



## 2018 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 2018 only.

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

**Please indicate your hospital fiscal year.**

From: 10/1/2017 To:9/30/2018

**Please indicate your cost report year.**

From: 10/01/2017 To:09/30/2018

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	962,506,148
Total Inpatient Admissions accounting for Inpatient Revenue	18,309
Outpatient Gross Patient Revenue	1,101,739,687
Total Outpatient Visits accounting for Outpatient Revenue	190,082
Medicare Contractual Adjustments	870,660,454
Medicaid Contractual Adjustments	120,291,695
Other Contractual Adjustments:	448,262,456
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	34,234,151
Gross Indigent Care:	39,292,970
Gross Charity Care:	76,239,124
Uncompensated Indigent Care (net):	39,292,970
Uncompensated Charity Care (net):	76,239,124
Other Free Care:	14,474,575
Other Revenue/Gains:	13,498,364
Total Expenses:	405,960,402

### 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	12,881,511
Admin Discounts	1,593,064
Employee Discounts	0
	0
<b>Total</b>	<b>14,474,575</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 2018? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2018?

10/01/2017

### 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 2018? (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	14,345,446	34,030,737	48,376,183
Outpatient	24,947,524	42,208,387	67,155,911
<b>Total</b>	<b>39,292,970</b>	<b>76,239,124</b>	<b>115,532,094</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	14,345,446	34,030,737	48,376,183
Outpatient	24,947,524	42,208,387	67,155,911
<b>Total</b>	<b>39,292,970</b>	<b>76,239,124</b>	<b>115,532,094</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	1	28,120	10	38,965	7	165,606	29	182,449
Appling	0	0	1	350	0	0	0	0
Atkinson	0	0	0	0	0	0	1	250
Banks	1	2,701	10	12,010	0	0	53	53,719
Barrow	4	3,633	48	42,772	5	25,267	95	214,625
Bartow	3	90,190	8	23,843	2	128,820	44	66,864
Ben Hill	0	0	2	17,544	0	0	0	0
Bibb	0	0	0	0	0	0	7	20,359
Butts	0	0	2	13,274	1	520	5	28,128
Carroll	0	0	7	44,404	2	2,797	19	58,274
Catoosa	0	0	0	0	1	1,408	0	0
Charlton	0	0	0	0	0	0	1	1,095
Chatham	0	0	4	10,523	0	0	3	2,358
Cherokee	24	359,070	244	712,473	55	774,134	537	1,336,188
Clarke	1	64,788	12	33,815	0	0	11	16,101
Clayton	0	0	15	201,877	1	4,142	29	181,892
Cobb	5	102,863	108	928,232	27	411,097	190	1,309,443
Coweta	0	0	3	52,494	1	1,066	7	18,565
Dawson	88	642,689	910	1,823,808	215	4,206,360	2,126	4,773,365
Decatur	0	0	0	0	0	0	1	9,072
DeKalb	1	412	101	657,139	25	428,625	228	779,422
Dougherty	0	0	0	0	0	0	1	4,428
Douglas	1	52,103	6	67,192	3	2,333	31	180,737
Effingham	0	0	0	0	1	14,502	0	0
Elbert	1	790	4	5,130	1	45,111	11	25,246
Emanuel	0	0	1	101	0	0	2	2,303
Fannin	1	855	9	46,077	4	25,062	33	80,180
Fayette	0	0	2	6,690	3	94,414	21	176,265
Florida	4	129,597	13	47,293	10	281,794	82	204,586
Floyd	0	0	6	20,366	1	200	4	2,548
Forsyth	373	7,242,511	2,964	7,895,307	693	13,464,527	6,091	13,915,130
Franklin	0	0	6	19,252	2	464	16	20,133

Fulton	74	1,360,584	700	3,315,422	115	2,499,661	1,027	2,921,657
Gilmer	0	0	11	6,332	10	795,575	63	191,554
Glynn	0	0	0	0	2	40,776	8	31,119
Gordon	1	83,427	1	3,516	2	2,260	7	8,583
Greene	0	0	6	670	0	0	1	653
Gwinnett	130	2,557,643	1,533	6,124,250	289	5,841,155	2,559	6,973,451
Habersham	4	6,068	79	160,471	4	255,793	157	234,884
Hall	54	487,863	764	1,086,189	128	2,291,800	2,015	3,358,422
Hancock	0	0	0	0	0	0	1	1,800
Haralson	0	0	1	5,509	1	100	4	7,137
Harris	0	0	0	0	0	0	1	696
Hart	1	50,218	1	225	1	49,846	7	4,584
Heard	0	0	0	0	0	0	1	630
Henry	4	7,758	23	140,048	2	113,928	22	148,904
Houston	1	2,416	4	4,899	0	0	1	111
Jackson	3	40,543	35	151,554	13	39,166	127	226,603
Jasper	0	0	0	0	0	0	1	164
Jeff Davis	0	0	0	0	0	0	3	3,451
Jefferson	0	0	0	0	0	0	2	3,414
Jones	0	0	1	1,052	0	0	0	0
Lowndes	0	0	0	0	1	38,734	2	1,653
Lumpkin	23	469,183	231	320,190	81	904,999	735	1,510,486
Madison	0	0	1	1,706	1	1,185	5	9,233
McIntosh	0	0	0	0	0	0	1	10,802
Meriwether	0	0	1	258	0	0	4	46,189
Mitchell	0	0	0	0	0	0	2	3,697
Monroe	0	0	0	0	0	0	2	6,649
Montgomery	0	0	0	0	0	0	1	300
Morgan	0	0	1	14,304	0	0	6	12,288
Murray	1	1,300	2	1,469	1	1,340	2	2,572
Muscogee	0	0	0	0	0	0	3	5,647
Newton	0	0	14	68,801	3	6,793	40	234,178
North Carolina	2	2,046	14	84,811	1	1,115	42	79,615
Oconee	0	0	2	1,698	0	0	2	425
Other Out of State	9	90,315	47	54,111	17	99,281	194	645,727
Paulding	0	0	4	9,458	2	216	11	23,726
Peach	0	0	0	0	0	0	3	782
Pickens	5	110,169	73	149,389	15	177,446	113	479,347
Pike	0	0	2	23,404	0	0	1	100
Polk	0	0	1	2,722	0	0	3	3,571
Putnam	0	0	1	3	0	0	3	9,912
Rabun	0	0	15	43,300	1	285	34	63,367
Richmond	0	0	7	1,463	1	1,340	5	8,052
Rockdale	1	2,343	10	30,356	2	27,941	21	38,584

Screven	0	0	0	0	0	0	2	2,148
South Carolina	0	0	2	3,826	4	5,385	29	65,105
Spalding	0	0	0	0	2	87,749	8	80,278
Stephens	2	1,480	34	61,615	4	29,604	61	155,718
Sumter	0	0	0	0	0	0	2	10,757
Tattnall	0	0	0	0	0	0	1	97
Tennessee	2	134,852	8	85,538	3	24,288	38	160,903
Thomas	0	0	1	417	0	0	2	13,981
Tift	0	0	0	0	0	0	2	2,026
Towns	2	3,353	10	15,123	0	0	24	30,231
Troup	0	0	0	0	0	0	2	8,412
Twiggs	0	0	0	0	0	0	3	6,010
Union	0	0	13	50,546	3	44,048	24	79,876
Upson	0	0	0	0	0	0	3	6,232
Walker	0	0	0	0	0	0	2	3,721
Walton	1	57,262	39	66,843	9	14,562	123	236,187
White	3	64,467	51	132,297	20	556,117	210	363,927
Whitfield	1	91,834	2	2,808	0	0	6	2,038
Wilkes	0	0	0	0	0	0	4	2,296
<b>Total</b>	<b>832</b>	<b>14,345,446</b>	<b>8,241</b>	<b>24,947,524</b>	<b>1,798</b>	<b>34,030,737</b>	<b>17,466</b>	<b>42,208,387</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 2018?  
(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 2018.

Patient Category		SFY 2017	SFY2018	SFY2019
		7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
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 2017	SFY2018	SFY2019
7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
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:** 7/26/2019

**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:** 7/26/2019

**Title:** VP & CFO

**Comments:**