



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

2023 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 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.

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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:** 404-943-8054

**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	1,168,141,714
Total Inpatient Admissions accounting for Inpatient Revenue	15,722
Outpatient Gross Patient Revenue	1,012,155,086
Total Outpatient Visits accounting for Outpatient Revenue	356,678
Medicare Contractual Adjustments	25,373,610
Medicaid Contractual Adjustments	825,335,947
Other Contractual Adjustments:	322,599,620
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	27,640,735
Gross Indigent Care:	55,287,489
Gross Charity Care:	3,991,213
Uncompensated Indigent Care (net):	52,979,688
Uncompensated Charity Care (net ):	3,991,213
Other Free Care:	9,740,124
Other Revenue/Gains:	15,623,721
Total Expenses:	620,064,273

### 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	9,740,124
Employee Discounts	0
	0
<b>Total</b>	<b>9,740,124</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 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	21,559,507	2,075,502	23,635,009
Outpatient	33,727,982	1,915,711	35,643,693
<b>Total</b>	<b>55,287,489</b>	<b>3,991,213</b>	<b>59,278,702</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	2,307,801
<b>Total</b>	<b>2,307,801</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	21,131,788	2,075,502	23,207,290
Outpatient	31,847,900	1,915,711	33,763,611
<b>Total</b>	<b>52,979,688</b>	<b>3,991,213</b>	<b>56,970,901</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	11	389,774	55	178,733	0	0	1	52
APPLING	1	312	14	7,575	0	0	0	0
ATKINSON	0	0	4	3,654	0	0	0	0
BACON	1	1,153	6	2,409	0	0	0	0
BALDWIN	1	773	26	6,464	0	0	0	0
BANKS	4	139,665	53	64,941	0	0	0	0
BARROW	9	93,685	401	291,413	1	1,519	14	23,926
BARTOW	10	51,602	403	185,444	2	1,422	10	16,046
BEN HILL	1	174	16	9,696	0	0	0	0
BERRIEN	0	0	11	2,906	0	0	1	1,093
BIBB	5	113,375	145	58,800	0	0	2	1,489
BLECKLEY	0	0	9	1,816	0	0	0	0
BRANTLEY	2	3,093	3	1,060	0	0	0	0
BROOKS	1	1,844	8	2,563	0	0	0	0
BRYAN	0	0	8	16,714	0	0	0	0
BULLOCH	1	7,739	13	5,765	0	0	0	0
BURKE	0	0	4	281	0	0	0	0
BUTTS	2	4,190	70	106,202	1	545	1	792
CAMDEN	0	0	5	23,986	0	0	0	0
CARROLL	15	437,895	415	277,841	2	311	3	350
CATOOSA	0	0	16	21,086	0	0	1	329
CHARLTON	0	0	1	63	0	0	0	0
CHATHAM	1	0	24	192,626	0	0	0	0
CHATTOOGA	0	0	21	3,681	0	0	0	0
CHEROKEE	34	420,654	1,038	1,070,557	12	52,483	42	68,100
CLARKE	9	88,500	170	148,405	0	0	3	3,323
CLAYTON	14	82,026	1,016	576,202	2	30,566	17	42,588
CLINCH	0	0	1	693	0	0	0	0
COBB	92	1,951,375	3,207	3,207,888	17	117,006	130	348,045
COFFEE	0	0	38	5,012	0	0	0	0
COLQUITT	0	0	50	14,586	0	0	1	2,422
COLUMBIA	0	0	25	3,010	1	649	5	12,757

COOK	1	4,145	14	1,716	0	0	0	0
COWETA	12	85,110	303	264,726	2	4,138	28	22,334
CRAWFORD	0	0	1	64	0	0	0	0
CRISP	0	0	28	15,728	0	0	0	0
DADE	0	0	6	885	0	0	0	0
DAWSON	11	97,929	153	103,949	0	0	4	4,309
DECATUR	0	0	14	1,745	0	0	0	0
DEKALB	62	1,054,721	3,801	3,450,356	5	106,197	110	208,362
DODGE	0	0	16	6,433	0	0	0	0
DOOLY	0	0	2	100	0	0	0	0
DOUGHERTY	1	90,565	78	52,706	0	0	0	0
DOUGLAS	20	579,605	525	386,936	0	0	23	68,115
EARLY	0	0	12	2,601	0	0	0	0
EFFINGHAM	0	0	7	974	0	0	0	0
ELBERT	0	0	36	3,594	0	0	0	0
EVANS	0	0	2	129	0	0	0	0
FANNIN	1	1,762	35	40,828	2	19,495	1	535
FAYETTE	7	84,781	240	196,037	1	2,450	11	12,903
FLORIDA	14	1,101,838	113	384,076	0	0	6	14,810
FLOYD	5	71,328	249	60,426	1	511	2	4,069
FORSYTH	14	57,563	670	536,223	9	11,647	51	62,514
FRANKLIN	0	0	62	49,027	0	0	0	0
FULTON	91	1,785,492	3,685	6,027,473	18	733,110	257	332,075
GILMER	4	166,723	61	44,000	0	0	0	0
GLASCOCK	0	0	2	481	0	0	0	0
GLYNN	0	0	8	1,183	0	0	0	0
GORDON	5	4,944	123	69,093	0	0	1	4,569
GRADY	1	126,245	23	13,404	0	0	2	1,818
GREENE	2	26,941	16	6,734	1	176,445	1	3,215
GWINNETT	137	6,664,133	4,930	9,045,054	14	97,220	170	322,644
HABERSHAM	3	4,580	122	65,619	1	3,583	4	2,509
HALL	29	1,445,783	721	1,081,170	2	31,458	20	19,773
HANCOCK	0	0	4	471	0	0	0	0
HARALSON	2	20,294	76	39,065	0	0	2	7,064
HARRIS	0	0	16	12,005	0	0	0	0
HART	0	0	34	11,312	0	0	0	0
HEARD	0	0	36	33,272	0	0	0	0
HENRY	18	276,913	944	514,264	1	905	17	17,502
HOUSTON	1	4,155	128	164,762	0	0	1	789
IRWIN	0	0	13	1,596	0	0	0	0
JACKSON	10	83,338	259	191,318	2	2,876	21	37,379
JASPER	2	190,188	29	55,467	0	0	1	678
JEFF DAVIS	0	0	6	473	0	0	0	0
JEFFERSON	0	0	2	396	0	0	0	0

JENKINS	0	0	1	3	0	0	0	0
JOHNSON	0	0	11	3,854	0	0	0	0
JONES	0	0	9	45,581	0	0	0	0
LAMAR	0	0	22	4,627	0	0	1	531
LANIER	0	0	6	157	0	0	0	0
LAURENS	0	0	25	18,370	0	0	0	0
LEE	1	215,994	37	19,881	0	0	1	443
LIBERTY	0	0	3	318	0	0	0	0
LINCOLN	1	103,801	2	846	0	0	0	0
LOWNDES	6	48,716	58	13,836	0	0	3	1,045
LUMPKIN	7	42,752	110	45,154	0	0	0	0
MACON	0	0	8	1,546	0	0	0	0
MADISON	0	0	77	18,343	0	0	0	0
MARION	0	0	6	365	0	0	0	0
MCDUFFIE	0	0	7	2,323	0	0	0	0
MERIWETHER	0	0	56	32,557	1	10,664	0	0
MITCHELL	0	0	12	641	0	0	0	0
MONROE	0	0	22	4,255	1	768	0	0
MONTGOMERY	0	0	1	43	0	0	0	0
MORGAN	3	71,779	31	7,646	1	273,068	0	0
MURRAY	0	0	35	8,106	0	0	0	0
MUSCOGEE	5	117,365	201	172,372	3	229,748	6	4,290
NEWTON	6	41,129	447	304,442	2	57,635	4	6,851
NORTH CAROLINA	9	714,609	45	204,951	2	2,400	5	19,547
OCONEE	1	107,068	22	8,368	0	0	2	1,013
OGLETHORPE	0	0	15	5,470	0	0	0	0
Other Out of State	23	797,173	270	955,064	0	0	5	22,693
PAULDING	20	173,385	503	304,933	2	31,401	11	58,087
PEACH	1	5,598	17	3,237	0	0	0	0
PICKENS	3	17,048	89	51,278	0	0	2	6,336
PIERCE	0	0	5	1,178	0	0	0	0
PIKE	0	0	48	24,190	0	0	0	0
POLK	3	9,822	132	56,974	0	0	3	6,831
PULASKI	0	0	4	6,664	0	0	0	0
PUTNAM	1	123,147	21	4,365	0	0	0	0
QUITMAN	0	0	2	1,089	0	0	0	0
RABUN	2	39,525	38	19,439	0	0	1	6,286
RANDOLPH	0	0	5	210	0	0	0	0
RICHMOND	0	0	40	23,699	0	0	0	0
ROCKDALE	5	101,949	323	200,394	0	0	5	10,942
SCHLEY	0	0	7	2,109	0	0	0	0
SCREVEN	0	0	2	368	0	0	0	0
SEMINOLE	0	0	9	4,137	0	0	0	0
SOUTH CAROLINA	4	106,418	55	192,290	0	0	0	0

SPALDING	6	76,943	229	92,878	0	0	4	14,833
STEPHENS	0	0	83	18,765	0	0	3	9,392
STEWART	0	0	4	348	0	0	0	0
SUMTER	0	0	23	23,801	0	0	0	0
TALBOT	0	0	10	1,394	0	0	0	0
TATTNALL	0	0	1	3,629	0	0	0	0
TAYLOR	0	0	4	247	0	0	0	0
TELFAIR	0	0	7	243	0	0	0	0
TENNESSEE	8	396,787	54	257,260	0	0	1	188
TERRELL	0	0	3	498	0	0	0	0
THOMAS	1	24,423	42	28,663	0	0	1	578
TIFT	2	433	38	17,424	0	0	0	0
TOOMBS	0	0	21	30,269	0	0	1	3,991
TOWNS	0	0	19	13,500	1	38,729	0	0
TREUTLEN	0	0	5	617	0	0	0	0
TROUP	1	1,049	141	618,908	0	0	12	8,002
TURNER	0	0	4	2,766	0	0	0	0
TWIGGS	0	0	1	16	0	0	0	0
UNION	4	37,217	42	43,099	0	0	4	19,912
UPSON	1	377	33	19,074	0	0	1	5,627
WALKER	0	0	23	5,065	0	0	0	0
WALTON	19	326,788	497	229,253	1	36,553	17	24,072
WARE	0	0	6	3,071	0	0	0	0
WARREN	0	0	1	60	0	0	0	0
WASHINGTON	0	0	4	6,042	0	0	0	0
WAYNE	0	0	8	2,377	0	0	0	0
WEBSTER	0	0	1	104	0	0	0	0
WHEELER	0	0	1	34	0	0	0	0
WHITE	2	37,134	60	45,304	0	0	2	10,607
WHITFIELD	2	3,853	88	46,562	0	0	1	3,941
WILCOX	0	0	12	1,683	0	0	0	0
WILKES	0	0	1	420	0	0	0	0
WILKINSON	1	320	4	1,683	0	0	0	0
WORTH	0	0	11	7,309	0	0	2	395
<b>Total</b>	<b>815</b>	<b>21,559,507</b>	<b>29,201</b>	<b>33,727,982</b>	<b>111</b>	<b>2,075,502</b>	<b>1,062</b>	<b>1,915,711</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 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	24,025,957	31,261,532
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	1,300,143	2,691,070
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	14,995	16,265

## 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:**