



## 2009 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 2009 only.

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

**Please indicate your hospital fiscal year.**

From: 1/1/2009 To:12/31/2009

**Please indicate your cost report year.**

From: 01/01/2009 To:12/31/2009

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	447,368,325
Total Inpatient Admissions accounting for Inpatient Revenue	11,056
Outpatient Gross Patient Revenue	323,499,010
Total Outpatient Visits accounting for Outpatient Revenue	121,973
Medicare Contractual Adjustments	3,993,483
Medicaid Contractual Adjustments	122,581,061
Other Contractual Adjustments:	231,955,993
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	5,121,303
Uncompensated Indigent Care (net):	25,164,500
Uncompensated Charity Care (net):	1,168,309
Other Free Care:	1,382,368
Other Revenue/Gains:	12,220,853
Total Expenses:	328,810,598

### 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 2009? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2009?

01/14/2008

### 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 2009? (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	15,652,678	359,935	16,012,613
Outpatient	10,056,283	842,988	10,899,271
<b>Total</b>	<b>25,708,961</b>	<b>1,202,923</b>	<b>26,911,884</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)	107,542
Federal Government	126,260
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	345,273
<b>Total</b>	<b>579,075</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	15,377,159	325,321	15,702,480
Outpatient	9,787,341	842,988	10,630,329
<b>Total</b>	<b>25,164,500</b>	<b>1,168,309</b>	<b>26,332,809</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	20	997,556	54	82,845	1	302	1	4,054
Appling	1	1,076	5	710	0	0	0	0
Baker	0	0	3	5,481	0	0	0	0
Baldwin	1	3,789	14	11,809	4	256	6	3,267
Banks	3	20,350	7	5,099	1	137	0	0
Barrow	7	40,885	77	70,327	0	0	2	336
Bartow	2	42,848	49	46,573	1	19,067	0	0
Ben Hill	0	0	5	3,100	0	0	0	0
Bibb	6	31,355	64	93,097	0	0	0	0
Bleckley	0	0	3	582	0	0	0	0
Brooks	0	0	5	5,188	0	0	0	0
Bulloch	1	73,193	19	17,823	0	0	0	0
Butts	7	15,225	15	36,273	0	0	2	1,247
Calhoun	1	10,279	14	9,431	0	0	0	0
Candler	0	0	2	12,190	0	0	0	0
Carroll	8	44,356	74	52,811	0	0	1	655
Catoosa	0	0	3	1,560	0	0	0	0
Chatham	1	3,139	11	43,157	0	0	0	0
Chattooga	0	0	4	12,096	0	0	0	0
Cherokee	10	75,262	116	124,844	0	0	18	1,042
Clarke	8	52,235	58	98,604	0	0	2	43,608
Clayton	79	1,499,243	540	550,900	0	0	18	134,492
Clinch	0	0	1	2,945	0	0	0	0
Cobb	22	703,732	395	233,508	4	77,067	69	135,789
Coffee	1	9,259	1	114	0	0	0	0
Colquitt	1	7,686	10	7,073	0	0	0	0
Columbia	2	3,483	4	983	0	0	0	0
Cook	0	0	1	1,365	0	0	0	0
Coweta	20	192,488	111	126,754	1	1,901	7	664
Crawford	0	0	1	177	0	0	0	0
Crisp	0	0	5	2,994	0	0	0	0
Dade	0	0	2	54	0	0	0	0

Dawson	0	0	8	7,607	0	0	0	0
Decatur	0	0	2	5,711	0	0	0	0
DeKalb	230	1,634,988	2,912	2,974,737	4	4,097	64	64,551
Dodge	1	2,109	6	39,137	0	0	0	0
Dooly	1	650	0	0	0	0	0	0
Dougherty	6	76,689	16	70,485	0	0	0	0
Douglas	11	63,170	108	85,602	0	0	1	372
Early	0	0	2	9,335	0	0	0	0
Effingham	0	0	4	1,389	0	0	0	0
Elbert	3	79,021	6	13,813	0	0	0	0
Emanuel	0	0	4	1,146	0	0	0	0
Fannin	1	21,348	7	12,246	0	0	0	0
Fayette	7	28,000	55	48,059	1	1,005	0	0
Florida	6	84,224	31	42,108	0	0	0	0
Floyd	3	3,113	38	47,226	0	0	0	0
Forsyth	0	0	37	15,014	0	0	1	1,942
Franklin	4	13,230	12	1,679	0	0	1	265
Fulton	141	2,608,514	1,359	1,286,351	2	3,293	25	75,506
Gilmer	0	0	1	118	0	0	0	0
Glynn	1	3,600	2	192	0	0	0	0
Gordon	2	34,159	47	39,304	0	0	0	0
Grady	1	6,461	2	16,038	0	0	0	0
Greene	2	9,958	1	128	0	0	0	0
Gwinnett	84	1,075,525	908	924,475	6	9,345	52	180,089
Habersham	5	41,636	44	65,201	2	1,007	11	5,448
Hall	18	134,235	92	85,314	2	1,488	6	35,858
Hancock	0	0	1	5,332	0	0	0	0
Haralson	1	6,702	5	2,780	0	0	0	0
Harris	0	0	14	6,414	0	0	0	0
Hart	0	0	5	2,654	0	0	0	0
Heard	1	27,816	4	866	0	0	0	0
Henry	54	513,283	278	238,948	0	0	7	3,086
Houston	2	2,684	46	36,067	0	0	0	0
Jackson	15	874,533	49	26,165	7	147,399	28	46,080
Jasper	2	2,759	13	36,361	0	0	0	0
Johnson	1	556	1	720	0	0	0	0
Jones	0	0	7	48,529	0	0	1	12,994
Lamar	5	349,901	10	6,842	0	0	0	0
Lanier	1	737	7	1,649	0	0	0	0
Laurens	1	4,195	6	7,919	0	0	0	0
Lee	0	0	4	4,475	0	0	0	0
Liberty	0	0	2	17,091	0	0	0	0
Lowndes	3	2,266	29	84,895	0	0	0	0
Lumpkin	0	0	9	25,475	0	0	0	0

Macon	3	55,641	4	1,429	0	0	0	0
Madison	7	81,152	13	39,037	0	0	0	0
Marion	1	28,937	10	3,577	0	0	0	0
Meriwether	2	10,414	18	14,071	0	0	0	0
Miller	0	0	1	20,645	0	0	0	0
Mitchell	0	0	8	5,131	0	0	0	0
Monroe	0	0	10	14,519	0	0	0	0
Morgan	2	29,046	11	25,501	0	0	0	0
Murray	1	992	6	12,447	0	0	0	0
Muscogee	15	135,250	122	163,258	1	188	0	0
Newton	34	286,992	225	327,747	0	0	9	1,289
North Carolina	5	92,448	17	22,297	0	0	0	0
Oconee	2	8,767	6	12,538	0	0	0	0
Oglethorpe	0	0	1	358	0	0	0	0
Other Out of State	25	635,170	154	231,073	0	0	2	9,080
Paulding	5	17,514	55	73,876	0	0	0	0
Peach	2	34,753	3	14,803	0	0	0	0
Pickens	1	209,220	9	5,422	0	0	0	0
Pierce	0	0	6	11,152	0	0	0	0
Pike	2	2,140	2	5,101	0	0	1	875
Polk	1	484	15	16,960	0	0	9	5,770
Pulaski	0	0	2	4,786	0	0	0	0
Putnam	0	0	2	1,633	0	0	0	0
Rabun	1	529	13	15,199	0	0	0	0
Randolph	0	0	1	321	0	0	0	0
Richmond	1	11,276	11	8,049	0	0	0	0
Rockdale	28	196,181	159	198,122	2	694	11	9,209
South Carolina	7	994,677	19	34,207	0	0	0	0
Spalding	11	185,023	51	52,544	3	1,925	1	306
Stephens	1	294	38	21,089	0	0	0	0
Stewart	0	0	3	591	0	0	0	0
Sumter	1	6,533	4	12,383	0	0	0	0
Talbot	0	0	5	4,670	0	0	0	0
Tattnall	0	0	1	7,789	0	0	0	0
Taylor	0	0	5	5,547	0	0	0	0
Telfair	0	0	6	31,445	0	0	0	0
Tennessee	2	151,119	33	141,625	0	0	0	0
Terrell	0	0	1	17,468	0	0	0	0
Thomas	0	0	8	11,181	0	0	0	0
Tift	2	20,997	5	18,302	0	0	0	0
Toombs	1	86,421	0	0	0	0	0	0
Treutlen	0	0	2	208	0	0	0	0
Troup	12	24,484	62	116,842	0	0	0	0
Turner	3	43,694	0	0	0	0	0	0

Twiggs	0	0	1	57	0	0	0	0
Union	1	4,057	13	7,649	0	0	0	0
Upson	5	583,895	14	35,490	0	0	0	0
Walker	0	0	8	17,904	0	0	0	0
Walton	22	111,168	103	143,746	0	0	7	55,990
Ware	0	0	1	1,539	0	0	0	0
Washington	0	0	3	1,587	0	0	0	0
Wayne	0	0	2	17,109	0	0	0	0
Webster	0	0	2	901	0	0	0	0
White	1	13	29	19,604	0	0	0	0
Whitfield	3	6,754	35	61,539	1	90,764	0	0
Wilcox	1	63,142	1	100	0	0	0	0
Wilkes	0	0	5	4,373	0	0	1	9,124
Wilkinson	0	0	4	11,555	0	0	0	0
Worth	0	0	2	2,123	0	0	0	0
<b>Total</b>	<b>1,025</b>	<b>15,652,678</b>	<b>9,217</b>	<b>10,056,283</b>	<b>43</b>	<b>359,935</b>	<b>364</b>	<b>842,988</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 2009?  
(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 2009.

Patient Category		SFY 2008	SFY2009	SFY2010
		7/1/07-6/30/08	7/1/08-6/30/09	7/1/09-6/30/10
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	13,013,266	12,344,616
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	517,369	685,555
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 2008	SFY2009	SFY2010
7/1/07-6/30/08	7/1/08-6/30/09	7/1/09-6/30/10
0	3,288	4,471

## 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:** 8/5/2010

**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:** 8/5/2010

**Title:** SVP Finance / CFO

**Comments:**