3,426	16	61,267	2	4,382	18	59,522
Screven	0	0	0	0	1	668	0	0
Seminole	0	0	0	0	1	1,364	0	0
South Carolina	0	0	4	10,488	5	7,254	31	105,654
Spalding	0	0	4	14,933	1	318	5	20,149
Stephens	3	4,047	26	125,121	0	0	55	127,946
Tattnall	0	0	1	3,854	0	0	0	0
Telfair	0	0	0	0	0	0	1	572
Tennessee	1	1,242	5	4,049	6	140,796	31	114,025
Terrell	0	0	0	0	0	0	1	1,430
Thomas	0	0	0	0	0	0	1	1,388
Towns	1	94,626	7	348	6	6,094	23	209,524
Troup	0	0	1	790	0	0	2	25,050
Union	6	86,209	22	411,997	4	88,888	21	90,919
Upson	2	1,884	0	0	0	0	3	1,676
Walker	0	0	0	0	0	0	3	4,731
Walton	2	13,312	43	45,033	5	4,101	89	224,547
Washington	0	0	0	0	0	0	2	5,994
Wayne	0	0	0	0	0	0	1	280
White	3	3,250	111	385,452	17	144,446	234	534,194
Whitfield	0	0	2	1,875	0	0	1	7,529
Wilcox	0	0	0	0	0	0	2	1,693
Wilkes	0	0	1	3,067	1	81,986	2	143
Wilkinson	0	0	0	0	0	0	2	13,794
Total	854	14,512,662	7,610	29,485,826	1,991	41,100,162	17,397	47,143,236

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	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	SFY2019	SFY2019
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.

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: 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: 7/24/2020

Title: VP & CFO

Comments: