



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2011 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

**Mailing Address:** 1001 Johnson Ferry Road NE

**Mailing City:** Atlanta

**Mailing Zip:** 30342

**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	440,865,420
Total Inpatient Admissions accounting for Inpatient Revenue	12,499
Outpatient Gross Patient Revenue	369,103,313
Total Outpatient Visits accounting for Outpatient Revenue	263,046
Medicare Contractual Adjustments	81,855
Medicaid Contractual Adjustments	103,864,902
Other Contractual Adjustments:	267,845,880
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	4,893,773
Uncompensated Indigent Care (net):	22,155,696
Uncompensated Charity Care (net ):	1,539,371
Other Free Care:	2,100,465
Other Revenue/Gains:	19,673,305
Total Expenses:	329,677,025

### 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	9,821,931	849,495	10,671,426
Outpatient	12,691,434	841,931	13,533,365
<b>Total</b>	<b>22,513,365</b>	<b>1,691,426</b>	<b>24,204,791</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	509,724
<b>Total</b>	<b>509,724</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	9,582,389	697,440	10,279,829
Outpatient	12,573,307	841,931	13,415,238
<b>Total</b>	<b>22,155,696</b>	<b>1,539,371</b>	<b>23,695,067</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	9	136,906	41	56,642	1	600	2	425
Atkinson	0	0	12	9,935	0	0	0	0
Bacon	0	0	1	60	0	0	0	0
Baldwin	0	0	3	2,410	0	0	2	853
Banks	1	451	12	4,367	0	0	0	0
Barrow	14	166,178	137	63,537	1	7	28	10,446
Bartow	19	112,867	136	108,808	2	5,726	11	7,432
Ben Hill	4	76,672	4	5,995	0	0	0	0
Berrien	0	0	5	1,277	0	0	0	0
Bibb	4	5,499	48	37,742	0	0	0	0
Bleckley	0	0	1	109	0	0	0	0
Brooks	0	0	1	2,342	0	0	0	0
Bulloch	3	385	1	2,026	0	0	0	0
Butts	1	14,016	26	35,430	0	0	2	156
Carroll	23	222,995	150	80,978	5	4,128	10	2,599
Catoosa	0	0	4	844	0	0	0	0
Chatham	0	0	6	11,087	0	0	0	0
Chattooga	1	3,431	10	3,748	0	0	3	166
Cherokee	55	382,919	508	367,532	17	31,129	95	37,888
Clarke	9	46,530	42	43,590	0	0	4	695
Clayton	36	796,108	435	284,940	1	21,233	24	24,312
Cobb	162	1,390,796	1,753	1,742,582	15	44,079	182	100,115
Coffee	1	12,800	7	6,013	0	0	0	0
Colquitt	2	4,860	13	6,275	1	4,104	0	0
Columbia	0	0	4	2,892	0	0	0	0
Cook	0	0	1	794	0	0	0	0
Coweta	12	73,924	129	53,966	2	1,347	11	5,467
Crawford	0	0	2	3,249	0	0	0	0
Crisp	1	451	2	14,793	0	0	0	0
Dawson	3	26,016	86	34,460	0	0	9	2,320
Decatur	0	0	1	736	0	0	0	0
DeKalb	81	596,843	2,336	1,953,593	6	3,945	147	172,713

Dodge	0	0	2	5,408	0	0	0	0
Dougherty	3	73,406	20	15,611	0	0	0	0
Douglas	31	188,375	385	322,266	1	212	25	39,388
Early	0	0	10	2,581	0	0	0	0
Elbert	0	0	21	34,076	0	0	0	0
Emanuel	0	0	1	312	0	0	0	0
Evans	0	0	1	19	0	0	0	0
Fannin	1	100,990	18	5,100	0	0	1	684
Fayette	15	128,123	104	76,387	3	1,522	15	3,048
Florida	10	72,987	48	70,635	4	332,518	5	890
Floyd	16	89,799	43	18,785	0	0	3	1,216
Forsyth	18	204,773	243	164,257	10	86,814	34	66,176
Franklin	1	662	10	5,451	0	0	0	0
Fulton	140	1,367,762	2,714	2,506,305	20	90,518	177	70,443
Gilmer	2	1,603	34	50,577	0	0	1	87
Glynn	0	0	1	2,451	0	0	0	0
Gordon	2	18,830	47	31,189	3	1,101	2	1,248
Grady	1	451	3	1,443	0	0	0	0
Greene	1	3,950	2	1,530	0	0	0	0
Gwinnett	191	1,331,388	2,755	2,555,908	20	155,295	253	153,033
Habersham	4	21,799	18	25,233	1	1,613	0	0
Hall	19	87,342	206	109,518	1	2,168	27	11,347
Hancock	0	0	1	390	0	0	0	0
Haralson	9	246,982	34	21,776	0	0	4	818
Harris	0	0	6	2,039	0	0	0	0
Hart	5	63,562	2	1,714	0	0	0	0
Heard	0	0	8	943	0	0	0	0
Henry	26	53,496	333	238,137	6	4,714	33	9,737
Houston	1	120	13	9,902	0	0	1	715
Irwin	0	0	4	315	0	0	0	0
Jackson	2	86,180	70	40,602	2	1,250	39	24,964
Jasper	0	0	11	6,540	0	0	0	0
Jeff Davis	0	0	2	84	0	0	0	0
Jefferson	1	2,674	0	0	0	0	0	0
Johnson	0	0	0	0	1	13	1	25
Jones	0	0	1	95	0	0	0	0
Lamar	3	344	13	17,153	0	0	0	0
Lanier	0	0	1	95	0	0	0	0
Laurens	0	0	3	3,816	0	0	1	970
Lee	1	224	17	6,292	0	0	0	0
Lowndes	1	120	22	44,298	0	0	0	0
Lumpkin	2	3,054	23	32,369	0	0	1	929
Madison	0	0	22	15,398	0	0	1	166
Meriwether	0	0	5	3,493	0	0	3	166

Mitchell	0	0	4	382	0	0	0	0
Monroe	0	0	6	7,940	0	0	0	0
Morgan	0	0	5	6,002	0	0	1	50
Murray	2	13,245	10	23,559	0	0	0	0
Muscogee	13	16,772	33	16,186	0	0	2	332
Newton	14	59,404	134	94,072	1	1,491	12	3,442
North Carolina	3	115,214	18	25,938	0	0	2	575
Oconee	2	8,589	4	17,051	0	0	1	298
Oglethorpe	0	0	1	5,175	0	0	0	0
Other Out of State	24	235,133	232	272,066	3	31,982	3	4,905
Paulding	26	221,409	178	188,935	8	6,486	45	30,903
Peach	0	0	9	6,778	0	0	6	6,460
Pickens	6	12,075	25	21,517	0	0	6	1,564
Pike	3	2,641	7	1,819	0	0	0	0
Polk	7	3,065	57	44,829	0	0	2	262
Putnam	0	0	4	4,758	0	0	0	0
Rabun	3	30,134	13	22,228	0	0	2	1,653
Randolph	0	0	3	332	0	0	0	0
Richmond	0	0	4	2,423	0	0	0	0
Rockdale	3	24,077	94	60,598	2	1,356	15	3,545
Seminole	0	0	2	436	0	0	0	0
South Carolina	6	141,814	38	81,840	0	0	1	334
Spalding	3	2,281	74	25,387	2	1,402	2	332
Stephens	3	1,393	27	18,615	0	0	5	636
Stewart	0	0	1	615	0	0	0	0
Sumter	2	360	4	862	0	0	0	0
Talbot	0	0	2	1,591	0	0	0	0
Taliaferro	0	0	5	3,298	0	0	0	0
Taylor	0	0	6	434	0	0	0	0
Tennessee	7	232,708	54	47,547	1	1,180	2	415
Terrell	0	0	2	88	0	0	0	0
Thomas	1	369	16	3,512	0	0	0	0
Tift	1	1,419	4	425	0	0	0	0
Toombs	0	0	1	83	0	0	0	0
Towns	2	1,333	14	14,967	0	0	0	0
Treutlen	0	0	3	5,573	0	0	0	0
Troup	1	4,947	25	17,564	0	0	4	133
Turner	0	0	1	1,625	0	0	0	0
Twiggs	0	0	1	405	0	0	0	0
Union	4	44,526	21	25,151	0	0	4	253
Upson	5	3,490	22	27,072	0	0	0	0
Walker	2	134,143	10	20,027	0	0	1	166
Walton	9	285,461	169	137,715	4	10,595	31	23,470
Warren	0	0	1	2,884	0	0	0	0

Wayne	0	0	1	282	0	0	0	0
Wheeler	0	0	1	19	0	0	0	0
White	3	2,471	21	13,121	1	967	2	332
Whitfield	0	0	23	23,223	0	0	5	10,068
Wilcox	0	0	2	275	0	0	0	0
Wilkinson	2	3,815	1	292	0	0	0	0
Worth	0	0	3	673	0	0	1	166
<b>Total</b>	<b>1,104</b>	<b>9,821,931</b>	<b>14,590</b>	<b>12,691,434</b>	<b>145</b>	<b>849,495</b>	<b>1,312</b>	<b>841,931</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 7/1/09-6/30/10	SFY2011 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	9,743,268	12,611,192
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	357,123	1,334,303
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	SFY2011 7/1/10-6/30/11	SFY2012 7/1/11-6/30/12
0	7,326	8,773

## 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:**