



## 2019 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:** 30115-9295

#### 2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2019 only.

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

**Please indicate your hospital fiscal year.**

From: 10/1/2018 To:9/30/2019

**Please indicate your cost report year.**

From: 10/01/2018 To:09/30/2019

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	691,811,555
Total Inpatient Admissions accounting for Inpatient Revenue	12,544
Outpatient Gross Patient Revenue	995,162,344
Total Outpatient Visits accounting for Outpatient Revenue	139,763
Medicare Contractual Adjustments	716,231,235
Medicaid Contractual Adjustments	122,341,190
Other Contractual Adjustments:	347,714,269
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	38,070,517
Gross Indigent Care:	37,985,258
Gross Charity Care:	86,771,309
Uncompensated Indigent Care (net):	37,985,258
Uncompensated Charity Care (net):	86,306,058
Other Free Care:	6,364,325
Other Revenue/Gains:	21,359,797
Total Expenses:	321,608,069

### 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	6,206,508
Admin Discounts	157,817
Employee Discounts	0
	0
<b>Total</b>	<b>6,364,325</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 2019? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2019?

06/12/2018

### 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 2019? (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	10,850,781	33,557,451	44,408,232
Outpatient	27,134,477	53,213,858	80,348,335
<b>Total</b>	<b>37,985,258</b>	<b>86,771,309</b>	<b>124,756,567</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	465,251
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>465,251</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	10,850,781	33,092,200	43,942,981
Outpatient	27,134,477	53,213,858	80,348,335
<b>Total</b>	<b>37,985,258</b>	<b>86,306,058</b>	<b>124,291,316</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	1,350	5	9,013	1	25,597	31	51,456
Appling	0	0	0	0	0	0	1	9,318
Baldwin	0	0	2	12,956	0	0	1	2,192
Banks	1	55,738	3	16,669	0	0	1	2,364
Barrow	0	0	0	0	1	60	12	37,392
Bartow	7	529,177	210	294,410	30	429,213	554	2,128,275
Berrien	0	0	0	0	0	0	2	958
Bibb	0	0	0	0	1	20,208	3	12,750
Bulloch	0	0	2	7,661	0	0	3	11,435
Burke	0	0	0	0	1	5,419	0	0
Butts	0	0	0	0	2	7,802	8	11,288
Carroll	2	2,940	8	21,771	1	25	18	16,545
Catoosa	0	0	19	98,540	0	0	6	31,530
Chatham	0	0	0	0	0	0	11	81,817
Chattooga	1	2,591	4	6,422	0	0	9	66,069
Cherokee	366	6,909,154	4,285	14,155,829	1,065	23,163,058	11,942	33,001,697
Clarke	0	0	0	0	0	0	1	1,224
Clayton	0	0	4	21,086	0	0	15	51,070
Cobb	37	921,464	504	2,931,562	108	2,550,847	1,126	3,612,330
Coffee	0	0	2	1,882	0	0	3	12,096
Colquitt	0	0	2	11,932	0	0	0	0
Columbia	0	0	0	0	0	0	2	2,502
Coweta	0	0	2	37,468	0	0	5	13,763
Dawson	1	1,340	23	120,574	3	95,598	76	217,558
DeKalb	0	0	18	118,581	5	291,164	70	226,647
Dodge	0	0	1	10,594	0	0	1	444
Douglas	2	3,079	11	43,300	2	33,182	32	98,905
Effingham	0	0	0	0	0	0	4	12,380
Evans	0	0	0	0	0	0	1	1,063
Fannin	6	119,733	166	643,405	14	119,074	181	611,425
Fayette	0	0	6	40,378	0	0	8	148,078
Florida	2	127,314	15	60,424	7	191,540	98	223,323

