



## 2010 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

**Mailing Address:** 1405 Clifton Road NE

**Mailing City:** Atlanta

**Mailing Zip:** 30322

#### 2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2010 only.

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

**Please indicate your hospital fiscal year.**

From: 1/1/2010 To:12/31/2010

**Please indicate your cost report year.**

From: 01/01/2010 To:12/31/2010

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	561,546,083
Total Inpatient Admissions accounting for Inpatient Revenue	11,021
Outpatient Gross Patient Revenue	263,492,845
Total Outpatient Visits accounting for Outpatient Revenue	143,352
Medicare Contractual Adjustments	5,788,519
Medicaid Contractual Adjustments	132,331,705
Other Contractual Adjustments:	247,313,157
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	3,705,112
Uncompensated Indigent Care (net):	22,217,505
Uncompensated Charity Care (net):	2,438,656
Other Free Care:	412,207
Other Revenue/Gains:	11,734,995
Total Expenses:	338,363,405

### 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 2010? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2010?

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 2010? (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	12,279,789	598,481	12,878,270
Outpatient	10,516,984	2,029,236	12,546,220
<b>Total</b>	<b>22,796,773</b>	<b>2,627,717</b>	<b>25,424,490</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)	64,182
Federal Government	89,668
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	614,479
<b>Total</b>	<b>768,329</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	11,951,225	409,419	12,360,644
Outpatient	10,266,280	2,029,237	12,295,517
<b>Total</b>	<b>22,217,505</b>	<b>2,438,656</b>	<b>24,656,161</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	21	1,005,542	61	260,344	0	0	6	3,216
Appling	1	8,086	2	500	0	0	0	0
Bacon	0	0	1	174	0	0	0	0
Baker	0	0	7	7,230	0	0	0	0
Baldwin	0	0	31	16,548	0	0	0	0
Banks	0	0	9	5,117	0	0	0	0
Barrow	8	52,392	57	48,025	2	2,883	7	3,941
Bartow	6	48,124	64	51,526	0	0	4	2,267
Ben Hill	0	0	2	709	0	0	0	0
Berrien	0	0	1	986	0	0	0	0
Bibb	2	46,069	47	31,372	0	0	3	1,652
Bleckley	0	0	3	1,356	0	0	0	0
Brooks	0	0	6	1,439	0	0	0	0
Bulloch	0	0	6	4,514	0	0	0	0
Butts	4	19,517	26	20,668	4	3,576	2	2,075
Calhoun	0	0	1	2,586	0	0	0	0
Camden	0	0	1	75	0	0	0	0
Carroll	3	15,513	91	57,564	4	10,242	6	1,875
Catoosa	0	0	2	4,697	0	0	0	0
Chatham	2	158,271	13	65,530	0	0	0	0
Chattahoochee	0	0	2	5,448	0	0	0	0
Chattooga	1	8,953	5	913	0	0	0	0
Cherokee	2	14,671	129	93,047	3	1,445	28	10,883
Clarke	6	56,300	51	60,845	0	0	2	2,542
Clayton	65	1,144,596	621	551,072	7	27,194	92	283,136
Clinch	0	0	1	167	0	0	0	0
Cobb	36	735,629	589	483,656	6	107,290	101	307,347
Coffee	0	0	4	4,564	0	0	0	0
Colquitt	0	0	8	7,323	0	0	0	0
Columbia	0	0	8	12,637	0	0	0	0
Cook	1	3,974	0	0	0	0	0	0
Coweta	8	30,224	88	49,519	4	3,004	12	5,302

Crisp	0	0	5	1,454	0	0	0	0
Dade	0	0	1	49,898	0	0	0	0
Dawson	3	72,243	39	39,772	0	0	1	954
Decatur	1	2,814	21	41,159	0	0	0	0
DeKalb	196	2,354,507	3,485	3,132,541	29	9,575	378	173,590
Dodge	1	525	6	2,314	0	0	2	53
Dougherty	2	324,555	15	42,458	0	0	1	219
Douglas	4	29,599	129	134,790	3	859	15	3,596
Early	0	0	6	2,696	0	0	0	0
Effingham	0	0	9	4,208	0	0	0	0
Elbert	0	0	6	1,586	0	0	0	0
Emanuel	0	0	2	2,049	0	0	0	0
Fannin	0	0	5	14,240	0	0	0	0
Fayette	11	465,363	81	62,843	8	15,736	15	34,454
Florida	7	267,415	36	58,308	0	0	1	1,899
Floyd	4	33,992	58	65,758	0	0	1	262
Forsyth	1	8,285	75	31,455	0	0	2	546
Franklin	2	8,403	11	6,894	0	0	0	0
Fulton	113	1,160,194	1,560	1,440,884	13	84,243	120	55,847
Gilmer	2	44,082	5	3,383	0	0	0	0
Glynn	2	2,359	4	2,065	0	0	0	0
Gordon	2	166,093	28	37,513	0	0	13	50,808
Greene	1	34,162	2	1,465	0	0	0	0
Gwinnett	62	340,374	1,007	1,048,822	15	133,693	162	683,944
Habersham	0	0	28	25,983	0	0	6	13,884
Hall	10	32,056	119	153,716	3	1,578	13	444
Hancock	0	0	2	701	0	0	0	0
Haralson	0	0	0	0	1	723	2	1,370
Harris	0	0	9	5,990	0	0	0	0
Hart	1	3,603	3	417	1	353	1	1,409
Heard	0	0	2	2,019	0	0	0	0
Henry	36	299,875	331	307,679	0	0	0	0
Houston	2	13,582	40	43,780	1	97,279	6	7,915
Irwin	0	0	2	6,654	0	0	0	0
Jackson	8	74,303	57	50,105	2	71,869	27	62,481
Jasper	1	24,959	10	5,527	0	0	1	635
Jeff Davis	1	12	2	12,531	0	0	0	0
Jones	0	0	2	229	0	0	0	0
Lamar	0	0	18	11,809	0	0	2	1,117
Lanier	0	0	2	740	0	0	0	0
Laurens	0	0	9	31,485	0	0	0	0
Lee	0	0	4	7,500	0	0	1	963
Liberty	1	36,690	0	0	0	0	0	0
Lowndes	1	127,028	46	42,003	0	0	0	0

Lumpkin	0	0	7	3,795	0	0	3	2,529
Macon	0	0	2	1,058	0	0	0	0
Madison	1	12,460	17	3,551	0	0	0	0
Marion	0	0	20	11,767	0	0	0	0
McIntosh	0	0	1	214	0	0	0	0
Meriwether	0	0	10	5,160	0	0	1	33
Mitchell	0	0	22	27,705	0	0	0	0
Monroe	2	44,366	7	11,447	0	0	0	0
Morgan	2	600	12	11,182	0	0	0	0
Murray	1	8,893	14	17,258	0	0	0	0
Muscogee	2	6,221	90	73,500	2	2,473	4	1,560
Newton	30	176,958	223	331,099	6	5,605	30	13,549
North Carolina	10	620,170	38	98,153	0	0	0	0
Oconee	1	293	7	17,717	0	0	4	6,320
Oglethorpe	0	0	5	7,609	0	0	0	0
Other Out of State	35	635,611	181	252,429	0	0	1	109
Paulding	7	98,374	59	53,845	3	2,848	19	5,753
Peach	0	0	34	16,407	0	0	0	0
Pickens	1	410	6	4,490	0	0	0	0
Pierce	0	0	16	6,122	0	0	0	0
Pike	2	6,184	8	12,862	0	0	1	150
Polk	4	92,390	24	36,397	0	0	0	0
Pulaski	0	0	3	184	0	0	0	0
Putnam	3	14,712	9	1,899	0	0	0	0
Quitman	0	0	1	208	0	0	0	0
Rabun	0	0	20	7,437	0	0	0	0
Randolph	1	19,692	12	11,835	0	0	0	0
Richmond	1	12,957	8	3,104	0	0	0	0
Rockdale	16	69,172	158	127,667	7	3,130	24	9,671
Schley	0	0	1	555	0	0	0	0
Seminole	0	0	1	356	0	0	0	0
South Carolina	4	107,366	31	44,578	0	0	1	395
Spalding	4	26,636	117	78,624	0	0	5	1,758
Stephens	1	1,862	30	44,559	1	4,595	2	1,270
Sumter	1	482	6	3,964	0	0	1	451
Talbot	0	0	2	775	0	0	0	0
Tattnall	0	0	0	0	0	0	1	562
Taylor	0	0	4	1,038	0	0	0	0
Telfair	0	0	1	118	0	0	0	0
Tennessee	5	576,945	26	32,225	0	0	0	0
Thomas	1	116,168	16	24,794	0	0	0	0
Tift	0	0	12	21,170	0	0	0	0
Toombs	0	0	4	1,378	0	0	1	1,629
Towns	1	6,941	2	2,523	0	0	0	0

Troup	6	46,468	65	55,628	1	778	8	17,231
Turner	0	0	2	1,251	0	0	0	0
Twiggs	0	0	3	1,963	0	0	0	0
Union	1	9,264	8	6,125	0	0	0	0
Upson	3	26,949	13	13,817	0	0	0	0
Walker	0	0	7	3,018	0	0	4	3,990
Walton	12	154,979	122	137,028	4	6,256	55	238,587
Ware	0	0	2	22,854	0	0	0	0
Washington	0	0	2	2,914	0	0	1	296
Wayne	0	0	1	356	0	0	0	0
Webster	1	6,238	0	0	0	0	0	0
Wheeler	0	0	7	1,941	0	0	0	0
White	2	54,476	12	14,645	1	1,254	4	2,768
Whitfield	2	50,328	24	27,300	0	0	0	0
Wilkes	0	0	15	5,226	0	0	0	0
Wilkinson	1	290	8	16,289	0	0	0	0
Worth	0	0	3	6,296	0	0	0	0
<b>Total</b>	<b>805</b>	<b>12,279,789</b>	<b>10,780</b>	<b>10,516,983</b>	<b>131</b>	<b>598,481</b>	<b>1,203</b>	<b>2,029,237</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 2010?  
(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 2010.

Patient Category		SFY 2010	SFY2010	SFY2012
		7/1/09-6/30/10	7/1/10-6/30/11	7/1/11-6/30/12
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	11,248,065	11,337,827
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	1,276,633	1,351,085
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 2010	SFY2010	SFY2012
7/1/09-6/30/10	7/1/10-6/30/11	7/1/11-6/30/12
0	8,080	6,323

## 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:** 7/8/2011

**Title:** 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:** Ruth Fowler

**Date:** 7/8/2011

**Title:** SVP Finance, CFO

**Comments:**