



## 2013 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:** Atlanta

**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 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	522,830,137
Total Inpatient Admissions accounting for Inpatient Revenue	12,859
Outpatient Gross Patient Revenue	386,141,031
Total Outpatient Visits accounting for Outpatient Revenue	296,522
Medicare Contractual Adjustments	10,718,564
Medicaid Contractual Adjustments	299,595,262
Other Contractual Adjustments:	132,373,474
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	11,002,476
Uncompensated Indigent Care (net):	22,721,083
Uncompensated Charity Care (net):	1,147,224
Other Free Care:	986,358
Other Revenue/Gains:	14,102,540
Total Expenses:	345,485,790

### 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	986,358
Employee Discounts	0
	0
<b>Total</b>	<b>986,358</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	10,050,091	552,574	10,602,665
Outpatient	13,542,559	823,571	14,366,130
<b>Total</b>	<b>23,592,650</b>	<b>1,376,145</b>	<b>24,968,795</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	1,100,488
<b>Total</b>	<b>1,100,488</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	9,877,355	323,653	10,201,008
Outpatient	12,843,728	823,571	13,667,299
<b>Total</b>	<b>22,721,083</b>	<b>1,147,224</b>	<b>23,868,307</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	714,962	55	60,910	0	0	2	132
Appling	0	0	1	551	0	0	0	0
Atkinson	0	0	6	272	0	0	0	0
Baldwin	1	132	4	4,237	0	0	1	149
Banks	0	0	15	6,485	0	0	0	0
Barrow	4	47,097	105	86,073	5	3,989	12	2,436
Bartow	9	84,596	214	122,622	0	0	14	5,755
Bibb	0	0	35	12,615	0	0	6	446
Bleckley	0	0	4	587	0	0	0	0
Brooks	0	0	1	1,526	0	0	0	0
Bryan	0	0	2	650	0	0	0	0
Bulloch	0	0	3	85	0	0	0	0
Butts	1	40,098	9	3,376	0	0	0	0
Calhoun	0	0	1	336	0	0	0	0
Carroll	12	90,997	156	107,766	0	0	7	40,748
Catoosa	0	0	4	1,150	0	0	0	0
Charlton	1	256,940	0	0	0	0	0	0
Chatham	1	2,603	9	4,149	0	0	0	0
Chattahoochee	1	107,267	1	82	0	0	0	0
Chattooga	0	0	9	3,702	0	0	0	0
Cherokee	48	360,431	522	498,619	7	2,295	54	60,021
Clarke	0	0	34	15,191	0	0	0	0
Clayton	16	136,957	427	261,852	4	1,600	16	10,361
Cobb	109	762,624	2,045	1,747,802	17	70,186	153	88,448
Coffee	1	132	7	4,279	0	0	0	0
Colquitt	2	122,364	10	18,304	0	0	1	7,848
Columbia	1	7,456	0	0	0	0	6	59
Coweta	10	73,357	126	136,997	1	838	7	6,326
Crisp	0	0	5	807	0	0	0	0
Dade	0	0	2	4,446	0	0	0	0
Dawson	5	14,096	63	44,777	0	0	3	2,201
Decatur	0	0	4	690	0	0	0	0

DeKalb	95	598,434	2,812	1,885,591	10	27,553	92	90,386
Dodge	1	1,056	3	7,579	0	0	0	0
Dougherty	0	0	13	18,291	0	0	0	0
Douglas	24	222,670	382	277,122	2	14,719	25	9,844
Early	1	61,847	11	2,482	0	0	0	0
Elbert	1	130	12	5,367	0	0	0	0
Emanuel	0	0	1	390	0	0	0	0
Fannin	2	19,600	22	49,617	0	0	0	0
Fayette	14	857,599	99	74,165	1	5,872	10	6,314
Florida	12	245,710	92	129,600	0	0	0	0
Floyd	12	62,423	51	34,086	2	2,184	3	1,208
Forsyth	11	86,874	280	253,630	2	1,054	44	58,132
Franklin	1	362	18	6,903	0	0	0	0
Fulton	106	1,076,246	3,219	3,055,093	11	62,036	115	95,875
Gilmer	4	47,066	28	23,629	0	0	1	720
Gordon	2	4,682	47	34,696	1	130	4	5,856
Grady	0	0	4	570	0	0	0	0
Gwinnett	119	1,324,643	2,910	2,386,465	12	127,819	148	142,603
Habersham	1	4,205	31	21,661	0	0	0	0
Hall	12	47,037	183	157,008	3	3,754	12	13,271
Haralson	3	13,061	40	28,046	0	0	6	772
Harris	0	0	9	1,194	0	0	0	0
Hart	0	0	2	1,226	0	0	0	0
Heard	1	25,344	8	5,750	0	0	0	0
Henry	17	349,944	282	188,736	5	11,518	54	26,979
Houston	0	0	30	18,134	0	0	0	0
Irwin	0	0	1	94	0	0	0	0
Jackson	5	16,702	73	52,014	2	2,971	9	5,492
Jasper	0	0	2	230	0	0	0	0
Jeff Davis	0	0	2	91	0	0	0	0
Jefferson	0	0	1	528	0	0	0	0
Jones	0	0	12	41,771	0	0	0	0
Lamar	0	0	10	11,684	0	0	0	0
Lanier	0	0	1	89	0	0	0	0
Laurens	1	4,284	1	811	0	0	1	492
Lee	1	1,333	10	3,617	0	0	0	0
Lowndes	0	0	13	4,008	0	0	1	87
Lumpkin	0	0	37	21,215	3	60,795	4	3,927
Macon	0	0	2	749	0	0	0	0
Madison	2	2,464	12	12,086	0	0	0	0
Marion	0	0	1	27	0	0	0	0
McIntosh	0	0	0	0	0	0	1	364
Meriwether	2	15,382	4	3,989	0	0	0	0
Mitchell	0	0	1	33	0	0	0	0

