



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2013 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: Cumming

Mailing Address: 1200 Northside Forsyth Drive

Mailing City: Cumming

Mailing Zip: 30041-7659

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2013 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 10/1/2013 To:9/30/2014

Please indicate your cost report year.

From: 10/01/2013 To:09/30/2014

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.

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey.

Contact Name: Shannon Asbury

Contact Title: Director of Finance/System Controller

Phone: 404-303-3621

Fax: 404-303-3820

E-mail: shannon.asbury@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	498,375,216
Total Inpatient Admissions accounting for Inpatient Revenue	12,638
Outpatient Gross Patient Revenue	580,776,215
Total Outpatient Visits accounting for Outpatient Revenue	146,224
Medicare Contractual Adjustments	423,130,697
Medicaid Contractual Adjustments	70,403,809
Other Contractual Adjustments:	234,605,173
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	3,176,148
Uncompensated Indigent Care (net):	45,512,419
Uncompensated Charity Care (net):	32,795,146
Other Free Care:	3,979,247
Other Revenue/Gains:	5,104,176
Total Expenses:	257,158,366

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	1,856,033
Admin Discounts	2,123,214
Employee Discounts	0
	0
Total	3,979,247

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 2013? (Check box if yes.) ☒

2. Effective Date

What was the effective date of the policy or policies in effect during 2013?

10/01/2013

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.?

Director of Business Office

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.)?

250%

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 2013? (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	14,857,746	14,404,698	29,262,444
Outpatient	30,654,673	18,390,448	49,045,121
Total	45,512,419	32,795,146	78,307,565

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	14,857,746	14,404,698	29,262,444
Outpatient	30,654,673	18,390,448	49,045,121
Total	45,512,419	32,795,146	78,307,565

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	7	11,588	1	2,428	12	19,523
Baldwin	0	0	0	0	0	0	1	1,956
Banks	0	0	3	2,392	0	0	0	0
Barrow	3	100,448	51	89,167	4	5,452	43	60,421
Bartow	4	18,103	23	19,303	1	3,243	21	57,781
Bibb	0	0	0	0	0	0	1	8,999
Butts	0	0	6	2,786	0	0	1	70
Carroll	4	30,556	34	61,075	0	0	8	12,032
Chatham	0	0	4	4,901	0	0	0	0
Chattooga	0	0	0	0	0	0	1	5,510
Cherokee	43	183,598	608	1,068,951	25	168,002	229	483,349
Clarke	1	11,563	11	14,073	0	0	2	2,548
Clayton	0	0	15	17,397	1	181,832	5	4,213
Cobb	4	4,734	99	281,001	3	78,230	35	65,635
Coffee	0	0	0	0	0	0	1	2,533
Colquitt	0	0	0	0	1	2,549	0	0
Columbia	0	0	1	1,871	0	0	1	100
Coweta	0	0	14	91,663	1	44,784	9	9,039
Crisp	0	0	0	0	0	0	2	3,667
Dawson	135	1,432,144	2,186	3,442,473	107	2,520,320	1,197	2,246,278
Decatur	2	2,224	25	19,431	0	0	27	111,195
DeKalb	2	120,580	90	155,227	2	69,979	51	109,678
Dodge	0	0	0	0	0	0	1	1,028
Douglas	2	1,488	12	11,886	0	0	8	11,135
Elbert	0	0	0	0	0	0	1	211
Fannin	1	430	10	27,917	0	0	4	2,690
Fayette	0	0	2	836	1	623	1	2,041
Florida	2	1,309	38	51,945	1	13,940	38	108,526
Floyd	0	0	1	1,560	0	0	2	10,511
Forsyth	580	7,526,221	7,804	13,573,072	443	5,351,825	3,796	8,018,429
Franklin	0	0	10	22,847	1	1,156	7	2,062
Fulton	74	1,205,118	1,045	2,882,657	68	1,531,878	452	1,171,774

Gilmer	6	37,182	46	169,180	1	1,132	40	48,962
Glascock	0	0	0	0	0	0	2	18,676
Glynn	0	0	2	263	0	0	0	0
Gordon	1	200	24	4,430	0	0	4	16,155
Grady	0	0	2	4,254	0	0	0	0
Greene	0	0	0	0	1	3,752	0	0
Gwinnett	127	1,483,546	1,845	4,210,797	142	2,116,567	1,285	2,924,153
Habersham	0	0	13	30,904	1	3,072	16	43,686
Hall	83	1,453,703	1,609	2,391,613	66	1,226,414	666	1,416,261
Haralson	0	0	6	8,984	1	18,765	2	9,383
Heard	0	0	1	3,258	0	0	0	0
Henry	0	0	10	15,824	0	0	7	18,383
Houston	0	0	2	960	0	0	5	38,715
Jackson	5	29,247	42	59,355	3	2,031	43	74,241
Jasper	0	0	0	0	1	1,068	0	0
Jenkins	0	0	0	0	0	0	2	200
Lamar	0	0	1	809	0	0	0	0
Laurens	0	0	0	0	3	3,020	0	0
Lowndes	0	0	0	0	0	0	4	496
Lumpkin	35	511,347	509	937,793	18	459,977	313	602,922
Madison	0	0	4	3,653	1	649	5	6,462
McDuffie	0	0	0	0	0	0	1	515
Monroe	0	0	2	602	0	0	1	300
Morgan	0	0	1	2,006	0	0	0	0
Murray	0	0	14	19,254	0	0	2	2,515
Muscogee	0	0	0	0	0	0	1	40
Newton	0	0	9	6,141	1	16,733	5	9,861
North Carolina	0	0	11	33,282	2	2,586	18	27,120
Oconee	0	0	1	1,331	0	0	0	0
Other Out of State	8	64,045	102	109,569	11	211,377	95	166,703
Paulding	1	1,726	6	5,411	0	0	2	7,516
Pickens	19	369,150	299	469,230	14	232,788	99	270,959
Polk	0	0	3	3,209	0	0	1	249
Putnam	0	0	1	1,035	0	0	0	0
Rabun	0	0	3	783	0	0	4	4,069
Randolph	0	0	0	0	0	0	2	2,520
Richmond	2	96,266	2	6,803	0	0	1	3,602
Rockdale	0	0	8	9,340	1	740	4	5,851
South Carolina	0	0	8	5,866	2	21,835	9	9,052
Spalding	0	0	8	12,237	1	6,381	2	5,665
Stephens	0	0	3	9,012	0	0	5	6,381
Tennessee	0	0	17	24,441	1	31,460	9	13,983
Terrell	0	0	0	0	0	0	1	815
Thomas	0	0	0	0	1	1,608	0	0

Toombs	0	0	0	0	0	0	1	2,659
Towns	1	27,065	5	4,052	0	0	3	4,920
Troup	0	0	4	500	0	0	3	9,137
Union	1	1,413	12	85,201	0	0	5	16,412
Upson	0	0	0	0	0	0	1	175
Walton	0	0	12	33,127	2	349	15	10,673
White	7	144,340	94	102,890	6	66,153	47	56,774
Whitfield	0	0	8	11,255	0	0	1	353
Total	1,153	14,857,746	16,848	30,654,673	940	14,404,698	8,689	18,390,448

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 2013?
(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 2013.

Patient Category		SFY 2012 7/1/11-6/30/12	SFY2013 7/1/12-6/30/13	SFY2014 7/1/13-6/30/14
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 2012 7/1/11-6/30/12	SFY2013 7/1/12-6/30/13	SFY2014 7/1/13-6/30/14
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: 7/31/2014

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: Deborah Mitcham

Date: 7/31/2014

Title: VP & CFO

Comments: