



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2012 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:** 30322-1101

**Mailing Address:** 1405 Clifton Road NE

**Mailing City:** Atlanta

**Mailing Zip:** 30322-1101

**2. Report Period**

Please report data for the hospital fiscal year ending during calendar year 2012 only.

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

**Please indicate your hospital fiscal year.**

From: 1/1/2012 To:12/31/2012

**Please indicate your cost report year.**

From: 01/01/2012 To:12/31/2012

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:** 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	682,742,023
Total Inpatient Admissions accounting for Inpatient Revenue	0
Outpatient Gross Patient Revenue	321,439,482
Total Outpatient Visits accounting for Outpatient Revenue	0
Medicare Contractual Adjustments	7,133,412
Medicaid Contractual Adjustments	178,149,791
Other Contractual Adjustments:	315,823,799
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	5,359,528
Uncompensated Indigent Care (net):	23,130,255
Uncompensated Charity Care (net ):	2,397,521
Other Free Care:	4,273,695
Other Revenue/Gains:	13,114,354
Total Expenses:	366,033,394

### 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 2012? (Check box if yes.) ☒

### 2. Effective Date

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

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 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	12,173,821	1,054,488	13,228,309
Outpatient	11,222,973	1,368,080	12,591,053
<b>Total</b>	<b>23,396,794</b>	<b>2,422,568</b>	<b>25,819,362</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)	13,169
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	278,417
<b>Total</b>	<b>291,586</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	12,135,193	1,029,441	13,164,634
Outpatient	10,995,062	1,368,080	12,363,142
<b>Total</b>	<b>23,130,255</b>	<b>2,397,521</b>	<b>25,527,776</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	977,328	56	92,411	0	0	6	3,002
Appling	0	0	6	738	0	0	0	0
Bacon	0	0	2	282	0	0	0	0
Baldwin	0	0	14	9,498	0	0	0	0
Banks	3	37,036	3	5,770	0	0	0	0
Barrow	7	9,065	88	130,148	1	1,052	4	3,702
Bartow	5	116,986	31	17,196	0	0	6	20,174
Ben Hill	0	0	12	24,139	0	0	0	0
Berrien	1	23,946	6	1,376	0	0	0	0
Bibb	6	51,456	110	39,360	0	0	0	0
Bleckley	2	4,597	0	0	0	0	0	0
Brantley	0	0	8	194	0	0	0	0
Brooks	0	0	21	2,428	0	0	0	0
Bryan	0	0	1	102	0	0	0	0
Bulloch	0	0	6	1,614	0	0	0	0
Butts	14	35,223	35	23,853	2	1,713	0	0
Camden	0	0	7	1,896	0	0	0	0
Candler	0	0	1	230	0	0	0	0
Carroll	7	20,230	68	48,637	1	673	2	221
Catoosa	0	0	6	2,913	0	0	0	0
Chatham	1	513	31	31,097	0	0	0	0
Chattahoochee	2	222,774	6	16,817	0	0	0	0
Chattooga	3	30,214	5	11,764	0	0	0	0
Cherokee	14	95,012	91	57,386	0	0	13	3,242
Clarke	21	127,522	46	45,316	1	69,976	0	0
Clay	0	0	4	129	0	0	0	0
Clayton	115	708,683	619	666,990	1	3,709	22	6,342
Clinch	0	0	3	840	0	0	0	0
Cobb	52	457,964	460	523,419	15	171,499	76	356,008
Coffee	4	586	15	2,305	0	0	0	0
Colquitt	5	6,041	17	7,310	0	0	0	0
Columbia	2	26,605	4	1,943	0	0	0	0

Cook	1	44,482	9	159	0	0	0	0
Coweta	20	129,266	132	109,700	9	20,905	8	6,378
Crawford	1	82,331	0	0	0	0	0	0
Crisp	0	0	18	8,846	0	0	0	0
Dade	0	0	1	443	0	0	0	0
Dawson	1	513	19	3,851	0	0	0	0
Decatur	0	0	13	7,564	0	0	0	0
DeKalb	268	1,146,201	3,986	3,419,693	21	161,198	202	131,442
Dodge	1	126	15	50,890	0	0	0	0
Dooly	1	46	10	2,442	0	0	0	0
Dougherty	3	4,411	41	43,076	0	0	0	0
Douglas	1	599	129	164,330	0	0	5	7,987
Early	0	0	8	6,643	0	0	0	0
Elbert	0	0	1	44	0	0	0	0
Emanuel	1	36,564	0	0	0	0	0	0
Evans	0	0	1	173	0	0	0	0
Fannin	0	0	14	1,260	0	0	2	752
Fayette	12	66,796	110	74,470	0	0	13	2,167
Florida	10	186,771	51	120,128	0	0	4	140
Floyd	2	2,533	30	36,850	2	4,294	0	0
Forsyth	1	120	66	65,738	0	0	5	1,384
Franklin	1	11,863	18	6,177	1	608	1	449
Fulton	182	2,198,927	1,735	1,523,802	18	360,733	132	159,294
Gilmer	0	0	10	2,478	0	0	0	0
Glynn	3	3,195	13	21,353	0	0	1	2,518
Gordon	16	8,676	27	77,004	0	0	11	107,903
Grady	0	0	6	1,093	0	0	0	0
Greene	1	1,483	14	60,749	0	0	0	0
Gwinnett	123	1,018,049	1,078	847,074	13	6,256	112	359,813
Habersham	17	89,440	61	15,966	0	0	2	4,728
Hall	15	147,748	154	98,989	11	100,568	6	4,658
Haralson	4	2,495	11	10,038	1	15	1	1,439
Harris	1	224	9	16,809	0	0	1	567
Hart	1	5,685	12	4,119	0	0	0	0
Heard	1	513	6	2,858	0	0	0	0
Henry	77	300,034	431	876,772	10	16,719	40	66,246
Houston	1	276	59	79,306	0	0	0	0
Irwin	2	10,102	10	12,883	0	0	0	0
Jackson	4	10,752	37	19,494	3	2,986	5	3,717
Jasper	2	11,708	13	16,334	0	0	1	1,248
Jeff Davis	0	0	6	2,563	0	0	0	0
Jones	0	0	3	14,092	0	0	3	712
Lamar	3	38,624	8	2,022	0	0	0	0
Lanier	0	0	3	9,742	0	0	0	0

Laurens	2	25,303	27	3,166	0	0	0	0
Lee	1	529	0	0	3	60	1	1,746
Liberty	2	22,612	1	90	0	0	0	0
Lincoln	0	0	1	1,209	0	0	0	0
Lowndes	3	104,237	99	13,828	1	250	6	167
Lumpkin	4	1,960	30	9,925	0	0	0	0
Macon	0	0	3	796	0	0	0	0
Madison	1	1,429	6	1,331	0	0	0	0
Marion	0	0	3	178	0	0	0	0
McIntosh	2	26,940	0	0	0	0	0	0
Meriwether	6	16,087	21	30,340	0	0	0	0
Miller	0	0	7	3,471	0	0	0	0
Mitchell	4	18,484	3	2,144	0	0	0	0
Monroe	1	10,227	14	7,893	0	0	0	0
Morgan	2	12,067	3	6,647	0	0	0	0
Murray	1	120	5	4,202	0	0	1	286
Muscogee	21	373,961	128	68,190	0	0	0	0
Newton	38	218,139	317	201,637	2	1,843	19	9,493
North Carolina	4	56,456	32	119,074	0	0	0	0
Oconee	6	731,112	14	3,236	0	0	0	0
Oglethorpe	0	0	5	1,203	0	0	0	0
Other Out of State	19	682,763	228	259,766	1	2,813	5	68,252
Paulding	5	91,719	51	19,348	1	1,757	5	4,748
Peach	4	10,079	19	5,387	0	0	0	0
Pickens	0	0	3	2,627	0	0	4	690
Pierce	0	0	3	12,418	0	0	0	0
Pike	2	860	23	39,828	0	0	2	1,775
Polk	4	41,316	44	12,168	0	0	0	0
Putnam	3	2,250	6	1,852	0	0	0	0
Quitman	0	0	2	4,335	0	0	0	0
Rabun	1	9,133	14	763	0	0	0	0
Randolph	3	7,223	9	2,363	0	0	0	0
Richmond	1	143	18	9,894	0	0	0	0
Rockdale	23	79,671	270	161,635	3	3,202	9	5,418
Schley	1	2,167	1	241	0	0	0	0
Screven	1	251	1	155	0	0	0	0
Seminole	0	0	4	17,407	0	0	0	0
South Carolina	18	660,346	56	92,610	1	14,666	1	4,508
Spalding	15	114,302	102	99,481	0	0	1	71
Stephens	8	46,958	42	11,257	0	0	0	0
Stewart	0	0	8	92	0	0	0	0
Sumter	1	513	10	8,639	0	0	0	0
Talbot	0	0	7	657	0	0	0	0
Tattnall	0	0	1	1,350	0	0	0	0

Telfair	0	0	7	1,887	0	0	0	0
Tennessee	4	28,198	35	54,455	0	0	0	0
Terrell	0	0	2	110	0	0	0	0
Thomas	13	42,820	16	2,625	0	0	0	0
Tift	1	126	37	10,840	0	0	1	283
Toombs	0	0	1	13,052	0	0	0	0
Towns	3	377	16	5,453	0	0	0	0
Treutlen	1	25,874	1	88	0	0	0	0
Troup	1	49,043	95	83,048	1	1,949	0	0
Turner	0	0	3	1,621	0	0	0	0
Twiggs	0	0	2	2,173	0	0	0	0
Union	0	0	10	4,176	0	0	0	0
Upton	7	4,253	37	7,986	0	0	0	0
Walker	0	0	0	0	3	477	2	1,385
Walton	25	113,558	159	131,899	4	14,196	25	9,790
Ware	0	0	1	44	0	0	0	0
Wayne	0	0	1	2,000	0	0	0	0
Webster	0	0	1	545	0	0	0	0
Wheeler	4	502	21	542	0	0	1	1,117
White	1	2,661	15	4,957	1	90,371	1	327
Whitfield	2	24,529	30	28,796	0	0	1	794
Wilcox	0	0	3	6,752	0	0	0	0
Wilkes	0	0	1	443	0	0	0	0
Wilkinson	3	189	9	6,016	0	0	0	0
Worth	0	0	16	4,514	0	0	1	997
<b>Total</b>	<b>1,334</b>	<b>12,173,821</b>	<b>12,320</b>	<b>11,222,973</b>	<b>131</b>	<b>1,054,488</b>	<b>770</b>	<b>1,368,080</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 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	9,390,339	12,096,197
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	805,247	1,565,513
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	5,625	7,148

## 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:** 3/4/2014

**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:** Ruth Fowler

**Date:** 3/4/2014

**Title:** Sr VP Finance

**Comments:**