



## 2017 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 2017 only.

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

**Please indicate your hospital fiscal year.**

From: 10/1/2016 To:9/30/2017

**Please indicate your cost report year.**

From: 10/01/2016 To:09/30/2017

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	900,878,545
Total Inpatient Admissions accounting for Inpatient Revenue	18,241
Outpatient Gross Patient Revenue	1,001,267,850
Total Outpatient Visits accounting for Outpatient Revenue	188,380
Medicare Contractual Adjustments	746,459,059
Medicaid Contractual Adjustments	111,501,323
Other Contractual Adjustments:	444,899,838
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	36,611,757
Gross Indigent Care:	51,420,930
Gross Charity Care:	45,301,727
Uncompensated Indigent Care (net):	51,420,930
Uncompensated Charity Care (net):	45,301,727
Other Free Care:	11,211,052
Other Revenue/Gains:	11,828,337
Total Expenses:	408,801,823

### 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	10,401,515
Admin Discounts	809,538
Employee Discounts	0
	0
<b>Total</b>	<b>11,211,053</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 2017? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2017?

10/01/2016

### 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.)?

250%

## 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 2017? (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	22,175,683	21,535,498	43,711,181
Outpatient	29,245,247	23,766,229	53,011,476
<b>Total</b>	<b>51,420,930</b>	<b>45,301,727</b>	<b>96,722,657</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	22,175,683	21,535,498	43,711,181
Outpatient	29,245,247	23,766,229	53,011,476
<b>Total</b>	<b>51,420,930</b>	<b>45,301,727</b>	<b>96,722,657</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	0	0	3	15,042	8	67,146	22	33,179
BALDWIN	0	0	0	0	1	1,288	1	260
BANKS	1	9,754	17	22,994	0	0	48	66,981
BARROW	2	2,022	37	72,834	4	52,870	89	105,987
BARTOW	1	1,725	6	11,262	3	136,095	26	63,954
BEN HILL	2	120,152	1	8,699	0	0	3	7,045
BIBB	0	0	1	5,325	0	0	1	11,550
BUTTS	0	0	1	235	0	0	6	18,728
CARROLL	4	6,051	8	2,617	0	0	8	28,138
CHATHAM	0	0	0	0	0	0	3	4,195
CHATTOOGA	0	0	0	0	0	0	4	3,483
CHEROKEE	55	1,057,471	343	1,047,116	40	697,828	302	832,870
CLARKE	1	903	11	16,503	1	1,415	14	39,928
CLAY	0	0	1	630	0	0	1	94
CLAYTON	2	169,898	10	77,388	1	983	42	232,535
COBB	14	562,653	121	868,327	13	68,099	139	751,051
COFFEE	0	0	0	0	0	0	2	21,195
COLQUITT	0	0	0	0	0	0	3	6,434
COWETA	0	0	4	3,078	1	361	13	28,259
DADE	0	0	0	0	0	0	1	1,442
DAWSON	98	790,209	993	1,873,416	100	2,354,927	1,482	3,168,050
DEKALB	10	139,542	95	563,512	13	618,507	166	581,517
DOUGHERTY	0	0	0	0	1	272	3	7,001
DOUGLAS	5	27,747	12	95,577	1	7,999	25	138,219
ELBERT	1	40,511	0	0	0	0	4	54,760
FANNIN	1	670	17	87,038	0	0	12	13,520
FAYETTE	0	0	4	21,380	1	835	19	165,178
FLORIDA	4	788,062	16	14,506	4	45,080	50	93,384
FLOYD	0	0	17	32,559	2	76,918	10	16,895
FORSYTH	632	9,904,531	4,968	10,876,206	457	9,590,263	3,692	7,603,171
FRANKLIN	0	0	4	24,606	2	4,667	12	31,463
FULTON	92	1,579,207	677	2,574,523	60	2,086,889	475	1,401,325

GILMER	4	179,578	30	106,921	4	244,883	54	65,677
GLYNN	0	0	3	3,923	0	0	3	1,688
GORDON	0	0	2	230	1	14,012	8	9,973
GREENE	0	0	1	10,984	1	1,288	0	0
GWINNETT	200	3,946,194	1,925	6,718,761	161	3,275,309	1,717	3,502,530
HABERSHAM	6	209,861	83	189,788	1	1,167	151	301,164
HALL	64	845,531	690	1,627,438	56	546,675	1,271	1,440,731
HANCOCK	0	0	1	602	0	0	0	0
HARALSON	1	271	2	5,909	0	0	3	12,785
HARRIS	0	0	3	4,054	1	36,524	0	0
HART	1	335	4	5,579	0	0	5	12,487
HEARD	0	0	0	0	0	0	3	8,230
HENRY	0	0	18	202,103	3	75,820	14	32,587
HOUSTON	0	0	3	1,798	0	0	1	3,847
JACKSON	3	6,536	53	69,584	3	114,659	89	78,587
JASPER	0	0	0	0	0	0	2	241
JEFF DAVIS	0	0	0	0	0	0	1	803
JEFFERSON	0	0	1	1,063	0	0	0	0
JONES	0	0	0	0	0	0	3	1,523
LAMAR	0	0	0	0	0	0	1	1,069
LAURENS	0	0	0	0	0	0	1	3,427
LOWNDES	0	0	1	1,020	0	0	3	3,156
LUMPKIN	54	1,063,718	404	792,359	36	186,441	619	1,150,620
MADISON	0	0	4	1,906	0	0	3	5,244
MCDUFFIE	0	0	0	0	0	0	2	11,178
MONROE	0	0	0	0	0	0	3	2,121
MORGAN	1	1,328	4	1,166	0	0	3	5,717
MURRAY	0	0	0	0	0	0	2	1,836
MUSCOGEE	1	1,960	1	128	0	0	3	6,317
NEWTON	0	0	8	14,355	0	0	24	128,675
NORTH CAROLINA	1	445	11	9,645	3	69,235	40	129,627
OCONEE	0	0	3	4,629	1	21,532	4	10,897
OGLETHORPE	0	0	1	699	0	0	0	0
OTHER OUT OF STAT	18	22,439	118	112,630	6	138,776	159	421,172
PAULDING	1	1,485	5	3,931	0	0	11	38,684
PICKENS	11	464,670	125	585,228	10	345,030	85	223,418
PIKE	0	0	3	29,509	0	0	0	0
POLK	0	0	2	358	0	0	2	7,988
RABUN	1	275	6	13,947	2	11,206	23	17,150
RANDOLPH	0	0	0	0	0	0	1	1,789
RICHMOND	0	0	0	0	1	16,309	1	1,373
ROCKDALE	1	2,970	18	20,274	0	0	23	56,610
SEMINOLE	0	0	0	0	0	0	1	9,910
SOUTH CAROLINA	0	0	3	2,904	1	405	18	40,599

SPALDING	2	1,249	2	487	0	0	4	15,865
STEPHENS	0	0	15	40,977	0	0	45	113,376
TALBOT	0	0	0	0	0	0	1	4,741
TENNESSEE	2	1,383	3	3,345	3	313,662	16	22,674
THOMAS	0	0	3	3,213	0	0	0	0
TIFT	0	0	1	327	0	0	0	0
TOOMBS	0	0	1	4,389	0	0	0	0
TOWNS	2	1,550	9	44,774	0	0	10	11,553
TROUP	0	0	1	1,120	0	0	1	41
UNION	2	218,474	18	147,095	2	292,613	9	7,647
UPSON	0	0	5	3,205	1	1,965	5	8,998
WALKER	0	0	0	0	0	0	1	1,734
WALTON	0	0	29	39,661	1	1,288	52	61,323
WAYNE	0	0	1	821	0	0	0	0
WHITE	3	4,323	58	87,574	7	7,284	141	232,482
WHITFIELD	0	0	2	9,461	2	6,973	1	2,574
<b>Total</b>	<b>1,304</b>	<b>22,175,683</b>	<b>11,051</b>	<b>29,245,247</b>	<b>1,020</b>	<b>21,535,498</b>	<b>11,321</b>	<b>23,766,229</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 2017?  
(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 2017.

Patient Category		SFY 2016	SFY2017	SFY2018
		7/1/15-6/30/16	7/1/16-6/30/17	7/1/17-6/30/18
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 2016	SFY2017	SFY2018
7/1/15-6/30/16	7/1/16-6/30/17	7/1/17-6/30/18
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:** 7/25/2018

**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:** 7/25/2018

**Title:** VP & CFO

**Comments:**