



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2013 Hospital Financial Survey**

**Part A : General Information**

**1. Identification**

**UID:HOSP541**

**Facility Name:** Northside Hospital Cherokee

**County:** Cherokee

**Street Address:** 201 Hospital Road

**City:** Canton

**Zip:** 30114

**Mailing Address:** PO Box 906

**Mailing City:** Canton

**Mailing Zip:** 30114-0906

**2. Report Period**

Please report data for the hospital fiscal year ending during calendar year 2013 only.

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

**Please indicate your hospital fiscal year.**

From: 10/1/2013 To:9/30/2014

**Please indicate your cost report year.**

From: 10/01/2013 To:09/30/2014

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	215,493,554
Total Inpatient Admissions accounting for Inpatient Revenue	5,793
Outpatient Gross Patient Revenue	314,611,872
Total Outpatient Visits accounting for Outpatient Revenue	78,614
Medicare Contractual Adjustments	188,623,235
Medicaid Contractual Adjustments	51,354,994
Other Contractual Adjustments:	108,078,473
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	-3,727,355
Uncompensated Indigent Care (net):	41,884,613
Uncompensated Charity Care (net ):	24,626,488
Other Free Care:	1,921,418
Other Revenue/Gains:	767,433
Total Expenses:	110,379,614

### 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	383,731
Admin Discounts	1,537,687
Employee Discounts	0
	0
<b>Total</b>	<b>1,921,418</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 2013? (Check box if yes.) ☒

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2013?

10/01/2013

### 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.)?

250%

## **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 2013? (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	11,463,307	9,618,980	21,082,287
Outpatient	30,421,306	15,652,508	46,073,814
<b>Total</b>	<b>41,884,613</b>	<b>25,271,488</b>	<b>67,156,101</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	645,000
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>645,000</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	11,463,307	9,618,980	21,082,287
Outpatient	30,421,306	15,007,508	45,428,814
<b>Total</b>	<b>41,884,613</b>	<b>24,626,488</b>	<b>66,511,101</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	236,365	32	28,218	3	54,615	14	52,625
Baldwin	0	0	1	1,437	0	0	0	0
Banks	0	0	4	1,231	0	0	0	0
Barrow	0	0	12	24,905	0	0	2	3,936
Bartow	35	149,003	696	609,813	6	61,582	147	331,393
Bibb	0	0	0	0	1	14,056	0	0
Brooks	0	0	0	0	0	0	1	3,995
Bryan	0	0	6	2,460	0	0	0	0
Bulloch	0	0	0	0	0	0	1	249
Burke	0	0	0	0	0	0	1	632
Butts	0	0	6	9,394	0	0	1	1,469
Carroll	2	37,594	16	12,565	0	0	4	1,425
Chatham	0	0	7	5,483	0	0	0	0
Chattooga	0	0	14	13,795	0	0	4	10,001
Cherokee	749	8,300,331	17,488	20,576,469	570	7,107,162	6,083	11,784,607
Clarke	1	26,026	11	5,772	0	0	2	8,171
Clayton	2	9,143	12	33,022	1	1,156	7	30,574
Cobb	36	260,445	1,024	1,369,844	26	513,360	239	600,152
Columbia	0	0	4	1,765	0	0	0	0
Coweta	0	0	9	1,380	0	0	2	11,492
Dade	0	0	1	3,090	0	0	0	0
Dawson	4	50,467	241	230,389	0	0	43	64,974
DeKalb	6	31,821	24	17,832	3	2,030	12	20,940
Douglas	0	0	48	53,554	1	1,156	19	32,620
Fannin	3	306,999	95	184,338	2	2,312	47	112,124
Fayette	0	0	3	3,716	0	0	0	0
Florida	4	28,904	39	30,557	0	0	24	68,971
Floyd	2	31,409	18	21,641	0	0	4	10,168
Forsyth	19	152,195	475	409,027	4	91,607	40	124,491
Franklin	0	0	7	4,082	0	0	0	0
Fulton	6	72,527	333	473,760	4	135,933	118	268,034
Gilmer	29	397,575	490	1,374,943	27	244,807	121	300,191

Glynn	0	0	1	63	0	0	0	0
Gordon	8	98,954	197	365,858	6	59,788	89	146,625
Gwinnett	6	16,103	135	98,041	8	6,067	34	28,380
Habersham	0	0	2	1,479	0	0	0	0
Hall	4	4,904	134	97,039	0	0	7	8,970
Haralson	0	0	2	1,360	0	0	3	3,037
Henry	0	0	5	1,898	0	0	0	0
Houston	0	0	0	0	0	0	24	96,925
Jackson	0	0	1	73	0	0	6	7,113
Jones	0	0	1	184	0	0	0	0
Lamar	0	0	1	896	0	0	0	0
Laurens	0	0	0	0	1	50,209	0	0
Liberty	0	0	1	193	0	0	0	0
Lowndes	0	0	1	156	0	0	0	0
Lumpkin	3	460	64	65,883	0	0	1	65
Madison	0	0	23	45,686	0	0	0	0
McIntosh	1	5,761	0	0	0	0	0	0
Meriwether	0	0	20	17,629	0	0	0	0
Murray	0	0	12	10,894	1	1,132	2	392
Newton	1	19,726	14	37,891	0	0	4	1,165
North Carolina	2	7,607	26	35,648	1	3,497	12	18,509
Other Out of State	6	178,536	117	97,084	12	279,474	77	116,083
Paulding	2	6,925	107	128,530	0	0	12	28,909
Pickens	149	862,415	3,333	3,567,441	61	697,676	728	1,223,267
Polk	0	0	25	31,264	1	31,233	12	31,670
Rabun	0	0	12	15,342	0	0	3	2,894
Richmond	0	0	10	15,900	0	0	0	0
Rockdale	1	302	4	3,113	2	84,642	10	31,636
Schley	0	0	1	523	0	0	0	0
South Carolina	1	113,371	52	49,120	1	38,257	9	5,658
Spalding	0	0	8	7,474	0	0	0	0
Stephens	0	0	2	4,625	0	0	0	0
Tennessee	1	6,746	34	27,191	3	82,518	21	31,750
Towns	1	1,156	5	31,107	1	53,001	0	0
Troup	0	0	0	0	1	130	0	0
Union	1	5,718	14	16,530	1	1,580	3	943
Walker	0	0	0	0	0	0	2	19,014
Wayne	0	0	0	0	0	0	1	31
White	1	18,512	8	66,663	0	0	1	75
Whitfield	5	25,307	60	72,066	0	0	2	6,163
Wilcox	0	0	2	1,980	0	0	0	0
<b>Total</b>	<b>1,095</b>	<b>11,463,307</b>	<b>25,550</b>	<b>30,421,306</b>	<b>748</b>	<b>9,618,980</b>	<b>7,999</b>	<b>15,652,508</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 2013?  
(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 2013.

Patient Category		SFY 2012 7/1/11-6/30/12	SFY2013 7/1/12-6/30/13	SFY2014 7/1/13-6/30/14
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 2012 7/1/11-6/30/12	SFY2013 7/1/12-6/30/13	SFY2014 7/1/13-6/30/14
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:** 7/31/2014

**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:** 7/31/2014

**Title:** VP & CFO

**Comments:**