



## 2008 Hospital Financial Survey

### Part A : General Information

#### 1. Identification

UID:HOSP416

**Facility Name:** Children's Healthcare of Atlanta at Egleston

**County:** DeKalb

**Street Address:** 1405 Clifton Road NE

**City:** Atlanta

**Zip:** 30322-1101

**Mailing Address:** 1405 Clifton Road NE

**Mailing City:** Atlanta

**Mailing Zip:** 30322-1101

#### 2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2008 only.

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

**Please indicate your hospital fiscal year.**

From: 1/1/2008 To:12/31/2008

**Please indicate your cost report year.**

From: 01/01/2008 To:12/31/2008

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:** Art Kutner

**Contact Title:** Reimbursement Manager

**Phone:** 404-785-7963

**Fax:** 404-785-7954

**E-mail:** Art.kutner@choa.org

## 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	476,824,451
Total Inpatient Admissions accounting for Inpatient Revenue	10,127
Outpatient Gross Patient Revenue	210,998,607
Total Outpatient Visits accounting for Outpatient Revenue	113,530
Medicare Contractual Adjustments	3,000,809
Medicaid Contractual Adjustments	113,510,804
Other Contractual Adjustments:	184,956,894
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	2,488,695
Uncompensated Indigent Care (net):	30,879,977
Uncompensated Charity Care (net):	1,255,119
Other Free Care:	1,084,923
Other Revenue/Gains:	12,738,486
Total Expenses:	317,540,514

### 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 2008? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2008?

01/01/2002

### 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.?

VP Revenue Cycle

#### **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 2008? (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	20,727,797	598,693	21,326,490
Outpatient	11,546,385	754,990	12,301,375
<b>Total</b>	<b>32,274,182</b>	<b>1,353,683</b>	<b>33,627,865</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)	195,785
Federal Government	517,940
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	779,044
<b>Total</b>	<b>1,492,769</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	0	0	0
Outpatient	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</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
Atkinson	1	950	0	0	0	0	0	0
Bacon	0	0	1	55	0	0	0	0
Baldwin	2	12,496	7	44,519	0	0	0	0
Banks	2	5,331	3	10,291	0	0	1	227
Barrow	11	151,710	67	177,614	1	689	0	0
Bartow	7	58,365	54	116,749	0	0	2	1,534
Ben Hill	0	0	2	1,048	0	0	0	0
Berrien	0	0	4	21,573	0	0	0	0
Bibb	7	460,215	37	44,646	0	0	0	0
Bleckley	0	0	9	4,092	0	0	0	0
Brooks	1	299	1	13,496	0	0	0	0
Bryan	0	0	1	3,388	0	0	0	0
Butts	3	29,765	18	17,956	0	0	1	265
Camden	0	0	1	14,288	0	0	0	0
Carroll	13	299,448	47	61,707	0	0	7	5,496
Catoosa	0	0	4	1,230	0	0	0	0
Chatham	9	71,184	11	30,078	1	537	0	0
Chattahoochee	0	0	1	110	0	0	0	0
Chattooga	0	0	7	12,512	0	0	0	0
Cherokee	6	46,089	121	172,959	0	0	0	0
Clarke	11	232,899	48	83,767	3	67,393	2	158
Clay	0	0	1	203	0	0	0	0
Clayton	57	503,335	386	428,379	4	4,166	30	61,940
Clinch	0	0	12	16,869	0	0	0	0
Cobb	49	710,024	474	656,507	0	0	48	148,555
Coffee	0	0	4	4,060	0	0	1	1,755
Colquitt	1	9,700	5	19,822	0	0	0	0
Cook	1	2,984	1	1,069	0	0	0	0
Coweta	6	80,927	51	89,200	0	0	7	7,918
Crawford	1	2,000	0	0	0	0	0	0
Crisp	1	1,612	4	18,074	0	0	0	0
Dade	0	0	2	2,075	0	0	0	0

Dawson	1	12,298	3	1,521	0	0	0	0
Decatur	2	114,421	8	16,961	0	0	0	0
DeKalb	247	4,090,255	3,303	3,055,132	0	0	137	84,137
Dodge	1	4,674	3	13,089	1	90,387	0	0
Dooly	0	0	1	12,403	0	0	0	0
Dougherty	6	78,371	24	101,413	0	0	1	226
Douglas	8	198,299	82	155,121	0	0	1	584
Echols	0	0	1	596	0	0	0	0
Effingham	0	0	1	1,838	0	0	0	0
Elbert	1	6,595	7	10,928	0	0	0	0
Emanuel	0	0	2	475	0	0	0	0
Evans	0	0	1	3,487	0	0	0	0
Fannin	0	0	7	15,434	0	0	0	0
Fayette	6	62,364	44	55,164	0	0	3	1,266
Floyd	12	157,112	43	54,700	0	0	3	2,241
Forsyth	0	0	26	62,830	0	0	0	0
Franklin	2	2,738	11	18,601	0	0	1	223
Fulton	161	3,023,903	1,538	1,833,573	43	34,316	25	13,792
Gilmer	3	92,260	8	23,463	0	0	0	0
Glynn	0	0	2	1,006	0	0	0	0
Gordon	2	46,182	21	33,509	0	0	1	75
Grady	2	103,882	2	3,083	0	0	0	0
Greene	2	19,394	3	16,296	0	0	0	0
Gwinnett	115	1,196,165	890	1,050,451	0	0	91	157,321
Habersham	7	58,948	65	79,689	1	10,628	8	6,155
Hall	15	217,075	82	176,299	1	404	16	12,229
Hancock	1	7,611	0	0	0	0	0	0
Haralson	2	26,630	21	35,641	1	1,444	2	298
Harris	1	134,404	11	20,555	0	0	0	0
Hart	1	4,927	6	3,772	0	0	0	0
Heard	1	13,471	4	2,163	0	0	0	0
Henry	39	383,035	246	444,618	7	12,721	62	144,041
Houston	1	204,995	23	20,799	1	1,369	1	1,323
Jackson	6	80,979	33	30,911	5	212,435	23	39,633
Jasper	0	0	11	4,953	0	0	4	4,483
Johnson	0	0	1	260	0	0	0	0
Jones	0	0	4	3,666	1	625	0	0
Lamar	0	0	12	16,616	0	0	0	0
Lanier	0	0	3	2,734	0	0	0	0
Laurens	5	47,446	6	10,693	2	1,563	4	432
Lee	3	110,678	7	5,883	0	0	1	251
Lowndes	7	541,197	17	28,426	0	0	0	0
Lumpkin	2	21,803	17	8,856	0	0	0	0
Macon	0	0	3	3,728	2	31,629	0	0

Madison	0	0	7	7,491	0	0	1	490
Marion	1	1,042	0	0	0	0	0	0
Meriwether	5	159,669	6	4,831	0	0	0	0
Miller	0	0	1	5,242	0	0	0	0
Mitchell	1	9,848	1	578	0	0	0	0
Monroe	2	13,875	9	23,565	0	0	0	0
Morgan	0	0	4	4,789	3	1,042	1	20
Murray	0	0	14	6,692	0	0	0	0
Muscogee	17	760,799	36	122,178	0	0	1	973
Newton	42	1,180,284	203	305,882	2	1,258	12	16,203
Oconee	3	785	8	14,391	0	0	0	0
Oglethorpe	1	160,456	0	0	0	0	0	0
Other Out of State	47	2,125,495	261	407,398	4	105,514	14	14,883
Paulding	6	107,329	27	60,554	2	14,928	1	7,175
Peach	3	50,953	12	30,030	0	0	0	0
Pickens	0	0	5	8,647	1	1,485	0	0
Pierce	0	0	4	15,729	0	0	0	0
Pike	0	0	5	23,403	0	0	1	417
Polk	1	1,527	15	26,332	0	0	4	3,103
Pulaski	1	2,317	0	0	0	0	0	0
Putnam	1	9,222	4	5,839	0	0	0	0
Quitman	1	22,664	0	0	0	0	0	0
Rabun	1	6,113	13	28,729	0	0	0	0
Randolph	0	0	1	99	0	0	0	0
Richmond	1	2,550	9	11,738	0	0	0	0
Rockdale	32	315,284	151	166,974	2	1,234	12	5,570
Schley	1	156,803	0	0	0	0	0	0
Seminole	0	0	1	10,260	0	0	0	0
Spalding	8	117,105	69	133,333	0	0	1	75
Stephens	2	6,572	22	53,223	0	0	0	0
Stewart	1	2,450	1	2,612	0	0	0	0
Sumter	2	143,416	2	4,378	0	0	0	0
Talbot	3	92,566	2	955	0	0	0	0
Tattnall	0	0	1	185	0	0	0	0
Taylor	0	0	3	2,416	0	0	0	0
Telfair	0	0	4	25,776	1	733	2	1,983
Thomas	1	350,901	2	1,441	0	0	0	0
Tift	0	0	8	9,315	0	0	1	987
Toombs	0	0	3	19,747	0	0	1	117
Towns	3	19,635	0	0	0	0	0	0
Treutlen	0	0	1	19	0	0	4	1,135
Troup	17	365,345	47	152,082	1	659	7	3,171
Turner	0	0	6	6,474	0	0	0	0
Twiggs	0	0	1	393	0	0	0	0

Union	1	75	6	13,314	0	0	0	0
Upson	3	37,297	9	47,654	0	0	0	0
Walker	1	68,431	5	14,843	0	0	0	0
Walton	27	671,946	138	164,038	1	1,534	6	1,705
Ware	0	0	2	3,987	0	0	0	0
Washington	0	0	2	1,185	0	0	0	0
Wayne	1	11,692	3	7,189	0	0	0	0
White	4	9,838	12	19,284	0	0	0	0
Whitfield	2	2,068	20	41,132	0	0	0	0
Wilcox	0	0	1	596	0	0	0	0
Wilkes	0	0	1	2,153	0	0	1	425
Wilkinson	0	0	1	10,925	0	0	0	0
Worth	0	0	4	6,693	0	0	0	0
<b>Total</b>	<b>1,094</b>	<b>20,727,797</b>	<b>9,160</b>	<b>11,546,385</b>	<b>91</b>	<b>598,693</b>	<b>553</b>	<b>754,990</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 2008?  
(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 2008.

Patient Category		SFY 2007	SFY2008	SFY2009
		7/1/06-6/30/07	7/1/07-6/30/08	7/1/08-6/30/09
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	13,081,053	18,356,426
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	898,922	454,761
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 2007	SFY2008	SFY2009
7/1/06-6/30/07	7/1/07-6/30/08	7/1/08-6/30/09
0	4,545	3,646

## 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:** Donna Hyland

**Date:** 9/30/2009

**Title:** Chief Executive Officer

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:** Ruth Fowler

**Date:** 9/30/2009

**Title:** Senior VP finance

**Comments:**