



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2010 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 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	414,026,292
Total Inpatient Admissions accounting for Inpatient Revenue	13,027
Outpatient Gross Patient Revenue	346,336,339
Total Outpatient Visits accounting for Outpatient Revenue	263,565
Medicare Contractual Adjustments	178,582
Medicaid Contractual Adjustments	92,067,904
Other Contractual Adjustments:	252,453,857
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	6,168,150
Uncompensated Indigent Care (net):	20,134,757
Uncompensated Charity Care (net):	1,850,471
Other Free Care:	1,339,691
Other Revenue/Gains:	13,037,543
Total Expenses:	327,398,428

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
Total	0

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	9,101,121	961,754	10,062,875
Outpatient	11,420,882	1,205,358	12,626,240
Total	20,522,003	2,167,112	22,689,115

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)	0
Federal Government	78,927
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	624,960
Total	703,887

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	8,794,763	645,113	9,439,876
Outpatient	11,339,994	1,205,358	12,545,352
Total	20,134,757	1,850,471	21,985,228

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	12	94,925	48	55,672	2	106,002	4	1,418
Appling	0	0	1	167	0	0	0	0
Baldwin	1	21,897	4	3,645	0	0	0	0
Banks	3	29,582	5	1,035	0	0	3	662
Barrow	9	69,905	56	60,959	2	1,156	43	18,872
Bartow	20	112,108	124	77,320	2	1,973	21	11,976
Ben Hill	0	0	1	529	0	0	0	0
Berrien	0	0	3	979	0	0	0	0
Bibb	4	99,022	11	26,484	2	1,504	6	4,095
Bleckley	0	0	0	0	1	200	0	0
Bulloch	0	0	4	3,104	0	0	0	0
Burke	0	0	2	479	0	0	0	0
Butts	0	0	9	7,020	3	425	4	202
Carroll	20	87,516	143	130,912	4	2,511	29	15,481
Catoosa	0	0	0	0	0	0	2	731
Chatham	0	0	3	959	1	169	0	0
Chattooga	1	10,156	5	1,250	0	0	0	0
Cherokee	41	345,818	446	432,736	20	24,306	142	79,325
Clarke	5	355,380	26	13,339	1	500	1	2,279
Clayton	33	318,506	317	260,125	8	7,026	105	47,532
Cobb	131	1,467,132	1,701	1,483,680	31	169,428	309	202,011
Coffee	0	0	6	2,593	1	400	0	0
Colquitt	1	19,640	6	1,859	0	0	0	0
Columbia	1	8,252	1	207	0	0	0	0
Cook	0	0	2	4,682	0	0	0	0
Coweta	5	15,417	136	92,995	6	4,803	57	15,710
Crawford	0	0	3	3,019	0	0	0	0
Crisp	0	0	1	665	0	0	0	0
Dade	0	0	1	1,306	0	0	0	0
Dawson	8	78,871	26	62,109	2	1,958	18	6,121
Decatur	1	283	3	3,973	0	0	0	0
DeKalb	82	632,675	2,224	2,007,911	6	21,247	150	49,776

Dooly	0	0	2	96	0	0	0	0
Dougherty	0	0	20	10,897	0	0	0	0
Douglas	23	253,711	244	356,366	10	7,828	84	17,253
Early	0	0	4	959	0	0	0	0
Effingham	1	804	0	0	0	0	0	0
Elbert	0	0	18	14,643	1	300	0	0
Fannin	2	5,057	8	7,826	0	0	3	678
Fayette	5	26,484	90	74,937	4	15,169	33	13,771
Florida	7	81,804	60	93,821	1	73,547	6	7,075
Floyd	4	201,099	27	15,565	0	0	0	0
Forsyth	13	63,687	187	173,021	9	10,027	74	15,107
Franklin	5	8,968	8	13,735	0	0	0	0
Fulton	123	1,654,497	2,399	2,176,227	31	258,012	346	265,764
Gilmer	2	5,159	19	21,109	1	1,300	6	1,019
Gordon	6	218,440	26	19,905	2	29,121	3	5,742
Grady	0	0	2	1,522	0	0	0	0
Greene	0	0	1	2,384	0	0	0	0
Gwinnett	152	1,185,501	2,365	2,136,086	28	140,418	229	187,164
Habersham	1	5,386	13	7,909	0	0	4	708
Hall	20	215,318	139	154,194	6	7,330	35	59,330
Hancock	0	0	1	61	0	0	0	0
Haralson	3	2,659	19	15,975	0	0	1	900
Harris	0	0	4	1,837	0	0	0	0
Hart	0	0	10	32,953	0	0	0	0
Heard	0	0	6	1,746	0	0	1	950
Henry	23	275,849	212	155,927	3	2,639	41	36,390
Houston	1	44,114	33	29,528	0	0	4	3,509
Irwin	0	0	2	70	0	0	0	0
Jackson	4	19,036	28	28,489	2	4,164	14	5,669
Jasper	0	0	5	1,680	1	975	3	2,403
Jeff Davis	0	0	1	10,835	0	0	0	0
Johnson	0	0	1	199	0	0	0	0
Jones	0	0	2	3,817	0	0	3	2,565
Lamar	0	0	2	1,624	0	0	2	575
Laurens	1	9,426	6	3,393	0	0	0	0
Lee	0	0	13	12,519	0	0	0	0
Lincoln	0	0	1	1,009	0	0	0	0
Lowndes	0	0	4	2,943	0	0	0	0
Lumpkin	1	2,333	20	19,245	0	0	8	4,164
Madison	0	0	11	15,214	0	0	2	995
Meriwether	0	0	7	24,455	1	2,080	1	335
Mitchell	0	0	2	1,251	0	0	0	0
Monroe	1	3,361	30	21,511	0	0	0	0
Montgomery	0	0	2	1,198	0	0	0	0

Morgan	0	0	7	3,660	0	0	0	0
Murray	0	0	16	6,920	0	0	0	0
Muscogee	4	10,822	27	41,195	1	984	4	191
Newton	5	21,000	85	70,531	2	3,522	16	8,913
North Carolina	7	48,520	36	59,467	0	0	0	0
Oconee	0	0	9	7,620	0	0	2	1,200
Other Out of State	19	148,077	211	242,517	1	219	7	6,015
Paulding	17	166,239	132	126,182	13	18,918	109	21,932
Peach	0	0	8	5,306	2	2,907	3	1,429
Pickens	7	19,711	34	51,162	10	7,783	9	2,122
Pike	0	0	7	5,321	1	1,500	5	369
Polk	7	60,990	21	20,915	1	651	8	7,064
Pulaski	0	0	1	651	0	0	0	0
Putnam	0	0	11	9,844	1	1,823	0	0
Rabun	0	0	4	1,739	0	0	0	0
Randolph	0	0	0	0	0	0	1	609
Richmond	0	0	1	2,137	0	0	0	0
Rockdale	0	0	54	36,417	2	1,719	7	2,353
Schley	1	9,462	0	0	1	1,665	0	0
Seminole	0	0	1	328	0	0	0	0
South Carolina	3	37,570	35	27,026	1	200	22	24,088
Spalding	3	21,955	43	46,279	3	3,533	0	0
Stephens	3	22,032	20	9,207	1	504	4	852
Stewart	1	556	0	0	0	0	0	0
Sumter	1	6,902	7	3,170	0	0	0	0
Talbot	0	0	1	316	0	0	0	0
Taylor	0	0	2	182	0	0	0	0
Telfair	0	0	1	588	0	0	1	681
Tennessee	2	198,319	38	52,435	2	1,248	2	805
Thomas	0	0	3	1,560	0	0	1	521
Tift	0	0	12	1,772	0	0	0	0
Toombs	0	0	1	124	0	0	0	0
Towns	2	5,520	0	0	0	0	0	0
Treutlen	2	51,081	0	0	0	0	0	0
Troup	1	421	20	18,627	1	2,583	15	2,778
Twiggs	0	0	1	312	0	0	0	0
Union	1	8,722	11	8,849	1	1,206	1	1,123
Upson	0	0	7	10,079	0	0	1	846
Walker	0	0	9	6,253	0	0	5	3,387
Walton	5	11,649	118	105,250	8	14,271	30	15,057
Ware	0	0	1	602	0	0	0	0
White	0	0	16	11,119	0	0	0	0
Whitfield	2	201,795	10	3,223	0	0	2	14,766
Wilcox	0	0	2	1,080	0	0	0	0

Wilkinson	0	0	3	5,981	0	0	0	0
Worth	0	0	3	4,542	0	0	0	0
Total	869	9,101,121	12,401	11,420,882	244	961,754	2,052	1,205,358

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 7/1/09-6/30/10	SFY2010 7/1/10-6/30/11	SFY2012 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	11,705,094	8,736,028
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	1,069,916	1,097,196
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 7/1/09-6/30/10	SFY2010 7/1/10-6/30/11	SFY2012 7/1/11-6/30/12
0	9,798	7,610

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: