



2017 Hospital Financial Survey

Part A : General Information

1. Identification

UID:hosp634

Facility Name: Northside Hospital

County: Fulton

Street Address: 1000 Johnson Ferry Road NE

City: Atlanta

Zip: 30342-1611

Mailing Address: 1000 Johnson Ferry Road NE

Mailing City: Atlanta

Mailing Zip: 30342-1611

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2017 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 10/1/2016 To:9/30/2017

Please indicate your cost report year.

From: 10/01/2016 To:09/30/2017

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	2,117,209,588
Total Inpatient Admissions accounting for Inpatient Revenue	53,286
Outpatient Gross Patient Revenue	3,911,139,003
Total Outpatient Visits accounting for Outpatient Revenue	580,333
Medicare Contractual Adjustments	1,820,445,226
Medicaid Contractual Adjustments	358,079,821
Other Contractual Adjustments:	1,658,681,822
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	85,414,825
Gross Indigent Care:	180,039,581
Gross Charity Care:	96,517,943
Uncompensated Indigent Care (net):	180,039,581
Uncompensated Charity Care (net):	95,757,810
Other Free Care:	119,137,866
Other Revenue/Gains:	124,868,491
Total Expenses:	1,507,739,993

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	76,327,864
Admin Discounts	42,810,003
Employee Discounts	0
	0
Total	119,137,867

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 2017? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2017?

10/01/2016

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.)?

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 2017? (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	48,309,545	45,166,648	93,476,193
Outpatient	131,730,036	51,351,295	183,081,331
Total	180,039,581	96,517,943	276,557,524

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	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	760,133
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	760,133

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	48,309,545	45,166,648	93,476,193
Outpatient	131,730,036	50,591,162	182,321,198
Total	180,039,581	95,757,810	275,797,391

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	9	38,184	89	108,336	9	266,674	101	134,008
APPLING	0	0	1	33	0	0	1	2,362
ATKINSON	0	0	2	666	0	0	0	0
BACON	0	0	0	0	0	0	5	4,865
BAKER	0	0	0	0	0	0	1	2,889
BALDWIN	1	2,468	3	2,107	0	0	12	44,837
BANKS	0	0	3	5,418	2	1,042	9	17,601
BARROW	11	47,057	123	452,219	9	40,319	99	137,958
BARTOW	19	552,818	138	849,682	16	258,246	104	114,342
BEN HILL	0	0	3	2,832	0	0	2	1,302
BIBB	4	1,776	38	61,095	0	0	22	64,203
BLECKLEY	1	250	0	0	0	0	1	290
BROOKS	5	41,535	13	43,924	0	0	4	5,544
BULLOCH	0	0	1	1,831	0	0	0	0
BURKE	0	0	2	1,963	0	0	2	1,604
BUTTS	3	2,768	163	185,467	0	0	94	61,076
CALHOUN	0	0	0	0	0	0	4	4,908
CAMDEN	0	0	0	0	0	0	3	15,732
CANDLER	0	0	0	0	0	0	1	415
CARROLL	17	179,980	104	208,017	14	52,781	156	237,966
CATOOSA	0	0	2	3,416	0	0	8	22,211
CHARLTON	0	0	1	1,182	0	0	0	0
CHATHAM	5	8,489	13	29,253	1	2,576	15	25,717
CHATTAHOOCHEE	0	0	1	2,652	0	0	0	0
CHATTOOGA	1	82,004	6	20,067	0	0	0	0
CHEROKEE	171	2,046,806	1,403	8,940,781	126	1,215,559	597	989,160
CLARKE	1	1,765	58	86,646	4	3,975	34	75,157
CLAY	0	0	6	5,164	0	0	8	3,347
CLAYTON	96	1,235,484	1,898	5,180,261	94	1,012,727	1,180	1,414,954
COBB	497	5,869,176	3,655	15,545,232	365	4,390,430	2,319	4,490,860
COFFEE	0	0	1	2,997	0	0	1	1,264
COLQUITT	0	0	17	203,296	0	0	5	10,996

COLUMBIA	3	97,974	5	7,645	0	0	4	3,235
COOK	0	0	1	490	0	0	0	0
COWETA	8	181,294	166	1,203,080	11	17,602	137	115,518
CRAWFORD	0	0	2	3,292	0	0	4	7,899
CRISP	1	13	3	1,263	0	0	3	7,930
DADE	0	0	2	2,998	0	0	0	0
DAWSON	9	84,005	195	1,422,285	7	11,641	60	98,660
DECATUR	0	0	2	2,415	1	1,316	0	0
DEKALB	570	10,067,756	6,085	20,749,279	694	13,565,421	6,586	13,803,227
DODGE	0	0	1	350	0	0	0	0
DOOLY	0	0	1	1,217	1	1,024	1	509
DOUGHERTY	5	339,980	20	472,756	1	2,322	14	36,884
DOUGLAS	63	1,261,174	671	2,119,608	50	476,999	445	662,466
EFFINGHAM	0	0	2	1,377	1	1,500	1	513
ELBERT	2	64,389	17	104,000	0	0	8	48,702
EMANUEL	0	0	0	0	0	0	1	454
EVANS	0	0	0	0	0	0	1	312
FANNIN	8	547,030	50	225,563	1	1,424	25	118,109
FAYETTE	21	75,865	278	605,125	3	3,334	74	165,739
FLORIDA	10	42,918	67	109,055	18	994,327	137	305,394
FLOYD	1	250	20	47,446	4	5,067	25	52,390
FORSYTH	70	421,911	1,214	4,429,014	55	690,244	369	584,024
FRANKLIN	0	0	3	5,239	0	0	13	13,863
FULTON	628	8,232,648	6,539	19,358,904	579	8,973,675	7,714	11,698,348
GILMER	10	29,304	57	123,879	4	45,494	47	66,039
GLYNN	0	0	0	0	0	0	4	727
GORDON	2	1,316	31	133,386	2	2,405	24	47,180
GRADY	0	0	0	0	0	0	1	1,235
GREENE	0	0	5	13,300	0	0	7	28,160
GWINNETT	529	7,753,161	5,020	26,504,078	450	7,430,559	3,823	9,928,335
HABERSHAM	0	0	28	113,963	1	1,576	16	23,214
HALL	16	679,728	158	601,435	18	297,603	128	142,074
HANCOCK	0	0	2	2,407	0	0	2	627
HARALSON	6	149,235	21	61,595	4	71,618	45	45,105
HARRIS	1	1,580	2	611	0	0	1	51
HART	2	2,058	5	2,388	0	0	4	3,251
HEARD	1	560	5	10,938	0	0	16	25,646
HENRY	68	951,568	1,791	5,050,393	30	395,296	606	517,723
HOUSTON	1	2,039	18	145,666	1	28,432	10	22,403
IRWIN	0	0	1	3,587	0	0	0	0
JACKSON	5	2,578	48	496,050	2	5,213	38	114,578
JASPER	2	1,688	111	978,788	1	2,001	57	38,910
JEFF DAVIS	0	0	0	0	0	0	1	65
JEFFERSON	1	455	0	0	1	500	10	12,891

JENKINS	0	0	0	0	0	0	1	376
JOHNSON	0	0	2	22,614	0	0	0	0
JONES	0	0	9	3,377	0	0	0	0
LAMAR	5	95,617	45	94,469	3	1,672	27	40,512
LAURENS	0	0	2	3,837	0	0	0	0
LEE	0	0	0	0	0	0	2	3,637
LIBERTY	1	1,288	12	6,147	0	0	4	12,308
LOWNDES	0	0	4	91,341	4	343,103	7	34,733
LUMPKIN	1	296	102	326,887	3	56,059	58	79,257
MACON	0	0	2	6,013	0	0	0	0
MADISON	2	1,405	2	1,876	1	125	3	14,102
MCDUFFIE	0	0	0	0	0	0	3	14,218
MCINTOSH	2	2,360	8	3,036	0	0	0	0
MERIWETHER	6	375,076	44	557,836	1	74,333	26	35,449
MITCHELL	0	0	0	0	0	0	3	4,439
MONROE	2	2,576	28	64,281	6	6,387	20	22,236
MONTGOMERY	0	0	1	1,420	0	0	1	302
MORGAN	1	804	18	23,238	1	229	12	10,037
MURRAY	2	2,015	29	166,714	0	0	5	8,297
MUSCOGEE	1	43,386	15	27,988	2	1,302	21	25,905
NEWTON	26	688,375	1,169	3,196,980	26	71,212	491	458,424
NORTH CAROLINA	10	489,764	64	449,952	9	71,166	100	194,037
OCONEE	0	0	12	62,651	0	0	10	10,620
OGLETHORPE	0	0	4	3,462	0	0	4	4,972
OTHER OUT OF STAT	56	776,370	290	851,997	68	1,267,180	587	1,305,060
PAULDING	38	737,417	387	1,026,701	51	740,080	230	521,991
PEACH	0	0	2	2,340	0	0	0	0
PICKENS	10	659,496	144	339,378	20	485,422	112	241,529
PIERCE	0	0	0	0	0	0	1	150
PIKE	0	0	41	70,993	1	1,669	22	11,355
POLK	0	0	25	59,929	1	57	26	49,479
PULASKI	0	0	2	1,282	0	0	2	1,023
PUTNAM	0	0	29	100,756	1	2,098	20	23,316
RABUN	1	1,041	21	79,091	0	0	16	55,747
RANDOLPH	0	0	1	1,595	0	0	1	341
RICHMOND	0	0	3	613	2	424,057	31	139,751
ROCKDALE	37	306,253	1,002	4,622,785	27	161,948	329	394,909
SCHLEY	0	0	0	0	0	0	2	351
SCREVEN	0	0	0	0	0	0	3	1,559
SEMINOLE	0	0	0	0	0	0	2	247
SOUTH CAROLINA	10	497,084	51	411,423	12	364,645	83	138,973
SPALDING	13	425,408	225	501,778	3	41,392	142	107,961
STEPHENS	2	74,452	12	16,487	0	0	13	60,235
STEWART	0	0	4	21,456	0	0	2	1,637

SUMTER	0	0	3	32,643	1	2,739	3	6,320
TALBOT	0	0	0	0	0	0	2	649
TALIAFERRO	0	0	0	0	0	0	1	802
TAYLOR	0	0	0	0	0	0	2	348
TENNESSEE	7	147,326	20	137,751	4	77,392	62	134,384
TERRELL	0	0	1	4,905	0	0	2	2,544
THOMAS	0	0	0	0	0	0	2	6,285
TIFT	2	100,211	3	46,257	0	0	5	10,893
TOOMBS	0	0	2	1,318	0	0	1	9,020
TOWNS	0	0	5	3,227	0	0	5	1,463
TROUP	2	258,757	18	23,204	4	27,131	35	37,826
TURNER	0	0	0	0	2	10,810	0	0
TWIGGS	0	0	2	1,768	0	0	2	99
UNION	4	246,447	20	63,004	2	195,305	12	10,522
UPSON	3	1,554	57	103,438	3	15,401	38	31,182
WALKER	0	0	1	598	0	0	3	8,148
WALTON	14	1,257,758	258	883,734	17	293,211	149	277,900
WARE	0	0	1	3,861	0	0	0	0
WARREN	0	0	0	0	0	0	3	4,922
WASHINGTON	0	0	0	0	0	0	3	3,989
WHITE	0	0	13	17,161	0	0	18	110,273
WHITFIELD	2	9,616	29	82,521	2	159,601	11	24,267
WILCOX	2	4,356	4	2,275	0	0	0	0
WILKES	0	0	1	35,616	0	0	1	111
WILKINSON	0	0	3	2,829	0	0	3	11,069
WORTH	0	0	3	1,801	0	0	2	846
Total	3,146	48,309,545	34,648	31,730,036	2,857	45,166,648	28,037	51,351,295

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 2017?
(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 2017.

Patient Category		SFY 2016	SFY2017	SFY2018
		7/1/15-6/30/16	7/1/16-6/30/17	7/1/17-6/30/18
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 2016	SFY2017	SFY2018
7/1/15-6/30/16	7/1/16-6/30/17	7/1/17-6/30/18
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: 7/25/2018

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: 7/25/2018

Title: VP & CFO

Comments: