



## 2019 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:** 30322-1101

**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 2019 only.

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

**Please indicate your hospital fiscal year.**

From: 1/1/2019 To:12/31/2019

**Please indicate your cost report year.**

From: 01/01/2019 To:12/31/2019

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:** Senior Reimbursement Analyst

**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	1,183,213,764
Total Inpatient Admissions accounting for Inpatient Revenue	11,532
Outpatient Gross Patient Revenue	601,074,932
Total Outpatient Visits accounting for Outpatient Revenue	168,720
Medicare Contractual Adjustments	28,558,572
Medicaid Contractual Adjustments	816,732,420
Other Contractual Adjustments:	195,941,715
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	10,153,386
Gross Indigent Care:	31,013,933
Gross Charity Care:	5,403,858
Uncompensated Indigent Care (net):	29,287,056
Uncompensated Charity Care (net):	5,393,711
Other Free Care:	2,815,312
Other Revenue/Gains:	23,363,084
Total Expenses:	516,807,638

### 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	2,815,312
Employee Discounts	0
	0
<b>Total</b>	<b>2,815,312</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 2019? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2019?

04/23/2018

### 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.)?

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 2019? (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	12,601,213	2,440,629	15,041,842
Outpatient	18,412,720	2,963,229	21,375,949
<b>Total</b>	<b>31,013,933</b>	<b>5,403,858</b>	<b>36,417,791</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)	1,346
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	1,735,678
<b>Total</b>	<b>1,737,024</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	12,066,727	2,430,482	14,497,209
Outpatient	17,220,329	2,963,229	20,183,558
<b>Total</b>	<b>29,287,056</b>	<b>5,393,711</b>	<b>34,680,767</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	20	647,052	90	111,387	0	0	1	7,891
Appling	0	0	3	252	0	0	0	0
Atkinson	0	0	4	356	0	0	0	0
Bacon	0	0	1	33	0	0	0	0
Baker	0	0	4	873	0	0	0	0
Baldwin	0	0	41	26,689	0	0	0	0
Banks	3	3,264	37	13,449	0	0	2	6,895
Barrow	12	325,041	212	183,520	0	0	9	18,163
Bartow	7	105,939	160	99,968	0	0	7	9,074
Ben Hill	0	0	9	916	0	0	0	0
Berrien	0	0	14	1,907	0	0	0	0
Bibb	2	2,021	198	77,545	0	0	3	2,013
Bleckley	0	0	8	831	0	0	0	0
Brantley	0	0	10	5,013	0	0	0	0
Brooks	0	0	5	682	0	0	1	1,797
Bryan	0	0	16	9,539	0	0	1	1,500
Bulloch	0	0	22	10,296	0	0	0	0
Burke	0	0	2	807	0	0	0	0
Butts	2	244,850	109	50,138	0	0	2	219
Calhoun	0	0	26	9,027	0	0	0	0
Camden	0	0	1	2,539	0	0	0	0
Candler	0	0	1	398	0	0	0	0
Carroll	5	6,859	199	142,672	0	0	13	93,941
Catoosa	0	0	4	445	0	0	0	0
Chatham	5	117,485	64	35,339	0	0	0	0
Chattahoochee	0	0	17	8,800	0	0	0	0
Chattooga	0	0	34	8,177	0	0	0	0
Cherokee	12	170,963	224	123,820	5	1,833	6	10,954
Clarke	2	1,853	143	52,504	2	21,695	38	205,140
Clay	0	0	2	112	0	0	0	0
Clayton	86	936,739	1,829	947,604	15	1,514,700	132	626,269
Clinch	0	0	1	126	0	0	0	0

Cobb	47	527,954	912	431,022	6	5,536	48	474,446
Coffee	0	0	12	6,420	0	0	2	11,178
Colquitt	0	0	31	5,200	0	0	0	0
Columbia	0	0	8	4,113	0	0	0	0
Cook	2	591,993	39	10,082	0	0	0	0
Coweta	12	52,588	375	237,319	2	4,176	12	4,767
Crawford	0	0	15	1,645	0	0	0	0
Crisp	0	0	14	2,342	0	0	0	0
Dade	0	0	1	11	0	0	0	0
Dawson	4	410	38	14,197	0	0	0	0
Decatur	0	0	33	8,605	0	0	0	0
DeKalb	212	2,625,355	7,360	5,684,276	7	9,247	142	273,794
Dodge	0	0	9	4,968	0	0	0	0
Dooly	1	845	5	2,178	0	0	0	0
Dougherty	3	6,733	149	59,803	0	0	0	0
Douglas	15	399,837	329	274,401	3	2,342	2	20,116
Early	0	0	18	10,042	0	0	0	0
Effingham	2	121	9	4,291	0	0	0	0
Elbert	0	0	71	38,480	0	0	0	0
Emanuel	0	0	27	4,191	0	0	0	0
Evans	0	0	1	20	0	0	0	0
Fannin	3	208,187	14	978	0	0	2	1,914
Fayette	5	41,698	243	148,714	1	877	7	15,286
Florida	2	36,318	98	35,212	4	899	0	0
Floyd	19	232,043	145	203,535	2	1,655	6	4,877
Forsyth	19	107,565	126	75,293	0	0	11	2,409
Franklin	2	85,913	57	36,534	1	537	8	-328
Fulton	124	1,392,015	3,574	2,853,424	16	251,690	71	349,315
Gilmer	3	27,965	25	16,160	0	0	0	0
Glynn	0	0	6	533	0	0	0	0
Gordon	7	43,562	58	24,189	1	823	6	8,870
Grady	0	0	25	17,853	0	0	0	0
Greene	2	1,714	36	49,339	0	0	4	34,421
Gwinnett	74	240,247	2,311	1,219,799	11	154,660	123	312,640
Habersham	1	88	68	72,029	0	0	2	7,871
Hall	24	202,973	461	212,291	2	200,353	14	39,504
Haralson	7	995	85	91,878	0	0	0	0
Harris	4	1,691	35	15,393	0	0	0	0
Hart	1	6	12	4,366	0	0	0	0
Heard	3	953	19	6,181	0	0	0	0
Henry	83	617,611	1,231	823,670	5	67,036	23	46,897
Houston	4	30,436	127	64,507	1	35,042	11	35,454
Irwin	0	0	5	3,058	1	18,622	0	0
Jackson	6	39,243	159	60,767	2	1,576	3	708

Jasper	2	13	37	20,639	1	6,273	0	0
Jeff Davis	3	22,373	3	143	0	0	0	0
Jefferson	0	0	13	2,028	0	0	0	0
Johnson	0	0	7	672	0	0	0	0
Jones	0	0	6	1,936	0	0	0	0
Lamar	0	0	57	29,302	1	802	0	0
Lanier	0	0	1	46	0	0	0	0
Laurens	0	0	41	78,235	0	0	1	72
Lee	0	0	39	14,846	0	0	1	4,704
Liberty	0	0	6	793	0	0	0	0
Lowndes	2	509	79	32,893	0	0	0	0
Lumpkin	1	831	26	6,312	0	0	1	3,269
Macon	0	0	14	984	0	0	0	0
Madison	0	0	50	11,543	0	0	3	1,022
Marion	0	0	5	262	0	0	0	0
McDuffie	0	0	1	9	0	0	0	0
McIntosh	0	0	0	0	0	0	16	29,963
Meriwether	1	2,175	52	30,394	0	0	2	410
Miller	0	0	1	3,299	0	0	0	0
Mitchell	0	0	41	12,993	0	0	0	0
Monroe	2	128	21	11,691	0	0	1	513
Montgomery	0	0	18	4,878	0	0	0	0
Morgan	5	53,914	30	27,737	0	0	0	0
Murray	1	11,676	27	9,083	0	0	1	29
Muscogee	11	351,230	378	188,888	2	5,323	5	5,897
Newton	48	288,551	735	466,992	4	3,107	8	16,870
North Carolina	8	224,699	58	68,137	0	0	1	4,591
Oconee	0	0	23	6,442	0	0	0	0
Oglethorpe	0	0	18	31,539	0	0	0	0
Other Out of State	31	425,363	431	605,759	0	0	3	1,268
Paulding	8	21,370	253	94,247	1	3,045	4	532
Peach	1	37,202	96	23,826	0	0	0	0
Pickens	1	3,692	66	54,683	0	0	7	2,260
Pierce	0	0	9	619	0	0	0	0
Pike	0	0	39	35,161	1	19,782	0	0
Polk	2	354	91	54,340	0	0	0	0
Pulaski	0	0	13	20,043	0	0	0	0
Putnam	3	383	15	9,194	0	0	0	0
Quitman	0	0	11	2,007	0	0	0	0
Rabun	0	0	24	23,069	0	0	0	0
Randolph	0	0	6	712	0	0	0	0
Richmond	0	0	87	35,632	0	0	6	33,295
Rockdale	16	150,531	618	370,525	0	0	12	8,275
Schley	0	0	1	69	0	0	0	0



Screven	0	0	2	5,405	0	0	0	0
Seminole	0	0	2	114	0	0	0	0
South Carolina	10	103,422	80	163,732	1	33,281	14	46,033
Spalding	10	45,983	423	215,519	1	2,388	2	1,829
Stephens	4	33,332	81	32,556	1	768	2	6,909
Stewart	0	0	2	13	0	0	0	0
Sumter	0	0	33	9,931	0	0	0	0
Talbot	0	0	10	541	0	0	0	0
Tattnall	3	3,251	10	1,601	0	0	0	0
Taylor	0	0	138	80,010	2	1,617	2	1,548
Telfair	0	0	2	111	0	0	0	0
Tennessee	1	165	6	4,531	0	0	0	0
Terrell	8	302,674	101	96,666	0	0	5	16,647
Thomas	0	0	35	14,042	1	1,211	0	0
Tift	1	36,412	58	13,283	0	0	5	33,033
Toombs	3	13,842	62	13,826	1	544	1	197
Towns	2	116,149	15	5,705	0	0	0	0
Treutlen	0	0	5	167	0	0	0	0
Troup	16	75,910	269	144,402	4	3,163	2	1,202
Turner	0	0	7	1,215	0	0	0	0
Twiggs	0	0	4	4,320	0	0	0	0
Union	0	0	7	2,240	0	0	0	0
Upson	0	0	72	64,111	1	3,728	6	5,219
Walker	1	0	32	9,660	0	0	0	0
Walton	19	137,324	550	260,633	0	0	8	1,915
Ware	0	0	2	237	0	0	0	0
Washington	0	0	18	4,571	0	0	1	145
Wayne	0	0	21	6,296	0	0	0	0
Wheeler	0	0	1	3,048	0	0	0	0
White	1	10,504	57	34,784	2	1,308	2	1,212
Whitfield	2	44,909	81	39,370	2	60,989	13	106,375
Wilcox	1	555	18	5,096	0	0	0	0
Wilkes	0	0	1	3,201	0	0	0	0
Wilkinson	1	2,663	20	8,755	0	0	0	0
Worth	0	0	22	5,353	0	0	0	0
<b>Total</b>	<b>1,076</b>	<b>12,601,214</b>	<b>27,660</b>	<b>18,412,720</b>	<b>113</b>	<b>2,440,628</b>	<b>847</b>	<b>2,963,229</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 2019?  
(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 2019.

Patient Category		SFY 2018	SFY2019	SFY2019
		7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	14,562,633	16,451,066
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	2,098,748	3,305,110
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 2018	SFY2019	SFY2019
7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
0	7,961	10,012

## Reconciliation Addendum

This section is printed in landscape format on a separate PDF file.

## Nurse Employment Addendum

This section is printed 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:** 7/24/2020

**Title:** Chief Executive Officer

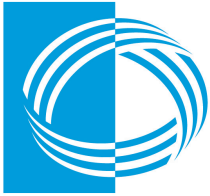
I hereby certify that I am the financial officer authorized to sign this form and that the information is true and accurate. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

**Signature of Financial Officer:** Ruth Fowler

**Date:** 7/24/2020

**Title:** Chief Financial Officer

**Comments:**



## 2019 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:** 30342-1605

**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 2019 only.

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

**Please indicate your hospital fiscal year.**

From: 1/1/2019 To:12/31/2019

**Please indicate your cost report year.**

From: 01/01/2019 To:12/31/2019

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:** Senior Reimbursement Analyst

**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	832,390,250
Total Inpatient Admissions accounting for Inpatient Revenue	14,345
Outpatient Gross Patient Revenue	703,423,125
Total Outpatient Visits accounting for Outpatient Revenue	353,032
Medicare Contractual Adjustments	20,112,405
Medicaid Contractual Adjustments	578,440,814
Other Contractual Adjustments:	224,114,846
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	13,991,984
Gross Indigent Care:	36,287,500
Gross Charity Care:	3,039,865
Uncompensated Indigent Care (net):	32,069,904
Uncompensated Charity Care (net):	2,690,364
Other Free Care:	3,799,289
Other Revenue/Gains:	18,114,495
Total Expenses:	487,795,435

### 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	3,799,289
Employee Discounts	0
	0
<b>Total</b>	<b>3,799,289</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 2019? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2019?

04/23/2018

### 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.)?

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## 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 2019? (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	13,922,608	1,421,585	15,344,193
Outpatient	22,364,892	1,618,280	23,983,172
<b>Total</b>	<b>36,287,500</b>	<b>3,039,865</b>	<b>39,327,365</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	4,567,097
<b>Total</b>	<b>4,567,097</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	12,324,061	1,072,084	13,396,145
Outpatient	19,745,843	1,618,280	21,364,123
<b>Total</b>	<b>32,069,904</b>	<b>2,690,364</b>	<b>34,760,268</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	26	292,597	125	168,856	2	23,008	1	291
Appling	0	0	7	2,248	0	0	0	0
Atkinson	0	0	10	7,378	0	0	0	0
Bacon	0	0	5	110	0	0	0	0
Baker	0	0	3	685	0	0	0	0
Baldwin	0	0	31	4,578	0	0	3	252
Banks	2	223	44	18,082	0	0	1	28
Barrow	14	67,774	335	135,979	1	4,295	7	9,035
Bartow	23	149,536	459	243,571	3	3,316	2	4,609
Ben Hill	0	0	25	13,119	0	0	0	0
Berrien	0	0	6	1,455	0	0	0	0
Bibb	4	411,846	150	42,384	0	0	0	0
Bleckley	0	0	8	2,026	0	0	0	0
Brantley	0	0	2	159	0	0	0	0
Brooks	0	0	3	309	0	0	1	334
Bryan	0	0	3	129	0	0	0	0
Bulloch	0	0	20	8,880	0	0	0	0
Burke	0	0	4	6,158	0	0	0	0
Butts	2	15,327	89	37,835	0	0	0	0
Calhoun	0	0	3	375	0	0	0	0
Camden	0	0	4	424	0	0	0	0
Carroll	13	168,348	446	176,342	0	0	1	49
Catoosa	0	0	18	1,576	0	0	0	0
Charlton	0	0	1	10	0	0	0	0
Chatham	0	0	28	9,424	0	0	0	0
Chattahoochee	0	0	5	5,080	0	0	3	319
Chattooga	0	0	49	12,871	0	0	0	0
Cherokee	71	1,268,046	1,149	702,298	8	40,230	58	16,169
Clarke	10	8,658	193	45,670	12	205,202	45	118,791
Clay	0	0	3	71	0	0	0	0
Clayton	0	0	1,469	512,342	2	14,688	18	10,745
Clinch	0	0	3	2,411	0	0	0	0

Cobb	140	939,220	4,313	2,270,425	22	160,311	127	270,392
Coffee	0	0	37	2,996	0	0	1	219
Colquitt	0	0	47	8,521	0	0	0	0
Columbia	0	0	7	545	0	0	0	0
Cook	1	1,896	20	9,488	0	0	0	0
Coweta	9	56,991	346	162,315	1	235	25	13,580
Crawford	0	0	1	5	0	0	0	0
Crisp	1	13	53	5,364	0	0	0	0
Dade	0	0	5	2,263	0	0	0	0
Dawson	10	66,120	189	103,194	1	2,387	5	1,011
Decatur	0	0	30	22,456	0	0	0	0
DeKalb	89	504,919	4,742	2,514,134	7	59,509	67	166,266
Dodge	0	0	13	747	0	0	0	0
Dooly	1	79	12	2,199	0	0	0	0
Dougherty	1	0	82	20,457	0	0	0	0
Douglas	26	141,028	727	379,160	2	17,749	15	9,450
Early	0	0	4	796	0	0	0	0
Echols	0	0	2	256	0	0	0	0
Effingham	0	0	21	11,201	0	0	0	0
Elbert	3	43,343	52	10,647	0	0	0	0
Emanuel	0	0	7	255	0	0	0	0
Evans	0	0	1	24	0	0	0	0
Fannin	1	2,638	36	16,285	2	2,569	1	3,714
Fayette	4	1,510	257	105,146	0	0	29	15,483
Florida	18	27,586	235	82,417	0	0	4	5,989
Floyd	10	109,266	227	301,453	0	0	9	17,545
Forsyth	54	199,149	645	366,910	1	647	22	24,730
Franklin	3	27,028	85	22,740	0	0	0	0
Fulton	168	1,080,518	5,107	4,015,555	8	123,023	150	213,288
Gilmer	9	30,511	93	48,713	0	0	5	15,479
Glynn	0	0	16	14,190	0	0	0	0
Gordon	2	5,417	170	36,137	0	0	0	0
Grady	0	0	17	18,591	0	0	0	0
Greene	0	0	19	16,629	0	0	0	0
Gwinnett	238	5,215,637	6,255	5,352,322	17	418,839	194	327,914
Habersham	4	4,838	153	42,850	1	806	5	3,529
Hall	50	497,100	829	544,639	1	166,728	32	18,240
Hancock	0	0	2	55	0	0	0	0
Haralson	2	8,558	94	39,426	0	0	0	0
Harris	1	20,562	21	2,973	0	0	0	0
Hart	3	33,444	53	4,760	0	0	0	0
Heard	0	0	47	12,230	0	0	0	0
Henry	22	66,427	1,099	385,376	4	64,429	22	19,748
Houston	0	0	103	55,554	0	0	10	13,346

Irwin	0	0	15	1,682	0	0	0	0
Jackson	10	99,253	238	121,926	1	22,235	4	17,510
Jasper	0	0	24	1,964	0	0	0	0
Jeff Davis	0	0	1	21	0	0	0	0
Jefferson	0	0	1	685	0	0	0	0
Johnson	3	171	5	822	0	0	0	0
Jones	2	51,181	3	266	0	0	0	0
Lamar	2	22,891	39	10,717	0	0	1	112
Laurens	0	0	18	8,808	0	0	0	0
Lee	0	0	49	15,384	0	0	1	834
Liberty	3	825	9	12,110	0	0	0	0
Lincoln	0	0	1	19	0	0	0	0
Long	0	0	4	574	0	0	0	0
Lowndes	4	12,290	96	12,761	0	0	0	0
Lumpkin	5	11,943	121	42,436	0	0	4	1,843
Macon	0	0	5	1,292	0	0	0	0
Madison	1	184	69	37,564	0	0	0	0
Marion	0	0	16	1,139	0	0	0	0
McDuffie	0	0	1	51	0	0	0	0
McIntosh	0	0	1	13	0	0	0	0
Meriwether	2	56	38	7,191	0	0	0	0
Mitchell	0	0	55	10,524	0	0	0	0
Monroe	0	0	17	2,168	0	0	0	0
Montgomery	0	0	1	13	0	0	0	0
Morgan	2	12,722	29	21,132	5	659	3	183
Murray	0	0	20	1,800	1	781	7	851
Muscogee	9	129,525	286	84,471	0	0	2	4,665
Newton	3	60,651	418	267,890	0	0	0	0
North Carolina	34	459,038	89	131,286	0	0	2	22,700
Oconee	1	3,154	77	34,492	0	0	2	802
Oglethorpe	1	7,011	24	2,041	0	0	0	0
Other Out of State	56	899,559	528	676,274	0	0	13	45,007
Paulding	29	90,830	514	253,403	2	4,470	31	44,354
Peach	2	613	15	3,845	0	0	0	0
Pickens	22	19,878	110	48,113	0	0	14	14,808
Pierce	0	0	5	776	0	0	0	0
Pike	0	0	44	9,308	0	0	0	0
Polk	4	28,119	208	58,306	0	0	1	396
Pulaski	0	0	9	3,103	0	0	0	0
Putnam	0	0	14	8,244	0	0	0	0
Quitman	0	0	5	925	0	0	0	0
Rabun	5	35,743	50	24,388	0	0	2	3,831
Randolph	0	0	4	295	0	0	0	0
Richmond	1	39	15	7,594	0	0	0	0

Rockdale	2	12	306	133,307	0	0	9	12,182
Schley	0	0	1	6,107	0	0	0	0
Screven	0	0	5	209	0	0	0	0
Seminole	0	0	11	1,196	0	0	0	0
South Carolina	9	97,314	74	79,208	3	73,448	11	49,706
Spalding	9	33,791	231	166,871	2	4,555	3	4,777
Stephens	0	0	93	21,551	0	0	1	193
Stewart	0	0	4	113	0	0	0	0
Sumter	0	0	61	22,757	0	0	0	0
Talbot	0	0	3	732	0	0	0	0
Taliaferro	0	0	1	70	0	0	0	0
Tattnall	0	0	36	5,813	0	0	0	0
Taylor	0	0	4	315	0	0	0	0
Telfair	0	0	14	2,611	0	0	0	0
Tennessee	0	0	11	1,005	0	0	0	0
Terrell	12	154,965	108	313,300	0	0	14	36,885
Thomas	1	99	62	41,187	0	0	0	0
Tift	1	39	41	9,216	0	0	2	5,972
Toombs	0	0	13	5,080	0	0	0	0
Towns	3	7,169	37	28,002	0	0	0	0
Troup	5	58,896	211	71,227	1	62	6	5,680
Turner	0	0	10	4,043	0	0	0	0
Twiggs	0	0	5	566	0	0	0	0
Union	1	10,717	75	34,384	0	0	0	0
Upton	6	2	33	10,047	0	0	1	687
Walker	1	39,750	25	3,460	0	0	1	939
Walton	29	69,331	364	163,328	2	7,404	9	8,591
Ware	0	0	11	5,601	0	0	0	0
Washington	0	0	3	589	0	0	0	0
Wayne	0	0	2	1,167	0	0	1	271
Wheeler	0	0	1	78	0	0	0	0
White	7	35,684	81	33,774	0	0	1	2,496
Whitfield	2	3,010	108	87,692	0	0	14	31,460
Wilcox	0	0	5	1,056	0	0	0	0
Wilkinson	0	0	13	1,202	0	0	0	0
Worth	0	0	20	4,978	0	0	0	0
<b>Total</b>	<b>1,324</b>	<b>13,922,608</b>	<b>36,348</b>	<b>22,364,892</b>	<b>112</b>	<b>1,421,585</b>	<b>1,023</b>	<b>1,618,280</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 2019?  
(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 2019.

Patient Category		SFY 2018	SFY2019	SFY2019
		7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	16,785,333	19,502,167
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	1,373,895	1,665,970
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 2018	SFY2019	SFY2019
7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
0	10,778	13,903

## Reconciliation Addendum

This section is printed in landscape format on a separate PDF file.

## Nurse Employment Addendum

This section is printed 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:** 7/24/2020

**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:** 7/24/2020

**Title:** Chief Financial Officer

**Comments:**