



2020 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP228

Facility Name: Shepherd Center

County: Fulton

Street Address: 2020 Peachtree Road, NW

City: Atlanta

Zip: 30309-1465

Mailing Address: 2020 Peachtree Road, NW

Mailing City: Atlanta

Mailing Zip: 30309-1465

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2020 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 4/1/2019 To:3/31/2020

Please indicate your cost report year.

From: 04/01/2019 To:03/31/2020

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: John McDaniel

Contact Title: Director of Finance

Phone: 404-350-7329

Fax: 404-350-7694

E-mail: john.mcdaniel@shepherd.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	345,854,909
Total Inpatient Admissions accounting for Inpatient Revenue	842
Outpatient Gross Patient Revenue	233,762,326
Total Outpatient Visits accounting for Outpatient Revenue	58,213
Medicare Contractual Adjustments	69,676,473
Medicaid Contractual Adjustments	14,512,399
Other Contractual Adjustments:	205,343,934
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	2,219,072
Gross Indigent Care:	12,348,735
Gross Charity Care:	3,437,957
Uncompensated Indigent Care (net):	12,003,003
Uncompensated Charity Care (net):	3,341,703
Other Free Care:	4,294,537
Other Revenue/Gains:	10,711,677
Total Expenses:	236,742,798

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	4,294,537
Employee Discounts	0
Other Contractuals Reclassified to Free Care	0
Total	4,294,537

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 2020? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2020?

06/26/2017

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.)?

250

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 2020? (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	7,294,334	520,311	7,814,645
Outpatient	5,054,401	2,917,646	7,972,047
Total	12,348,735	3,437,957	15,786,692

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	441,986
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	441,986

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	7,090,112	505,744	7,595,856
Outpatient	4,912,891	2,835,959	7,748,850
Total	12,003,003	3,341,703	15,344,706

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	1,006,901	179	218,418	2	667	51	7,466
Baker	1	12	1	5,553	0	0	0	0
Baldwin	0	0	7	900	0	0	11	1,334
Banks	0	0	3	467	0	0	0	0
Barrow	0	0	11	2,009	0	0	42	70,774
Bartow	0	0	18	5,435	0	0	50	22,066
Bibb	3	180,055	132	47,266	0	0	22	19,673
Bulloch	0	0	4	15,484	0	0	0	0
Butts	0	0	30	23,112	1	3	16	2,738
Candler	0	0	0	0	1	9,426	0	0
Carroll	2	35	13	3,119	0	0	28	85,969
Chatham	2	2,506	87	18,819	1	230	1	30
Cherokee	3	2,150	49	11,958	1	1,650	83	43,865
Clarke	1	469	43	13,912	0	0	10	37,811
Clayton	2	32,318	398	94,035	0	0	42	29,680
Cobb	4	22,259	505	350,010	0	0	171	131,903
Columbia	0	0	38	58,155	0	0	0	0
Cook	1	8,198	0	0	0	0	0	0
Coweta	0	0	27	3,967	0	0	2	1,057
Crisp	0	0	1	7,150	0	0	1	54
Dade	0	0	0	0	0	0	2	210
Dawson	0	0	18	23,512	0	0	0	0
DeKalb	1	28,229	495	275,552	1	12,609	404	263,177
Dodge	0	0	20	70,362	1	79	0	0
Dooly	0	0	0	0	0	0	1	759
Douglas	1	44,084	241	175,502	1	7,695	91	53,967
Emanuel	0	0	1	21	0	0	4	664
Fannin	0	0	1	1,600	0	0	7	502
Fayette	1	6,409	11	4,241	0	0	45	14,680
Florida	8	234,640	140	284,350	2	477,725	51	30,995
Floyd	1	82,766	44	36,769	0	0	29	31,878
Forsyth	1	-45,990	42	22,878	0	0	38	35,067

Franklin	1	1,190	4	20,044	0	0	0	0
Fulton	9	458,744	617	363,888	2	3,533	886	993,912
Gilmer	1	16	5	661	0	0	8	2,373
Glynn	0	0	2	1,074	0	0	0	0
Gordon	0	0	0	0	0	0	4	1,345
Greene	0	0	0	0	0	0	2	596
Gwinnett	1	18	647	839,815	0	0	195	129,832
Habersham	0	0	0	0	0	0	1	20
Hall	1	18	26	126,869	1	1,278	76	32,491
Hancock	0	0	14	11,647	0	0	0	0
Haralson	0	0	6	17	0	0	0	0
Hart	0	0	0	0	1	43	1	2,600
Henry	2	20,702	108	90,317	0	0	112	200,195
Houston	3	7,250	42	21,039	0	0	22	7,704
Jackson	1	0	73	37,090	0	0	20	17,703
Jasper	0	0	43	37,191	0	0	0	0
Jeff Davis	0	0	0	0	0	0	2	238
Johnson	1	11,870	7	2,008	0	0	0	0
Jones	0	0	2	223	0	0	2	3,136
Lamar	0	0	0	0	0	0	1	370
Laurens	1	100,733	17	14,728	0	0	1	750
Lee	0	0	0	0	0	0	3	148
Lowndes	2	2,162	16	23,826	0	0	1	35
Lumpkin	0	0	60	33,861	0	0	0	0
Macon	0	0	0	0	0	0	3	45
Marion	1	665	1	15,821	0	0	0	0
McDuffie	0	0	6	696	0	0	0	0
Meriwether	0	0	0	0	0	0	13	3,618
Mitchell	0	0	1	3	0	0	0	0
Morgan	0	0	26	21,611	0	0	0	0
Murray	0	0	25	23,477	0	0	21	43,418
Muscogee	2	430,318	53	44,040	0	0	13	9,306
Newton	1	339,368	72	22,748	0	0	80	16,517
North Carolina	4	118,209	306	180,321	2	1,505	39	11,220
Oconee	0	0	10	14,348	0	0	1	227
Oglethorpe	0	0	6	8,298	0	0	1	67
Other Out of State	15	499,913	274	295,074	4	0	87	121,704
Paulding	0	0	104	40,936	1	159	66	26,923
Peach	0	0	8	79,466	0	0	6	7,178
Pickens	1	12,968	46	105,229	0	0	12	6,549
Pike	0	0	8	4,569	0	0	9	11,984
Polk	0	0	19	28,013	0	0	7	662
Pulaski	0	0	13	37	0	0	2	161
Putnam	0	0	9	27,694	0	0	0	0

Richmond	1	657,575	23	77,551	0	0	0	0
Rockdale	4	515,981	199	64,770	0	0	39	28,346
Schley	0	0	4	259	0	0	0	0
South Carolina	4	184,225	101	191,159	0	0	27	54,457
Spalding	0	0	55	20,255	0	0	70	26,069
Stephens	0	0	0	0	0	0	20	3,347
Tattnall	0	0	1	3	0	0	0	0
Telfair	1	7,800	0	0	0	0	0	0
Tennessee	12	141,670	292	232,193	1	38,153	38	164,299
Thomas	0	0	12	31,263	0	0	0	0
Tift	0	0	0	0	0	0	11	1,666
Toombs	0	0	2	449	0	0	0	0
Towns	0	0	0	0	0	0	3	279
Treutlen	0	0	1	3	0	0	0	0
Troup	2	946,198	4	1,296	0	0	15	90,425
Twiggs	0	0	5	8,617	0	0	0	0
Union	0	0	12	804	0	0	0	0
Upson	0	0	19	93,321	0	0	6	585
Walton	1	1,455	36	5,054	0	0	6	4,074
Washington	0	0	0	0	0	0	13	1,484
White	0	0	31	7,053	0	0	1	225
Whitfield	1	1,230,206	8	9,114	0	0	3	3,021
Wilcox	0	0	0	0	0	0	1	25
Wilkes	1	38	0	0	1	1,833	0	0
Total	126	7,294,333	6,040	5,054,399	24	556,588	3,152	2,917,648

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 2020?
(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 2020.

Patient Category		SFY 2018	SFY2020	SFY2020
		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.	161,558	438,694	222,636
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.	262,574	76,621	0
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	SFY2020	SFY2020
7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
61	9	3

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: Sarah Morrison

Date: 7/27/2021

Title: President/CEO

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: Stephen B. Holleman

Date: 7/27/2021

Title: Chief Financial Officer

Comments: