



## 2018 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 2018 only.

**Do not use a different report period.**

**Please indicate your hospital fiscal year.**

From: 10/1/2017 To:9/30/2018

**Please indicate your cost report year.**

From: 10/01/2017 To:09/30/2018

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	2,220,666,952
Total Inpatient Admissions accounting for Inpatient Revenue	50,929
Outpatient Gross Patient Revenue	4,335,811,461
Total Outpatient Visits accounting for Outpatient Revenue	566,152
Medicare Contractual Adjustments	2,141,627,376
Medicaid Contractual Adjustments	367,253,869
Other Contractual Adjustments:	1,737,234,457
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	82,750,077
Gross Indigent Care:	138,672,800
Gross Charity Care:	178,208,516
Uncompensated Indigent Care (net):	138,672,800
Uncompensated Charity Care (net):	178,208,516
Other Free Care:	140,229,379
Other Revenue/Gains:	150,616,815
Total Expenses:	1,636,182,267

### 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	93,408,359
Admin Discounts	46,821,020
Employee Discounts	0
	0
<b>Total</b>	<b>140,229,379</b>

## 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 2018? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2018?

10/01/2017

### 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 2018? (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	32,677,104	69,383,484	102,060,588
Outpatient	105,995,696	108,825,032	214,820,728
<b>Total</b>	<b>138,672,800</b>	<b>178,208,516</b>	<b>316,881,316</b>

#### 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
<b>Total</b>	<b>0</b>

#### 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	32,677,104	69,383,484	102,060,588
Outpatient	105,995,696	108,825,032	214,820,728
<b>Total</b>	<b>138,672,800</b>	<b>178,208,516</b>	<b>316,881,316</b>

## 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	6,643	46	34,118	11	66,540	115	170,404
Appling	0	0	0	0	0	0	2	4,190
Atkinson	0	0	0	0	0	0	1	240
Baldwin	1	4,587	16	110,624	1	1,288	0	0
Banks	1	2,812	7	15,065	0	0	10	24,372
Barrow	5	100,266	0	0	18	519,010	148	225,744
Bartow	13	10,747	86	1,126,628	32	195,716	190	444,458
Ben Hill	0	0	3	55,775	0	0	5	12,661
Berrien	0	0	0	0	0	0	1	327
Bibb	0	0	18	101,475	5	11,292	45	77,770
Bleckley	0	0	1	1,036	2	2,578	2	802
Brantley	1	100	0	0	0	0	0	0
Bryan	0	0	1	662	0	0	1	560
Bulloch	0	0	1	5,076	0	0	0	0
Burke	0	0	0	0	0	0	11	12,859
Butts	0	0	107	162,904	6	119,746	132	105,585
Calhoun	0	0	0	0	0	0	1	87
Camden	0	0	0	0	0	0	3	2,613
Carroll	13	853,678	123	284,592	20	895,092	233	392,616
Catoosa	0	0	0	0	0	0	2	1,359
Chatham	1	884	5	6,128	3	60,829	24	33,394
Chattahoochee	0	0	1	1,301	0	0	0	0
Chattooga	0	0	3	4,781	1	1,440	12	20,298
Cherokee	75	3,177,232	856	5,500,089	225	2,532,752	1,403	5,122,268
Clarke	0	0	50	99,079	3	113,360	55	123,239
Clay	0	0	0	0	0	0	1	1,325
Clayton	62	100,195	1,286	4,073,510	97	1,291,926	1,557	2,814,448
Cobb	276	4,611,479	2,665	12,803,710	606	7,076,162	3,775	10,883,710
Coffee	0	0	1	1,536	0	0	5	9,597
Colquitt	2	109,759	6	77,848	0	0	6	77,008
Columbia	6	231,834	8	18,561	1	21,744	7	1,172
Cook	1	56,640	0	0	0	0	0	0

Coweta	10	12,118	102	341,665	13	94,838	276	939,691
Crawford	0	0	0	0	0	0	1	1,223
Crisp	0	0	3	12,500	0	0	4	17,392
Dade	0	0	0	0	0	0	1	1,627
Dawson	5	31,620	124	830,262	17	421,469	157	300,931
Decatur	1	24,726	1	367	0	0	2	564
DeKalb	392	6,516,191	4,678	21,591,081	1,029	21,340,165	9,278	24,857,309
Dodge	2	47,816	2	3,998	1	1,872	3	812
Dooly	0	0	0	0	0	0	1	175
Dougherty	0	0	0	0	3	4,850	16	69,541
Douglas	18	76,824	450	1,188,210	84	735,198	847	1,496,406
Early	0	0	3	4,623	0	0	1	149
Effingham	0	0	3	42,099	1	7,172	4	16,681
Elbert	0	0	26	658,222	2	1,200,995	21	85,988
Emanuel	0	0	0	0	0	0	9	5,808
Evans	0	0	0	0	0	0	1	435
Fannin	0	0	26	13,460	13	273,634	39	104,830
Fayette	12	37,013	241	1,082,783	13	349,067	295	426,579
Florida	4	259,040	91	262,871	34	821,101	236	631,883
Floyd	5	109,018	19	31,567	5	28,839	48	154,232
Forsyth	39	1,286,093	712	6,512,639	57	1,255,277	897	4,283,512
Franklin	2	2,130	13	33,289	1	785	17	35,547
Fulton	357	5,092,216	5,039	16,346,196	914	15,096,575	10,497	21,761,653
Gilmer	0	0	28	48,154	11	299,524	67	150,394
Glynn	1	2,155	0	0	0	0	8	55,406
Gordon	3	4,823	13	13,363	5	90,410	39	210,338
Grady	0	0	0	0	1	250	1	428
Greene	0	0	8	39,192	1	945	11	51,985
Gwinnett	261	4,048,553	3,251	17,816,068	668	6,928,385	5,142	15,990,862
Habersham	2	180	19	47,924	2	1,649	19	56,558
Hall	17	1,620,364	131	1,204,030	30	559,395	266	1,153,045
Hancock	0	0	3	12,716	0	0	9	25,362
Haralson	3	847	11	27,173	4	44,328	41	46,007
Harris	0	0	0	0	0	0	4	1,117
Hart	0	0	4	912	0	0	3	5,929
Heard	0	0	6	1,156	2	63,100	9	18,713
Henry	41	151,041	1,267	2,745,616	76	611,307	1,566	2,317,670
Houston	0	0	16	77,046	0	0	18	29,239
Irwin	0	0	0	0	0	0	1	778
Jackson	2	233,998	0	0	6	83,576	103	353,781
Jasper	0	0	64	92,637	1	1,340	91	283,821
Jefferson	0	0	0	0	0	0	3	4,745
Jones	0	0	4	1,959	0	0	5	30,537
Lamar	1	395	36	98,262	5	9,065	38	31,892

Lanier	0	0	0	0	0	0	1	5,881
Laurens	0	0	6	13,202	0	0	12	18,103
Lee	0	0	1	4,718	0	0	3	2,315
Liberty	0	0	1	19,342	1	471	6	6,898
Lincoln	0	0	0	0	0	0	1	651
Lowndes	0	0	3	20,764	3	44,971	7	13,589
Lumpkin	2	32,930	54	223,099	3	165,693	92	135,458
Macon	0	0	0	0	0	0	1	107
Madison	1	1,286	1	674	2	39,152	11	12,561
Marion	0	0	2	2,649	0	0	0	0
McDuffie	0	0	1	3,022	0	0	1	287
McIntosh	0	0	0	0	1	23,384	0	0
Meriwether	10	517,187	57	399,916	3	6,680	20	87,800
Mitchell	0	0	0	0	0	0	3	2,267
Monroe	0	0	19	22,789	3	9,613	10	15,289
Morgan	0	0	21	160,109	2	1,217	29	144,334
Murray	1	1,365	14	49,685	1	790	11	15,747
Muscogee	1	3,009	18	26,966	2	1,566	37	43,337
Newton	16	346,932	697	2,658,764	45	362,424	1,000	2,505,709
North Carolina	12	224,709	58	137,656	15	243,906	125	342,813
Oconee	0	0	9	43,350	3	2,793	4	3,140
Oglethorpe	0	0	0	0	0	0	5	2,188
Other Out of State	14	44,670	143	429,945	69	1,791,681	609	1,646,484
Paulding	23	514,171	214	726,392	52	723,253	373	1,164,102
Peach	0	0	6	32,214	0	0	14	116,091
Pickens	7	223,080	56	36,697	27	228,224	128	670,399
Pike	4	2,112	33	34,854	1	1,316	47	110,071
Polk	0	0	25	151,337	4	75,004	63	86,689
Putnam	3	203,837	0	0	1	1,226	18	21,906
Rabun	0	0	11	218,348	0	0	13	83,663
Randolph	0	0	2	2,629	0	0	0	0
Richmond	0	0	13	15,036	0	0	20	38,266
Rockdale	19	66,124	718	1,794,636	43	438,945	824	1,841,300
Schley	0	0	0	0	0	0	2	307
Seminole	0	0	0	0	0	0	1	75
South Carolina	5	90,465	44	156,417	8	165,498	89	187,308
Spalding	8	405,400	182	803,043	9	75,136	203	346,477
Stephens	3	62,118	9	232	1	54,433	31	88,720
Sumter	0	0	4	5,945	0	0	7	10,593
Taliaferro	0	0	0	0	1	1,595	1	2,049
Tattnall	0	0	3	4,019	0	0	5	14,601
Taylor	0	0	1	979	0	0	1	87
Tennessee	8	441,129	56	465,449	11	172,057	92	476,723
Terrell	0	0	11	34,737	0	0	4	14,042



Thomas	0	0	6	8,904	0	0	2	2,100
Tift	1	79,540	4	9,004	2	64,594	7	7,133
Toombs	0	0	1	2,704	0	0	3	731
Towns	0	0	7	12,629	1	1,316	15	38,992
Treutlen	0	0	0	0	0	0	1	2,696
Troup	1	1,438	19	73,743	3	128,791	35	101,799
Turner	1	88,435	4	48,500	0	0	0	0
Twiggs	0	0	5	187,068	0	0	8	275,919
Union	1	400,550	26	287,600	13	419,476	21	54,553
Upson	2	2,892	69	244,960	5	34,765	52	348,939
Walker	0	0	2	2,640	0	0	6	14,878
Walton	17	98,218	240	723,031	37	43,947	432	957,003
Ware	0	0	0	0	0	0	2	275
Warren	0	0	2	79	0	0	0	0
Washington	0	0	2	8,389	0	0	7	58,582
White	1	250	6	16,127	2	460,930	24	44,521
Whitfield	0	0	0	0	3	287,969	9	42,543
Wilkes	0	0	0	0	0	0	5	13,040
Wilkinson	0	0	2	4,166	0	0	1	7,568
Worth	1	1,240	0	0	1	76,082	3	652
<b>Total</b>	<b>1,801</b>	<b>32,677,104</b>	<b>24,572</b>	<b>105,995,696</b>	<b>4,408</b>	<b>69,383,484</b>	<b>42,399</b>	<b>108,825,032</b>

## 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 2018?  
(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 2018.

Patient Category		SFY 2017	SFY2018	SFY2019
		7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
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 2017	SFY2018	SFY2019
7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
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:** 7/26/2019

**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:** 7/26/2019

**Title:** VP & CFO

**Comments:**