Monroe	3	130	7	3,203	0	0	0	0
Morgan	0	0	3	2,453	0	0	0	0
Murray	0	0	2	95	0	0	0	0
Muscogee	6	235,685	22	20,518	0	0	0	0
Newton	5	5,793	111	43,244	1	3	8	2,275
North Carolina	6	223,228	31	34,706	0	0	1	924
Oconee	2	4,492	4	4,212	0	0	2	9,049
Oglethorpe	0	0	1	1,796	0	0	0	0
Other Out of State	36	536,128	271	304,211	5	145,957	3	2,845
Paulding	23	354,753	207	222,487	1	5,141	12	7,566
Peach	0	0	5	1,205	0	0	0	0
Pickens	4	28,346	47	52,297	0	0	1	387
Pike	1	21,422	9	22,751	0	0	0	0
Polk	4	1,951	52	41,070	1	2,160	3	385
Pulaski	0	0	5	6,796	0	0	0	0
Putnam	0	0	8	5,946	0	0	0	0
Rabun	1	2,784	10	4,831	0	0	0	0
Richmond	0	0	4	1,509	0	0	0	0
Rockdale	7	43,462	112	85,243	0	0	2	2,823
Seminole	0	0	21	7,426	0	0	0	0
South Carolina	3	320,383	35	25,656	0	0	1	140
Spalding	4	528	105	57,396	0	0	8	4,553
Stephens	1	25,001	14	11,001	0	0	1	587
Sumter	1	132	26	7,194	0	0	0	0
Talbot	0	0	2	73	0	0	0	0
Tattnall	0	0	3	952	0	0	0	0
Taylor	0	0	1	68	0	0	0	0
Telfair	0	0	1	185	0	0	0	0
Tennessee	9	16,903	56	347,871	0	0	0	0
Terrell	0	0	1	41	0	0	0	0
Thomas	3	469	12	3,396	0	0	0	0
Tift	0	0	12	4,057	0	0	0	0
Toombs	0	0	1	27	0	0	0	0
Towns	1	4,054	4	3,701	0	0	0	0
Treutlen	0	0	4	3,797	0	0	0	0
Troup	5	122,152	61	29,949	0	0	2	2,319
Turner	3	396	2	498	0	0	0	0
Union	6	3,914	18	23,789	0	0	0	0
Upson	3	152,698	17	8,963	0	0	2	173
Walker	1	2,262	5	4,188	0	0	0	0
Walton	3	31,818	101	129,394	0	0	10	585
Washington	0	0	2	815	0	0	0	0
Wayne	0	0	1	812	0	0	0	0
Wheeler	0	0	0	0	0	0	2	662

White	0	0	18	11,166	0	0	0	0
Whitfield	0	0	19	28,952	0	0	37	101,046
Wilkes	0	0	1	4	0	0	0	0
Wilkinson	0	0	2	816	0	0	0	0
Worth	0	0	4	794	0	0	0	0
<b>Total</b>	<b>831</b>	<b>10,050,091</b>	<b>16,111</b>	<b>13,542,559</b>	<b>96</b>	<b>552,574</b>	<b>907</b>	<b>823,571</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	11,411,022	12,181,629
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	660,825	715,320
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	7,021	6,406

## 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:** RuthFowler

**Date:** 7/31/2014

**Title:** CFO

**Comments:**

Please note: The prior year report (Part C section 1) grouped CMO contractals in with other contractals 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%.