



2021 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 2021 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 10/1/2020 To:9/30/2021

Please indicate your cost report year.

From: 10/01/2020 To:09/30/2021

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	2,558,439,897
Total Inpatient Admissions accounting for Inpatient Revenue	46,738
Outpatient Gross Patient Revenue	5,683,681,524
Total Outpatient Visits accounting for Outpatient Revenue	590,344
Medicare Contractual Adjustments	2,847,280,838
Medicaid Contractual Adjustments	527,523,668
Other Contractual Adjustments:	1,958,138,226
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	73,504,168
Gross Indigent Care:	187,198,270
Gross Charity Care:	290,355,772
Uncompensated Indigent Care (net):	187,198,270
Uncompensated Charity Care (net):	290,355,772
Other Free Care:	222,843,436
Other Revenue/Gains:	228,572,905
Total Expenses:	2,039,895,079

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	155,592,598
Admin Discounts	67,250,838
Employee Discounts	0
	0
Total	222,843,436

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 2021? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2021?

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 2021? (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	41,077,219	106,532,483	147,609,702
Outpatient	146,121,051	183,823,289	329,944,340
Total	187,198,270	290,355,772	477,554,042

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	41,077,219	106,532,483	147,609,702
Outpatient	146,121,051	183,823,289	329,944,340
Total	187,198,270	290,355,772	477,554,042

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	0	0	47	243,359	11	74,422	98	320,688
BACON	0	0	0	0	0	0	2	4,610
BALDWIN	2	75,263	0	0	0	0	13	204,234
BANKS	0	0	2	867	1	1,699	27	377,427
BARROW	12	1,385,321	86	827,799	19	105,633	209	1,474,049
BARTOW	4	80,342	96	435,415	18	454,259	177	941,841
BEN HILL	0	0	2	2,827	0	0	1	944
BERRIEN	0	0	1	2,000	1	1,196	1	9,847
BIBB	3	6,402	0	0	5	5,442	81	125,817
BLECKLEY	0	0	0	0	0	0	2	1,849
BROOKS	0	0	8	6,622	1	69,318	1	8,981
BRYAN	0	0	1	9,183	0	0	1	189
BULLOCH	0	0	1	414	0	0	6	19,231
BURKE	0	0	2	2,321	0	0	5	1,671
BUTTS	3	162,130	66	365,576	3	10,390	127	224,745
CAMDEN	0	0	2	267	1	2,472	2	4,979
CANDLER	0	0	0	0	0	0	1	5,492
CARROLL	5	172,671	137	386,138	23	821,034	277	1,325,831
CATOOSA	0	0	0	0	1	1,115	5	4,748
CHATHAM	0	0	2	2,042	5	29,874	37	367,596
CHATTAHOOCHEE	0	0	0	0	1	16,241	0	0
CHATTOOGA	0	0	0	0	0	0	13	21,500
CHEROKEE	46	196,568	793	4,931,664	118	5,498,416	1,618	10,214,794
CLARKE	0	0	14	26,479	3	281,192	50	231,001
CLAYTON	33	2,944,951	1,215	7,196,725	62	855,638	1,729	4,983,344
COBB	126	4,720,187	2,152	17,317,505	378	14,460,572	4,034	21,264,444
COFFEE	0	0	0	0	0	0	1	1,289
COLQUITT	1	3,795	3	975	1	325	1	1,124
COLUMBIA	0	0	8	2,196	0	0	16	9,720
COOK	1	1,762	0	0	0	0	0	0
COWETA	1	1,408	146	1,104,287	9	489,654	209	500,995
CRAWFORD	0	0	1	45,255	0	0	0	0

CRISP	0	0	1	1,035	0	0	2	18,193
DADE	0	0	0	0	0	0	1	964
DAWSON	2	288,970	149	1,828,670	13	35,875	251	1,269,956
DECATUR	0	0	0	0	0	0	10	478,364
DEKALB	244	9,024,169	3,438	23,720,988	862	30,117,660	8,699	33,517,335
DODGE	0	0	0	0	0	0	1	2,329
DOOLY	0	0	1	3,070	0	0	5	8,586
DOUGHERTY	1	1,400	1	390	1	2,326	13	42,840
DOUGLAS	8	212,268	443	1,877,435	45	950,125	817	3,305,594
EFFINGHAM	0	0	1	104	0	0	5	21,347
ELBERT	1	1,484	14	21,547	1	36	16	26,085
EMANUEL	0	0	0	0	0	0	3	13,441
EVANS	0	0	0	0	1	1,349	1	425
FANNIN	1	77,544	30	65,980	3	6,715	38	571,358
FAYETTE	10	405,355	207	536,956	11	229,636	310	558,048
FLORIDA	3	6,165	55	398,504	13	923,708	243	738,561
FLOYD	2	93,056	20	229,020	1	1,515	56	49,303
FORSYTH	26	2,127,055	604	9,633,444	54	1,103,859	1,157	6,175,746
FRANKLIN	0	0	9	15,463	1	15,158	13	59,007
FULTON	203	8,121,371	4,309	25,789,423	774	23,187,827	9,300	33,363,754
GILMER	5	170,201	46	669,299	2	110,467	69	511,276
GLYNN	0	0	12	26,594	2	112,376	2	13,482
GORDON	0	0	20	434,296	4	973,556	103	755,789
GRADY	0	0	0	0	0	0	1	698
GREENE	0	0	1	62	2	12,791	24	30,932
GWINNETT	164	5,636,000	3,018	25,939,069	588	11,367,100	6,246	28,659,181
HABERSHAM	0	0	19	73,792	0	0	43	137,730
HALL	4	7,236	177	2,258,008	30	691,103	291	2,223,506
HANCOCK	0	0	3	23,264	2	2,384	3	606
HARALSON	0	0	9	9,416	5	131,138	28	167,282
HARRIS	0	0	1	2,205	1	1,190	3	83,129
HART	0	0	3	108,632	1	1,550	6	3,638
HEARD	0	0	1	1,333	0	0	5	9,569
HENRY	22	752,442	1,178	4,291,608	58	1,301,072	1,663	7,245,193
HOUSTON	2	1,908	16	44,513	3	5,862	30	41,121
IRWIN	0	0	0	0	0	0	3	6,913
JACKSON	4	22,955	72	263,515	8	34,668	147	353,418
JASPER	0	0	22	3,952	2	180,043	58	46,398
JONES	0	0	3	3,726	0	0	2	3,268
LAMAR	2	130,924	56	571,545	3	292,924	44	895,672
LANIER	0	0	0	0	0	0	2	51,240
LAURENS	1	2,250	0	0	0	0	9	16,915
LEE	1	1,468	0	0	0	0	1	6,546
LIBERTY	0	0	0	0	0	0	6	25,993

