Georgia Department of Community Health

2012 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP228

Facility Name: Shepherd Center

County: Fulton

Street Address: 2020 Peachtree Road, NW

City: Atlanta

Zip: 30309-1465

Mailing Address: 2020 Peachtree Road, NW

Mailing City: Atlanta

Mailing Zip: 30309-1465

2. Report Period

Please report data for the hospital fiscal year ending during calender year 2012 only.
Do not use a different report period.

Please indicate your hospital fiscal year.
From: 4/1/2011 To:3/31/2012

Please indicate your cost report year.
From: 04/01/2011 To:03/31/2012

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: Greg Clark

Contact Title: Mgr Reimbursement & Budget

Phone: 404-350-7329

Fax: 404-350-7689

E-mail: greg_clark@shepherd.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	203,180,789
Total Inpatient Admissions accounting for Inpatient Revenue	965
Outpatient Gross Patient Revenue	86,212,941
Total Outpatient Visits accounting for Outpatient Revenue	62,351
Medicare Contractual Adjustments	22,404,942
Medicaid Contractual Adjustments	16,403,411
Other Contractual Adjustments:	100,073,842
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	2,519,205
Uncompensated Indigent Care (net):	5,136,189
Uncompensated Charity Care (net):	2,384,555
Other Free Care:	0
Other Revenue/Gains:	4,063,985
Total Expenses:	121,086,247

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 2012? (Check box if yes.) ☑

2. Effective Date

What was the effective date of the policy or policies in effect during 2012?

01/25/2011

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.?

CFO

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.)?

250%

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 2012? (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	2,569,620	1,458,137	4,027,757
Outpatient	2,935,505	1,043,612	3,979,117
Total	**5,505,125**	**2,501,749**	**8,006,874**

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	486,130
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	**486,130**

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	2,449,245	1,389,831	3,839,076
Outpatient	2,686,944	994,724	3,681,668
Total	**5,136,189**	**2,384,555**	**7,520,744**

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	1	154,734	200	83,852	0	0	124	61,649
Barrow	1	1,110	4	549	0	0	1	283
Bartow	0	0	18	21,663	0	0	23	24,221
Bibb	1	49,054	40	27,786	0	0	10	3,975
Brooks	0	0	31	28,030	0	0	0	0
Bulloch	0	0	1	374	0	0	0	0
Butts	0	0	28	10,810	0	0	11	3,274
Carroll	0	0	17	45,163	0	0	15	15,668
Chattooga	0	0	2	898	0	0	0	0
Cherokee	0	0	63	23,850	0	0	32	23,405
Clarke	0	0	6	3,273	0	0	0	0
Clayton	1	988	228	140,191	1	84,608	50	76,901
Cobb	0	0	189	145,689	0	0	60	25,852
Colquitt	0	0	33	22,985	0	0	0	0
Cook	0	0	1	21	0	0	0	0
Coweta	0	0	15	15,383	0	0	0	0
Crisp	0	0	1	81	0	0	0	0
DeKalb	1	1,480	326	318,024	2	118,367	224	184,543
Dodge	0	0	11	14,163	0	0	0	0
Dougherty	0	0	10	928	0	0	0	0
Douglas	1	203,006	12	13,338	0	0	17	22,353
Fayette	1	38,117	40	59,497	0	0	15	4,878
Florida	3	204,194	115	99,952	1	103,367	3	16
Forsyth	0	0	7	10,448	0	0	6	3,017
Fulton	4	244,523	461	387,909	2	188,327	256	183,868
Gilmer	0	0	14	19,189	0	0	20	26,872
Gordon	0	0	20	29,777	0	0	4	216
Gwinnett	1	264	138	296,981	0	0	96	31,912
Hall	1	19,800	19	55,120	0	0	6	10,733
Harris	0	0	2	296	0	0	0	0
Hart	0	0	17	67,067	0	0	0	0
Heard	0	0	1	389	0	0	0	0

Henry	1	1,194	55	29,577	0	0	69	31,183
Houston	0	0	75	40,985	0	0	9	6,414
Jackson	0	0	3	3,223	0	0	4	757
Jasper	0	0	0	0	0	0	7	4,408
Jeff Davis	0	0	2	8,505	0	0	0	0
Jones	0	0	24	25,435	0	0	5	17,342
Lamar	0	0	6	12,521	0	0	2	320
Laurens	1	190,112	0	0	0	0	6	841
Lee	0	0	1	17	0	0	0	0
Lowndes	1	85,769	0	0	0	0	0	0
Lumpkin	0	0	14	30,294	0	0	4	3,087
Macon	0	0	0	0	0	0	2	1,510
Madison	0	0	0	0	0	0	1	5,274
Monroe	0	0	8	24,994	0	0	0	0
Morgan	0	0	11	1,237	0	0	16	848
Muscogee	2	82,669	110	110,749	0	0	27	31,589
Newton	1	71,251	17	37,314	0	0	6	481
North Carolina	2	153,021	106	81,720	1	106,347	0	0
Oconee	0	0	1	17	0	0	0	0
Other Out of State	5	126,013	241	148,318	0	0	11	3,897
Paulding	1	142,149	18	4,118	0	0	39	19,166
Peach	0	0	7	1,262	0	0	0	0
Pickens	1	9,390	38	35,673	0	0	0	0
Pike	0	0	1	85	0	0	0	0
Polk	0	0	3	7,315	0	0	35	8,683
Putnam	0	0	14	21,008	0	0	0	0
Rockdale	0	0	30	39,178	0	0	12	23,332
Schley	0	0	1	177	0	0	0	0
South Carolina	4	393,522	32	30,166	1	138,465	66	39,647
Spalding	0	0	5	1,227	0	0	2	185
Stephens	0	0	28	43,786	0	0	0	0
Talbot	1	211	1	177	0	0	0	0
Tennessee	7	327,210	456	174,687	4	606,859	53	32,368
Towns	0	0	3	14,601	0	0	0	0
Troup	0	0	7	4,808	0	0	37	7,248
Twiggs	0	0	1	780	0	0	0	0
Upson	0	0	3	1,510	1	61,374	71	66,466
Walker	0	0	1	177	1	50,423	47	34,101
Walton	0	0	8	1,914	0	0	0	0
Wheeler	0	0	2	150	0	0	0	0
White	0	0	0	0	0	0	29	829
Whitfield	1	68,827	66	53,685	0	0	0	0
Wilcox	1	1,012	1	439	0	0	0	0
Total	**45**	**2,569,620**	**3,470**	**2,935,505**	**14**	**1,458,137**	**1,533**	**1,043,612**

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 2012? (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 2012.

	Patient Category	SFY 2011 7/1/10-6/30/11	SFY2012 7/1/11-6/30/12	SFY2013 7/1/12-6/30/13
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	0	0
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	0	0
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 2011 7/1/10-6/30/11	SFY2012 7/1/11-6/30/12	SFY2013 7/1/12-6/30/13
0	0	0

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 incaccurate 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: Gary R. Ulicny, Phd

Date: 2/17/2014

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: Stephen B. Holleman

Date: 2/17/2014

Title: CFO

Comments: