



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2023 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

Mailing Address: 1405 Clifton Road NE

Mailing City: Atlanta

Mailing Zip: 30322

Medicaid Provider Number: 000000943A

Medicare Provider Number: 113300

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2023 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 1/1/2023 To:12/31/2023

Please indicate your cost report year.

From: 01/01/2023 To:12/31/2023

☐

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	1,621,517,074
Total Inpatient Admissions accounting for Inpatient Revenue	11,607
Outpatient Gross Patient Revenue	885,208,222
Total Outpatient Visits accounting for Outpatient Revenue	148,477
Medicare Contractual Adjustments	62,373,868
Medicaid Contractual Adjustments	1,109,830,227
Other Contractual Adjustments:	305,194,966
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	16,953,895
Gross Indigent Care:	50,603,471
Gross Charity Care:	2,516,511
Uncompensated Indigent Care (net):	48,572,191
Uncompensated Charity Care (net):	2,516,511
Other Free Care:	4,365,192
Other Revenue/Gains:	24,357,635
Total Expenses:	747,074,406

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	4,365,192
Employee Discounts	0
	0
Total	4,365,192

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 2023? (Check box if yes.) ☒

2. Effective Date

What was the effective date of the policy or policies in effect during 2023?

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.?

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 2023? (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	23,802,145	1,574,330	25,376,475
Outpatient	26,801,326	942,181	27,743,507
Total	50,603,471	2,516,511	53,119,982

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	2,031,280
Total	2,031,280

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	22,858,940	1,574,330	24,433,270
Outpatient	25,713,251	942,181	26,655,432
Total	48,572,191	2,516,511	51,088,702

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	1,699,004	67	493,114	0	0	4	29,487
APPLING	0	0	4	7,360	0	0	0	0
ATKINSON	1	3,707	2	370	0	0	0	0
BACON	0	0	1	766	0	0	0	0
BAKER	0	0	1	37	0	0	0	0
BALDWIN	5	14,600	16	16,293	0	0	0	0
BANKS	0	0	17	6,993	0	0	0	0
BARROW	8	706,537	183	117,767	1	1,653	4	1,355
BARTOW	8	69,554	116	43,440	2	2,800	4	6,005
BEN HILL	1	2,472	5	5,113	0	0	0	0
BERRIEN	1	1,711	9	6,095	0	0	0	0
BIBB	9	134,681	216	185,130	0	0	0	0
BLECKLEY	2	9,946	15	5,653	0	0	0	0
BRANTLEY	0	0	2	788	0	0	0	0
BROOKS	1	7,130	11	3,971	0	0	0	0
BRYAN	0	0	4	747	0	0	0	0
BULLOCH	0	0	53	9,716	0	0	1	9,413
BURKE	1	1,477	2	1,611	0	0	0	0
BUTTS	4	11,737	86	47,850	3	2,301	5	1,695
CALHOUN	1	2,816	2	2,903	0	0	0	0
CAMDEN	0	0	3	1,448	0	0	0	0
CANDLER	0	0	6	7,626	0	0	0	0
CARROLL	9	4,744	178	201,189	0	0	11	34,739
CATOOSA	2	855	12	2,579	0	0	0	0
CHATHAM	1	6,398	43	36,091	0	0	0	0
CHATTAHOOCHEE	0	0	23	5,229	0	0	0	0
CHATTOOGA	1	148,049	14	66,805	0	0	0	0
CHEROKEE	4	26,047	235	447,880	4	3,387	17	41,650
CLARKE	9	141,437	142	119,866	0	0	3	9,004
CLAYTON	44	1,330,318	1,268	1,221,791	0	0	10	15,553
CLINCH	0	0	2	350	0	0	0	0
COBB	35	564,489	797	1,087,877	0	0	10	13,816