Floyd	0	0	21	123,526	4	21,327	60	189,236
Forsyth	1	870	34	92,243	10	279,647	168	557,613
Fulton	7	279,350	91	580,414	29	1,805,319	241	824,825
Gilmer	19	420,353	310	1,523,471	40	344,011	560	2,029,790
Glynn	0	0	0	0	0	0	1	330
Gordon	1	31,058	47	54,714	12	523,227	163	420,001
Grady	0	0	0	0	0	0	1	80
Gwinnett	3	6,382	41	316,457	3	55,304	90	679,315
Habersham	0	0	4	115,456	1	106,965	10	24,938
Hall	2	2,960	14	120,923	6	112,564	37	253,892
Hancock	0	0	0	0	0	0	1	257
Haralson	0	0	1	1,012	0	0	12	50,138
Harris	0	0	0	0	0	0	6	8,732
Hart	0	0	1	1,789	0	0	0	0
Heard	0	0	0	0	0	0	1	2,476
Henry	0	0	0	0	3	21,513	14	37,634
Jackson	1	136,539	3	23,889	0	0	4	4,792
Jasper	0	0	2	60,549	0	0	0	0
Jefferson	0	0	1	370	0	0	4	10,688
Lamar	0	0	0	0	0	0	1	407
Laurens	0	0	0	0	0	0	1	5,202
Lincoln	0	0	0	0	0	0	1	203
Lowndes	0	0	1	1,720	0	0	0	0
Lumpkin	0	0	1	115	1	1	22	81,162
Macon	0	0	2	978	1	1,140	6	4,635
Madison	0	0	0	0	0	0	4	1,736
Marion	0	0	1	3,143	0	0	0	0
Meriwether	0	0	0	0	0	0	1	4,485
Miller	0	0	0	0	0	0	3	1,443
Monroe	0	0	0	0	0	0	2	12,834
Morgan	0	0	0	0	0	0	1	231
Murray	1	1,336	13	7,418	0	0	27	82,270
Muscogee	0	0	1	5,478	0	0	2	10,556
Newton	0	0	1	872	0	0	13	13,166
North Carolina	1	1,805	38	432,812	10	282,289	88	202,318
Other Out of State	0	0	43	145,276	15	883,284	167	365,554
Paulding	1	33,556	49	1,894,520	10	95,286	128	1,000,103
Pickens	35	566,452	636	1,473,111	110	1,643,932	1,381	4,303,233
Polk	1	91,668	8	49,310	3	101,520	40	265,004
Putnam	0	0	1	747	0	0	0	0
Quitman	0	0	0	0	0	0	1	178
Rabun	0	0	0	0	0	0	1	3,678
Richmond	0	0	0	0	0	0	4	3,088
Rockdale	0	0	0	0	1	1,750	8	22,033

Screven	0	0	0	0	0	0	1	4,882
South Carolina	2	16,913	0	0	2	2,610	17	49,524
Spalding	0	0	1	34,978	0	0	0	0
Stephens	0	0	1	1,398	0	0	5	48,544
Sumter	0	0	0	0	0	0	2	968
Tennessee	1	1,200	17	17,485	8	227,044	51	156,563
Towns	2	22,824	56	609,167	2	107,079	31	99,483
Troup	0	0	0	0	0	0	1	144
Turner	0	0	0	0	1	790	0	0
Union	5	311,222	56	629,905	2	7,472	70	551,456
Upson	0	0	0	0	0	0	2	331
Walker	4	191,460	2	5,491	0	0	4	26,989
Walton	0	0	2	13,378	0	0	8	44,454
Ware	0	0	0	0	0	0	2	250
Washington	0	0	0	0	0	0	2	2,674
White	0	0	24	49,896	1	590	7	3,588
Whitfield	1	60,953	4	78,009	0	0	10	47,858
<b>Total</b>	<b>514</b>	<b>10,850,781</b>	<b>6,820</b>	<b>27,134,477</b>	<b>1,516</b>	<b>33,557,451</b>	<b>17,713</b>	<b>53,213,858</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 2019?  
(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 2019.

Patient Category		SFY 2018	SFY2019	SFY2019
		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	SFY2019	SFY2019
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.

## Nurse Employment Addendum

This section is printed 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:** 7/24/2020

**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:** 7/24/2020

**Title:** VP & CFO

**Comments:**