



## 2020 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 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	1,161,381,087
Total Inpatient Admissions accounting for Inpatient Revenue	18,807
Outpatient Gross Patient Revenue	1,292,742,006
Total Outpatient Visits accounting for Outpatient Revenue	181,861
Medicare Contractual Adjustments	1,038,117,333
Medicaid Contractual Adjustments	133,101,817
Other Contractual Adjustments:	546,000,436
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	36,823,669
Gross Indigent Care:	42,226,412
Gross Charity Care:	105,321,942
Uncompensated Indigent Care (net):	42,226,412
Uncompensated Charity Care (net):	105,321,942
Other Free Care:	18,942,074
Other Revenue/Gains:	16,791,805
Total Expenses:	473,026,746

### 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	15,288,500
Admin Discounts	3,653,574
Employee Discounts	0
	0
<b>Total</b>	<b>18,942,074</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 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	12,010,304	51,277,035	63,287,339
Outpatient	30,216,108	54,044,907	84,261,015
<b>Total</b>	<b>42,226,412</b>	<b>105,321,942</b>	<b>147,548,354</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	12,010,304	51,277,035	63,287,339
Outpatient	30,216,108	54,044,907	84,261,015
<b>Total</b>	<b>42,226,412</b>	<b>105,321,942</b>	<b>147,548,354</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	2	1,998	7	21,775	4	5,274	41	81,663
BALDWIN	0	0	1	14,102	0	0	2	9,898
BANKS	2	3,028	33	57,444	2	48,021	46	43,045
BARROW	3	2,782	54	145,332	9	671,699	141	422,139
BARTOW	1	34,861	7	16,234	0	0	24	38,557
BEN HILL	0	0	0	0	3	4,335	0	0
BIBB	0	0	0	0	0	0	6	20,474
BLECKLEY	0	0	0	0	1	1,364	1	998
BULLOCH	0	0	1	26,952	0	0	1	629
BURKE	0	0	2	1,643	0	0	0	0
BUTTS	1	30,804	0	0	0	0	8	162,820
CALHOUN	0	0	0	0	0	0	1	3,316
CARROLL	0	0	4	34,655	2	3,870	20	52,029
CATOOSA	0	0	0	0	1	855	2	2,722
CHATHAM	0	0	3	13,569	1	268,912	4	28,722
CHATTOOGA	0	0	0	0	1	143,733	6	144,211
CHEROKEE	27	309,193	188	497,484	78	2,010,945	439	1,516,332
CLARKE	0	0	9	21,953	0	0	18	31,812
CLAYTON	2	5,030	19	414,684	2	692,746	27	120,614
COBB	5	139,518	64	570,959	22	607,438	167	653,302
COLUMBIA	0	0	0	0	0	0	1	822
COWETA	0	0	3	72,663	2	2,036	7	8,828
CRISP	0	0	0	0	0	0	4	15,706
DAWSON	69	1,289,253	661	2,229,279	225	6,651,571	2,161	5,671,081
DEKALB	5	101,011	85	639,148	13	385,721	193	696,595
DOUGHERTY	0	0	0	0	1	25,834	3	12,359
DOUGLAS	1	1,408	9	79,128	3	5,314	27	93,141
EFFINGHAM	0	0	0	0	0	0	1	549
ELBERT	1	790	2	448	1	1,185	6	16,534
EMANUEL	0	0	0	0	0	0	1	4,397
EVANS	0	0	0	0	2	1,573	4	681
FANNIN	2	2,678	15	48,003	3	1,260	0	0

FAYETTE	0	0	0	0	0	0	15	62,127
FLORIDA	1	650	14	11,452	14	307,138	80	255,269
FLOYD	0	0	1	2,744	2	163,510	3	3,281
FORSYTH	253	4,023,149	2,554	10,030,741	708	21,619,098	6,248	19,287,959
FRANKLIN	0	0	7	38,912	2	4,177	19	28,619
FULTON	62	818,550	542	2,675,519	151	4,307,691	1,044	3,920,748
GILMER	3	78,518	14	23,749	2	1,663	52	72,798
GLYNN	0	0	0	0	0	0	1	344
GORDON	1	1,364	0	0	0	0	7	13,374
GREENE	0	0	1	1,088	1	1,788	2	825
GWINNETT	132	2,384,589	1,477	8,459,637	294	7,260,411	3,044	10,228,369
HABERSHAM	1	42,911	66	174,193	4	11,770	132	318,613
HALL	35	907,283	552	1,822,216	116	1,898,062	1,763	4,559,177
HANCOCK	0	0	0	0	1	1,995	7	1,027
HARALSON	0	0	2	1,987	0	0	1	343
HART	5	289,178	6	20,153	0	0	4	13,684
HEARD	0	0	0	0	0	0	1	90
HENRY	0	0	15	247,200	3	4,943	32	67,761
HOUSTON	0	0	1	826	0	0	7	17,317
JACKSON	3	7,247	41	75,701	14	173,785	133	610,745
JASPER	0	0	0	0	0	0	1	2,633
JOHNSON	0	0	1	3,321	0	0	0	0
LAMAR	0	0	0	0	0	0	1	6,662
LAURENS	0	0	0	0	0	0	4	13,142
LIBERTY	0	0	0	0	2	42,947	0	0
LINCOLN	0	0	0	0	1	336,351	1	14,044
LOWNDES	0	0	0	0	0	0	3	47,845
LUMPKIN	16	414,855	218	556,910	63	1,005,278	732	2,006,987
MADISON	0	0	0	0	0	0	6	17,441
MCINTOSH	0	0	0	0	1	121,506	6	3,131
MERIWETHER	0	0	7	21,590	0	0	3	13,201
MITCHELL	0	0	1	5,320	0	0	1	4,345
MONROE	0	0	2	446	0	0	3	3,663
MORGAN	0	0	4	10,108	0	0	9	26,376
MURRAY	0	0	1	767	2	2,816	11	17,600
NEWTON	0	0	23	160,008	2	234,168	27	49,815
NORTH CAROLINA	5	12,367	8	17,144	15	287,729	52	197,367
OCONEE	0	0	1	2,993	2	2,864	3	3,123
OGLETHORPE	0	0	1	5,545	0	0	1	676
OTHER OUT OF STAT	1	2,238	0	0	23	431,781	270	661,743
PAULDING	0	0	6	62,700	0	0	16	83,737
PEACH	0	0	0	0	0	0	1	4,876
PICKENS	7	185,990	50	64,467	6	39,432	91	198,432
PIKE	0	0	0	0	1	1,080	1	16,683

POLK	1	13	0	0	0	0	10	20,434
PUTNAM	0	0	1	1,034	1	225	3	43,345
RABUN	0	0	4	18,304	1	339	16	13,947
RICHMOND	0	0	0	0	0	0	6	6,062
ROCKDALE	1	1,119	11	69,975	2	3,032	9	22,053
SOUTH CAROLINA	2	68,599	4	4,969	2	940	26	62,307
SPALDING	0	0	1	14,338	0	0	7	7,306
STEPHENS	0	0	23	57,021	0	0	34	146,396
TATTNALL	0	0	0	0	0	0	1	4,864
TENNESSEE	0	0	1	23,316	7	155,782	40	154,412
THOMAS	0	0	0	0	0	0	1	206
TIFT	0	0	0	0	2	76,577	2	5,440
TOOMBS	0	0	0	0	0	0	1	1,414
TOWNS	0	0	5	64,245	1	1,620	9	23,900
TROUP	0	0	1	680	0	0	2	26,951
TWIGGS	0	0	0	0	0	0	1	126
UNION	0	0	8	85,610	4	379,603	16	50,523
WALKER	0	0	0	0	0	0	1	2,267
WALTON	0	0	44	271,358	3	5,785	99	216,739
WARE	0	0	0	0	0	0	1	987
WASHINGTON	0	0	0	0	0	0	2	2,113
WHITE	4	848,030	70	171,637	11	294,552	256	519,509
WHITFIELD	1	1,300	2	1,617	1	562,911	1	1,295
WILCOX	0	0	1	26,047	0	0	1	1,898
WILKINSON	0	0	0	0	0	0	1	445
WORTH	0	0	1	3,065	0	0	0	0
<b>Total</b>	<b>655</b>	<b>12,010,304</b>	<b>6,960</b>	<b>30,216,108</b>	<b>1,841</b>	<b>51,277,035</b>	<b>17,746</b>	<b>54,044,907</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 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:**