



2020 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP366

Facility Name: Northside Hospital Gwinnett

County: Gwinnett

Street Address: 1000 Medical Center Boulevard

City: Lawrenceville

Zip: 30046-7694

Mailing Address: 1000 Medical Center Boulevard

Mailing City: Lawrenceville

Mailing Zip: 30046-7694

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	1,378,399,445
Total Inpatient Admissions accounting for Inpatient Revenue	24,573
Outpatient Gross Patient Revenue	1,716,791,041
Total Outpatient Visits accounting for Outpatient Revenue	242,807
Medicare Contractual Adjustments	998,932,408
Medicaid Contractual Adjustments	233,866,090
Other Contractual Adjustments:	778,997,172
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	228,937,834
Gross Indigent Care:	56,256,341
Gross Charity Care:	64,713,338
Uncompensated Indigent Care (net):	55,600,491
Uncompensated Charity Care (net):	64,713,338
Other Free Care:	23,206,452
Other Revenue/Gains:	36,375,390
Total Expenses:	724,366,459

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	6,305,318
Admin Discounts	16,901,134
Employee Discounts	0
	0
Total	23,206,452

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	19,358,285	35,435,476	54,793,761
Outpatient	36,898,056	29,277,862	66,175,918
Total	56,256,341	64,713,338	120,969,679

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)	655,850
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	655,850

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	19,358,285	35,435,476	54,793,761
Outpatient	36,242,206	29,277,862	65,520,068
Total	55,600,491	64,713,338	120,313,829

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	1	1,300	5	2,783	5	259,741	13	40,493
BALDWIN	0	0	0	0	1	590	0	0
BANKS	0	0	12	5,260	0	0	11	62,588
BARROW	41	246,386	550	1,032,456	71	1,487,265	620	1,155,304
BARTOW	0	0	0	0	0	0	3	5,894
BIBB	0	0	2	554	0	0	1	634
BULLOCH	0	0	0	0	0	0	1	6,520
BUTTS	1	1,247	3	3,051	0	0	0	0
CAMDEN	0	0	0	0	1	1,364	0	0
CARROLL	0	0	0	0	2	2,465	2	614
CATOOSA	0	0	0	0	1	1,408	0	0
CHATHAM	0	0	0	0	0	0	1	123
CHEROKEE	2	439,474	2	6,662	4	25,675	8	189,990
CLARKE	3	3,204	142	808,307	0	0	97	121,125
CLAYTON	4	526,214	17	19,469	3	136,386	10	21,980
COBB	6	103,165	43	45,970	8	273,856	52	77,778
COLUMBIA	0	0	1	550	0	0	0	0
COWETA	0	0	0	0	0	0	3	2,087
DAWSON	1	77	9	16,424	0	0	1	1,637
DEKALB	22	516,045	379	1,269,527	40	1,652,854	427	1,149,600
DOUGHERTY	1	2,643	1	216	0	0	0	0
DOUGLAS	0	0	25	168,132	1	236,013	1	51
ELBERT	0	0	37	49,825	0	0	16	2,002
FANNIN	0	0	0	0	0	0	1	207
FAYETTE	0	0	1	150	0	0	0	0
FLORIDA	4	7,152	29	47,819	6	220,372	40	155,858
FLOYD	0	0	0	0	0	0	1	909
FORSYTH	3	109,681	20	55,497	3	3,044	21	40,119
FRANKLIN	0	0	14	189,575	0	0	32	691,304
FULTON	17	443,685	169	734,065	39	1,078,483	275	954,622
GILMER	0	0	0	0	2	2,728	1	558
GLYNN	0	0	1	837	0	0	2	9,305

GORDON	0	0	0	0	0	0	1	686
GREENE	0	0	5	11,348	0	0	5	8,027
GWINNETT	736	14,732,904	8,158	23,286,178	1,136	26,698,250	8,439	16,698,364
HABERSHAM	0	0	29	154,507	1	1,364	60	152,031
HALL	11	117,534	219	1,147,848	12	401,547	362	1,150,439
HANCOCK	0	0	3	4,759	0	0	1	11,832
HART	0	0	13	34,738	0	0	5	3,379
HENRY	0	0	13	16,306	2	525,568	25	31,551
JACKSON	9	100,295	164	2,218,713	17	115,773	194	872,593
JASPER	0	0	0	0	0	0	1	407
LOWNDES	0	0	1	2,830	0	0	1	2,721
LUMPKIN	0	0	29	478,411	0	0	15	107,024
MADISON	0	0	30	315,289	0	0	32	490,812
MCDUFFIE	0	0	0	0	0	0	1	1,053
MERIWETHER	0	0	0	0	1	250,120	0	0
MONTGOMERY	0	0	0	0	0	0	1	100
MORGAN	1	42,865	8	62,267	0	0	8	4,983
MUSCOGEE	0	0	0	0	0	0	3	13,621
NEWTON	6	4,461	52	330,748	5	70,707	31	135,477
NORTH CAROLINA	0	0	6	1,567	2	84,494	29	42,549
OCONEE	1	108,771	16	108,731	0	0	16	26,241
OGLETHORPE	0	0	21	275,879	0	0	22	78,936
OTHER OUT OF STAT	4	4,614	33	56,270	19	293,015	258	1,284,804
PAULDING	0	0	2	2,301	0	0	0	0
PICKENS	0	0	1	4,533	0	0	0	0
POLK	0	0	0	0	0	0	1	75
PUTNAM	0	0	0	0	1	304	8	1,172
RABUN	0	0	19	100,076	0	0	26	26,645
RICHMOND	0	0	0	0	0	0	6	817
ROCKDALE	7	7,848	59	651,993	7	11,875	36	145,735
SOUTH CAROLINA	0	0	10	9,783	1	1,675	13	63,581
SPALDING	0	0	2	28,162	0	0	8	7,432
STEPHENS	0	0	32	208,414	1	335	42	941,006
TENNESSEE	1	1,364	1	837	3	91,452	14	108,423
TOOMBS	0	0	0	0	0	0	1	4,814
TOWNS	0	0	3	4,282	0	0	10	20,154
UNION	0	0	0	0	0	0	14	265,968
UPSON	0	0	3	595	0	0	0	0
WALTON	57	1,837,356	643	2,421,815	89	1,504,926	701	1,495,020
WARE	0	0	0	0	0	0	1	1,033
WARREN	0	0	2	416	0	0	0	0
WASHINGTON	0	0	1	1,977	0	0	0	0
WHITE	0	0	30	328,243	1	1,327	51	386,639
WHITFIELD	0	0	0	0	1	500	0	0

WILKES	0	0	8	171,111	0	0	2	416
Total	939	19,358,285	11,078	36,898,056	1,486	35,435,476	12,084	29,277,862

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: