



## 2013 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:** Atlanta

**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 2013 only.

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

**Please indicate your hospital fiscal year.**

From: 1/1/2013 To:12/31/2013

**Please indicate your cost report year.**

From: 01/01/2013 To:12/31/2013

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	736,322,930
Total Inpatient Admissions accounting for Inpatient Revenue	11,733
Outpatient Gross Patient Revenue	326,010,444
Total Outpatient Visits accounting for Outpatient Revenue	158,280
Medicare Contractual Adjustments	28,052,567
Medicaid Contractual Adjustments	419,586,363
Other Contractual Adjustments:	115,828,189
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	7,914,677
Uncompensated Indigent Care (net):	20,855,144
Uncompensated Charity Care (net):	922,581
Other Free Care:	758,494
Other Revenue/Gains:	14,656,718
Total Expenses:	366,328,533

### 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	758,494
Employee Discounts	0
	0
<b>Total</b>	<b>758,494</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 2013? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2013?

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.)?

340%

## 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 2013? (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	10,429,285	437,202	10,866,487
Outpatient	10,902,858	492,430	11,395,288
<b>Total</b>	<b>21,332,143</b>	<b>929,632</b>	<b>22,261,775</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	484,050
<b>Total</b>	<b>484,050</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	10,208,192	430,151	10,638,343
Outpatient	10,646,952	492,430	11,139,382
<b>Total</b>	<b>20,855,144</b>	<b>922,581</b>	<b>21,777,725</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	562,409	53	186,879	3	43,064	1	687
Appling	1	1,894	3	670	0	0	0	0
Atkinson	0	0	7	6,305	0	0	0	0
Baldwin	1	11,796	13	13,314	0	0	0	0
Banks	1	21,205	5	2,728	0	0	0	0
Barrow	11	146,434	77	65,070	0	0	2	14,913
Bartow	3	27,996	35	38,843	1	315	0	0
Ben Hill	0	0	6	966	0	0	0	0
Bibb	6	9,939	127	64,798	1	1,657	0	0
Bleckley	0	0	3	1,079	0	0	0	0
Brantley	1	939	1	118	0	0	0	0
Bulloch	2	1,008	8	22,194	0	0	0	0
Burke	0	0	2	1,581	0	0	0	0
Butts	8	63,197	22	23,650	1	1,598	0	0
Camden	0	0	2	944	0	0	0	0
Carroll	6	66,159	55	65,383	1	793	1	217
Catoosa	2	234	23	23,696	0	0	0	0
Chatham	1	1,878	29	50,863	0	0	0	0
Chattahoochee	0	0	4	2,652	0	0	0	0
Chattooga	0	0	4	1,349	0	0	0	0
Cherokee	0	0	108	112,061	1	2,348	21	2,894
Clarke	14	90,377	48	22,078	0	0	0	0
Clayton	69	674,179	777	608,862	2	4,055	5	10,721
Cobb	31	171,974	414	355,484	5	9,590	38	48,112
Coffee	0	0	3	277	0	0	0	0
Colquitt	0	0	11	16,946	0	0	0	0
Columbia	1	9,786	3	6,017	1	3,333	5	2,572
Cook	0	0	4	6,530	0	0	0	0
Coweta	11	311,814	147	134,788	1	2,423	4	66,005
Crawford	0	0	2	4,183	0	0	0	0
Crisp	0	0	5	2,894	0	0	0	0
Dawson	1	5,598	12	3,756	0	0	0	0

Decatur	0	0	6	2,918	0	0	0	0
DeKalb	176	1,492,690	5,253	3,545,354	9	29,820	161	49,022
Dodge	0	0	9	7,183	0	0	0	0
Dooly	1	24,646	5	533	0	0	0	0
Dougherty	1	2,089	35	44,785	1	1,906	0	0
Douglas	17	150,981	117	81,922	3	124	41	9,202
Early	0	0	4	3,604	0	0	0	0
Effingham	1	4,032	0	0	0	0	0	0
Elbert	1	4,290	2	3,693	0	0	0	0
Emanuel	0	0	3	27	0	0	0	0
Evans	0	0	1	32	0	0	0	0
Fannin	3	12,462	26	10,777	0	0	0	0
Fayette	7	31,091	68	26,983	2	4,819	8	4,123
Florida	13	632,317	47	44,822	0	0	7	5,009
Floyd	2	277,149	42	28,918	0	0	0	0
Forsyth	7	1,340	57	47,427	0	0	5	1,152
Franklin	7	133,139	16	11,156	0	0	0	0
Fulton	151	1,099,655	2,103	1,844,018	7	38,342	69	66,893
Gilmer	0	0	12	23,928	0	0	1	2,776
Glynn	0	0	3	287	0	0	0	0
Gordon	1	10,789	35	62,923	0	0	3	7,386
Grady	0	0	2	13	0	0	0	0
Greene	1	610	15	10,014	0	0	0	0
Gwinnett	64	485,105	1,035	780,980	10	252,884	45	78,692
Habersham	5	9,316	29	19,894	0	0	0	0
Hall	11	179,719	146	94,704	5	35,164	21	32,724
Hancock	0	0	3	1,416	0	0	0	0
Haralson	2	34,573	15	5,052	0	0	0	0
Harris	1	10,280	5	5,715	0	0	0	0
Hart	3	7,032	13	13,692	0	0	0	0
Heard	1	221	6	11,302	0	0	0	0
Henry	59	499,188	527	423,567	4	2,913	36	15,548
Houston	4	94,669	60	41,820	0	0	1	30
Irwin	0	0	4	547	0	0	0	0
Jackson	5	58,906	37	18,192	0	0	4	4,814
Jasper	2	7,885	24	13,048	0	0	0	0
Jeff Davis	1	31,851	3	1,044	0	0	0	0
Jefferson	1	8,352	0	0	0	0	0	0
Jenkins	0	0	1	1,042	0	0	0	0
Johnson	0	0	2	250	0	0	0	0
Jones	0	0	10	21,419	1	756	1	239
Lamar	1	8,210	4	3,727	0	0	1	3,412
Laurens	6	1,808	13	8,340	0	0	0	0
Lee	1	9,252	15	2,745	0	0	0	0

Liberty	0	0	1	173	0	0	0	0
Lowndes	1	926	34	26,573	0	0	1	124
Lumpkin	0	0	18	20,899	0	0	0	0
Macon	0	0	2	918	0	0	0	0
Madison	0	0	8	30,911	0	0	0	0
Meriwether	4	914	19	17,549	0	0	0	0
Mitchell	0	0	16	4,800	0	0	0	0
Monroe	0	0	17	14,354	0	0	0	0
Montgomery	0	0	4	385	0	0	0	0
Morgan	2	23,855	15	19,780	0	0	0	0
Murray	0	0	9	7,862	0	0	0	0
Muscogee	6	77,157	94	102,511	0	0	0	0
Newton	27	231,785	329	262,998	2	1,298	24	2,510
North Carolina	12	671,978	39	61,486	0	0	0	0
Oconee	0	0	13	9,694	0	0	0	0
Oglethorpe	0	0	8	1,894	0	0	0	0
Other Out of State	13	363,264	185	243,085	0	0	0	0
Paulding	8	15,903	77	49,662	0	0	8	7,006
Peach	0	0	12	4,025	0	0	0	0
Pickens	3	27,993	8	343	0	0	0	0
Pierce	1	267,734	1	387	0	0	0	0
Pike	1	26	13	22,878	0	0	0	0
Polk	5	1,871	58	44,019	0	0	3	1,146
Putnam	0	0	3	267	0	0	0	0
Rabun	2	23,493	8	1,279	0	0	0	0
Randolph	0	0	1	1,594	0	0	0	0
Richmond	0	0	37	35,660	0	0	0	0
Rockdale	20	86,699	333	220,122	0	0	12	1,869
Schley	0	0	2	115	0	0	0	0
Screven	2	22,785	1	109	0	0	0	0
Seminole	0	0	2	961	0	0	0	0
South Carolina	10	425,978	47	100,553	0	0	2	39,796
Spalding	14	66,268	96	98,361	0	0	1	112
Stephens	0	0	14	7,892	0	0	0	0
Stewart	1	126	1	130	0	0	0	0
Sumter	0	0	4	3,394	0	0	0	0
Talbot	0	0	2	504	0	0	0	0
Taylor	0	0	3	596	0	0	0	0
Tennessee	9	452,564	26	39,915	0	0	1	1,423
Thomas	0	0	13	15,591	0	0	5	1,742
Tift	5	249	17	6,273	0	0	0	0
Toombs	0	0	4	1,624	0	0	0	0
Towns	0	0	23	11,826	0	0	0	0
Treutlen	0	0	2	268	0	0	0	0

Troup	11	16,017	131	57,552	0	0	3	4,300
Twiggs	0	0	2	24	0	0	0	0
Union	1	513	25	10,120	0	0	0	0
Upson	1	3,679	23	14,466	0	0	1	97
Walton	8	24,262	153	157,626	0	0	12	5,162
Ware	0	0	1	68	0	0	0	0
Washington	0	0	1	3,274	0	0	0	0
Wayne	0	0	2	555	0	0	0	0
Wheeler	0	0	9	561	0	0	0	0
White	2	16,813	14	16,299	0	0	0	0
Whitfield	2	103,970	19	7,756	0	0	0	0
Wilkinson	0	0	22	13,122	0	0	0	0
Worth	0	0	11	10,444	0	0	0	0
<b>Total</b>	<b>915</b>	<b>10,429,285</b>	<b>13,858</b>	<b>10,902,858</b>	<b>61</b>	<b>437,202</b>	<b>554</b>	<b>492,430</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 2013?  
(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 2013.

Patient Category		SFY 2012	SFY2013	SFY2014
		7/1/11-6/30/12	7/1/12-6/30/13	7/1/13-6/30/14
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	10,140,603	11,191,539
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	444,028	485,604
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 2012	SFY2013	SFY2014
7/1/11-6/30/12	7/1/12-6/30/13	7/1/13-6/30/14
0	5,677	5,257

## 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:** 7/31/2014

**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:** 7/31/2014

**Title:** Chief Financial Officer

**Comments:**

Please note: The prior year report (Part C section 1) grouped CMO contractuals in with other contractuals rather than with Medicaid. The prior year report (Part D section 5) had our Maximum Income Level listed as 185%, but should have been 340%.