



2019 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 2019 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 10/1/2018 To:9/30/2019

Please indicate your cost report year.

From: 10/01/2018 To:09/30/2019

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	2,177,473,790
Total Inpatient Admissions accounting for Inpatient Revenue	46,656
Outpatient Gross Patient Revenue	4,634,184,766
Total Outpatient Visits accounting for Outpatient Revenue	556,949
Medicare Contractual Adjustments	2,273,268,638
Medicaid Contractual Adjustments	406,004,835
Other Contractual Adjustments:	1,697,261,445
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	95,056,435
Gross Indigent Care:	153,283,074
Gross Charity Care:	219,768,963
Uncompensated Indigent Care (net):	153,283,074
Uncompensated Charity Care (net):	219,768,963
Other Free Care:	149,434,800
Other Revenue/Gains:	177,931,073
Total Expenses:	1,717,078,234

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	97,418,874
Admin Discounts	52,015,926
Employee Discounts	0
	0
Total	149,434,800

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 2019? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2019?

06/12/2018

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 2019? (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	33,795,892	74,660,863	108,456,755
Outpatient	119,487,182	145,108,100	264,595,282
Total	153,283,074	219,768,963	373,052,037

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	33,795,892	74,660,863	108,456,755
Outpatient	119,487,182	145,108,100	264,595,282
Total	153,283,074	219,768,963	373,052,037

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	4	132,824	18	67,196	13	481,815	102	171,779
Baldwin	0	0	14	69,222	1	2,859	19	52,999
Banks	1	1,340	6	46,582	1	1,340	15	35,089
Barrow	4	353,228	92	578,889	16	287,522	158	537,869
Bartow	7	119,034	88	1,027,774	23	188,381	193	382,171
Ben Hill	0	0	1	1,766	0	0	6	22,382
Berrien	1	1,580	2	618	2	6,989	2	19,655
Bibb	1	285	11	51,503	9	106,703	61	286,978
Brantley	0	0	0	0	0	0	1	2,362
Brooks	0	0	0	0	0	0	1	6,252
Bryan	0	0	0	0	0	0	2	2,772
Bulloch	0	0	2	960	1	1,185	9	20,335
Burke	0	0	0	0	1	46,278	3	8,827
Butts	0	0	48	48,960	8	138,086	158	242,985
Calhoun	0	0	0	0	0	0	1	1,196
Camden	0	0	6	11,618	0	0	6	284,896
Carroll	12	171,515	111	236,967	0	0	231	246,790
Catoosa	0	0	0	0	0	0	9	4,799
Chatham	0	0	6	6,182	4	52,712	39	317,558
Chattahoochee	0	0	0	0	0	0	1	9,698
Chattooga	0	0	8	45,322	1	1,610	6	12,478
Cherokee	49	932,585	709	6,728,558	173	4,230,994	1,633	6,980,817
Clarke	0	0	43	15,113	4	127,181	41	244,618
Clayton	33	1,672,871	1,050	7,272,066	88	804,104	1,653	5,732,580
Clinch	0	0	0	0	0	0	1	635
Cobb	160	2,912,113	2,111	12,049,795	554	9,782,704	4,322	14,039,999
Coffee	0	0	1	3,611	0	0	1	1,104
Columbia	5	194,898	3	7,769	0	0	13	23,010
Cook	0	0	1	2,234	0	0	1	3,794
Coweta	3	127,535	86	155,055	26	126,898	271	829,292
Crawford	0	0	0	0	0	0	1	3,244
Crisp	0	0	3	3,880	0	0	3	7,499

Dade	0	0	0	0	0	0	2	2,061
Dawson	0	0	131	690,565	18	429,694	221	549,585
Decatur	0	0	0	0	0	0	4	2,355
DeKalb	275	9,503,822	4,148	21,710,305	1,010	18,144,729	9,436	26,852,464
Dodge	0	0	1	2,155	0	0	2	2,851
Dooly	0	0	0	0	1	133	5	2,655
Dougherty	0	0	3	4,628	2	94,288	14	80,265
Douglas	10	100,420	338	1,839,203	64	524,761	861	2,359,506
Early	0	0	1	218	0	0	0	0
Effingham	0	0	0	0	1	395	1	250
Elbert	1	23,966	46	724,723	2	216,712	14	80,650
Emanuel	0	0	0	0	0	0	3	420
Fannin	5	477,649	31	144,103	14	400,549	51	154,996
Fayette	9	136,894	248	1,879,111	0	0	307	1,218,031
Florida	3	3,589	67	320,370	28	434,262	274	748,071
Floyd	4	4,704	12	18,605	4	377,063	44	435,476
Forsyth	29	1,570,731	628	4,634,599	82	806,638	1,094	4,014,291
Franklin	0	0	6	996	1	3,240	21	34,108
Fulton	294	3,542,269	4,540	18,336,049	922	15,937,875	11,428	27,022,352
Gilmer	4	1,173,242	33	222,038	11	221,815	51	104,143
Glynn	0	0	3	8,463	0	0	4	4,980
Gordon	2	1,764	8	7,375	5	4,732	31	67,756
Grady	0	0	0	0	0	0	4	184,097
Greene	1	4,971	4	33,505	0	0	15	45,136
Gwinnett	213	4,258,851	2,864	20,329,877	644	12,050,187	5,795	23,816,490
Habersham	0	0	9	8,011	3	4,589	37	44,120
Hall	12	707,463	174	1,988,100	17	130,352	259	1,198,955
Hancock	0	0	1	903	2	79,729	5	22,176
Haralson	1	74,325	26	634,996	5	449,211	46	61,098
Harris	0	0	4	4,114	0	0	6	2,600
Hart	0	0	1	34	0	0	4	13,197
Heard	1	1,450	10	55,883	2	33,891	14	9,411
Henry	32	591,526	1,113	2,695,572	79	1,032,835	1,843	5,458,617
Houston	0	0	7	15,508	6	92,020	29	20,835
Irwin	0	0	0	0	0	0	1	4,756
Jackson	1	1,300	29	60,764	8	83,529	94	257,447
Jasper	0	0	62	142,837	2	70,366	124	520,612
Jeff Davis	0	0	0	0	0	0	5	79,222
Jefferson	0	0	1	395	0	0	0	0
Johnson	0	0	1	426	0	0	1	2,893
Jones	0	0	6	21,719	0	0	10	37,076
Lamar	1	1,364	47	2,138,108	1	1,080	45	87,727
Laurens	0	0	7	8,831	1	20,382	12	14,465
Lee	1	3,987	3	2,239	0	0	1	407

Liberty	1	610	1	370	0	0	4	2,977
Lowndes	2	3,009	3	50,449	1	2,391	5	7,772
Lumpkin	2	107,336	41	191,244	5	320,788	80	278,897
Macon	0	0	1	47	0	0	3	520
Madison	1	52,027	11	22,564	0	0	4	34,519
Marion	0	0	3	8,234	1	88,788	8	52,726
Meriwether	0	0	52	751,461	5	1,250	0	0
Mitchell	0	0	1	643	0	0	3	6,255
Monroe	2	122,293	15	33,975	1	567,722	14	12,646
Morgan	0	0	8	6,095	0	0	43	648,303
Murray	0	0	12	6,232	1	820	11	63,572
Muscogee	0	0	16	8,810	5	52,879	29	45,301
Newton	0	0	704	2,989,833	50	374,239	1,193	5,536,969
North Carolina	7	12,881	50	100,430	18	716,700	156	507,840
Oconee	0	0	5	8,097	0	0	9	33,398
Oglethorpe	0	0	3	3,143	0	0	3	5,995
Other Out of State	10	10,613	152	164,199	53	1,290,962	681	1,946,273
Paulding	0	0	218	1,153,147	35	368,125	313	1,009,372
Peach	1	129,966	9	39,041	0	0	13	290,559
Pickens	1	63,868	62	215,756	15	131,462	103	196,521
Pierce	0	0	0	0	1	2,154	1	1,564
Pike	2	136,382	23	93,978	2	46,882	48	399,853
Polk	6	1,496,429	59	1,188,395	5	61,033	51	125,741
Pulaski	0	0	0	0	0	0	7	27,534
Putnam	0	0	8	14,877	3	76,702	21	129,604
Rabun	1	2,512	15	54,794	0	0	12	29,160
Richmond	1	672	6	15,416	1	9,648	18	24,515
Rockdale	14	1,293,754	571	2,635,336	41	227,071	962	2,943,636
Schley	0	0	0	0	0	0	1	53
Screven	0	0	1	141	0	0	1	69
South Carolina	3	34,727	33	250,440	14	203,579	152	552,524
Spalding	11	578,876	150	1,024,069	16	671,013	217	433,146
Stephens	0	0	7	15,881	3	61,079	22	83,255
Sumter	0	0	2	2,427	0	0	3	8,442
Tattnall	2	137,466	14	63,881	0	0	4	25,159
Taylor	0	0	0	0	0	0	2	6,044
Tennessee	1	1,387	22	58,378	7	351,604	83	327,987
Terrell	0	0	0	0	0	0	5	5,873
Thomas	0	0	1	3,204	1	301	4	5,184
Tift	0	0	4	69,545	0	0	5	82,579
Toombs	0	0	0	0	1	1,462	8	7,500
Towns	1	735	10	44,760	2	1,758	19	70,055
Troup	0	0	34	145,839	3	166,337	37	47,337
Twiggs	0	0	0	0	0	0	1	2,722

Union	2	3,043	11	18,168	5	385,580	50	176,068
Upton	2	56,776	52	250,503	0	0	84	757,829
Walker	0	0	1	4,480	3	31,242	5	10,705
Walton	17	167,904	208	571,015	39	351,589	444	1,404,304
Warren	0	0	0	0	0	0	1	680
Washington	0	0	1	11,847	0	0	4	2,932
Wayne	0	0	1	4,576	0	0	4	5,541
Webster	0	0	1	1,200	0	0	0	0
White	0	0	0	0	4	30,650	41	528,188
Whitfield	2	578,531	8	53,676	2	27,382	14	45,519
Wilkes	0	0	0	0	1	4,143	2	1,318
Wilkinson	0	0	7	19,618	1	1,110	0	0
Total	1,271	33,795,892	21,650	19,487,182	4,205	74,660,863	46,189	45,108,100

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 2019?
(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 2019.

Patient Category		SFY 2018	SFY2019	SFY2019
		7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
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 2018	SFY2019	SFY2019
7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
0	0	0

Reconciliation Addendum

This section is printed in landscape format on a separate PDF file.

Nurse Employment Addendum

This section is printed 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: 7/28/2020

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: 7/28/2020

Title: VP & CFO

Comments: