



## 2021 Hospital Financial Survey

### Part A : General Information

#### 1. Identification

UID:hosp541

**Facility Name:** Northside Hospital Cherokee

**County:** Cherokee

**Street Address:** 450 Northside Cherokee Boulevard

**City:** Canton

**Zip:** 30115

**Mailing Address:** 450 Northside Cherokee Boulevard

**Mailing City:** Canton

**Mailing Zip:** 30115

#### 2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2021 only.

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

**Please indicate your hospital fiscal year.**

From: 10/1/2020 To:9/30/2021

**Please indicate your cost report year.**

From: 10/01/2020 To:09/30/2021

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	1,163,337,550
Total Inpatient Admissions accounting for Inpatient Revenue	15,741
Outpatient Gross Patient Revenue	1,337,311,835
Total Outpatient Visits accounting for Outpatient Revenue	160,265
Medicare Contractual Adjustments	1,077,474,204
Medicaid Contractual Adjustments	169,752,410
Other Contractual Adjustments:	520,519,868
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	28,699,875
Gross Indigent Care:	49,204,854
Gross Charity Care:	122,782,254
Uncompensated Indigent Care (net):	49,204,854
Uncompensated Charity Care (net):	122,456,323
Other Free Care:	18,006,554
Other Revenue/Gains:	12,167,997
Total Expenses:	427,401,861

### 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	15,298,084
Admin Discounts	2,708,470
Employee Discounts	0
	0
<b>Total</b>	<b>18,006,554</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 2021? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2021?

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 2021? (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	14,321,957	55,060,960	69,382,917
Outpatient	34,882,897	67,721,294	102,604,191
<b>Total</b>	<b>49,204,854</b>	<b>122,782,254</b>	<b>171,987,108</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	325,931
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>325,931</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	14,321,957	54,735,029	69,056,986
Outpatient	34,882,897	67,721,294	102,604,191
<b>Total</b>	<b>49,204,854</b>	<b>122,456,323</b>	<b>171,661,177</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	3	147,379	4	13,838	2	1,591	34	89,506
BANKS	0	0	0	0	3	45,302	17	173,972
BARROW	0	0	3	26,245	3	70,817	0	0
BARTOW	8	488,219	194	1,012,489	38	1,743,639	541	2,267,044
BEN HILL	0	0	0	0	1	1,452	1	2,592
BIBB	0	0	0	0	3	228,434	2	18,029
BRYAN	0	0	0	0	1	88,881	0	0
BULLOCH	0	0	3	2,648	0	0	1	250
BUTTS	0	0	0	0	0	0	1	3,026
CAMDEN	0	0	0	0	0	0	2	6,505
CARROLL	2	240,813	35	374,718	3	2,663	47	130,465
CATOOSA	0	0	1	1,552	1	2,030	12	3,617
CHARLTON	0	0	0	0	0	0	1	1,300
CHATHAM	0	0	1	385	3	36,165	8	33,527
CHATTOOGA	0	0	2	2,382	1	98,332	19	211,724
CHEROKEE	296	7,484,377	3,611	16,838,857	1,119	34,932,553	11,815	40,096,459
CLARKE	0	0	1	632	0	0	3	58,069
CLAYTON	1	2,524	2	4,333	2	106,876	13	45,167
COBB	33	933,534	466	3,383,438	127	4,430,513	1,289	5,801,996
COFFEE	0	0	0	0	0	0	1	30,993
COLQUITT	0	0	1	100	0	0	1	944
COLUMBIA	0	0	0	0	0	0	1	2,029
COWETA	0	0	2	3,345	1	180,232	4	6,888
CRAWFORD	0	0	2	72,958	0	0	0	0
DADE	0	0	0	0	1	93,639	13	85,183
DAWSON	1	92,720	41	369,515	8	13,331	101	364,483
DEKALB	0	0	23	175,756	16	959,749	153	711,148
DODGE	0	0	0	0	0	0	2	20,079
DOUGHERTY	0	0	0	0	0	0	2	27,552
DOUGLAS	0	0	0	0	0	0	65	550,466
ELBERT	0	0	1	114	0	0	0	0
FANNIN	14	486,594	171	1,646,018	21	686,888	200	1,057,120

FAYETTE	0	0	0	0	0	0	5	27,728
FLORIDA	2	634,507	11	238,353	5	200,953	93	295,338
FLOYD	0	0	12	67,584	4	5,055	58	223,281
FORSYTH	3	86,506	62	364,746	24	1,096,419	264	1,119,587
FRANKLIN	0	0	0	0	0	0	5	2,603
FULTON	5	281,033	74	144,379	29	1,446,264	260	1,031,702
GILMER	16	564,120	290	2,487,185	50	590,542	559	3,040,744
GORDON	7	277,183	119	1,082,865	13	446,557	164	1,202,800
GRADY	0	0	0	0	0	0	1	334
GWINNETT	0	0	19	148,028	7	219,654	148	569,865
HABERSHAM	1	40,003	14	149,934	0	0	6	40,042
HALL	1	615	26	193,105	5	113,988	86	239,426
HARALSON	0	0	3	63,706	1	202	2	1,022
HEARD	0	0	0	0	0	0	1	9,104
HENRY	0	0	7	4,157	2	27,171	12	19,685
HOUSTON	0	0	1	976	0	0	2	15,847
JACKSON	0	0	1	2,393	0	0	4	7,555
JEFFERSON	0	0	0	0	0	0	3	35,486
LAMAR	0	0	3	15,744	0	0	1	3,379
LAURENS	0	0	0	0	0	0	6	5,798
LEE	0	0	1	1,412	0	0	1	64
LINCOLN	0	0	0	0	0	0	2	780
LONG	0	0	0	0	0	0	1	602
LOWNDES	0	0	3	36,930	0	0	1	618
LUMPKIN	0	0	3	1,013	3	333,496	11	21,911
MACON	0	0	1	275	0	0	1	558
MADISON	0	0	0	0	0	0	1	14,119
MCDUFFIE	0	0	0	0	0	0	2	1,055
MERIWETHER	0	0	1	234	0	0	2	2,753
MONROE	0	0	1	6,271	0	0	1	2,538
MORGAN	0	0	0	0	0	0	15	6,864
MURRAY	0	0	0	0	5	76,953	57	467,197
MUSCOGEE	0	0	0	0	0	0	1	335
NEWTON	2	4,832	7	9,555	1	22,905	18	73,965
NORTH CAROLINA	8	648,460	38	377,966	13	560,605	92	607,813
OTHER OUT OF STAT	1	1,408	7	11,794	16	57,011	197	701,565
PAULDING	2	4,034	46	445,152	11	107,395	134	295,768
PICKENS	28	1,199,996	708	3,622,280	124	4,849,019	1,293	4,285,376
PIKE	0	0	0	0	0	0	1	285
POLK	2	258,367	31	526,630	0	0	21	36,888
PUTNAM	0	0	0	0	0	0	3	27,813
RICHMOND	0	0	0	0	0	0	9	42,119
ROCKDALE	0	0	3	37,958	0	0	1	1,078
SOUTH CAROLINA	0	0	2	2,382	3	6,702	20	67,953

SPALDING	0	0	3	145,685	0	0	8	5,457
STEPHENS	0	0	5	35,948	3	185,663	11	16,700
TATTNALL	0	0	0	0	0	0	2	446
TENNESSEE	1	76,511	22	35,233	14	674,597	66	357,469
THOMAS	0	0	0	0	0	0	2	1,569
TIFT	0	0	0	0	0	0	2	4,623
TOWNS	2	63,644	45	272,484	1	2,086	31	403,994
TROUP	0	0	3	34,557	0	0	5	15,840
UNION	3	226,324	30	189,563	7	137,780	68	459,182
UPSON	0	0	6	13,802	0	0	5	1,228
WALKER	0	0	6	1,268	0	0	3	8,639
WALTON	0	0	4	9,402	0	0	17	53,892
WHITE	0	0	21	103,566	1	98,926	6	19,388
WHITFIELD	1	78,254	10	69,059	3	77,930	9	20,544
WILKES	0	0	0	0	0	0	6	847
<b>Total</b>	<b>443</b>	<b>14,321,957</b>	<b>6,213</b>	<b>34,882,897</b>	<b>1,699</b>	<b>55,060,960</b>	<b>18,155</b>	<b>67,721,294</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 2021?  
(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 2021.

Patient Category		SFY 2020	SFY2021	SFY2022
		7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
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 2020	SFY2021	SFY2022
7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
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:** 7/22/2022

**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:** 7/22/2022

**Title:** VP FINANCE / CFO

**Comments:**