



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
Total	2,815,312

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
Total	31,013,933	5,403,858	36,417,791

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
Total	1,737,024

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
Total	29,287,056	5,393,711	34,680,767

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
Total	1,076	12,601,214	27,660	18,412,720	113	2,440,628	847	2,963,229

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: