



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2012 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 2012 only.

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

**Please indicate your hospital fiscal year.**

From: 10/1/2011 To:9/30/2012

**Please indicate your cost report year.**

From: 10/01/2011 To:09/30/2012

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	1,188,830,438
Total Inpatient Admissions accounting for Inpatient Revenue	42,668
Outpatient Gross Patient Revenue	1,092,986,805
Total Outpatient Visits accounting for Outpatient Revenue	319,085
Medicare Contractual Adjustments	422,107,231
Medicaid Contractual Adjustments	169,599,217
Other Contractual Adjustments:	816,224,166
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	46,052,790
Uncompensated Indigent Care (net):	46,287,719
Uncompensated Charity Care (net ):	33,397,574
Other Free Care:	0
Other Revenue/Gains:	27,016,939
Total Expenses:	707,232,422

### 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 2012? (Check box if yes.) ☒

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2012?

10/01/2011

### 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 2012? (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	23,430,383	23,757,377	47,187,760
Outpatient	22,857,336	12,535,476	35,392,812
<b>Total</b>	<b>46,287,719</b>	<b>36,292,853</b>	<b>82,580,572</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)	2,464,408
Federal Government	430,871
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
<b>Total</b>	<b>2,895,279</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	23,430,384	23,757,377	47,187,761
Outpatient	22,857,335	9,640,197	32,497,532
<b>Total</b>	<b>46,287,719</b>	<b>33,397,574</b>	<b>79,685,293</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	63,215	13	11,766	6	32,106	50	62,273
Banks	1	6,911	0	0	1	1,540	1	219
Barrow	6	224,869	23	18,935	10	1,289,275	23	18,421
Bartow	2	45,655	36	22,675	6	3,653	30	212,376
Ben Hill	0	0	0	0	0	0	1	826
Berrien	1	33,862	1	383	1	205	0	0
Bibb	1	578,375	5	11,816	4	1,245,886	20	24,623
Bleckley	0	0	0	0	0	0	1	144
Bulloch	0	0	1	94	0	0	2	2,619
Butts	0	0	4	3,299	0	0	5	1,446
Camden	0	0	0	0	0	0	2	2,681
Carroll	2	2,490	18	35,421	4	3,222	17	35,825
Chatham	0	0	2	1,267	1	23,047	0	0
Cherokee	39	2,242,282	189	999,012	100	1,412,715	354	497,838
Clarke	1	5,186	4	103,269	0	0	0	0
Clay	0	0	1	1,339	0	0	0	0
Clayton	17	1,438,805	111	466,968	27	203,946	121	206,641
Cobb	75	2,557,275	754	1,994,292	207	2,810,920	760	1,293,997
Coffee	0	0	0	0	0	0	1	318
Columbia	0	0	10	200,176	0	0	2	283
Coweta	0	0	14	76,443	8	24,952	13	13,898
Dawson	7	131,571	6	7,126	12	149,081	75	61,314
DeKalb	147	4,804,032	1,544	4,150,417	265	4,045,328	1,218	2,387,245
Dougherty	0	0	6	4,174	0	0	1	349
Douglas	4	184,041	64	188,458	22	82,392	72	110,570
Effingham	0	0	2	3,296	0	0	1	199
Fannin	1	792	7	8,034	1	6,485	4	913
Fayette	6	93,801	28	172,593	3	22,412	24	74,070
Florida	5	193,821	32	82,636	6	204,573	38	83,498
Floyd	0	0	0	0	4	101,360	6	47,770
Forsyth	11	145,864	123	410,741	64	137,034	364	440,975
Franklin	0	0	1	1,323	1	3,042	0	0

Fulton	192	5,025,504	5,222	7,161,051	438	6,151,550	2,358	3,808,107
Gilmer	0	0	7	21,293	2	606	9	28,923
Glynn	0	0	1	570	1	2,835	0	0
Gordon	1	3,004	4	6,895	0	0	1	446
Grady	0	0	0	0	1	59,279	1	2,999
Greene	0	0	2	1,493	0	0	0	0
Gwinnett	131	4,572,546	1,232	4,740,238	228	2,884,586	1,111	1,900,109
Habersham	1	14,234	8	10,621	3	43,591	8	13,491
Hall	6	79,354	15	19,439	15	71,013	40	67,703
Haralson	0	0	1	295	0	0	1	60
Harris	0	0	1	15,528	0	0	0	0
Hart	0	0	1	3,962	0	0	1	212
Henry	3	2,479	51	302,515	21	89,290	68	65,180
Houston	0	0	8	99,933	2	1,575	61	32,463
Jackson	1	3,548	6	16,373	2	1,547	7	19,167
Jasper	1	35,786	6	16,409	0	0	1	282
Jones	3	113	1	25	1	39,932	0	0
Lamar	0	0	1	2,149	0	0	0	0
Lee	1	1,220	1	88	0	0	0	0
Liberty	0	0	1	296	0	0	0	0
Lincoln	1	1,379	6	15,330	2	2,054	16	22,419
Macon	0	0	2	2,472	0	0	0	0
Madison	0	0	0	0	1	50,549	3	5,039
McDuffie	0	0	1	249	0	0	4	1,592
Meriwether	0	0	1	28,418	0	0	0	0
Mitchell	0	0	0	0	0	0	1	79,286
Monroe	1	1,132	0	0	0	0	0	0
Morgan	0	0	1	13,000	1	41,515	3	968
Muscogee	0	0	2	1,365	0	0	0	0
Newton	3	3,310	35	159,863	3	94,449	22	37,399
North Carolina	3	20,409	17	62,450	4	80,305	23	41,267
Oconee	0	0	1	1,171	0	0	1	2,762
Oglethorpe	0	0	0	0	0	0	1	4,607
Other Out of State	11	351,390	179	504,104	36	1,776,759	96	201,228
Paulding	5	4,559	27	25,270	20	57,848	54	87,519
Pickens	6	136,456	22	99,138	15	58,313	51	25,895
Pike	0	0	1	2,291	0	0	2	357
Polk	0	0	2	2,008	1	1,415	13	15,905
Putnam	0	0	2	24,481	0	0	0	0
Rabun	0	0	1	301	0	0	1	1,177
Randolph	0	0	8	4,441	0	0	0	0
Richmond	3	194,637	45	201,325	6	45,294	12	41,948
Rockdale	2	1,441	23	151,770	8	81,400	45	68,348
South Carolina	3	3,242	35	81,088	2	168,234	7	17,231

Spalding	0	0	12	15,163	4	5,728	33	78,205
Stephens	0	0	3	2,195	2	600	15	28,174
Stewart	0	0	1	1,061	0	0	0	0
Sumter	0	0	0	0	1	1,030	0	0
Talbot	0	0	0	0	0	0	1	1,282
Taliaferro	0	0	0	0	0	0	1	40,866
Taylor	0	0	4	16,638	0	0	0	0
Tennessee	0	0	9	39,639	5	15,758	14	35,626
Towns	0	0	1	356	1	876	4	1,357
Troup	0	0	0	0	3	2,956	7	3,973
Union	0	0	0	0	1	114,153	2	124,680
Upson	1	30,180	0	0	0	0	4	4,166
Walton	0	0	2	2,580	4	8,551	7	5,163
Ware	0	0	2	1,154	0	0	0	0
White	1	191,614	1	599	0	0	6	36,563
Whitfield	0	0	1	2,042	0	0	0	0
Wilcox	0	0	1	249	1	611	0	0
<b>Total</b>	<b>709</b>	<b>23,430,384</b>	<b>10,016</b>	<b>22,857,337</b>	<b>1,588</b>	<b>23,757,376</b>	<b>7,322</b>	<b>12,535,475</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 2012?  
(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 2012.

Patient Category		SFY 2011 7/1/10-6/30/11	SFY2012 7/1/11-6/30/12	SFY2013 7/1/12-6/30/13
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 2011 7/1/10-6/30/11	SFY2012 7/1/11-6/30/12	SFY2013 7/1/12-6/30/13
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:** 7/26/2013

**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:** 7/26/2013

**Title:** VP & CFO

**Comments:**