



2022 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

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2022 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 10/1/2021 To:9/30/2022

Please indicate your cost report year.

From: 10/01/2021 To:09/30/2022

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	1,252,490,697
Total Inpatient Admissions accounting for Inpatient Revenue	17,384
Outpatient Gross Patient Revenue	1,553,291,050
Total Outpatient Visits accounting for Outpatient Revenue	178,125
Medicare Contractual Adjustments	1,243,321,110
Medicaid Contractual Adjustments	189,916,439
Other Contractual Adjustments:	591,041,299
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	14,455,425
Gross Indigent Care:	46,682,028
Gross Charity Care:	141,427,496
Uncompensated Indigent Care (net):	46,682,028
Uncompensated Charity Care (net):	141,182,383
Other Free Care:	19,380,233
Other Revenue/Gains:	14,794,428
Total Expenses:	488,935,836

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	13,078,952
Admin Discounts	6,301,281
Employee Discounts	0
	0
Total	19,380,233

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 2022? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2022?

06/24/2022

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 2022? (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	15,666,318	73,483,209	89,149,527
Outpatient	31,015,710	67,944,287	98,959,997
Total	46,682,028	141,427,496	188,109,524

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	245,113
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
Total	245,113

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	15,666,318	73,238,096	88,904,414
Outpatient	31,015,710	67,944,287	98,959,997
Total	46,682,028	141,182,383	187,864,411

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	6	28,525	2	667,325	15	48,026
BALDWIN	0	0	0	0	0	0	1	250
BARROW	0	0	1	121	1	1,813	2	3,815
Bartow	11	253,517	193	991,136	0	0	575	2,902,873
Ben Hill	0	0	3	8,745	0	0	0	0
BIBB	0	0	1	232	1	690	4	7,192
BROOKS	0	0	0	0	1	1,560	2	2,449
BURKE	0	0	0	0	1	178,310	0	0
BUTTS	0	0	0	0	0	0	3	2,070
CARROLL	0	0	0	0	3	5,466	19	48,578
CATOOSA	0	0	0	0	0	0	11	5,145
CHATHAM	0	0	0	0	1	642	9	30,503
CHATTOOGA	0	0	0	0	0	0	6	48,079
CHEROKEE	304	8,518,162	3,675	16,721,390	1,268	47,283,517	9,924	37,566,130
CLARKE	0	0	0	0	2	595	3	12,548
CLAYTON	1	1,556	4	40,675	2	3,651	18	57,193
COBB	37	1,243,971	511	2,370,796	148	6,575,580	1,211	5,871,833
COLQUITT	0	0	0	0	0	0	2	2,926
COOK	0	0	0	0	0	0	1	8,987
COWETA	1	51,803	0	0	2	27,837	5	10,450
DAWSON	4	74,766	33	329,324	4	195,041	73	275,061
DEKALB	3	17,740	26	98,185	13	836,679	90	443,317
DOOLY	0	0	0	0	0	0	2	525
DOUGHERTY	2	2,549	0	0	0	0	1	90
DOUGLAS	0	0	13	52,223	3	125,027	40	247,933
EMANUEL	0	0	0	0	0	0	1	1,258
FANNIN	17	977,992	154	738,168	40	1,664,591	239	1,642,039
FAYETTE	0	0	0	0	0	0	2	2,900
FLORIDA	1	41,090	10	39,266	9	367,732	47	166,639
FLOYD	1	1,188	5	141,671	3	32,916	74	231,937
FORSYTH	0	0	63	529,396	35	1,283,383	150	727,625
FRANKLIN	0	0	2	2,837	0	0	1	88

FULTON	3	140,674	63	445,071	44	2,679,066	249	2,372,930
GILMER	13	1,058,125	280	1,577,953	73	2,941,728	587	2,235,162
GLYNN	0	0	0	0	0	0	4	42,438
GORDON	15	1,101,182	145	1,067,116	18	663,629	191	1,286,443
GWINNETT	3	11,446	29	167,585	12	590,966	132	516,509
HABERSHAM	0	0	0	0	0	0	14	26,862
HALL	0	0	21	73,422	1	7,907	41	172,608
HARALSON	0	0	0	0	2	30,076	4	21,175
HART	0	0	0	0	0	0	1	2,357
HEARD	0	0	0	0	0	0	1	3,309
HENRY	0	0	1	204	1	200,726	13	37,630
JACKSON	0	0	1	717	0	0	5	5,148
JASPER	0	0	0	0	0	0	1	12,398
JEFFERSON	0	0	0	0	0	0	1	357
JOHNSON	0	0	0	0	0	0	2	2,282
JONES	0	0	0	0	0	0	2	3,246
LAMAR	0	0	2	1,159	0	0	5	16,094
LAURENS	0	0	0	0	0	0	2	27,495
LOWNDES	0	0	3	12,490	0	0	1	37,773
LUMPKIN	0	0	4	2,279	2	69,998	9	28,519
MACON	0	0	0	0	0	0	1	4,885
MADISON	0	0	0	0	0	0	2	7,579
MITCHELL	0	0	0	0	0	0	1	606
MONROE	0	0	0	0	1	1,270	0	0
MONTGOMERY	0	0	0	0	0	0	1	17,969
MORGAN	0	0	0	0	1	1,776	6	17,836
MURRAY	1	3,187	16	209,966	1	101,741	25	222,849
MUSCOGEE	1	26,746	1	7,876	0	0	5	6,938
NEWTON	0	0	4	4,872	3	110,017	15	51,767
NORTH CAROLINA	2	108,811	33	296,689	7	586,215	103	287,997
OTHER OUT OF STAT	1	1,511	0	0	24	994,444	187	892,926
PAULDING	3	65,125	59	161,846	10	13,076	154	627,152
PICKENS	34	1,197,076	753	3,204,976	148	4,167,074	1,407	5,247,213
PIKE	0	0	0	0	0	0	5	3,501
POLK	3	133,608	10	58,474	2	107,136	74	413,370
PUTNAM	0	0	0	0	0	0	1	641
RICHMOND	0	0	0	0	0	0	2	6,658
ROCKDALE	0	0	1	270	1	534	0	0
SOUTH CAROLINA	0	0	0	0	2	138,469	14	42,440
SPALDING	0	0	1	28,953	1	710	4	2,691
STEPHENS	0	0	4	22,700	0	0	7	59,285
SUMTER	0	0	0	0	0	0	1	130
TALIAFERRO	0	0	0	0	0	0	1	285
TATTNALL	0	0	0	0	0	0	2	3,333

TENNESSEE	2	65,406	25	142,832	11	245,367	57	321,236
TIFT	0	0	0	0	0	0	3	111,095
TOWNS	3	293,487	52	459,528	2	112,027	22	159,132
UNION	1	112,483	77	507,116	12	327,674	71	415,801
UPSON	0	0	0	0	0	0	4	14,051
WALKER	0	0	6	13,799	0	0	15	731,438
WALTON	0	0	4	10,090	1	3,503	10	14,260
WASHINGTON	0	0	0	0	0	0	1	3,001
WAYNE	0	0	0	0	0	0	1	4,575
WHITE	0	0	18	395,451	0	0	8	520,413
WHITFIELD	2	163,117	8	49,586	1	135,725	30	511,890
WILKES	0	0	0	0	0	0	1	150
Total	469	15,666,318	6,321	31,015,710	1,920	73,483,209	16,037	67,944,287

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 2022?
(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 2022.

Patient Category		SFY 2021	SFY2022	SFY2023
		7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
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 2021	SFY2022	SFY2023
7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
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: 7/19/2023

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: 7/19/2023

Title: VP FINANCE / CFO

Comments: