



## 2008 Hospital Financial Survey

### Part A : General Information

#### 1. Identification

UID:HOSP518

**Facility Name:** Children's Healthcare of Atlanta at Scottish Rite

**County:** Fulton

**Street Address:** 1001 Johnson Ferry Road NE

**City:** Atlanta

**Zip:** 30342-1605

**Mailing Address:** 1001 Johnson Ferry Road NE

**Mailing City:** Atlanta

**Mailing Zip:** 30342-1605

#### 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	300,301,844
Total Inpatient Admissions accounting for Inpatient Revenue	12,798
Outpatient Gross Patient Revenue	346,618,494
Total Outpatient Visits accounting for Outpatient Revenue	192,349
Medicare Contractual Adjustments	227,608
Medicaid Contractual Adjustments	77,374,679
Other Contractual Adjustments:	189,699,355
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	4,843,539
Uncompensated Indigent Care (net):	28,769,050
Uncompensated Charity Care (net):	930,202
Other Free Care:	761,837
Other Revenue/Gains:	17,650,100
Total Expenses:	302,882,739

### 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	17,433,186	623,377	18,056,563
Outpatient	12,608,671	584,515	13,193,186
<b>Total</b>	<b>30,041,857</b>	<b>1,207,892</b>	<b>31,249,749</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)	65,369
Federal Government	465,027
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	1,020,101
<b>Total</b>	<b>1,550,497</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	0	0	4	5,816	0	0	0	0
Baldwin	1	3,927	9	9,862	0	0	1	16
Banks	4	16,344	11	9,863	0	0	1	253
Barrow	19	101,082	99	107,910	1	250	6	8,592
Bartow	25	181,086	115	113,763	3	2,526	11	4,956
Ben Hill	0	0	3	757	0	0	0	0
Berrien	0	0	1	1,827	0	0	0	0
Bibb	7	58,032	21	49,002	0	0	1	76
Bleckley	0	0	3	4,355	0	0	0	0
Brooks	0	0	1	318	0	0	0	0
Bulloch	0	0	2	1,031	0	0	0	0
Butts	1	9,990	20	15,273	1	2,072	3	1,012
Calhoun	0	0	2	11,867	0	0	0	0
Carroll	21	155,029	97	107,466	3	10,458	19	11,264
Catoosa	0	0	2	4,143	0	0	0	0
Chatham	1	1,095	9	45,254	0	0	0	0
Chattooga	3	29,966	4	1,998	0	0	0	0
Cherokee	54	351,890	465	475,447	1	615	36	20,698
Clarke	8	167,943	13	7,701	0	0	0	0
Clayton	41	609,211	342	309,713	3	3,885	10	1,577
Cobb	174	1,573,753	1,672	1,805,466	10	226,202	104	119,591
Coffee	0	0	5	3,150	0	0	0	0
Colquitt	1	9,217	6	3,422	0	0	0	0
Coweta	17	332,308	182	139,636	0	0	16	4,729
Crawford	1	101,150	0	0	0	0	0	0
Crisp	2	4,862	12	5,368	0	0	0	0
Dade	0	0	1	159	0	0	0	0
Dawson	6	11,056	58	54,694	0	0	2	588
Decatur	0	0	2	1,677	0	0	0	0
DeKalb	120	1,468,291	2,462	1,848,521	6	4,481	50	186,635
Dodge	0	0	2	1,002	0	0	2	12
Dooly	0	0	1	516	0	0	0	0

Dougherty	2	42,098	12	15,982	0	0	3	639
Douglas	42	544,894	236	240,452	2	222	23	3,449
Early	1	3,877	3	1,749	0	0	0	0
Elbert	1	1,459	2	166	1	248	0	0
Fannin	0	0	11	17,923	0	0	1	176
Fayette	11	86,021	71	75,437	1	254	5	2,227
Floyd	11	206,757	47	60,117	0	0	2	286
Forsyth	22	214,587	244	204,266	2	1,979	14	19,917
Franklin	2	128,218	10	6,265	0	0	0	0
Fulton	189	3,621,379	2,664	2,748,145	4	4,150	122	99,005
Gilmer	8	48,802	31	66,270	0	0	1	203
Glynn	1	175	1	230	0	0	0	0
Gordon	2	6,270	21	24,932	0	0	2	3,228
Grady	0	0	3	1,941	0	0	0	0
Greene	1	5,615	1	159	0	0	0	0
Gwinnett	255	2,484,853	2,438	2,167,023	13	143,248	104	39,446
Habersham	7	75,748	21	40,401	0	0	0	0
Hall	31	193,542	165	133,646	2	7,643	7	2,070
Haralson	5	24,586	24	23,122	0	0	1	675
Harris	1	390,144	6	9,645	0	0	0	0
Hart	2	11,551	8	9,752	0	0	0	0
Heard	2	7,098	6	12,320	0	0	0	0
Henry	28	791,587	272	196,039	6	3,554	18	14,300
Houston	1	1,459	13	4,687	0	0	0	0
Jackson	7	28,987	62	52,568	0	0	13	3,683
Jasper	1	5,935	4	8,252	0	0	2	84
Jeff Davis	0	0	1	11,824	0	0	0	0
Jenkins	0	0	2	3,155	0	0	0	0
Jones	0	0	3	8,922	0	0	0	0
Lamar	5	94,476	4	588	0	0	0	0
Lanier	0	0	1	68	0	0	0	0
Laurens	0	0	10	3,687	0	0	0	0
Lee	1	26,050	6	5,838	0	0	0	0
Liberty	0	0	1	1,206	0	0	0	0
Lowndes	3	1,665	10	8,560	0	0	0	0
Lumpkin	8	50,094	15	24,102	1	946	2	4,304
Macon	0	0	2	785	0	0	0	0
Madison	4	13,218	4	2,314	0	0	0	0
Marion	0	0	5	1,362	0	0	0	0
Meriwether	1	216,264	8	4,785	0	0	0	0
Mitchell	0	0	5	846	0	0	0	0
Monroe	0	0	2	2,127	0	0	0	0
Morgan	1	20,887	5	1,024	0	0	0	0
Murray	0	0	6	4,303	0	0	0	0

Muscogee	10	65,848	32	35,283	0	0	2	956
Newton	10	49,345	76	54,300	0	0	17	3,702
Oconee	2	8,795	6	2,231	0	0	0	0
Oglethorpe	0	0	2	903	0	0	0	0
Other Out of State	48	1,274,456	435	599,181	6	198,818	12	8,388
Paulding	17	135,065	131	128,693	8	8,517	17	2,895
Peach	2	160,194	4	4,054	0	0	0	0
Pickens	6	31,075	40	44,431	2	1,610	1	93
Pike	2	17,120	10	9,199	0	0	1	2,404
Polk	13	127,890	34	34,447	0	0	0	0
Pulaski	0	0	4	484	0	0	0	0
Putnam	1	65,493	5	8,189	0	0	0	0
Rabun	1	18,338	19	17,772	0	0	0	0
Richmond	1	23,503	1	202	0	0	0	0
Rockdale	6	170,244	57	46,166	0	0	10	6,050
Seminole	0	0	2	1,109	0	0	0	0
Spalding	7	35,999	29	45,679	0	0	1	168
Stephens	3	78,497	16	12,352	0	0	0	0
Sumter	0	0	7	4,757	0	0	0	0
Talbot	0	0	4	3,034	0	0	0	0
Taliaferro	0	0	1	307	0	0	0	0
Tattnall	0	0	2	2,822	0	0	0	0
Taylor	0	0	3	1,384	0	0	0	0
Telfair	1	8,893	0	0	0	0	1	307
Terrell	1	19,501	3	1,254	0	0	0	0
Thomas	0	0	2	913	0	0	0	0
Tift	1	82	7	2,740	1	700	2	56
Towns	1	64,413	7	13,188	0	0	0	0
Treutlen	1	185	1	104	0	0	3	62
Troup	4	34,610	25	16,252	0	0	7	1,014
Turner	0	0	4	3,126	0	0	0	0
Twiggs	0	0	2	400	0	0	0	0
Union	3	57,583	14	15,080	0	0	2	3,818
Upson	2	261,555	10	3,592	0	0	0	0
Walker	0	0	3	1,250	0	0	0	0
Walton	26	171,358	139	103,426	2	999	4	474
Washington	0	0	1	195	0	0	0	0
Wayne	1	10,666	1	60	0	0	0	0
Webster	0	0	1	159	0	0	0	0
White	0	0	16	9,161	0	0	2	437
Whitfield	3	7,950	25	26,505	0	0	0	0
Wilcox	0	0	1	202	0	0	0	0
Worth	0	0	1	123	0	0	0	0
<b>Total</b>	<b>1,335</b>	<b>17,433,186</b>	<b>13,275</b>	<b>12,608,671</b>	<b>79</b>	<b>623,377</b>	<b>664</b>	<b>584,515</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	13,212,169	16,293,700
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	458,009	749,884
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	6,665	5,143

## 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:**

We have a specific survey requirement for our Hospital Based Surgery Center located in Gwinnett. The services for this site have been removed from the Scottish Rite Survey and will be reported separately.