



2020 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 2020 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 10/1/2019 To:9/30/2020

Please indicate your cost report year.

From: 10/01/2019 To:09/30/2020

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	2,266,359,540
Total Inpatient Admissions accounting for Inpatient Revenue	45,047
Outpatient Gross Patient Revenue	4,827,265,441
Total Outpatient Visits accounting for Outpatient Revenue	515,645
Medicare Contractual Adjustments	2,368,789,247
Medicaid Contractual Adjustments	419,003,567
Other Contractual Adjustments:	1,707,146,410
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	133,582,057
Gross Indigent Care:	166,881,558
Gross Charity Care:	258,284,466
Uncompensated Indigent Care (net):	166,881,558
Uncompensated Charity Care (net):	258,284,466
Other Free Care:	155,490,114
Other Revenue/Gains:	201,871,103
Total Expenses:	1,778,073,792

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	94,312,164
Admin Discounts	61,177,950
Employee Discounts	0
	0
Total	155,490,114

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 2020? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2020?

02/12/2020

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 2020? (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	37,979,752	94,133,998	132,113,750
Outpatient	128,901,806	164,150,468	293,052,274
Total	166,881,558	258,284,466	425,166,024

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	37,979,752	94,133,998	132,113,750
Outpatient	128,901,806	164,150,468	293,052,274
Total	166,881,558	258,284,466	425,166,024

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	110,334	32	68,986	14	274,170	102	311,224
BACON	0	0	0	0	0	0	1	1,085
BAKER	0	0	1	1,305	0	0	0	0
BALDWIN	0	0	0	0	0	0	16	20,799
BANKS	0	0	5	10,840	2	170,164	11	34,031
BARROW	3	3,020,285	78	294,312	32	1,338,303	166	1,642,324
BARTOW	7	1,005,226	78	540,884	20	77,970	188	318,874
BEN HILL	0	0	0	0	2	4,161	3	4,276
BIBB	3	3,773	24	428,746	8	135,829	51	108,663
BLECKLEY	0	0	0	0	1	365	4	2,600
BRANTLEY	0	0	0	0	0	0	1	7,478
BROOKS	0	0	1	1,141	0	0	0	0
BRYAN	0	0	1	6,714	0	0	4	3,690
BULLOCH	0	0	3	1,436	0	0	5	10,464
BURKE	0	0	2	2,832	0	0	5	4,757
BUTTS	0	0	48	292,679	6	50,969	184	313,207
CAMDEN	0	0	0	0	0	0	2	26,304
CARROLL	6	106,239	125	211,627	22	383,095	234	710,911
CATOOSA	0	0	0	0	1	3,986	5	9,969
CHATHAM	0	0	18	18,334	3	126,262	44	83,830
CHATTAHOOCHEE	0	0	0	0	0	0	1	5,468
CHATTOOGA	0	0	5	11,858	1	480	9	6,004
CHEROKEE	43	2,564,174	854	9,214,470	129	3,339,544	1,612	7,902,896
CLARKE	2	126,625	35	393,836	1	107,478	59	202,669
CLAYTON	23	1,087,733	1,126	4,787,932	79	1,665,428	1,780	5,070,183
COBB	157	4,347,653	2,026	14,672,300	429	6,850,865	4,090	16,158,369
COFFEE	0	0	0	0	0	0	1	3,738
COLQUITT	0	0	0	0	0	0	3	8,367
COLUMBIA	2	102,234	10	7,754	3	69,434	12	17,469
COOK	0	0	2	23,958	0	0	0	0
COWETA	5	10,601	126	718,623	17	201,939	284	791,572
CRAWFORD	0	0	0	0	0	0	2	2,985

CRISP	0	0	4	3,106	0	0	3	20,852
DADE	0	0	0	0	0	0	1	839
DAWSON	2	157,012	162	1,248,354	9	59,417	262	1,074,007
DECATUR	0	0	0	0	1	224,309	14	524,569
DEKALB	210	8,493,206	3,728	21,233,881	833	29,900,164	9,331	33,667,131
DODGE	0	0	0	0	1	375	2	4,730
DOOLY	0	0	1	1,747	1	1,125	1	3,567
DOUGHERTY	1	4,779	4	6,489	0	0	15	82,655
DOUGLAS	26	103,790	381	1,561,696	55	547,037	789	2,721,746
EFFINGHAM	0	0	1	45	0	0	3	8,886
ELBERT	1	159,529	35	340,120	0	0	12	31,583
EMANUEL	0	0	1	1,511	0	0	3	10,116
FANNIN	0	0	14	72,518	5	4,710	43	166,711
FAYETTE	8	209,987	214	686,018	6	6,800	252	646,364
FLORIDA	3	324,862	41	180,650	37	1,529,699	287	794,316
FLOYD	1	113,332	27	38,815	3	24,864	44	237,029
FORSYTH	27	732,377	655	5,214,699	50	924,091	1,047	6,284,438
FRANKLIN	0	0	22	746,283	1	4,611	9	4,287
FULTON	221	3,545,416	4,428	22,887,811	788	19,448,263	9,860	33,372,286
GILMER	0	0	30	408,341	5	186,916	63	328,493
GLYNN	0	0	5	29,423	1	325	6	100,161
GORDON	0	0	11	57,728	7	1,140,948	54	641,607
GRADY	0	0	0	0	1	2,160	0	0
GREENE	0	0	1	958	0	0	11	39,709
GWINNETT	199	9,039,363	2,738	22,485,588	647	15,490,318	6,315	25,749,630
HABERSHAM	0	0	11	54,688	3	441,797	40	103,465
HALL	0	0	138	1,210,757	13	33,573	251	1,009,535
HANCOCK	0	0	1	10,916	1	1,851	7	48,184
HARALSON	1	702	8	11,179	4	168,616	34	348,515
HARRIS	0	0	0	0	0	0	2	1,344
HART	0	0	1	13,672	2	1,936	6	21,545
HEARD	0	0	1	2,237	1	1,408	5	2,087
HENRY	20	412,803	1,009	3,921,730	55	978,490	1,720	3,545,939
HOUSTON	0	0	5	2,861	1	17,098	7	29,935
JACKSON	5	8,454	39	95,966	12	101,062	107	139,961
JASPER	1	1,408	43	97,540	0	0	81	64,474
JEFF DAVIS	0	0	0	0	0	0	2	72,616
JONES	2	2,112	4	14,080	3	173,764	12	24,647
LAMAR	0	0	48	2,746,140	2	27,623	38	330,104
LAURENS	0	0	4	11,932	0	0	7	2,239
LEE	0	0	2	81,246	0	0	6	82,307
LIBERTY	0	0	5	6,560	0	0	6	65,046
LINCOLN	0	0	0	0	2	1,950	1	5,071
LOWNDES	0	0	16	86,821	2	27,064	15	35,005