COFFEE	2	5,129	35	15,446	0	0	0	0
COLQUITT	4	25,428	31	20,290	0	0	0	0
COLUMBIA	0	0	12	4,228	0	0	0	0
COOK	0	0	21	5,420	0	0	0	0
COWETA	16	169,491	313	462,656	3	43,551	19	25,547
CRAWFORD	0	0	1	961	0	0	0	0
CRISP	2	217	12	30,237	0	0	0	0
DADE	0	0	2	101	0	0	0	0
DAWSON	0	0	23	9,139	0	0	0	0
DECATUR	1	350,100	9	7,109	0	0	0	0
DEKALB	126	3,504,533	4,468	7,411,075	5	30,506	72	79,994
DODGE	0	0	14	2,183	0	0	0	0
DOOLY	1	2,970	6	1,280	0	0	0	0
DOUGHERTY	5	261,703	131	117,915	0	0	0	0
DOUGLAS	17	252,549	308	447,010	1	618,446	1	570
EARLY	0	0	10	1,822	0	0	0	0
EFFINGHAM	0	0	9	415	0	0	0	0
ELBERT	0	0	30	35,804	0	0	2	51,846
EMANUEL	0	0	4	6,384	0	0	0	0
EVANS	1	0	23	12,644	0	0	0	0
FANNIN	0	0	10	12,398	0	0	0	0
FAYETTE	5	30,650	179	260,258	1	1,898	7	21,285
FLORIDA	13	388,752	91	279,125	0	0	0	0
FLOYD	10	139,186	148	89,900	0	0	0	0
FORSYTH	4	68,356	93	198,837	0	0	4	123,451
FRANKLIN	2	435	46	25,836	0	0	0	0
FULTON	110	3,768,750	2,643	4,180,251	6	28,753	30	49,854
GILMER	0	0	15	84,984	0	0	0	0
GLASCOCK	0	0	1	100	0	0	0	0
GLYNN	1	407,763	27	100,188	0	0	1	21,652
GORDON	2	332,918	59	35,186	0	0	0	0
GRADY	1	224	22	6,741	0	0	0	0
GREENE	1	59,247	40	10,212	1	72,168	0	0
GWINNETT	91	1,689,372	1,977	2,787,489	2	101,883	37	116,907
HABERSHAM	5	18,810	78	82,233	0	0	5	8,709
HALL	19	230,329	257	294,361	0	0	5	33,774
HANCOCK	0	0	7	26	0	0	0	0
HARALSON	0	0	47	62,291	0	0	1	2,830
HARRIS	3	223,159	55	36,535	0	0	0	0
HART	2	57,229	10	1,374	0	0	0	0
HEARD	1	223	12	974	0	0	0	0
HENRY	26	566,925	1,072	669,315	2	23,811	19	18,740
HOUSTON	11	125,979	160	108,379	0	0	1	1,919
IRWIN	1	0	6	2,077	0	0	0	0

JACKSON	2	3,128	130	165,960	1	1,624	7	19,685
JASPER	1	0	33	25,593	0	0	0	0
JEFF DAVIS	1	15,741	22	1,556	0	0	0	0
JEFFERSON	0	0	3	671	0	0	0	0
JENKINS	0	0	10	8,119	0	0	0	0
JOHNSON	0	0	5	597	0	0	0	0
JONES	0	0	9	2,626	0	0	0	0
LAMAR	3	217	29	13,049	0	0	0	0
LANIER	0	0	3	2,215	0	0	0	0
LAURENS	1	462	29	12,702	0	0	0	0
LEE	1	0	18	22,379	0	0	0	0
LIBERTY	0	0	32	36,268	0	0	0	0
LINCOLN	0	0	1	249	0	0	0	0
LONG	0	0	6	8,929	0	0	0	0
LOWNDES	0	0	45	29,455	0	0	0	0
LUMPKIN	0	0	55	107,249	0	0	0	0
MACON	0	0	8	2,796	0	0	0	0
MADISON	4	244,188	48	55,430	0	0	1	6,530
MARION	0	0	3	282	0	0	0	0
MCDUFFIE	0	0	6	181	0	0	0	0
MERIWETHER	0	0	73	14,567	0	0	0	0
MILLER	0	0	6	1,458	0	0	0	0
MITCHELL	0	0	9	1,236	0	0	0	0
MONROE	0	0	13	36,294	0	0	0	0
MONTGOMERY	0	0	13	1,212	0	0	0	0
MORGAN	4	109,393	28	16,694	0	0	1	5,704
MURRAY	0	0	18	7,970	0	0	0	0
MUSCOGEE	12	61,756	261	156,457	0	0	1	893
NEWTON	18	52,859	544	485,973	1	263	10	5,529
NORTH CAROLINA	1	70,123	36	125,066	0	0	1	332
OCONEE	2	45,535	18	16,011	2	2,816	6	13,508
OGLETHORPE	0	0	11	4,640	0	0	1	481
OTHER OUT OF STAT	24	972,837	288	1,083,259	0	0	0	0
PAULDING	13	689,326	163	74,708	1	440,753	0	0
PEACH	1	0	24	9,407	0	0	0	0
PICKENS	1	1,493	22	8,029	0	0	0	0
PIERCE	0	0	2	595	0	0	0	0
PIKE	1	295	42	69,384	1	48,687	0	0
POLK	2	1,427,940	50	61,923	0	0	0	0
PULASKI	0	0	9	26,609	0	0	0	0
PUTNAM	0	0	12	8,008	0	0	0	0
QUITMAN	0	0	7	437	0	0	0	0
RABUN	0	0	15	4,466	1	147,886	7	33,405
RANDOLPH	0	0	1	516	0	0	0	0

RICHMOND	1	680	61	29,091	0	0	0	0
ROCKDALE	15	237,534	438	336,011	0	0	12	21,324
SCHLEY	0	0	4	4,105	0	0	0	0
SEMINOLE	0	0	1	168	0	0	0	0
SOUTH CAROLINA	11	1,796,073	55	306,846	0	0	0	0
SPALDING	5	28,812	175	114,609	0	0	0	0
STEPHENS	3	435	47	20,316	0	0	0	0
STEWART	0	0	16	16,534	0	0	0	0
SUMTER	0	0	20	36,129	0	0	0	0
TALBOT	0	0	9	6,280	0	0	0	0
TATTNALL	1	18,268	15	90,471	0	0	1	3,604
TAYLOR	0	0	11	7,603	0	0	0	0
TELFAIR	0	0	12	2,050	0	0	0	0
TENNESSEE	6	203,310	54	184,523	0	0	0	0
TERRELL	0	0	3	462	0	0	0	0
THOMAS	0	0	33	10,704	0	0	1	416
TIFT	2	314	19	37,141	0	0	0	0
TOOMBS	0	0	18	7,202	0	0	0	0
TOWNS	0	0	8	11,345	0	0	0	0
TREUTLEN	0	0	4	1,570	0	0	0	0
TROUP	5	2,648	120	83,225	0	0	0	0
TURNER	0	0	7	508	0	0	0	0
TWIGGS	0	0	14	2,075	0	0	0	0
UNION	0	0	15	1,544	0	0	3	11,690
UPSON	1	335	32	20,043	0	0	0	0
WALKER	0	0	35	37,649	0	0	0	0
WALTON	19	231,823	415	480,411	2	1,144	24	93,081
WARE	1	0	8	4,560	0	0	0	0
WARREN	0	0	1	68	0	0	0	0
WASHINGTON	0	0	13	17,732	0	0	0	0
WAYNE	0	0	2	996	0	0	0	0
WEBSTER	0	0	3	116	0	0	0	0
WHITE	1	299	22	14,451	0	0	0	0
WHITFIELD	0	0	94	48,274	0	0	1	6,039
WILCOX	0	0	1	54	0	0	0	0
WILKES	0	0	11	11,460	0	0	0	0
WILKINSON	0	0	8	12,074	0	0	0	0
WORTH	2	18,185	8	56,064	0	0	1	165
Total	813	23,802,145	20,024	26,801,326	40	1,574,330	351	942,181

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 2023?
(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 2023.

Patient Category		SFY 2022 7/1/21-6/30/22	SFY2023 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	22,806,717	27,796,754
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	1,233,192	1,283,319
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	SFY2023 7/1/22-6/30/23	SFY2024 7/1/23-6/30/24
0	10,256	11,171

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: 7/16/2024

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: 7/16/2024

Title: Chief Financial Officer

Comments: