



## 2011 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 2011 only.

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

**Please indicate your hospital fiscal year.**

From: 1/1/2011 To:12/31/2011

**Please indicate your cost report year.**

From: 01/01/2011 To:12/31/2011

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	622,055,437
Total Inpatient Admissions accounting for Inpatient Revenue	11,036
Outpatient Gross Patient Revenue	291,559,218
Total Outpatient Visits accounting for Outpatient Revenue	142,324
Medicare Contractual Adjustments	7,864,146
Medicaid Contractual Adjustments	153,418,032
Other Contractual Adjustments:	285,549,224
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	2,803,183
Uncompensated Indigent Care (net):	23,675,744
Uncompensated Charity Care (net):	2,030,878
Other Free Care:	4,376,120
Other Revenue/Gains:	13,708,038
Total Expenses:	342,042,363

### 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 2011? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2011?

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 2011? (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	12,288,557	992,078	13,280,635
Outpatient	11,564,144	1,057,515	12,621,659
<b>Total</b>	<b>23,852,701</b>	<b>2,049,593</b>	<b>25,902,294</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)	0
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	195,672
<b>Total</b>	<b>195,672</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	12,188,343	973,363	13,161,706
Outpatient	11,487,401	1,057,515	12,544,916
<b>Total</b>	<b>23,675,744</b>	<b>2,030,878</b>	<b>25,706,622</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	25	780,785	53	157,530	0	0	0	0
Appling	0	0	7	1,490	0	0	0	0
Baldwin	0	0	6	1,411	0	0	0	0
Banks	2	4,718	12	28,651	1	223	0	0
Barrow	6	100,582	79	113,646	0	0	1	220
Bartow	10	53,025	48	37,104	0	0	1	440
Ben Hill	0	0	6	6,958	0	0	0	0
Berrien	1	120	5	1,312	0	0	0	0
Bibb	11	28,925	116	124,785	0	0	6	2,916
Bleckley	1	962	0	0	0	0	0	0
Brantley	0	0	2	285	0	0	0	0
Brooks	1	902	10	593	0	0	0	0
Bryan	0	0	1	898	0	0	0	0
Bulloch	2	1,816	2	1,000	0	0	0	0
Butts	0	0	47	43,324	1	1,130	6	2,323
Calhoun	0	0	1	97	0	0	0	0
Carroll	12	44,806	76	30,054	1	228	14	8,107
Catoosa	1	114	6	944	0	0	0	0
Charlton	0	0	3	14	0	0	0	0
Chatham	9	3,559	22	23,602	0	0	0	0
Chattooga	0	0	2	730	0	0	0	0
Cherokee	8	83,352	154	94,917	3	1,424	17	3,566
Clarke	5	26,328	46	57,510	0	0	0	0
Clayton	70	403,188	674	713,489	5	2,752	17	5,366
Clinch	0	0	0	0	0	0	1	1,200
Cobb	46	412,502	648	705,182	5	188,543	71	331,434
Coffee	2	902	8	908	0	0	0	0
Colquitt	3	8,480	10	10,423	0	0	0	0
Columbia	1	451	0	0	0	0	0	0
Cook	0	0	1	60	0	0	0	0
Coweta	27	303,417	100	83,100	0	0	0	0
Crisp	0	0	11	3,374	0	0	0	0

Dade	1	451	0	0	0	0	0	0
Dawson	7	34,780	26	27,167	0	0	0	0
Decatur	3	41,648	15	12,651	0	0	0	0
DeKalb	257	1,350,625	3,780	3,338,901	20	16,368	223	138,497
Dodge	3	451	2	1,784	0	0	0	0
Dooly	2	240	5	288	0	0	0	0
Dougherty	8	42,008	24	13,711	0	0	2	278
Douglas	10	276,420	113	97,729	3	836	6	1,303
Early	2	465	8	1,487	0	0	0	0
Effingham	1	20,291	1	19	0	0	0	0
Elbert	0	0	6	6,671	0	0	0	0
Fannin	0	0	22	3,081	0	0	0	0
Fayette	11	134,720	99	74,903	1	159,083	9	2,395
Florida	9	59,471	32	53,715	1	1,212	3	3,949
Floyd	7	112,554	41	48,326	1	485	1	3,222
Forsyth	7	8,949	41	27,677	0	0	2	879
Franklin	2	1,125	16	16,530	0	0	0	0
Fulton	189	1,354,038	1,752	1,748,701	9	77,750	134	97,322
Gilmer	1	229	19	23,728	0	0	1	1,914
Glascocock	0	0	1	60	0	0	0	0
Glynn	6	626,288	2	15,383	1	1,560	0	0
Gordon	9	9,228	35	31,049	2	194,267	13	63,130
Grady	0	0	2	84	0	0	0	0
Greene	2	22,547	5	3,901	0	0	0	0
Gwinnett	110	862,490	1,097	1,165,392	9	95,461	64	165,378
Habersham	4	8,556	43	59,560	0	0	1	2,854
Hall	29	266,042	155	79,903	2	1,675	12	3,476
Haralson	1	388	15	34,559	0	0	0	0
Harris	0	0	12	10,735	0	0	0	0
Hart	1	1,493	10	6,030	0	0	0	0
Heard	0	0	7	1,813	0	0	0	0
Henry	66	479,418	381	453,676	10	20,009	34	128,272
Houston	8	57,011	33	11,859	0	0	1	78
Jackson	7	53,284	66	51,849	1	940	4	6,149
Jasper	7	246,977	15	5,305	1	1,911	3	262
Jeff Davis	0	0	1	185	0	0	0	0
Jefferson	2	6,816	0	0	0	0	0	0
Johnson	0	0	4	1,431	0	0	0	0
Jones	2	53,529	6	19,542	0	0	0	0
Lamar	0	0	11	12,412	0	0	0	0
Lanier	0	0	1	1	0	0	0	0
Laurens	7	840	1	317	0	0	0	0
Lee	0	0	7	16,133	0	0	0	0
Liberty	0	0	6	4,102	0	0	0	0

Lincoln	0	0	1	2,336	0	0	0	0
Lowndes	14	420,858	49	38,535	0	0	0	0
Lumpkin	5	41,753	9	6,779	0	0	0	0
Macon	0	0	6	2,337	0	0	0	0
Madison	3	3,449	20	26,595	0	0	0	0
Marion	0	0	3	373	0	0	0	0
Meriwether	0	0	16	9,684	0	0	0	0
Miller	0	0	3	345	0	0	0	0
Mitchell	0	0	7	5,502	0	0	0	0
Monroe	1	451	7	2,892	0	0	0	0
Morgan	1	2,777	8	7,682	0	0	0	0
Murray	2	360	10	4,890	0	0	0	0
Muscogee	13	61,526	102	61,442	0	0	0	0
Newton	29	213,645	326	272,865	3	1,781	27	7,964
North Carolina	12	144,886	23	41,840	0	0	0	0
Oconee	4	10,183	12	2,566	0	0	0	0
Oglethorpe	0	0	9	3,319	0	0	0	0
Other Out of State	18	669,696	215	314,317	0	0	9	2,749
Paulding	8	304,761	69	53,601	0	0	12	2,170
Peach	4	10,423	14	6,002	0	0	0	0
Pickens	0	0	7	4,695	0	0	2	2,703
Pierce	1	240	10	20,059	0	0	0	0
Pike	2	22,612	16	12,421	0	0	0	0
Polk	2	78,244	21	31,970	0	0	0	0
Pulaski	0	0	3	20	0	0	0	0
Putnam	0	0	5	1,741	0	0	0	0
Quitman	0	0	1	14	0	0	0	0
Rabun	5	355,265	17	21,284	0	0	0	0
Randolph	0	0	10	17,594	0	0	0	0
Richmond	5	32,297	15	1,656	0	0	0	0
Rockdale	32	448,509	248	150,335	3	1,946	33	42,086
Schley	0	0	1	121	0	0	0	0
Screven	0	0	3	604	0	0	0	0
Seminole	0	0	1	37	0	0	0	0
South Carolina	10	459,548	31	43,336	1	222,494	12	3,918
Spalding	9	61,721	100	67,710	0	0	0	0
Stephens	1	1,773	42	26,189	0	0	1	1,745
Stewart	0	0	5	2,291	0	0	0	0
Sumter	0	0	3	344	0	0	0	0
Talbot	0	0	5	2,428	0	0	0	0
Taylor	2	902	3	383	0	0	0	0
Tennessee	6	206,314	34	32,445	0	0	2	365
Terrell	0	0	1	370	0	0	0	0
Thomas	7	7,599	16	4,697	0	0	0	0

Tift	3	2,208	28	24,106	0	0	8	6,660
Toombs	0	0	1	24	0	0	0	0
Towns	0	0	6	30,223	0	0	0	0
Treutlen	0	0	1	185	0	0	0	0
Troup	20	50,666	81	108,921	0	0	3	2,046
Turner	0	0	2	748	0	0	0	0
Twiggs	0	0	1	14	0	0	0	0
Union	0	0	12	6,252	0	0	0	0
Upson	6	11,091	28	31,334	0	0	1	930
Walker	5	5,184	16	15,915	0	0	0	0
Walton	27	263,447	181	190,858	0	0	30	8,320
Washington	0	0	6	150	0	0	0	0
Wayne	0	0	3	58,676	0	0	0	0
Wheeler	0	0	4	2,028	0	0	0	0
White	1	1,477	22	8,993	0	0	0	0
Whitfield	1	1,666	33	34,072	0	0	1	929
Wilcox	0	0	1	273	0	0	0	0
Wilkes	1	451	2	168	0	0	0	0
Wilkinson	0	0	6	16,985	0	0	0	0
Worth	1	269	11	1,832	0	0	0	0
<b>Total</b>	<b>1,285</b>	<b>12,288,557</b>	<b>12,026</b>	<b>11,564,144</b>	<b>84</b>	<b>992,078</b>	<b>788</b>	<b>1,057,515</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 2011?  
(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 2011.

Patient Category		SFY 2010	SFY2011	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	12,152,501	11,523,243
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	244,154	1,805,439
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	SFY2011	SFY2012
7/1/09-6/30/10	7/1/10-6/30/11	7/1/11-6/30/12
0	6,448	6,761

## 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:** 7/13/2012

**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:** 7/13/2012

**Title:** CFO

**Comments:**