



## 2013 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:** Atlanta

**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 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	1,311,418,804
Total Inpatient Admissions accounting for Inpatient Revenue	43,103
Outpatient Gross Patient Revenue	2,087,608,417
Total Outpatient Visits accounting for Outpatient Revenue	450,446
Medicare Contractual Adjustments	866,412,932
Medicaid Contractual Adjustments	246,777,332
Other Contractual Adjustments:	986,833,532
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	23,076,161
Uncompensated Indigent Care (net):	81,296,475
Uncompensated Charity Care (net):	46,341,976
Other Free Care:	54,529,485
Other Revenue/Gains:	60,668,067
Total Expenses:	1,006,810,730

### 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	44,050,425
Admin Discounts	10,479,060
Employee Discounts	0
	0
<b>Total</b>	<b>54,529,485</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	29,806,071	19,565,908	49,371,979
Outpatient	51,490,404	29,682,800	81,173,204
<b>Total</b>	<b>81,296,475</b>	<b>49,248,708</b>	<b>130,545,183</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)	2,504,734
Federal Government	401,998
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
<b>Total</b>	<b>2,906,732</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	29,806,071	19,565,908	49,371,979
Outpatient	51,490,404	26,776,068	78,266,472
<b>Total</b>	<b>81,296,475</b>	<b>46,341,976</b>	<b>127,638,451</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	2,482	76	35,703	7	66,504	42	91,240
Appling	0	0	1	539	1	159	0	0
Bacon	0	0	1	100	0	0	1	768
Baldwin	0	0	2	1,556	2	1,305	1	40,914
Banks	3	2,828	3	688	0	0	4	16,562
Barrow	28	83,873	100	199,149	8	7,952	71	71,389
Bartow	47	1,800,260	175	156,075	9	13,667	107	-18,486
Ben Hill	0	0	5	5,370	0	0	0	0
Bibb	4	670,261	23	55,424	0	0	10	21,844
Bleckley	0	0	1	6,499	0	0	2	374
Brooks	1	66	3	160	0	0	0	0
Bulloch	0	0	3	2,207	0	0	26	16,550
Burke	0	0	0	0	0	0	2	346
Butts	1	124	28	11,648	1	90,934	19	44,337
Candler	0	0	0	0	0	0	5	1,687
Carroll	24	295,440	125	188,356	12	12,258	77	106,999
Catoosa	0	0	5	4,631	1	1,849	7	2,968
Chatham	0	0	5	32,910	0	0	8	14,592
Chattooga	0	0	7	13,348	0	0	4	6,850
Cherokee	299	1,780,546	1,223	2,052,109	110	585,534	398	749,855
Clarke	2	4,550	23	103,709	6	4,088	11	21,315
Clay	0	0	0	0	0	0	1	2,679
Clayton	76	323,186	558	1,061,585	46	97,522	350	543,356
Cobb	481	2,698,318	3,037	6,365,646	251	1,755,616	1,362	2,428,973
Coffee	1	6,463	6	48,145	0	0	2	6,700
Colquitt	0	0	0	0	0	0	1	831
Columbia	0	0	5	481	0	0	6	6,206
Cook	0	0	0	0	1	255	0	0
Coweta	11	86,098	88	305,988	5	9,765	27	42,806
Crisp	0	0	3	731	0	0	1	56
Dawson	40	28,007	207	399,239	16	26,947	71	129,061
Decatur	3	508	6	377	0	0	3	4,806

DeKalb	682	5,124,563	5,665	11,645,615	419	4,694,237	3,492	6,663,800
Dooly	0	0	0	0	0	0	2	5,491
Dougherty	1	768	5	6,577	0	0	11	11,856
Douglas	48	104,491	394	628,932	33	144,326	180	194,049
Early	0	0	1	150	0	0	0	0
Effingham	0	0	1	58	0	0	0	0
Elbert	1	418	2	764	1	2,672	2	691
Emanuel	0	0	0	0	1	28,384	0	0
Evans	0	0	0	0	0	0	1	570
Fannin	9	177,651	31	130,314	8	6,464	27	93,705
Fayette	14	131,128	96	188,209	4	267,368	48	152,112
Florida	6	115,088	74	97,468	11	62,811	58	144,570
Floyd	7	16,912	32	23,844	1	1,096	10	50,923
Forsyth	226	352,080	1,019	1,365,142	60	177,745	431	999,180
Franklin	0	0	5	1,288	0	0	3	427
Fulton	996	6,894,736	9,188	12,208,983	473	5,736,464	6,537	9,184,822
Gilmer	11	488,811	48	49,676	3	2,026	24	24,765
Glynn	0	0	2	2,974	0	0	3	12,082
Gordon	6	120,529	27	34,291	4	17,460	21	20,050
Grady	0	0	0	0	2	1,847	0	0
Greene	0	0	2	140	0	0	3	2,761
Gwinnett	677	5,237,395	4,775	8,400,027	350	2,790,142	2,538	4,923,508
Habersham	1	88	16	12,467	2	2,955	11	7,192
Hall	66	395,793	266	289,192	22	250,369	132	179,809
Hancock	0	0	1	577	0	0	1	359
Haralson	8	2,482	11	8,585	5	5,028	16	7,492
Harris	0	0	2	3	1	1,520	2	619
Hart	1	240	3	3,338	0	0	1	3,186
Heard	2	1,072	5	10,665	1	1,319	5	2,782
Henry	40	414,429	385	1,588,540	14	10,738	116	160,839
Houston	0	0	17	37,472	0	0	3	1,075
Jackson	9	2,995	21	8,045	7	32,680	26	75,646
Jasper	0	0	29	162,213	0	0	3	2,984
Jeff Davis	1	88	1	150	1	300	0	0
Jefferson	0	0	1	383	0	0	0	0
Jones	0	0	1	1,037	1	25	3	10,028
Lamar	0	0	17	9,919	0	0	11	15,715
Lanier	1	197	1	444	1	1,069	0	0
Laurens	0	0	4	3,434	0	0	5	2,967
Lee	0	0	0	0	1	2,944	0	0
Liberty	0	0	1	1,020	0	0	0	0
Lowndes	0	0	1	228	0	0	1	6,321
Lumpkin	15	8,472	68	138,543	5	28,183	24	93,987
Macon	0	0	0	0	0	0	1	3,999

Madison	0	0	2	286	0	0	2	1,424
Meriwether	1	282	12	6,713	1	383	3	6,754
Monroe	0	0	5	2,893	2	2,312	7	1,103
Montgomery	0	0	0	0	0	0	1	178
Morgan	1	1,032	2	887	1	1,075	4	1,667
Murray	0	0	7	28,257	3	54,826	6	3,898
Muscogee	0	0	8	18,455	2	672	15	29,357
Newton	25	107,011	229	543,054	20	90,355	143	180,920
North Carolina	7	441,417	65	102,170	5	126,557	36	107,082
Oconee	0	0	1	1,871	0	0	3	10,021
Other Out of State	24	476,574	256	249,782	33	537,759	306	721,766
Paulding	23	16,932	159	658,573	30	34,069	79	227,059
Pickens	47	36,931	175	269,400	14	186,669	38	25,808
Pike	1	66	9	18,544	0	0	4	6,318
Polk	3	117,224	24	149,958	5	6,972	35	67,563
Pulaski	1	2,362	2	2,334	0	0	0	0
Putnam	0	0	8	5,256	0	0	2	298
Rabun	1	142	9	4,597	0	0	4	4,385
Randolph	0	0	4	1,486	0	0	0	0
Richmond	14	19,436	59	87,261	11	36,823	59	199,344
Rockdale	29	282,935	198	552,988	28	99,900	127	185,156
Screven	0	0	0	0	0	0	7	6,795
Seminole	0	0	1	724	0	0	1	3,215
South Carolina	4	532,326	34	159,535	9	271,197	43	72,475
Spalding	3	4,615	59	51,802	6	37,486	47	120,025
Stephens	4	1,603	20	4,420	1	69,440	3	19,306
Sumter	0	0	2	38,204	0	0	1	124
Talbot	0	0	1	23,501	0	0	0	0
Tattnall	0	0	0	0	0	0	6	3,546
Taylor	0	0	1	288	1	1,184	3	2,512
Tennessee	1	52	19	17,030	4	1,007,032	46	78,102
Thomas	0	0	7	70,200	1	1,132	0	0
Tift	0	0	2	147	2	2,264	2	465
Toombs	1	244	0	0	0	0	1	1,014
Towns	1	289	6	8,531	0	0	10	36,411
Treutlen	0	0	0	0	0	0	1	498
Troup	2	964	22	15,802	0	0	27	40,721
Turner	0	0	0	0	1	39,692	0	0
Twiggs	0	0	0	0	0	0	1	1,080
Union	2	1,990	11	50,597	2	1,418	7	3,945
Upson	2	21,395	3	6,775	2	3,016	11	5,538
Walker	1	1,075	2	106	0	0	5	28,695
Walton	6	124,118	72	135,530	3	4,540	21	42,366
Ware	0	0	2	2,000	1	1,000	0	0

Washington	0	0	0	0	0	0	1	90
Wheeler	0	0	0	0	0	0	1	1,141
White	5	3,295	17	5,765	2	656	8	7,224
Whitfield	3	2,513	14	13,849	2	2,952	10	11,471
Wilkes	2	1,746	3	536	0	0	0	0
Wilkinson	1	234,066	7	67,217	0	0	0	0
<b>Total</b>	<b>4,068</b>	<b>29,806,071</b>	<b>29,476</b>	<b>51,490,404</b>	<b>2,099</b>	<b>19,565,908</b>	<b>17,508</b>	<b>29,682,800</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	SFY2013	SFY2014
		7/1/11-6/30/12	7/1/12-6/30/13	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	SFY2013	SFY2014
7/1/11-6/30/12	7/1/12-6/30/13	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:**