



2022 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

Mailing Address: 1200 Northside Forsyth Drive

Mailing City: Cumming

Mailing Zip: 30041

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	1,357,331,900
Total Inpatient Admissions accounting for Inpatient Revenue	19,896
Outpatient Gross Patient Revenue	1,645,527,811
Total Outpatient Visits accounting for Outpatient Revenue	217,844
Medicare Contractual Adjustments	1,354,475,763
Medicaid Contractual Adjustments	144,108,799
Other Contractual Adjustments:	667,004,851
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	8,115,233
Gross Indigent Care:	36,225,110
Gross Charity Care:	130,036,853
Uncompensated Indigent Care (net):	36,225,110
Uncompensated Charity Care (net):	130,036,853
Other Free Care:	25,054,883
Other Revenue/Gains:	20,667,283
Total Expenses:	581,506,596

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	20,552,918
Admin Discounts	4,501,965
Employee Discounts	0
	0
Total	25,054,883

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	12,414,108	75,028,520	87,442,628
Outpatient	23,811,002	55,008,333	78,819,335
Total	36,225,110	130,036,853	166,261,963

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
Total	0

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	12,414,108	75,028,520	87,442,628
Outpatient	23,811,002	55,008,333	78,819,335
Total	36,225,110	130,036,853	166,261,963

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	2	190,302	4	4,897	2	3,796	20	60,186
BALDWIN	1	1,556	6	8,347	1	100	1	12,479
BANKS	3	123,963	14	38,634	2	3,308	36	67,912
BARROW	1	2,407	27	17,473	16	1,013,939	164	237,731
BARTOW	0	0	0	0	2	52,506	31	73,778
BERRIEN	0	0	0	0	0	0	2	939
BIBB	0	0	0	0	1	78,638	0	0
BRYAN	0	0	0	0	0	0	3	23,761
BULLOCH	0	0	0	0	0	0	3	25,607
BURKE	0	0	1	375	0	0	0	0
BUTTS	0	0	1	5,502	0	0	3	5,145
CARROLL	1	1,180	1	9,752	0	0	10	16,724
CATOOSA	0	0	0	0	0	0	1	3,894
CHARLTON	0	0	0	0	0	0	1	112
CHATHAM	0	0	0	0	1	91,122	1	508
CHATTOOGA	0	0	1	1,176	0	0	3	270
CHEROKEE	11	264,541	135	582,819	50	1,273,821	404	1,328,559
CLARKE	0	0	13	25,842	0	0	31	406,908
CLAYTON	2	2,502	12	193,317	0	0	57	265,778
COBB	4	521,727	69	594,983	23	811,301	174	1,219,989
COLQUITT	0	0	0	0	1	1,490	0	0
COLUMBIA	0	0	3	1,819	0	0	4	20,724
COWETA	0	0	1	2,651	1	24,146	10	10,290
DAWSON	60	601,532	576	893,356	238	5,149,382	1,707	5,644,748
DECATUR	0	0	0	0	0	0	2	4,170
DEKALB	1	1,493	66	733,330	16	1,174,954	246	926,932
DODGE	0	0	0	0	0	0	1	6,160
DOUGHERTY	0	0	1	2,544	0	0	0	0
DOUGLAS	0	0	12	28,309	1	1,556	15	21,341
EARLY	0	0	0	0	0	0	1	1,268
EFFINGHAM	0	0	0	0	0	0	2	2,033
ELBERT	0	0	4	7,580	0	0	5	19,978

FANNIN	1	68,718	2	232	2	29,307	21	99,684
FAYETTE	1	870	0	0	0	0	1	53,718
FLORIDA	4	4,219	8	37,787	9	331,845	110	366,236
FLOYD	0	0	3	13,868	1	1,192	5	1,005
FORSYTH	175	5,438,997	1,828	6,888,663	774	31,512,565	4,782	17,446,272
FRANKLIN	0	0	6	12,428	0	0	9	23,952
FULTON	52	754,863	484	2,383,980	176	8,826,065	1,012	5,019,241
GILMER	0	0	9	82,653	3	40,439	25	280,550
GLASCOCK	0	0	0	0	0	0	1	250
GORDON	0	0	2	396	0	0	13	98,630
GREENE	0	0	0	0	0	0	2	1,479
GWINNETT	80	2,403,161	1,392	7,109,270	302	12,094,738	2,811	11,411,431
HABERSHAM	2	96,100	52	296,787	3	101,356	105	336,264
HALL	34	211,227	521	1,695,347	121	4,707,629	1,342	4,851,308
HANCOCK	0	0	0	0	1	2,086	1	90
HARALSON	0	0	1	1,785	0	0	3	3,219
HARRIS	0	0	0	0	0	0	2	3,437
HART	0	0	0	0	0	0	3	2,088
HENRY	1	12,060	4	10,146	1	46,899	29	67,256
HOUSTON	1	1,400	1	5,117	0	0	3	6,875
JACKSON	0	0	48	181,755	8	282,862	120	245,678
JASPER	0	0	0	0	0	0	3	3,482
JOHNSON	0	0	0	0	0	0	1	500
LAMAR	0	0	0	0	0	0	3	9,542
LAURENS	0	0	0	0	0	0	1	12,166
LOWNDES	0	0	0	0	0	0	4	72,702
LUMPKIN	16	1,301,215	149	446,905	66	3,361,983	501	1,291,493
MACON	0	0	0	0	0	0	1	100
MADISON	0	0	1	1,174	0	0	4	13,537
MARION	0	0	3	1,178	0	0	0	0
MCDUFFIE	0	0	0	0	0	0	1	83
MERIWETHER	0	0	1	5,509	0	0	0	0
MITCHELL	0	0	0	0	0	0	1	3,761
MONROE	0	0	3	2,604	0	0	1	1,987
MORGAN	0	0	1	4,253	0	0	2	397
MURRAY	0	0	2	3,607	0	0	3	8,374
MUSCOGEE	0	0	2	1,410	1	233	1	2,978
NEWTON	0	0	12	192,139	3	1,869	17	113,755
NORTH CAROLINA	1	2,779	4	7,120	9	302,700	40	78,938
OCONEE	0	0	0	0	0	0	2	450
OGLETHORPE	0	0	6	12,152	0	0	2	1,731
OTHER OUT OF STAT	0	0	18	28,871	27	1,506,747	205	709,808
PAULDING	0	0	5	58,968	1	2,041	29	147,893
PEACH	0	0	0	0	0	0	1	1,024

PICKENS	4	94,002	26	21,104	9	557,847	87	265,628
POLK	0	0	0	0	0	0	7	27,146
PUTNAM	0	0	0	0	2	550,320	1	1,750
RABUN	0	0	16	104,262	0	0	25	118,499
RANDOLPH	0	0	0	0	1	1,665	0	0
RICHMOND	0	0	0	0	0	0	2	399
ROCKDALE	0	0	2	2,778	2	3,367	11	19,994
SCREVEN	0	0	0	0	0	0	1	1,824
SOUTH CAROLINA	2	1,125	3	166	4	19,125	26	83,590
SPALDING	1	1,556	2	281	2	1,984	7	101,850
STEPHENS	4	300,252	41	253,098	5	350,815	34	138,595
SUMTER	0	0	0	0	0	0	3	4,657
TELFAIR	0	0	0	0	0	0	1	944
TENNESSEE	0	0	3	1,833	4	242,561	33	59,808
TOOMBS	0	0	0	0	1	87,040	0	0
TOWNS	0	0	9	91,767	1	56,736	4	25,500
TROUP	0	0	0	0	0	0	4	6,854
UNION	1	800	7	54,081	2	907	26	99,730
UPSON	0	0	2	2,446	0	0	0	0
WALTON	2	5,779	46	184,613	8	13,967	117	174,151
WARREN	0	0	0	0	0	0	1	338
WHITE	2	3,782	123	455,103	9	308,087	147	633,935
WHITFIELD	0	0	2	660	1	1,484	10	11,538
WORTH	0	0	0	0	0	0	1	30,315
Total	470	12,414,108	5,797	23,811,002	1,914	75,028,520	14,709	55,008,333

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: