



2022 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

Mailing Address: 1000 Johnson Ferry Road NE

Mailing City: Atlanta

Mailing Zip: 30342

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	2,748,312,423
Total Inpatient Admissions accounting for Inpatient Revenue	48,078
Outpatient Gross Patient Revenue	6,402,075,541
Total Outpatient Visits accounting for Outpatient Revenue	622,491
Medicare Contractual Adjustments	3,271,168,402
Medicaid Contractual Adjustments	564,666,804
Other Contractual Adjustments:	2,207,512,621
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	9,869,491
Gross Indigent Care:	166,549,146
Gross Charity Care:	389,906,614
Uncompensated Indigent Care (net):	166,549,146
Uncompensated Charity Care (net):	389,906,614
Other Free Care:	200,257,770
Other Revenue/Gains:	258,757,306
Total Expenses:	2,014,540,287

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	146,864,856
Admin Discounts	53,392,914
Employee Discounts	0
	0
Total	200,257,770

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	36,459,180	168,989,297	205,448,477
Outpatient	130,089,966	220,917,317	351,007,283
Total	166,549,146	389,906,614	556,455,760

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	36,459,180	168,989,297	205,448,477
Outpatient	130,089,966	220,917,317	351,007,283
Total	166,549,146	389,906,614	556,455,760

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	115,661	49	153,780	18	439,107	153	418,254
APPLING	0	0	0	0	1	354	4	3,224
BAKER	0	0	3	17,016	0	0	0	0
BALDWIN	3	121,947	21	59,533	0	0	25	33,710
BANKS	4	4,309	19	166,052	0	0	11	62,530
BARROW	8	290,596	72	325,384	15	388,510	219	1,357,695
BARTOW	1	387	77	257,998	15	259,176	213	1,385,674
Ben Hill	0	0	0	0	0	0	3	1,692
BERRIEN	0	0	3	47,338	0	0	2	1,090
BIBB	4	8,079	110	962,309	7	360,718	237	1,307,574
BLECKLEY	0	0	0	0	0	0	6	47,800
BRANTLEY	0	0	0	0	0	0	2	8,847
BROOKS	0	0	1	3,263	1	85,467	6	36,353
BRYAN	0	0	0	0	1	156	0	0
BULLOCH	0	0	3	3,272	0	0	5	2,907
BURKE	0	0	0	0	1	30,906	4	6,775
BUTTS	1	1,738	83	213,788	5	26,751	189	318,520
CAMDEN	0	0	0	0	0	0	1	2,778
CARROLL	6	266,452	176	520,568	30	729,948	265	871,209
CATOOSA	0	0	0	0	2	27,531	4	5,524
CHATHAM	0	0	6	685,721	5	269,141	46	1,774,501
CHATTOOGA	1	1,875	0	0	0	0	5	1,293
CHEROKEE	25	1,743,549	879	8,075,390	121	6,728,542	1,626	13,122,079
CLARKE	0	0	15	16,195	4	86,708	69	244,371
CLAYTON	18	463,622	1,120	7,123,660	63	2,497,134	1,967	9,546,925
COBB	90	5,921,103	2,043	12,649,505	354	23,062,348	4,323	23,642,624
COFFEE	0	0	0	0	0	0	10	194,768
COLQUITT	0	0	0	0	0	0	5	7,944
COLUMBIA	0	0	3	300	1	5,530	10	11,985
COOK	0	0	4	164,575	0	0	2	75,000
COWETA	1	2,571	96	217,241	14	157,325	277	536,126
CRAWFORD	0	0	0	0	0	0	9	186,030

CRISP	0	0	8	220,613	0	0	2	4,318
DAWSON	6	12,186	154	398,929	16	184,750	246	1,442,141
DEKALB	174	6,359,993	3,302	20,039,183	884	39,639,914	9,067	41,133,095
DODGE	0	0	1	14,571	1	429,972	0	0
DOOLY	1	1,300	0	0	0	0	4	1,662
DOUGHERTY	0	0	5	8,574	0	0	19	49,274
DOUGLAS	15	1,025,888	414	1,672,476	59	793,051	927	5,098,189
ECHOLS	0	0	0	0	0	0	1	28,464
EFFINGHAM	0	0	0	0	1	596	2	401
ELBERT	0	0	17	27,910	0	0	19	57,168
EMANUEL	0	0	0	0	0	0	1	11,216
EVANS	0	0	1	1,023	0	0	0	0
FANNIN	2	93,446	59	1,120,098	8	2,997,810	158	649,725
FAYETTE	5	165,373	164	506,599	11	282,541	406	937,485
FLORIDA	2	3,562	40	388,383	22	1,322,205	236	1,125,787
FLOYD	1	1,364	6	10,636	6	125,212	58	140,292
FORSYTH	22	1,335,177	500	3,984,874	51	1,468,326	1,111	6,020,862
FRANKLIN	0	0	0	0	0	0	15	42,451
FULTON	195	7,873,892	3,707	19,243,527	803	41,383,328	9,617	40,884,322
GILMER	1	88,685	69	232,612	4	502,257	134	732,430
GLYNN	1	4,066	1	185	0	0	2	2,817
GORDON	2	162,936	29	367,453	4	39,872	69	296,779
GRADY	0	0	0	0	0	0	3	13,978
GREENE	0	0	7	4,947	2	3,074	24	40,616
GWINNETT	152	5,789,412	2,959	28,659,090	615	27,517,212	6,435	34,634,837
HABERSHAM	0	0	6	9,132	3	18,876	0	0
HALL	9	939,236	184	2,611,481	17	1,179,964	341	2,346,320
HANCOCK	0	0	0	0	1	81,230	10	14,278
HARALSON	0	0	8	9,797	2	57,780	26	66,930
HARRIS	0	0	0	0	1	1,484	6	38,465
HART	0	0	1	11,894	1	13,982	9	16,369
HEARD	0	0	0	0	0	0	10	41,446
HENRY	21	550,756	1,089	3,592,345	63	4,033,632	1,874	4,000,874
HOUSTON	2	1,725	20	22,460	1	1,328	50	154,218
IRWIN	0	0	1	5,200	0	0	1	3,351
JACKSON	0	0	56	409,118	7	253,635	103	168,879
JASPER	0	0	13	87,162	1	599	89	107,068
Jeff Davis	0	0	0	0	0	0	1	368
JEFFERSON	0	0	0	0	0	0	4	6,839
JONES	3	3,510	25	17,479	1	750	23	111,851
LAMAR	0	0	80	391,987	1	1,500	54	546,350
LAURENS	1	2,441	16	208,074	1	19,304	12	48,768
LEE	0	0	0	0	1	41,630	5	987
LIBERTY	0	0	1	1,187	0	0	3	7,341

LONG	0	0	0	0	0	0	1	11,367
LOWNDES	1	159,829	37	326,085	2	139,041	34	476,116
LUMPKIN	1	1,490	31	100,454	3	145,703	76	116,483
MACON	0	0	0	0	0	0	2	1,802
MADISON	0	0	4	1,394	1	21,624	24	61,959
MARION	0	0	4	1,611	0	0	1	1,216
MCDUFFIE	0	0	0	0	2	68,610	3	159,793
MERIWETHER	0	0	24	113,395	1	1,271	29	38,845
MITCHELL	0	0	0	0	0	0	2	808
MONROE	1	1,484	11	70,487	0	0	30	560,742
MONTGOMERY	1	29,166	0	0	0	0	0	0
MORGAN	0	0	10	75,084	0	0	33	396,920
MURRAY	0	0	5	20,334	1	596	12	11,273
MUSCOGEE	0	0	7	155,508	3	127,340	39	122,165
NEWTON	12	588,399	708	2,805,582	28	611,802	1,181	2,584,313
NORTH CAROLINA	5	149,313	73	633,943	19	599,971	182	572,192
OCONEE	0	0	3	8,369	1	1,033	15	23,180
OGLETHORPE	0	0	2	16,534	0	0	0	0
OTHER OUT OF STAT	4	317,007	94	196,893	88	3,625,584	793	3,255,542
PAULDING	7	12,149	226	837,761	22	339,382	484	1,724,569
PEACH	2	2,413	11	86,127	1	1,950	28	97,996
PICKENS	3	99,122	71	588,303	6	126,420	194	2,584,089
PIKE	0	0	24	112,656	1	66,173	94	249,569
POLK	2	5,048	27	36,580	7	982,362	46	557,209
PULASKI	0	0	8	30,897	0	0	5	307,346
PUTNAM	0	0	5	40,704	0	0	41	305,199
QUITMAN	0	0	0	0	0	0	1	200
RABUN	0	0	2	387	2	142,202	35	549,801
RICHMOND	0	0	0	0	3	423,241	25	74,918
ROCKDALE	16	869,787	469	3,621,210	26	1,113,765	942	3,027,542
SCREVEN	0	0	1	162	0	0	1	90
SEMINOLE	0	0	0	0	0	0	2	7,903
SOUTH CAROLINA	3	180,250	30	79,973	18	557,473	113	471,188
SPALDING	6	317,827	257	1,264,048	9	220,218	368	2,534,164
STEPHENS	0	0	20	195,317	2	480,641	32	229,557
STEWART	0	0	0	0	0	0	4	8,201
TALBOT	1	2,430	1	112	0	0	0	0
TATTNALL	0	0	1	798	0	0	0	0
TAYLOR	0	0	5	6,573	0	0	6	123,104
TELFAIR	0	0	3	17,090	2	80,626	10	47,401
TENNESSEE	1	3,838	32	436,792	12	242,926	127	684,744
THOMAS	0	0	0	0	0	0	5	5,302
TIFT	1	1,484	0	0	3	75,850	6	2,483
TOOMBS	0	0	4	3,995	0	0	3	12,356

TOWNS	0	0	18	198,850	0	0	48	150,280
TROUP	2	133,288	29	58,868	2	25,092	38	279,981
TURNER	0	0	0	0	1	1,569	1	2,739
TWIGGS	0	0	5	6,670	0	0	10	31,379
UNION	0	0	49	377,082	3	3,874	110	891,473
UPSON	0	0	47	647,015	2	9,025	57	331,023
WALKER	0	0	0	0	1	24,216	4	1,370
WALTON	8	41,301	242	614,319	50	1,140,881	540	605,500
WARREN	0	0	0	0	0	0	1	299
WASHINGTON	0	0	0	0	0	0	4	636
WAYNE	0	0	0	0	0	0	2	6,557
WHITE	2	186,718	18	82,712	4	35,670	39	253,604
WHITFIELD	0	0	8	90,554	1	2,000	14	27,159
WILCOX	0	0	2	2,149	0	0	1	12,590
WILKES	0	0	0	0	0	0	4	54,714
WILKINSON	0	0	11	184,702	0	0	18	13,353
WORTH	0	0	0	0	0	0	3	10,200
Total	858	36,459,180	20,365	30,089,966	3,573	68,989,297	46,798	20,917,317

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: