



2021 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

Mailing Address: 1000 Medical Center Boulevard

Mailing City: Lawrenceville

Mailing Zip: 30046

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	1,829,130,052
Total Inpatient Admissions accounting for Inpatient Revenue	26,530
Outpatient Gross Patient Revenue	2,103,406,816
Total Outpatient Visits accounting for Outpatient Revenue	254,866
Medicare Contractual Adjustments	1,419,955,588
Medicaid Contractual Adjustments	303,643,555
Other Contractual Adjustments:	918,071,879
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	202,630,157
Gross Indigent Care:	66,541,301
Gross Charity Care:	112,741,223
Uncompensated Indigent Care (net):	65,528,404
Uncompensated Charity Care (net):	112,741,223
Other Free Care:	46,754,100
Other Revenue/Gains:	37,089,180
Total Expenses:	791,632,427

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	20,643,592
Admin Discounts	26,110,508
Employee Discounts	0
	0
Total	46,754,100

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	28,139,280	65,607,099	93,746,379
Outpatient	38,402,021	47,134,124	85,536,145
Total	66,541,301	112,741,223	179,282,524

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)	1,012,897
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	1,012,897

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	28,139,280	65,607,099	93,746,379
Outpatient	37,389,124	47,134,124	84,523,248
Total	65,528,404	112,741,223	178,269,627

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	9	639,952	8	12,835	1	12,569	16	37,063
BALDWIN	0	0	1	24,295	0	0	0	0
BANKS	0	0	18	53,245	3	58,537	37	75,296
BARROW	28	445,961	409	1,262,728	54	1,985,521	565	2,002,060
BARTOW	0	0	2	1,978	0	0	3	10,305
BIBB	1	132,828	5	16,153	1	149	1	162
BLECKLEY	0	0	0	0	0	0	3	1,581
BUTTS	0	0	0	0	0	0	1	2,427
CARROLL	1	161,861	9	17,103	0	0	4	15,505
CATOOSA	0	0	0	0	0	0	1	178
CHATHAM	1	1,280	1	912	0	0	0	0
CHEROKEE	4	437,165	10	108,156	5	338,930	16	64,278
CLARKE	0	0	151	1,157,042	1	159,968	167	1,027,012
CLAYTON	2	3,879	17	594,701	5	297,355	16	18,570
COBB	7	341,057	58	47,359	10	54,907	59	331,426
COFFEE	0	0	0	0	0	0	1	19,431
COLUMBIA	0	0	1	3,661	0	0	0	0
COOK	0	0	0	0	2	4,402	0	0
COWETA	0	0	0	0	2	79,011	2	75,206
DAWSON	0	0	13	109,444	1	866,178	17	24,966
DEKALB	53	2,373,421	380	2,608,901	96	4,326,043	529	2,472,728
DOUGHERTY	0	0	0	0	1	110,962	2	1,998
DOUGLAS	0	0	5	3,752	2	74,325	12	31,941
EFFINGHAM	0	0	0	0	0	0	1	11,169
ELBERT	0	0	27	67,576	0	0	32	29,370
FAYETTE	0	0	0	0	0	0	3	10,452
FLORIDA	3	144,268	25	40,006	15	1,027,326	86	230,685
FORSYTH	2	123,526	18	290,565	11	379,191	29	42,860
FRANKLIN	1	1,658	24	374,400	0	0	43	227,160
FULTON	14	569,638	114	244,666	55	2,176,766	291	1,432,840
GREENE	0	0	3	693	0	0	18	8,335
GWINNETT	573	20,726,412	6,043	23,464,733	1,179	45,485,030	7,410	28,094,257

HABERSHAM	1	113,984	29	51,132	2	5,384	71	134,645
HALL	5	102,982	248	3,373,130	12	935,664	361	1,946,893
HANCOCK	0	0	11	331,967	0	0	0	0
HARRIS	0	0	0	0	1	211,531	0	0
HART	0	0	17	24,618	0	0	16	7,124
HENRY	1	2,209	24	81,787	1	212,976	20	109,061
HOUSTON	0	0	0	0	1	1,408	3	1,504
JACKSON	11	161,430	172	1,241,124	18	660,061	193	630,833
JASPER	0	0	1	1,000	0	0	1	280
JONES	0	0	0	0	0	0	1	22
LOWNDES	0	0	2	10,899	0	0	0	0
LUMPKIN	0	0	36	84,329	0	0	21	216,475
MADISON	0	0	28	18,272	0	0	50	892,790
MORGAN	0	0	9	107,840	0	0	17	36,350
MUSCOGEE	0	0	2	167	0	0	1	100
NEWTON	0	0	44	169,234	10	144,749	47	243,256
NORTH CAROLINA	0	0	7	6,597	1	1,934	29	184,196
OCONEE	2	1,313	26	233,385	0	0	20	20,395
OGLETHORPE	0	0	2	702	0	0	22	2,520
OTHER OUT OF STAT	4	389,902	39	141,748	59	3,035,775	393	2,080,022
PAULDING	0	0	3	2,665	2	180,561	4	15,137
PICKENS	1	133	0	0	1	254	0	0
PIKE	0	0	0	0	0	0	3	36,731
POLK	0	0	0	0	0	0	1	3,076
PUTNAM	0	0	4	4,304	0	0	8	2,083
RABUN	0	0	21	192,449	1	1,675	39	36,630
RANDOLPH	0	0	0	0	0	0	1	29
RICHMOND	0	0	0	0	0	0	2	7,042
ROCKDALE	2	29,464	0	0	6	86,375	36	379,830
SOUTH CAROLINA	2	6,098	10	13,088	4	134,191	19	90,865
SPALDING	0	0	1	6,261	1	887	6	93,953
STEPHENS	2	305,145	37	97,418	1	1,500	23	400,750
STEWART	2	4,172	3	290	0	0	0	0
TATTNALL	0	0	1	3,271	0	0	1	5,584
TENNESSEE	0	0	15	11,980	2	7,494	31	92,768
THOMAS	0	0	0	0	0	0	1	3,731
TOOMBS	0	0	1	1,336	0	0	0	0
TOWNS	0	0	0	0	1	161,508	4	1,748
TROUP	0	0	0	0	0	0	1	5,039
UNION	0	0	2	1,936	0	0	24	573,003
UPSON	0	0	6	816	0	0	2	2,511
WALTON	48	918,134	580	1,567,684	94	2,386,002	571	2,286,206
WASHINGTON	1	1,408	0	0	0	0	0	0
WHITE	0	0	22	115,688	0	0	32	218,418

WHITFIELD	0	0	0	0	0	0	1	903
WILKES	0	0	0	0	0	0	12	72,360
Total	781	28,139,280	8,745	38,402,021	1,662	65,607,099	11,453	47,134,124

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: