



2019 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP366

Facility Name: Gwinnett Medical Center

County: Gwinnett

Street Address: 1000 Medical Center Boulevard

City: Lawrenceville

Zip: 30046-0348

Mailing Address: 1000 Johnson Ferry Rd

Mailing City: Atlanta

Mailing Zip: 30342

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: 7/1/2018 To:6/30/2019

Please indicate your cost report year.

From: 07/01/2018 To:06/30/2019

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: Susan Samson

Contact Title: Manager, Cost Reporting & Gov Reimb

Phone: 404-300-2275

Fax: 770-339-3459

E-mail: susan.samson@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	1,034,230,576
Total Inpatient Admissions accounting for Inpatient Revenue	22,353
Outpatient Gross Patient Revenue	1,177,868,334
Total Outpatient Visits accounting for Outpatient Revenue	257,507
Medicare Contractual Adjustments	669,348,508
Medicaid Contractual Adjustments	229,308,684
Other Contractual Adjustments:	557,014,473
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	104,423,886
Gross Indigent Care:	37,527,274
Gross Charity Care:	111,986,348
Uncompensated Indigent Care (net):	37,154,895
Uncompensated Charity Care (net):	111,986,348
Other Free Care:	4,186,311
Other Revenue/Gains:	35,310,066
Total Expenses:	549,682,071

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	0
Admin Discounts	4,186,311
Employee Discounts	0
	0
Total	4,186,311

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?

09/01/2015

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	18,625,994	47,035,010	65,661,004
Outpatient	18,901,280	64,951,338	83,852,618
Total	37,527,274	111,986,348	149,513,622

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	180,000
Other Counties	0
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	192,379
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	372,379

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	18,625,994	47,035,010	65,661,004
Outpatient	18,528,901	64,951,338	83,480,239
Total	37,154,895	111,986,348	149,141,243

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	3,977	9	289,604	46	52,071
BALDWIN	0	0	0	0	1	5,366	5	18,494
BANKS	0	0	0	0	1	3,492	12	89,146
BARROW	27	619,168	241	543,966	114	2,270,678	792	2,202,627
BARTOW	0	0	0	0	1	50,249	14	25,389
BEN HILL	0	0	0	0	0	0	1	1,579
BIBB	0	0	1	5,804	1	52,025	10	19,963
BRYAN	0	0	0	0	0	0	1	1,114
BULLOCH	0	0	0	0	0	0	2	2,709
BURKE	0	0	0	0	0	0	2	1,451
BUTTS	1	88,420	1	3,594	0	0	2	8,397
CALHOUN	0	0	0	0	0	0	1	19,381
CAMDEN	0	0	0	0	0	0	2	37
CARROLL	0	0	6	1,779	0	0	8	57,055
CATOOSA	0	0	0	0	0	0	1	3,573
CHATHAM	0	0	0	0	0	0	4	3,376
CHATTAHOOCHEE	0	0	0	0	0	0	1	3,129
CHATTOOGA	0	0	0	0	0	0	2	2,707
CHEROKEE	6	61,984	18	19,032	4	47,705	50	132,779
CLARKE	0	0	1	66	5	93,978	67	187,588
CLAYTON	1	1,140	1	334	12	143,196	109	316,966
COBB	3	6,222	11	63,889	17	487,907	160	380,764
COFFEE	0	0	0	0	0	0	1	182
COLUMBIA	0	0	0	0	0	0	5	20,975
COWETA	0	0	1	896	1	42,964	6	16,802
DAWSON	0	0	0	0	0	0	8	22,182
DECATUR	0	0	0	0	1	17,193	1	999
DEKALB	33	840,593	339	1,134,246	153	3,999,869	1,550	4,838,698
DOOLY	0	0	0	0	1	2,973	0	0
DOUGHERTY	0	0	0	0	2	8,436	4	6,994
DOUGLAS	0	0	1	11,995	6	159,474	29	123,654
EFFINGHAM	0	0	0	0	0	0	1	2,783

ELBERT	0	0	1	42,962	0	0	3	21,135
EVANS	0	0	0	0	0	0	1	476
FANNIN	0	0	0	0	2	12,158	2	5,778
FAYETTE	2	0	3	211	0	0	6	2,100
FLORIDA	0	0	5	21,217	13	421,957	112	301,478
FLOYD	0	0	0	0	1	38,635	6	39,895
FORSYTH	4	152,895	15	84,168	9	314,690	37	148,529
FRANKLIN	0	0	5	6,896	2	37,016	8	17,435
FULTON	13	431,315	121	331,613	35	577,337	468	1,133,443
GILMER	0	0	0	0	0	0	2	437
GLASCOCK	0	0	0	0	0	0	1	372
GLYNN	0	0	0	0	0	0	2	1,660
GORDON	0	0	2	3,419	0	0	0	0
GRADY	0	0	0	0	0	0	1	9,610
GREENE	0	0	0	0	1	503	4	7,418
GWINNETT	613	13,342,294	5,303	14,713,495	1,822	31,839,088	17,808	48,344,918
HABERSHAM	0	0	12	21,540	1	1,725	8	57,075
HALL	2	2,137	31	222,907	22	366,746	252	878,830
HANCOCK	0	0	0	0	0	0	2	8,043
HARALSON	0	0	0	0	0	0	3	4,228
HART	0	0	0	0	2	31,565	8	34,701
HEARD	0	0	0	0	0	0	2	240
HENRY	5	287,985	21	106,018	4	296,642	28	114,592
HOUSTON	0	0	0	0	0	0	8	1,826
JACKSON	4	92,252	49	68,115	19	367,802	182	429,232
JASPER	0	0	0	0	0	0	2	9,782
JEFF DAVIS	0	0	0	0	1	41,806	0	0
JEFFERSON	0	0	0	0	1	15,055	0	0
JOHNSON	0	0	0	0	0	0	1	560
JONES	0	0	0	0	0	0	2	1,942
LAURENS	0	0	0	0	0	0	1	372
LEE	0	0	0	0	0	0	1	7,767
LIBERTY	0	0	0	0	0	0	2	8,626
LOWNDES	0	0	1	259	0	0	2	3,595
LUMPKIN	0	0	0	0	0	0	2	4,173
MADISON	0	0	0	0	2	103,749	25	7,399
MERIWETHER	1	1,625	0	0	0	0	0	0
MITCHELL	0	0	0	0	0	0	2	3,131
MONROE	0	0	0	0	0	0	4	13,583
MORGAN	0	0	0	0	3	12,346	6	29,920
MURRAY	0	0	0	0	0	0	1	372
MUSCOGEE	0	0	1	2,423	3	4,414	4	4,824
NEWTON	8	29,390	0	0	19	336,662	162	164,129
NORTH CAROLINA	0	0	0	0	3	306,398	47	210,061

OCONEE	0	0	2	16,450	1	3,909	9	24,779
OGLETHORPE	0	0	3	4,962	0	0	3	31,127
OTHER OUT OF STAT	14	287,414	30	119,801	30	986,290	272	904,507
PAULDING	0	0	0	0	1	26,570	7	12,196
PEACH	1	1,343	15	14,763	0	0	3	1,300
PICKENS	1	77,395	0	0	0	0	6	41,011
PIKE	0	0	0	0	0	0	1	14,403
POLK	0	0	0	0	0	0	3	7,439
PUTNAM	0	0	0	0	1	673	3	5,672
RABUN	1	63,986	0	0	0	0	7	13,842
RICHMOND	0	0	0	0	0	0	11	60,228
ROCKDALE	9	272,085	35	41,037	8	227,891	116	363,822
SCHLEY	0	0	0	0	0	0	1	5,508
SCREVEN	0	0	0	0	5	85,305	0	0
SOUTH CAROLINA	0	0	1	80	3	58,280	69	168,849
SPALDING	0	0	1	2,151	1	21,860	7	38,274
STEPHENS	1	27,973	3	13,366	8	275,945	14	60,183
SUMTER	0	0	0	0	2	2,349	2	1,118
TATTNALL	0	0	0	0	0	0	1	585
TENNESSEE	0	0	2	6,274	3	261,086	27	191,531
TIFT	0	0	0	0	0	0	1	1,643
TOWNS	0	0	0	0	1	1,596	0	0
TROUP	0	0	0	0	0	0	2	3,874
TURNER	0	0	0	0	0	0	1	5,689
UNION	1	2,013	0	0	0	0	2	7,659
UPSON	0	0	0	0	0	0	7	10,476
WALKER	0	0	0	0	0	0	2	15,249
WALTON	43	1,930,574	316	1,264,751	143	1,973,258	890	2,286,764
WASHINGTON	0	0	0	0	2	256,212	4	826
WHITE	3	5,791	3	2,824	3	52,383	15	12,515
WHITFIELD	0	0	0	0	0	0	8	41,103
WILKES	0	0	0	0	0	0	1	2,497
WILKINSON	0	0	0	0	0	0	2	5,675
WORTH	0	0	0	0	0	0	1	13,743
Total	797	18,625,994	6,605	18,901,280	2,506	47,035,010	23,613	64,951,338

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	37,527,274	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	6,492,042	0
C.	Other Patients in accordance with the department approved policy.	0	105,494,306	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	33,521	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: CEO, Northside Hospital, Successor-In-Interest

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: CFO, Northside Hospital, Successor-In-Interest

Comments:

Effective 12:01 AM on August 28, 2019, Gwinnett Hospital System, Inc. merged with and into Northside Hospital, Inc. an unrelated Georgia nonprofit corporation. Robert T. Quattrocchi, CEO of Northside Hospital, Inc. and Shannon A. Banna, CFO of Northside Hospital, Inc. each serve as the signing officers for Gwinnett Hospital System solely for the purpose of filing this Hospital Financial Survey, and solely in their capacity, respectively, as CEO and CFO of Northside Hospital, Inc. Successor-in-Interest by Merger to Gwinnett Hospital System, Inc.