GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2024 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

Mailing Address: 1001 Johnson Ferry Road NE

Mailing City: Atlanta

Mailing Zip: 30342

Medicaid Provider Number: 000001636A

Medicare Provider Number: 113301

2. Report Period

Please report data for the hospital fiscal year ending during calender year 2024 only.
Do not use a different report period.

Please indicate your hospital fiscal year.
From: 1/1/2024 To:12/31/2024

Please indicate your cost report year. ☐
From: 01/01/2024 To:12/31/2024

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.

3. Trauma Center Designation Change During the Report Period

Check the box to the right if your facility experienced a change in trauma center designation during the report period. ☐
If your facility's trauma center designation changed, provide the date and type of change.

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey.

Contact Name: Sherry Cameron

Contact Title: Reimbursement Manager

Phone: 404-785-7964

Fax: 404-964-8054

E-mail: sherry.cameron@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	1,180,009,773
Total Inpatient Admissions accounting for Inpatient Revenue	15,254
Outpatient Gross Patient Revenue	1,070,677,061
Total Outpatient Visits accounting for Outpatient Revenue	353,035
Medicare Contractual Adjustments	33,850,964
Medicaid Contractual Adjustments	797,201,058
Other Contractual Adjustments:	364,820,251
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	18,139,375
Gross Indigent Care:	85,757,138
Gross Charity Care:	3,998,656
Uncompensated Indigent Care (net):	83,305,698
Uncompensated Charity Care (net):	3,998,656
Other Free Care:	11,141,034
Other Revenue/Gains:	17,992,887
Total Expenses:	633,372,283

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	11,141,034
Employee Discounts	0
	0
Total	**11,141,034**

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 2024? (Check box if yes.) ☑

2. Effective Date

What was the effective date of the policy or policies in effect during 2024?

12/01/2023

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.)?

600

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 2024? (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	34,949,111	1,405,441	36,354,552
Outpatient	50,808,027	2,593,215	53,401,242
Total	**85,757,138**	**3,998,656**	**89,755,794**

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	2,451,440
Total	**2,451,440**

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	34,132,996	1,405,441	35,538,437
Outpatient	49,172,702	2,593,215	51,765,917
Total	**83,305,698**	**3,998,656**	**87,304,354**

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	13	530,946	109	328,978	0	0	9	7,484
Appling	0	0	14	3,434	0	0	0	0
Atkinson	1	93,421	2	54	0	0	0	0
Bacon	1	512	8	3,103	0	0	0	0
Baker	0	0	1	56	0	0	0	0
Baldwin	2	1,106	31	20,117	2	707	5	2,640
Banks	5	486,068	105	120,327	0	0	5	4,878
Barrow	24	121,214	559	453,331	8	10,988	21	22,923
Bartow	23	162,294	573	450,446	5	7,553	38	101,324
Ben Hill	1	1	13	2,043	0	0	0	0
Berrien	1	1,126	16	7,603	0	0	0	0
Bibb	5	136,786	160	113,204	0	0	3	1,071
Bleckley	1	1,063	12	6,344	0	0	0	0
Brantley	0	0	2	48	0	0	0	0
Brooks	0	0	10	2,306	0	0	0	0
Bryan	0	0	14	7,830	0	0	0	0
Bulloch	1	2,706	3	3,806	0	0	0	0
Burke	0	0	6	2,625	0	0	0	0
Butts	3	5,878	78	77,562	2	3,430	4	4,871
Calhoun	0	0	2	0	0	0	0	0
Camden	0	0	7	1,437	0	0	0	0
Candler	0	0	3	3,309	0	0	0	0
Carroll	23	164,852	457	446,515	5	5,891	25	27,630
Catoosa	0	0	27	14,903	0	0	0	0
Chatham	2	10,628	25	12,797	0	0	1	1,256
Chattahoochee	0	0	3	1,342	0	0	0	0
Chattooga	3	14,478	58	35,257	0	0	0	0
Cherokee	64	452,337	1,505	1,502,029	28	54,011	186	138,956
Clarke	9	37,499	214	184,269	2	2,098	3	5,951
Clayton	34	410,301	1,221	1,056,974	1	563	12	3,516
Cobb	239	3,486,703	4,841	6,613,439	48	69,085	482	362,985
Coffee	2	76,560	33	14,165	0	0	2	3,670

Colquitt	3	4,023	53	12,573	1	1,262	0	0
Columbia	1	4,214	34	19,147	0	0	1	363
Cook	0	0	18	6,077	0	0	0	0
Coweta	22	102,978	484	493,910	0	0	44	45,381
Crawford	0	0	3	252	0	0	0	0
Crisp	1	946	14	11,024	0	0	0	0
Dade	0	0	7	1,438	0	0	0	0
Dawson	8	21,885	189	205,061	2	6,077	20	20,746
Decatur	3	6,304	18	21,616	0	0	0	0
DeKalb	146	3,656,451	5,233	6,536,815	15	144,771	388	221,462
Dodge	2	1	13	2,896	0	0	0	0
Dooly	0	0	13	4,956	0	0	0	0
Dougherty	1	15,135	107	74,111	0	0	2	476
Douglas	35	326,992	700	609,657	5	96,212	31	45,945
Early	0	0	9	218	0	0	0	0
Effingham	0	0	8	420	0	0	1	423
Elbert	3	244,176	61	47,556	0	0	0	0
Emanuel	0	0	7	1,075	0	0	0	0
Evans	0	0	3	183	0	0	0	0
Fannin	1	0	51	66,612	0	0	4	3,753
Fayette	17	402,127	358	544,044	6	10,148	45	24,031
Florida	10	189,069	198	140,197	0	0	2	946
Floyd	11	320,838	128	391,919	0	0	0	0
Forsyth	49	236,172	904	1,159,902	20	25,557	200	204,130
Franklin	4	12,669	65	122,160	0	0	3	117
Fulton	183	3,457,930	4,999	6,562,819	68	232,403	764	495,107
Gilmer	9	510,261	108	146,410	1	6,579	8	58,916
Glynn	0	0	5	4,539	1	2,945	4	312
Gordon	6	4,939	140	141,569	1	1,272	2	1,107
Grady	0	0	20	117,629	0	0	0	0
Greene	4	33,865	17	7,187	0	0	1	20,075
Gwinnett	318	9,248,850	7,146	11,766,918	25	273,524	460	317,831
Habersham	7	23,932	204	134,002	0	0	7	4,588
Hall	58	1,258,012	969	2,010,215	5	73,118	51	97,125
Hancock	0	0	8	1,064	0	0	0	0
Haralson	9	168,619	106	311,278	0	0	4	3,316
Harris	0	0	32	39,266	1	487	3	1,163
Hart	2	20,608	33	25,071	0	0	0	0
Heard	0	0	22	53,175	0	0	0	0
Henry	28	121,984	1,119	757,095	3	2,293	47	39,005
Houston	8	7,478	155	107,498	0	0	4	1,272
Irwin	0	0	8	2,427	0	0	1	405
Jackson	22	198,363	419	442,778	4	2,328	33	56,394
Jasper	3	20,906	24	20,184	0	0	0	0

Jeff Davis	0	0	5	1,241	0	0	0	0
Jefferson	1	3,160	8	2,635	0	0	0	0
Jenkins	0	0	4	852	0	0	0	0
Johnson	1	262	2	1,674	0	0	0	0
Jones	0	0	8	4,406	1	1,122	0	0
Lamar	4	5,618	43	64,264	0	0	1	244
Lanier	0	0	11	3,545	0	0	0	0
Laurens	5	920	52	35,906	0	0	0	0
Lee	2	2,945	38	23,039	0	0	1	375
Liberty	0	0	5	5,038	0	0	0	0
Lincoln	0	0	1	7,636	0	0	0	0
Long	0	0	2	1,262	0	0	0	0
Lowndes	4	1,906,505	55	14,531	0	0	0	0
Lumpkin	4	3,739	133	121,250	0	0	1	1,966
Macon	1	662	12	16,303	0	0	0	0
Madison	5	78,578	62	43,122	0	0	3	2,942
Marion	0	0	10	1,309	0	0	0	0
McDuffie	0	0	5	14,693	0	0	0	0
Meriwether	3	6,586	60	93,554	0	0	2	1,127
Miller	0	0	2	68	0	0	0	0
Mitchell	0	0	14	7,803	0	0	0	0
Monroe	0	0	40	21,131	0	0	3	1,688
Montgomery	0	0	2	471	0	0	1	836
Morgan	2	29,986	43	17,780	0	0	1	210
Murray	0	0	48	50,533	0	0	0	0
Muscogee	17	570,736	236	400,316	1	114,110	2	5,600
Newton	19	142,723	515	310,935	1	1,451	19	17,509
North Carolina	12	386,758	55	308,575	0	0	5	23,884
Oconee	2	1,285	42	37,309	0	0	4	1,853
Oglethorpe	3	661	25	60,259	0	0	0	0
Other Out of State	38	1,540,488	287	1,145,205	3	9,754	8	16,084
Paulding	44	1,251,022	737	760,596	3	179,626	32	24,364
Peach	2	2,548	25	25,734	0	0	0	0
Pickens	7	45,297	125	96,680	0	0	11	39,358
Pierce	0	0	2	829	0	0	0	0
Pike	1	28,207	49	15,739	0	0	6	5,932
Polk	7	83,923	160	99,026	1	826	8	1,610
Pulaski	0	0	4	3,090	0	0	0	0
Putnam	1	0	20	38,172	0	0	0	0
Rabun	1	35,258	30	23,015	0	0	3	3,891
Randolph	0	0	5	746	0	0	0	0
Richmond	2	87,896	33	152,935	0	0	0	0
Rockdale	9	120,314	374	277,875	0	0	3	2,609
Schley	0	0	4	2,882	0	0	0	0

Screven	0	0	3	1,300	0	0	0	0
Seminole	1	0	14	24,481	0	0	0	0
South Carolina	1	19,198	33	96,750	0	0	3	3,908
Spalding	13	173,227	188	141,225	0	0	10	10,496
Stephens	6	7,196	94	66,624	0	0	1	406
Stewart	0	0	9	4,571	0	0	0	0
Sumter	2	2	18	11,706	0	0	0	0
Talbot	0	0	15	2,587	0	0	0	0
Taliaferro	0	0	2	6,533	0	0	0	0
Tattnall	0	0	5	1,446	0	0	0	0
Taylor	0	0	7	472	0	0	0	0
Telfair	0	0	6	5,349	0	0	0	0
Tennessee	1	51,555	2	186	0	0	0	0
Terrell	9	428,270	54	197,614	0	0	5	4,221
Thomas	1	677,441	58	29,856	0	0	0	0
Tift	1	0	42	26,258	0	0	0	0
Toombs	0	0	27	7,390	0	0	2	1,454
Towns	1	33	37	109,806	0	0	1	224
Treutlen	0	0	2	727	0	0	0	0
Troup	7	3,655	174	127,273	1	1,867	9	748
Turner	2	3	12	4,528	0	0	0	0
Twiggs	1	1,000	2	305	0	0	0	0
Union	3	4,700	67	67,098	0	0	5	9,159
Upson	2	3,714	36	13,933	0	0	0	0
Walker	0	0	21	7,767	0	0	1	749
Walton	28	425,235	699	670,215	6	62,964	51	40,381
Ware	0	0	8	1,907	0	0	0	0
Warren	0	0	2	932	0	0	0	0
Washington	0	0	3	7,110	0	0	0	0
Wayne	0	0	4	1,633	0	0	0	0
Wheeler	1	0	6	1,197	0	0	0	0
White	2	1,596	87	165,312	1	419	0	0
Whitfield	1	0	123	62,061	0	0	3	14,670
Wilcox	1	3	13	1,553	0	0	0	0
Wilkes	0	0	7	4,943	0	0	0	0
Wilkinson	0	0	7	6,068	0	0	1	1,173
Worth	0	0	7	751	0	0	0	0
Total	**1,712**	**34,949,111**	**39,611**	**50,808,027**	**277**	**1,405,441**	**3,132**	**2,593,215**

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 2024? (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 2024.

	Patient Category	SFY 2022 7/1/21-6/30/22	SFY2024 7/1/22-6/30/23	SFY2024 7/1/23-6/30/24
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	25,849,277	59,907,861
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	1,204,388	2,794,268
C.	Other Patients in accordance with the department approved policy.	0	0	0

3. Patients Served

Indicate the number of patients served by SFY.

SFY2022 7/1/21-6/30/22	SFY2024 7/1/22-6/30/23	SFY2024 7/1/23-6/30/24
0	17,762	27,510

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: Donna Hyland

Date: 7/21/2025

Title: Chief Executive Officer

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: 7/21/2025

Title: Chief Financial Officer

Comments: