



2022 Hospital Financial Survey

Part A : General Information

1. Identification

UID:hosp366

Facility Name: Northside Hospital Gwinnett

County: Gwinnett

Street Address: 1000 Medical Center Boulevard

City: Lawrenceville

Zip: 30046

Mailing Address: 1000 Medical Center Boulevard

Mailing City: Lawrenceville

Mailing Zip: 30046

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	2,098,423,528
Total Inpatient Admissions accounting for Inpatient Revenue	27,658
Outpatient Gross Patient Revenue	2,499,384,646
Total Outpatient Visits accounting for Outpatient Revenue	267,670
Medicare Contractual Adjustments	1,791,669,695
Medicaid Contractual Adjustments	328,201,108
Other Contractual Adjustments:	985,656,852
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	176,419,918
Gross Indigent Care:	69,780,807
Gross Charity Care:	194,945,751
Uncompensated Indigent Care (net):	69,026,371
Uncompensated Charity Care (net):	194,945,751
Other Free Care:	42,437,530
Other Revenue/Gains:	50,773,932
Total Expenses:	827,198,241

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	13,565,344
Admin Discounts	28,872,186
Employee Discounts	0
	0
Total	42,437,530

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	24,691,470	137,560,276	162,251,746
Outpatient	45,089,337	57,385,475	102,474,812
Total	69,780,807	194,945,751	264,726,558

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)	754,436
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	754,436

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	24,691,470	137,560,276	162,251,746
Outpatient	44,334,901	57,385,475	101,720,376
Total	69,026,371	194,945,751	263,972,122

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	3	59,560	13	58,920	6	542,652	27	130,011
BANKS	1	412	15	315,953	3	340,450	29	262,887
BARROW	23	591,988	353	1,262,425	95	3,424,675	601	1,898,026
BARTOW	0	0	0	0	0	0	2	16,086
BIBB	1	1,950	4	1,708	0	0	2	29,044
BLECKLEY	0	0	0	0	0	0	3	3,054
BUTTS	0	0	0	0	1	193,533	3	5,701
CARROLL	1	64,621	0	0	1	135,760	1	10,852
CHATHAM	0	0	1	948	0	0	0	0
CHATTOOGA	0	0	2	8,384	0	0	0	0
CHEROKEE	1	370	34	273,580	0	0	31	261,650
CLARKE	0	0	104	957,929	4	739,820	162	682,648
CLAYTON	2	2,805	15	109,709	4	129,247	11	18,381
COBB	2	14,630	52	47,759	11	968,381	55	261,334
COLUMBIA	0	0	0	0	0	0	1	35,631
COWETA	0	0	0	0	4	236,429	1	68,709
DADE	0	0	1	2,409	0	0	0	0
DAWSON	0	0	7	330,719	3	80,112	29	634,752
DECATUR	0	0	0	0	0	0	1	14,116
DEKALB	32	1,834,782	454	2,897,000	151	13,300,287	454	3,538,072
DOUGHERTY	0	0	1	5,356	0	0	0	0
DOUGLAS	1	289,638	23	47,669	3	104,720	11	11,354
ELBERT	0	0	35	36,228	0	0	14	11,088
EVANS	0	0	0	0	1	1,475	3	140
FANNIN	1	151,246	0	0	2	3,642	5	2,270
FAYETTE	0	0	0	0	0	0	3	9,891
FLORIDA	2	2,473	22	42,017	12	1,019,580	45	350,607
FLOYD	0	0	1	461	0	0	1	4,393
FORSYTH	2	799	0	0	13	1,946,985	65	468,493
FRANKLIN	0	0	0	0	3	9,579	49	241,019
FULTON	13	347,750	149	1,261,255	78	7,497,696	307	1,816,944
GILMER	0	0	0	0	1	24,276	2	88,316

GLYNN	0	0	1	5,544	0	0	0	0
GREENE	0	0	2	2,523	1	320,663	22	10,760
GWINNETT	675	17,896,828	6,454	28,598,747	1,543	83,650,079	7,544	33,779,875
HABERSHAM	4	8,550	20	35,341	2	138,707	70	349,404
HALL	6	198,887	333	3,573,033	25	4,784,876	370	2,176,527
HANCOCK	0	0	7	3,079	0	0	2	22,479
HARALSON	0	0	1	35	0	0	3	692
HARRIS	0	0	0	0	0	0	1	229
HART	0	0	4	8,867	0	0	13	23,833
HENRY	1	506	20	165,796	4	779,324	33	1,017,014
HOUSTON	0	0	9	1,696	0	0	5	81,010
JACKSON	12	229,892	154	259,339	16	255,796	218	465,502
JASPER	0	0	0	0	1	2,065	0	0
LAURENS	0	0	0	0	0	0	1	8,607
LIBERTY	0	0	1	4,144	0	0	0	0
LOWNDES	0	0	3	3,892	0	0	0	0
LUMPKIN	0	0	24	141,235	0	0	0	0
MADISON	0	0	46	26,613	0	0	50	669,522
MORGAN	0	0	15	187,953	1	144,421	0	0
MUSCOGEE	1	2,010	1	90	0	0	3	115,056
NEWTON	7	281,912	59	317,274	5	259,107	31	141,024
NORTH CAROLINA	1	265,560	23	198,359	7	417,403	34	131,560
OCONEE	0	0	22	70,536	2	704,261	22	17,688
OGLETHORPE	0	0	11	109,473	0	0	8	58,120
OTHER OUT OF STAT	0	0	30	28,013	62	5,036,963	369	1,810,120
PAULDING	0	0	1	23	0	0	1	100,798
PICKENS	0	0	4	1,055	1	139,390	0	0
PUTNAM	2	156,044	1	543	1	1,484	4	467
RABUN	0	0	39	88,103	0	0	30	832,893
RICHMOND	0	0	1	1,303	0	0	3	9,600
ROCKDALE	6	389,942	32	244,330	6	334,074	41	225,363
SOUTH CAROLINA	2	86,678	9	170,307	6	443,504	27	214,071
SPALDING	0	0	5	137,074	7	852,886	8	12,813
STEPHENS	0	0	28	142,547	0	0	50	1,098,963
TELFAIR	0	0	0	0	1	95,216	1	650
TENNESSEE	0	0	5	60,956	7	826,705	22	82,229
TOOMBS	0	0	1	390	0	0	0	0
TOWNS	2	2,680	2	267	0	0	7	1,072
TROUP	0	0	0	0	2	1,360	1	30
UNION	1	894	10	145,346	0	0	18	48,931
UPSON	1	1,340	6	3,230	1	330,632	0	0
WALTON	52	1,806,723	591	2,337,206	111	7,166,041	652	2,824,975
WASHINGTON	0	0	1	1,938	0	0	1	2,205
WHITE	0	0	38	352,338	2	175,831	35	172,439

WHITFIELD	0	0	1	276	0	0	0	0
WILKES	0	0	1	94	1	189	4	3,485
Total	858	24,691,470	9,302	45,089,337	2,211	37,560,276	11,622	57,385,475

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: