



2018 Hospital Financial Survey

Part A : General Information

1. Identification

UID:hosp541

Facility Name: Northside Hospital Cherokee

County: Cherokee

Street Address: 450 Northside Cherokee Boulevard

City: Canton

Zip: 30115

Mailing Address: 450 Northside Cherokee Blvd

Mailing City: Canton

Mailing Zip: 30115

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	564,349,780
Total Inpatient Admissions accounting for Inpatient Revenue	10,627
Outpatient Gross Patient Revenue	798,619,466
Total Outpatient Visits accounting for Outpatient Revenue	131,622
Medicare Contractual Adjustments	584,115,086
Medicaid Contractual Adjustments	98,558,707
Other Contractual Adjustments:	262,490,180
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	36,044,263
Gross Indigent Care:	32,998,553
Gross Charity Care:	64,238,897
Uncompensated Indigent Care (net):	32,998,553
Uncompensated Charity Care (net):	63,822,811
Other Free Care:	6,296,294
Other Revenue/Gains:	7,964,892
Total Expenses:	302,643,447

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	5,166,806
Admin Discounts	1,129,488
Employee Discounts	0
	0
Total	6,296,294

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	10,690,839	21,236,235	31,927,074
Outpatient	22,307,714	43,002,662	65,310,376
Total	32,998,553	64,238,897	97,237,450

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	416,086
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	416,086

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	10,690,839	20,820,149	31,510,988
Outpatient	22,307,714	43,002,662	65,310,376
Total	32,998,553	63,822,811	96,821,364

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	3	317	3	3,629	21	24,990
Appling	0	0	0	0	0	0	6	17,494
Atkinson	0	0	0	0	0	0	1	150
Baldwin	0	0	6	150,728	0	0	4	27,259
Banks	0	0	0	0	1	31,849	5	29,740
Barrow	0	0	0	0	0	0	13	40,501
Bartow	18	50,362	158	940,616	25	176,926	474	1,186,743
Ben Hill	0	0	0	0	0	0	1	600
Bibb	0	0	0	0	0	0	2	5,871
Bleckley	0	0	0	0	0	0	1	1,114
Bulloch	0	0	0	0	0	0	1	646
Butts	0	0	0	0	0	0	2	551
Carroll	0	0	6	3,279	2	2,851	18	81,308
Catoosa	0	0	0	0	0	0	1	867
Chatham	0	0	1	914	1	1,750	2	2,717
Chattooga	0	0	9	7,439	1	1,340	10	28,454
Cherokee	404	7,920,278	4,755	11,825,554	843	15,520,877	10,971	27,662,273
Clarke	0	0	3	1,885	0	0	3	9,453
Clayton	0	0	6	27,168	0	0	11	30,930
Cobb	52	1,004,676	541	1,909,224	62	883,544	917	2,607,003
Columbia	0	0	0	0	0	0	2	5,521
Coweta	0	0	0	0	0	0	5	5,002
Dawson	1	1,750	43	94,609	3	65,767	64	236,895
Decatur	0	0	0	0	0	0	1	1,166
DeKalb	2	33,278	13	146,606	2	115,137	61	187,540
Dougherty	0	0	0	0	0	0	2	1,233
Douglas	0	0	10	17,412	1	1,886	31	270,638
Fannin	8	10,201	140	542,750	15	260,280	174	571,010
Fayette	0	0	2	1,218	0	0	2	8,589
Florida	1	170,176	25	40,830	7	206,917	83	236,694
Floyd	0	0	17	57,011	1	108,287	23	173,148
Forsyth	3	4,431	65	176,696	4	84,790	121	358,866

Franklin	0	0	0	0	2	3,193	2	665
Fulton	4	4,415	108	536,051	9	431,453	197	688,623
Gilmer	18	93,505	269	920,415	33	402,957	524	1,577,754
Glynn	0	0	0	0	0	0	1	260
Gordon	5	71,230	94	479,580	11	85,754	148	485,588
Gwinnett	2	2,651	25	226,686	6	84,372	57	280,415
Habersham	0	0	0	0	0	0	2	897
Hall	0	0	7	41,632	1	1,035	20	46,849
Hancock	0	0	0	0	0	0	2	6,054
Haralson	0	0	0	0	0	0	7	18,082
Hart	0	0	0	0	0	0	1	327
Heard	0	0	0	0	0	0	1	1,865
Henry	2	43,825	14	64,224	1	4,303	6	12,911
Houston	0	0	0	0	0	0	2	794
Jackson	0	0	0	0	0	0	7	5,872
Jasper	0	0	0	0	0	0	1	626
Lamar	0	0	0	0	0	0	1	50
Lumpkin	0	0	0	0	3	475,856	31	85,039
McDuffie	0	0	0	0	0	0	1	609
McIntosh	0	0	1	1,018	0	0	0	0
Meriwether	0	0	1	1,223	0	0	3	10,440
Monroe	0	0	0	0	0	0	2	2,455
Murray	1	39,316	9	13,550	1	1,316	20	36,007
Muscogee	1	497	0	0	0	0	4	13,000
Newton	0	0	4	6,169	0	0	23	47,217
North Carolina	6	429,125	36	245,803	4	179,390	62	227,070
Other Out of State	6	109,486	35	59,724	7	253,224	158	432,363
Paulding	1	37,088	31	574,721	4	15,957	101	251,527
Pickens	36	371,073	687	2,380,303	89	1,595,568	1,500	4,211,622
Polk	0	0	4	13,313	1	140,678	22	26,995
Putnam	0	0	2	1,587	0	0	1	99
Quitman	0	0	0	0	0	0	1	3,873
Rabun	0	0	0	0	0	0	3	13,098
Richmond	1	1,316	0	0	1	816	7	16,314
Rockdale	0	0	1	8,586	0	0	9	68,570
South Carolina	0	0	4	4,200	0	0	21	46,701
Spalding	0	0	1	343	0	0	3	1,673
Stephens	0	0	1	158	0	0	8	75,510
Sumter	0	0	0	0	0	0	1	3,117
Tennessee	2	1,918	22	12,651	5	15,977	45	101,898
Terrell	1	43,488	0	0	0	0	0	0
Thomas	0	0	0	0	0	0	1	7,452
Towns	3	187,429	30	144,009	0	0	19	49,253
Troup	0	0	1	343	0	0	2	22,725

Union	3	59,325	70	583,932	6	77,296	53	195,556
Upton	0	0	0	0	0	0	2	403
Walker	0	0	0	0	0	0	4	890
Walton	0	0	4	2,205	0	0	3	9,299
Washington	0	0	0	0	0	0	2	7,222
Wayne	0	0	0	0	0	0	1	43
White	0	0	2	12,804	0	0	9	33,203
Whitfield	0	0	5	28,228	1	1,260	11	48,401
Wilkinson	0	0	0	0	0	0	1	10,420
Total	581	10,690,839	7,271	22,307,714	1,156	21,236,235	16,146	43,002,662

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: