



## 2011 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 2011 only.

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

**Please indicate your hospital fiscal year.**

From: 10/1/2010 To:9/30/2011

**Please indicate your cost report year.**

From: 10/01/2010 To:09/30/2011

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.

### Part B : Survey Contact Information

*Person authorized to respond to inquiries about the responses to this survey.*

**Contact Name:** Shannon Asbury

**Contact Title:** Director of Finance/System Controller

**Phone:** 404-303-3621

**Fax:** 404-303-3820

**E-mail:** shannon.asbury@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	1,120,363,602
Total Inpatient Admissions accounting for Inpatient Revenue	42,383
Outpatient Gross Patient Revenue	924,642,357
Total Outpatient Visits accounting for Outpatient Revenue	286,212
Medicare Contractual Adjustments	366,275,455
Medicaid Contractual Adjustments	161,711,667
Other Contractual Adjustments:	713,492,880
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	19,032,425
Uncompensated Indigent Care (net):	26,306,327
Uncompensated Charity Care (net):	47,152,047
Other Free Care:	29,295,258
Other Revenue/Gains:	29,087,769
Total Expenses:	675,237,722

### 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	0
Admin Discounts	0
Employee Discounts	0
	0
<b>Total</b>	<b>0</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 2011? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2011?

05/13/2011

### 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.?

Director of Business Office

#### **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.)?

185%

## 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 2011? (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	13,684,014	31,401,834	45,085,848
Outpatient	12,622,313	18,702,759	31,325,072
<b>Total</b>	<b>26,306,327</b>	<b>50,104,593</b>	<b>76,410,920</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)	2,758,433
Federal Government	194,113
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
<b>Total</b>	<b>2,952,546</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	13,684,014	31,401,834	45,085,848
Outpatient	12,622,313	15,750,213	28,372,526
<b>Total</b>	<b>26,306,327</b>	<b>47,152,047</b>	<b>73,458,374</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	3	2,200	7	27,302	10	71,892	51	125,057
Baldwin	0	0	2	1,826	0	0	4	1,312
Banks	0	0	2	3,596	1	161,882	0	0
Barrow	3	80,883	6	33,262	19	14,842	56	67,960
Bartow	5	136,452	24	181,993	9	26,915	49	14,497
Bibb	1	95	2	22,388	2	41,798	4	1,883
Bulloch	0	0	0	0	0	0	1	7,043
Butts	0	0	0	0	1	200	3	3,625
Carroll	0	0	4	33,741	5	108,856	24	73,638
Chatham	0	0	3	1,611	1	37,550	4	5,945
Chattooga	0	0	0	0	1	292	1	30
Cherokee	26	998,357	103	713,737	108	581,964	517	457,111
Clarke	0	0	3	2,900	5	115,132	9	18,202
Clayton	15	939,324	70	497,393	16	201,012	96	182,907
Cobb	53	1,096,137	361	1,281,501	279	2,662,295	1,151	1,754,262
Coffee	1	39,444	0	0	0	0	3	2,048
Colquitt	1	130,380	1	871	0	0	0	0
Coweta	1	1,841	10	22,605	6	113,304	13	28,586
Dawson	2	7,320	4	11,475	17	314,371	46	30,860
DeKalb	133	3,586,697	956	3,150,521	495	10,144,513	2,614	4,515,264
Dooly	0	0	0	0	1	10,488	0	0
Dougherty	0	0	3	12,589	0	0	8	11,116
Douglas	1	7,421	30	118,541	34	132,991	111	91,952
Elbert	0	0	1	840	0	0	1	894
Emanuel	0	0	1	694	0	0	0	0
Fannin	2	20,229	8	87,728	2	13,722	10	6,956
Fayette	4	21,680	5	6,470	6	23,145	34	45,210
Florida	4	67,053	23	32,620	13	294,922	63	169,556
Floyd	1	40,397	1	1,602	7	736,569	14	45,859
Forsyth	18	247,761	62	386,092	87	173,943	322	377,014
Fulton	148	3,556,991	1,069	3,262,612	524	8,242,829	5,074	6,522,958
Gilmer	2	32,245	12	118,182	4	100,338	20	56,085

Glynn	1	27,857	0	0	1	701	0	0
Gordon	1	39,339	0	0	8	525,326	14	34,670
Grady	0	0	0	0	0	0	1	3,175
Greene	0	0	2	3,050	0	0	4	323
Gwinnett	79	1,524,931	575	1,862,834	347	3,625,293	1,653	2,827,535
Habersham	0	0	2	7,012	0	0	3	4,972
Hall	3	205,673	13	31,093	15	368,946	104	182,795
Haralson	0	0	0	0	0	0	3	2,326
Harris	0	0	0	0	1	942	1	1,158
Heard	2	59,540	3	11,527	0	0	0	0
Henry	1	1,106	16	85,009	9	27,673	47	29,717
Houston	1	455	2	1,919	0	0	3	15,015
Jackson	0	0	1	657	7	52,150	17	19,066
Jasper	0	0	0	0	0	0	1	1,187
Jefferson	0	0	0	0	0	0	2	307
Jones	1	55	8	301	0	0	0	0
Lamar	0	0	0	0	1	17,001	3	16,100
Laurens	0	0	0	0	5	139,555	4	4,716
Liberty	0	0	0	0	0	0	1	973
Long	0	0	0	0	1	31,797	0	0
Lowndes	0	0	1	2,276	0	0	2	6,363
Lumpkin	0	0	1	237	4	12,065	15	17,396
Madison	0	0	1	237	0	0	3	7,086
Meriwether	1	29,566	0	0	1	1,100	9	2,690
Monroe	0	0	3	2,632	0	0	2	144
Murray	0	0	6	1,340	1	1,259	10	4,782
Muscogee	0	0	1	1,167	0	0	9	20,438
Newton	1	73,550	7	7,960	4	52,050	41	60,011
North Carolina	0	0	15	58,884	13	510,421	38	67,323
Oconee	0	0	0	0	2	93,595	3	3,162
Oglethorpe	0	0	0	0	2	71,959	5	1,606
Other Out of State	6	298,650	68	206,216	28	774,697	184	330,090
Paulding	4	70,546	12	28,381	14	34,394	61	29,962
Peach	1	27,920	0	0	0	0	0	0
Pickens	2	56,056	1	6,963	12	70,168	22	23,173
Pike	0	0	0	0	0	0	3	4,309
Polk	1	819	3	7,737	0	0	8	40,479
Pulaski	0	0	0	0	0	0	1	1,677
Putnam	0	0	4	34,198	1	85,894	0	0
Rabun	1	2,928	1	212	0	0	1	3,013
Richmond	0	0	1	237	0	0	0	0
Rockdale	7	188,858	25	74,125	19	31,986	107	152,867
South Carolina	2	21,866	10	8,156	4	204,849	23	70,796
Spalding	0	0	1	1,304	3	150,509	12	9,244

Stephens	0	0	1	11,767	0	0	1	1,691
Sumter	0	0	0	0	0	0	1	1,424
Talbot	0	0	1	840	0	0	0	0
Taliaferro	0	0	0	0	2	2,147	1	5,401
Tennessee	0	0	9	10,210	4	107,641	6	7,879
Terrell	0	0	0	0	0	0	2	7,746
Thomas	0	0	0	0	0	0	3	3,811
Tift	0	0	0	0	0	0	1	1,440
Toombs	1	41,192	3	16,040	0	0	2	13,795
Towns	0	0	3	1,946	0	0	0	0
Troup	0	0	3	3,356	0	0	13	15,320
Turner	0	0	1	1,879	0	0	1	2,217
Upson	0	0	0	0	0	0	2	4,672
Walker	0	0	1	8,841	0	0	0	0
Walton	0	0	7	57,203	5	76,100	15	11,984
Ware	0	0	1	21,411	0	0	0	0
Wayne	0	0	1	550	1	515	4	971
White	1	200	3	4,630	3	2,350	9	2,802
Whitfield	0	0	2	21,996	2	2,986	3	3,130
Worth	0	0	1	1,288	0	0	0	0
<b>Total</b>	<b>541</b>	<b>13,684,014</b>	<b>3,593</b>	<b>12,622,313</b>	<b>2,173</b>	<b>31,401,834</b>	<b>12,787</b>	<b>18,702,759</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 2011?  
(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 2011.

Patient Category		SFY 2010	SFY2011	SFY2012
		7/1/09-6/30/10	7/1/10-6/30/11	7/1/11-6/30/12
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 2010	SFY2011	SFY2012
7/1/09-6/30/10	7/1/10-6/30/11	7/1/11-6/30/12
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:** 7/12/2012

**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:** Deborah Mitcham

**Date:** 7/12/2012

**Title:** VP & CFO

**Comments:**