LOWNDES	2	158,817	44	1,017,590	2	149,734	29	258,823
LUMPKIN	0	0	28	59,742	2	26,137	103	296,032
MACON	0	0	0	0	0	0	2	966
MADISON	2	1,000	4	2,588	0	0	15	16,285
MCDUFFIE	0	0	0	0	0	0	4	8,410
MERIWETHER	0	0	39	192,586	3	51,082	41	201,830
MITCHELL	0	0	1	517	1	125	3	444
MONROE	0	0	0	0	4	280,791	31	94,110
MONTGOMERY	2	2,392	5	4,449	0	0	0	0
MORGAN	0	0	6	13,610	4	89,031	75	988,716
MURRAY	0	0	3	33,414	0	0	13	18,055
MUSCOGEE	0	0	5	2,506	5	58,317	28	74,801
NEWTON	15	523,815	760	3,196,290	32	848,664	1,083	3,892,737
NORTH CAROLINA	7	1,110,920	36	1,155,829	14	434,817	132	602,349
OCONEE	0	0	4	4,925	0	0	17	23,943
OGLETHORPE	0	0	0	0	0	0	9	27,072
OTHER OUT OF STAT	4	615,643	130	565,992	88	4,360,056	775	3,508,469
PAULDING	7	16,251	219	1,568,824	41	757,150	391	1,285,774
PEACH	2	4,627	0	0	2	27,391	5	123,279
PICKENS	2	70,970	61	1,277,278	7	1,056,624	100	1,114,699
PIKE	0	0	20	86,599	0	0	62	92,768
POLK	0	0	17	187,092	5	490,333	71	327,519
PUTNAM	0	0	11	60,774	1	1,436	33	106,339
RABUN	0	0	3	4,670	1	10,092	30	734,116
RANDOLPH	0	0	1	1,714	0	0	0	0
RICHMOND	0	0	1	239	3	66,961	14	25,855
ROCKDALE	12	334,616	575	2,857,179	21	734,789	920	1,931,294
SCREVEN	0	0	0	0	0	0	1	3,007
SEMINOLE	0	0	0	0	0	0	5	46,044
SOUTH CAROLINA	4	303,028	44	182,517	17	604,208	102	314,587
SPALDING	4	260,817	158	657,568	10	294,686	234	585,347
STEPHENS	0	0	13	72,531	1	3,809	13	55,867
SUMTER	0	0	11	45,522	0	0	6	7,630
TATTNALL	0	0	0	0	0	0	3	26,805
TAYLOR	0	0	3	2,554	0	0	0	0
TELFAIR	0	0	1	2,638	0	0	1	6,976
TENNESSEE	4	41,329	18	27,532	12	426,008	96	302,635
TERRELL	0	0	0	0	0	0	2	20,465
THOMAS	0	0	0	0	0	0	1	1,288
TIFT	0	0	1	3,525	0	0	3	3,650
TOOMBS	0	0	0	0	0	0	3	3,483
TOWNS	0	0	5	3,662	0	0	21	116,730
TREUTLEN	0	0	1	431	0	0	0	0
TROUP	0	0	13	53,669	4	33,183	27	82,374

TURNER	0	0	0	0	0	0	2	104
UNION	0	0	11	8,165	6	544,204	36	444,456
UPSON	2	131,337	28	132,029	1	740	0	0
WALKER	1	780	0	0	0	0	4	24,577
WALTON	21	664,881	208	863,112	50	198,911	526	1,686,373
WARE	0	0	0	0	1	795	5	2,913
WARREN	0	0	6	2,739	0	0	0	0
WASHINGTON	0	0	0	0	0	0	5	4,625
WHEELER	0	0	0	0	0	0	1	1,376
WHITE	0	0	8	5,590	2	6,154	28	57,500
WHITFIELD	0	0	2	2,614	1	1,400	14	95,548
WILCOX	0	0	1	95	0	0	0	0
WILKES	0	0	1	1,065	1	1,950	1	9,614
WILKINSON	0	0	1	597	0	0	0	0
WORTH	1	975	1	1,715	0	0	2	919
Total	1,035	41,077,219	21,232	46,121,051	3,494	106,532,483	43,602	83,823,289

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 2021?
(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 2021.

Patient Category		SFY 2020	SFY2021	SFY2022
		7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
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 2020	SFY2021	SFY2022
7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
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: 7/27/2022

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: 7/27/2022

Title: VP FINANCE / CFO

Comments:

Northside Hospital timely filed this survey on 7/22/2022. Due to a GA DCH technical issue, Northside Hospital must resubmit this survey on 7/27/2022.