LUMPKIN	0	0	57	667,963	2	1,559	80	211,181
MACON	0	0	0	0	0	0	1	35
MADISON	4	2,000	13	6,455	0	0	14	93,246
MARION	0	0	2	43,142	0	0	0	0
MCDUFFIE	0	0	0	0	0	0	7	38,122
MERIWETHER	3	126,605	38	325,383	0	0	28	173,478
MONROE	0	0	24	196,872	0	0	43	28,492
MONTGOMERY	0	0	0	0	0	0	1	8,730
MORGAN	1	1,364	21	330,895	4	51,793	57	399,958
MURRAY	0	0	5	3,906	2	2,728	15	18,242
MUSCOGEE	1	3,995	11	60,547	5	33,554	38	101,299
NEWTON	16	283,916	743	2,299,762	40	685,655	1,329	4,890,909
NORTH CAROLINA	1	1,408	36	172,976	17	1,461,043	150	530,314
OCONEE	0	0	6	7,844	1	69,693	10	27,273
OGLETHORPE	0	0	7	50,147	0	0	11	14,103
OTHER OUT OF STAT	5	128,941	153	595,377	70	2,466,175	737	2,740,673
PAULDING	5	65,245	202	980,781	38	715,100	399	871,253
PEACH	2	3,605	10	14,760	1	1,380	4	43,774
PICKENS	2	119,750	62	192,349	12	156,421	106	1,160,350
PIERCE	0	0	0	0	0	0	3	41,867
PIKE	0	0	25	397,031	0	0	68	131,062
POLK	1	1,900	25	54,274	2	25,422	51	70,895
PULASKI	0	0	2	9,252	1	38,319	2	7,742
PUTNAM	0	0	10	60,366	0	0	30	147,503
RABUN	1	2,500	7	48,198	2	27,633	41	203,026
RICHMOND	0	0	7	57,657	4	18,038	28	55,067
ROCKDALE	17	216,933	690	3,246,194	27	174,993	1,021	1,884,594
SEMINOLE	0	0	1	2,086	0	0	1	9,804
SOUTH CAROLINA	2	134,471	21	68,989	16	283,883	138	497,314
SPALDING	4	262,905	146	455,007	8	172,564	194	438,940
STEPHENS	0	0	12	18,499	0	0	19	289,539
SUMTER	0	0	3	735	2	72,687	4	8,159
TALIAFERRO	0	0	0	0	1	1,340	0	0
TATTNALL	0	0	0	0	1	1,630	2	7,261
TAYLOR	0	0	2	388	0	0	0	0
TELFAIR	0	0	0	0	0	0	2	7,744
TENNESSEE	0	0	14	80,308	10	212,752	89	255,416
TERRELL	0	0	1	675	0	0	0	0
THOMAS	0	0	2	2,566	0	0	6	15,731
TIFT	0	0	1	944	1	37,259	5	5,376
TOOMBS	0	0	3	901	0	0	4	5,400
TOWNS	2	57,972	0	0	2	4,195	12	16,132
TROUP	1	1,490	20	41,489	4	44,016	58	192,529
TURNER	0	0	0	0	0	0	6	144,465

UNION	0	0	13	43,514	2	708,028	32	180,298
UPSON	3	2,777	0	0	5	9,414	0	0
WALKER	0	0	0	0	0	0	1	90
WALTON	12	89,931	226	713,538	47	311,136	526	1,691,431
WARE	0	0	1	2,681	0	0	1	1,386
WASHINGTON	1	1,364	11	2,969	0	0	3	9,083
WHITE	0	0	12	23,800	2	448	50	73,569
WHITFIELD	3	676,671	19	273,525	1	72,334	22	44,810
WILCOX	0	0	1	62,388	0	0	2	4,551
WILKES	0	0	0	0	0	0	2	7,346
WILKINSON	0	0	0	0	0	0	9	57,576
WORTH	0	0	0	0	0	0	2	61,393
Total	1,068	37,979,752	21,103	28,901,806	3,652	94,133,998	45,117	64,150,468

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 2020?
(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 2020.

Patient Category		SFY 2018	SFY2020	SFY2020
		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	SFY2020	SFY2020
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.

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: 7/22/2021

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: 7/22/2021

Title: VP FINANCE / CFO

Comments: