



## 2012 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 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	516,142,258
Total Inpatient Admissions accounting for Inpatient Revenue	13,287
Outpatient Gross Patient Revenue	400,742,611
Total Outpatient Visits accounting for Outpatient Revenue	295,773
Medicare Contractual Adjustments	111,328
Medicaid Contractual Adjustments	128,579,998
Other Contractual Adjustments:	299,752,969
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	7,788,954
Uncompensated Indigent Care (net):	21,838,634
Uncompensated Charity Care (net):	2,824,849
Other Free Care:	1,715,413
Other Revenue/Gains:	18,174,455
Total Expenses:	352,084,456

### 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	9,122,372	2,121,251	11,243,623
Outpatient	13,290,576	897,336	14,187,912
<b>Total</b>	<b>22,412,948</b>	<b>3,018,587</b>	<b>25,431,535</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	768,052
<b>Total</b>	<b>768,052</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	8,939,967	1,927,513	10,867,480
Outpatient	12,898,667	897,336	13,796,003
<b>Total</b>	<b>21,838,634</b>	<b>2,824,849</b>	<b>24,663,483</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	18	248,727	63	144,020	0	0	7	739
Atkinson	0	0	21	11,601	0	0	0	0
Bacon	0	0	2	233	0	0	0	0
Baker	0	0	1	137	0	0	0	0
Baldwin	1	251	10	11,581	0	0	1	166
Banks	1	42,718	23	9,631	0	0	0	0
Barrow	4	9,662	104	70,098	0	0	19	10,471
Bartow	27	113,675	202	117,569	1	65	20	11,870
Ben Hill	3	251	2	628	0	0	0	0
Berrien	0	0	2	409	0	0	0	0
Bibb	11	50,093	30	11,298	0	0	0	0
Brantley	0	0	4	484	1	9,919	0	0
Bulloch	0	0	3	897	0	0	0	0
Butts	1	3,309	23	14,630	1	2,500	0	0
Carroll	24	312,968	192	121,717	2	1,126	12	5,696
Catoosa	0	0	1	3,161	0	0	0	0
Chatham	0	0	11	6,058	0	0	0	0
Chattahoochee	0	0	2	69	0	0	0	0
Chattooga	2	12,074	12	17,871	0	0	5	569
Cherokee	73	400,573	547	387,281	11	11,210	96	55,204
Clarke	4	12,419	51	19,550	2	23,009	0	0
Clayton	41	436,890	527	365,365	4	27,167	37	33,730
Clinch	0	0	1	60	0	0	0	0
Cobb	196	1,222,931	1,919	1,746,910	11	138,918	145	50,530
Coffee	2	31,843	3	68	0	0	0	0
Colquitt	3	97,818	16	12,642	0	0	0	0
Cook	0	0	2	1,939	0	0	0	0
Coweta	24	95,014	102	55,157	3	3,175	39	9,135
Crawford	0	0	2	409	0	0	0	0
Crisp	1	513	3	5,855	0	0	0	0
Dade	0	0	1	35	0	0	0	0
Dawson	4	23,165	71	68,392	0	0	9	5,941

Decatur	0	0	6	4,254	0	0	0	0
DeKalb	82	824,811	2,422	1,976,057	33	777,882	150	82,028
Dodge	0	0	2	2,928	0	0	0	0
Dooly	0	0	2	1,424	0	0	0	0
Dougherty	3	884	21	16,944	0	0	0	0
Douglas	38	357,780	415	335,127	9	19,721	39	19,468
Early	0	0	19	4,885	0	0	0	0
Effingham	0	0	1	2,243	0	0	0	0
Elbert	0	0	16	14,078	0	0	0	0
Emanuel	0	0	2	90	0	0	0	0
Fannin	3	8,945	23	16,016	1	4,813	1	458
Fayette	8	39,226	116	64,777	2	19,045	48	8,443
Florida	5	63,716	75	107,705	0	0	3	101
Floyd	7	54,352	73	41,348	1	1,660	1	458
Forsyth	19	88,669	300	174,377	3	2,634	78	25,338
Franklin	0	0	13	2,595	0	0	0	0
Fulton	140	1,293,854	2,707	2,682,539	37	391,914	245	106,916
Gilmer	1	225	43	40,055	0	0	5	763
Gordon	10	20,086	71	33,506	1	2,500	1	166
Grady	0	0	3	2,253	0	0	0	0
Greene	0	0	3	1,253	0	0	0	0
Gwinnett	205	1,237,585	2,714	2,517,452	15	430,670	256	161,511
Habersham	2	8,217	34	16,121	0	0	1	1,368
Hall	22	165,586	208	153,204	0	0	12	3,196
Haralson	4	13,130	42	18,406	0	0	0	0
Harris	0	0	8	4,054	0	0	0	0
Hart	0	0	10	2,649	0	0	1	73
Heard	0	0	2	1,100	0	0	0	0
Henry	16	80,342	326	227,785	9	6,022	122	32,348
Houston	8	312,010	49	34,427	0	0	1	166
Irwin	0	0	4	390	0	0	0	0
Jackson	5	17,871	87	114,605	1	483	19	17,685
Jasper	0	0	5	2,309	0	0	0	0
Jeff Davis	0	0	21	2,527	0	0	0	0
Jones	0	0	8	4,888	0	0	0	0
Lamar	0	0	13	6,942	0	0	0	0
Lanier	0	0	3	3,713	0	0	0	0
Laurens	0	0	7	2,663	0	0	0	0
Lee	0	0	4	2,190	0	0	2	186
Liberty	0	0	1	7	0	0	0	0
Lincoln	1	2,871	0	0	0	0	0	0
Lowndes	1	126	15	14,835	0	0	0	0
Lumpkin	6	38,934	20	19,971	1	794	2	1,250
Macon	0	0	4	708	0	0	1	166

Madison	3	275	16	1,599	0	0	1	166
Marion	0	0	4	776	0	0	0	0
McDuffie	0	0	1	68	0	0	0	0
Meriwether	1	7,142	7	6,721	0	0	0	0
Mitchell	0	0	3	147	0	0	0	0
Monroe	3	51,172	6	6,058	0	0	0	0
Montgomery	0	0	1	99	0	0	0	0
Murray	0	0	19	23,504	0	0	2	325
Muscogee	8	55,087	55	26,462	0	0	10	22,319
Newton	6	50,390	190	70,331	0	0	19	6,171
North Carolina	2	27,616	45	79,682	0	0	1	145
Oconee	0	0	13	6,550	0	0	1	742
Oglethorpe	0	0	3	1,280	0	0	0	0
Other Out of State	27	380,683	213	339,258	1	109,122	15	125,207
Paulding	32	131,845	229	141,808	3	3,779	35	11,581
Peach	1	2,318	6	5,837	0	0	0	0
Pickens	4	32,424	36	31,638	0	0	4	3,219
Pike	2	37,273	16	11,674	0	0	0	0
Polk	13	101,053	94	37,590	0	0	3	150
Pulaski	0	0	2	271	0	0	0	0
Putnam	3	1,870	7	1,987	0	0	0	0
Rabun	2	2,778	20	5,946	0	0	2	1,194
Randolph	0	0	1	3,186	0	0	0	0
Richmond	1	5,335	1	114	0	0	0	0
Rockdale	5	57,455	120	86,989	0	0	6	3,636
Seminole	0	0	5	223	0	0	0	0
South Carolina	8	145,222	42	64,083	2	100,744	0	0
Spalding	5	26,620	107	91,263	0	0	39	6,488
Stephens	6	8,032	31	19,176	1	1,646	2	198
Sumter	9	10,273	23	2,556	0	0	0	0
Talbot	0	0	1	2,854	0	0	0	0
Taylor	0	0	15	4,250	0	0	0	0
Tennessee	7	154,459	56	61,931	0	0	3	1,030
Terrell	0	0	1	54	0	0	1	16,473
Thomas	0	0	22	8,086	0	0	1	607
Tift	0	0	8	15,189	0	0	0	0
Toombs	1	3,055	1	93	0	0	0	0
Towns	0	0	25	20,879	0	0	1	17
Troup	2	10,710	58	28,886	0	0	5	1,650
Turner	3	2,814	4	529	0	0	0	0
Twiggs	0	0	0	0	0	0	1	113
Union	1	4,137	24	16,535	1	1,017	0	0
Upson	0	0	17	1,819	0	0	0	0
Walker	1	126	12	21,992	0	0	1	196

Walton	8	39,748	180	100,093	2	1,546	37	17,113
Ware	0	0	1	1,751	0	0	0	0
Washington	0	0	1	1,062	0	0	0	0
Wheeler	1	184	6	1,572	0	0	1	125
White	11	23,335	28	9,160	1	1,681	2	1,128
Whitfield	2	2,663	32	35,082	3	26,489	11	31,204
Wilcox	1	2,164	4	2,772	0	0	0	0
Wilkes	0	0	4	3,161	0	0	0	0
Worth	0	0	9	4,795	0	0	0	0
<b>Total</b>	<b>1,205</b>	<b>9,122,372</b>	<b>15,696</b>	<b>13,290,576</b>	<b>163</b>	<b>2,121,251</b>	<b>1,582</b>	<b>897,336</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	SFY2012	SFY2013
		7/1/10-6/30/11	7/1/11-6/30/12	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	11,365,798	10,595,397
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	1,116,932	1,901,655
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	SFY2012	SFY2013
7/1/10-6/30/11	7/1/11-6/30/12	7/1/12-6/30/13
0	8,134	9,120

## 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:** 7/26/2013

**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:** 7/26/2013

**Title:** Sr VP Finance

**Comments:**