



## 2009 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 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	400,965,661
Total Inpatient Admissions accounting for Inpatient Revenue	13,320
Outpatient Gross Patient Revenue	320,213,607
Total Outpatient Visits accounting for Outpatient Revenue	212,912
Medicare Contractual Adjustments	136,667
Medicaid Contractual Adjustments	91,406,657
Other Contractual Adjustments:	230,781,426
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	6,923,144
Uncompensated Indigent Care (net):	20,866,489
Uncompensated Charity Care (net):	588,826
Other Free Care:	387,816
Other Revenue/Gains:	13,112,404
Total Expenses:	312,643,309

### 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	11,505,497	384,656	11,890,153
Outpatient	10,220,510	394,257	10,614,767
<b>Total</b>	<b>21,726,007</b>	<b>778,913</b>	<b>22,504,920</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)	42,471
Federal Government	140,779
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	866,355
<b>Total</b>	<b>1,049,605</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	11,107,488	194,569	11,302,057
Outpatient	9,759,001	394,257	10,153,258
<b>Total</b>	<b>20,866,489</b>	<b>588,826</b>	<b>21,455,315</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	11	207,772	55	84,121	1	26,625	3	549
Baldwin	1	2,007	7	3,181	0	0	0	0
Banks	3	1,348	11	25,676	0	0	0	0
Barrow	10	121,882	79	62,868	2	4,503	12	6,736
Bartow	29	228,140	113	89,902	0	0	18	1,754
Ben Hill	0	0	1	1,166	0	0	0	0
Berrien	0	0	3	563	0	0	0	0
Bibb	3	24,387	11	15,076	0	0	2	2,066
Brooks	0	0	1	1,303	0	0	0	0
Bulloch	0	0	3	7,473	0	0	0	0
Butts	3	8,793	15	9,995	1	200	0	0
Calhoun	1	11,372	2	2,702	0	0	0	0
Camden	1	172	0	0	0	0	0	0
Carroll	13	269,848	104	62,883	0	0	2	489
Catoosa	0	0	1	422	0	0	0	0
Chatham	2	39,438	7	1,116	0	0	1	6,549
Chattooga	1	14,459	6	7,839	0	0	0	0
Cherokee	51	304,685	322	278,066	6	2,325	14	8,650
Clarke	0	0	17	38,913	0	0	0	0
Clayton	32	454,545	264	243,138	2	44,650	2	170
Cobb	136	1,565,800	1,371	1,106,494	19	73,919	91	114,520
Coffee	0	0	5	496	0	0	0	0
Colquitt	0	0	5	1,981	0	0	0	0
Cook	0	0	4	3,492	0	0	0	0
Coweta	16	492,770	104	63,554	2	7,441	6	4,776
Crawford	1	7,309	0	0	0	0	0	0
Crisp	1	3,771	4	1,901	0	0	0	0
Dawson	5	15,324	18	32,878	0	0	1	123
Decatur	0	0	1	30	0	0	0	0
DeKalb	86	892,052	1,857	1,640,973	13	76,021	39	35,082
Dodge	0	0	4	2,801	0	0	1	7,803
Dooly	0	0	5	544	0	0	0	0

Dougherty	1	1,808	10	10,544	0	0	0	0
Douglas	27	340,533	227	213,355	1	250	28	28,020
Early	0	0	4	2,386	0	0	0	0
Effingham	0	0	1	1,758	0	0	0	0
Elbert	3	57,809	2	1,558	0	0	0	0
Emanuel	0	0	1	87	0	0	0	0
Fannin	1	556	14	9,552	0	0	0	0
Fayette	8	26,408	81	138,754	0	0	0	0
Florida	5	47,770	74	103,380	0	0	1	413
Floyd	4	10,001	27	17,970	1	868	0	0
Forsyth	17	58,440	167	174,670	0	0	6	2,513
Franklin	2	15,786	7	8,626	0	0	0	0
Fulton	142	1,608,423	2,111	2,287,152	4	75,471	104	89,499
Gilmer	3	32,147	17	30,623	0	0	0	0
Gordon	6	238,978	20	26,989	0	0	4	3,362
Grady	0	0	2	209	0	0	0	0
Greene	0	0	1	8,373	0	0	0	0
Gwinnett	173	1,298,049	1,889	1,869,275	6	52,107	44	32,199
Habersham	6	15,138	21	34,641	0	0	0	0
Hall	15	61,977	127	137,352	1	290	7	3,161
Hancock	1	5,533	1	346	0	0	0	0
Haralson	7	163,147	28	10,143	0	0	1	75
Harris	0	0	8	9,258	0	0	0	0
Hart	1	556	10	5,412	0	0	0	0
Heard	0	0	8	2,596	0	0	0	0
Henry	26	151,166	211	182,121	1	2,111	18	6,048
Houston	2	1,551	10	4,034	0	0	1	22
Jackson	4	39,243	36	25,121	0	0	6	20,991
Jasper	1	18,357	3	5,766	0	0	0	0
Jenkins	0	0	1	74	0	0	0	0
Jones	0	0	3	522	0	0	0	0
Lamar	0	0	2	643	0	0	0	0
Laurens	0	0	13	3,188	0	0	0	0
Lee	2	36,180	5	2,089	0	0	0	0
Liberty	0	0	1	257	0	0	0	0
Lowndes	0	0	12	13,733	0	0	0	0
Lumpkin	2	18,668	21	21,993	0	0	4	1,137
Macon	0	0	1	7,040	0	0	0	0
Madison	3	138,855	16	10,097	0	0	0	0
Marion	0	0	3	869	0	0	0	0
Meriwether	1	1,184	12	6,372	0	0	0	0
Mitchell	1	11,645	4	694	0	0	0	0
Monroe	0	0	10	5,570	0	0	0	0
Morgan	1	951	5	9,501	0	0	0	0

Murray	0	0	8	12,581	0	0	0	0
Muscogee	5	102,132	33	34,306	0	0	1	697
Newton	4	1,363	68	72,071	1	3,000	11	1,934
North Carolina	4	35,879	35	48,609	0	0	0	0
Oconee	2	5,159	11	9,599	0	0	0	0
Oglethorpe	0	0	2	344	0	0	0	0
Other Out of State	22	254,676	178	198,671	1	5,115	2	717
Paulding	22	161,454	139	138,993	1	1,612	11	5,259
Peach	2	1,128	3	3,885	0	0	0	0
Pickens	5	35,994	44	37,537	0	0	0	0
Pike	0	0	15	2,261	0	0	0	0
Polk	8	61,501	35	24,284	0	0	0	0
Putnam	0	0	6	6,717	0	0	3	1,473
Rabun	1	1,205	11	11,519	0	0	0	0
Richmond	2	752,887	1	64	0	0	0	0
Rockdale	9	64,316	60	39,472	0	0	0	0
Seminole	1	19,926	1	149	0	0	0	0
South Carolina	6	155,740	32	25,442	0	0	1	912
Spalding	0	0	40	36,180	0	0	0	0
Stephens	2	7,310	8	6,066	0	0	2	3,658
Stewart	1	2,236	0	0	0	0	0	0
Sumter	2	31,992	3	1,666	0	0	0	0
Talbot	1	8,548	2	60	0	0	0	0
Taliaferro	0	0	1	5,626	0	0	0	0
Taylor	0	0	1	1,473	0	0	0	0
Tennessee	6	151,854	38	80,750	0	0	0	0
Thomas	2	2,434	9	6,233	0	0	0	0
Tift	3	71,862	11	37,602	0	0	0	0
Toombs	0	0	3	2,157	0	0	0	0
Towns	0	0	1	937	0	0	0	0
Troup	4	46,726	24	32,017	1	2,238	8	885
Twiggs	0	0	2	795	0	0	0	0
Union	2	229,757	14	17,210	0	0	1	37
Upson	1	50,470	7	19,679	0	0	0	0
Walker	1	33,875	7	3,550	0	0	0	0
Walton	13	65,521	125	72,437	1	5,910	8	1,413
Wheeler	0	0	2	2,508	0	0	0	0
White	1	10,983	16	4,584	0	0	2	565
Whitfield	1	8,827	10	14,899	0	0	0	0
Wilcox	0	0	2	8,312	0	0	0	0
Wilkes	0	0	1	819	0	0	0	0
Worth	2	63,009	4	2,206	0	0	0	0
<b>Total</b>	<b>1,006</b>	<b>11,505,497</b>	<b>10,640</b>	<b>10,220,510</b>	<b>65</b>	<b>384,656</b>	<b>466</b>	<b>394,257</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	9,337,387	11,917,196
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	331,687	447,227
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	4,410	5,164

## 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:**