



## 2018 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 2018 only.

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

**Please indicate your hospital fiscal year.**

From: 4/1/2017 To:3/31/2018

**Please indicate your cost report year.**

From: 04/01/2017 To:03/31/2018

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	286,820,805
Total Inpatient Admissions accounting for Inpatient Revenue	886
Outpatient Gross Patient Revenue	188,258,070
Total Outpatient Visits accounting for Outpatient Revenue	66,412
Medicare Contractual Adjustments	57,400,793
Medicaid Contractual Adjustments	22,636,397
Other Contractual Adjustments:	154,307,865
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	661,263
Gross Indigent Care:	9,535,162
Gross Charity Care:	3,333,587
Uncompensated Indigent Care (net):	9,108,690
Uncompensated Charity Care (net):	3,184,488
Other Free Care:	3,986,552
Other Revenue/Gains:	6,327,196
Total Expenses:	196,303,672

### 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	1,589,586
Admin Discounts	2,396,966
Employee Discounts	0
	0
<b>Total</b>	<b>3,986,552</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 2018? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2018?

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 2018? (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	4,177,074	859,106	5,036,180
Outpatient	5,358,088	2,474,481	7,832,569
<b>Total</b>	<b>9,535,162</b>	<b>3,333,587</b>	<b>12,868,749</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	575,571
Trust Fund From Sale Of Public Hospital	0
All Other	0
<b>Total</b>	<b>575,571</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	3,990,250	820,681	4,810,931
Outpatient	5,118,440	2,363,807	7,482,247
<b>Total</b>	<b>9,108,690</b>	<b>3,184,488</b>	<b>12,293,178</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	17	328,071	49	154,412	0	0	48	18,038
Appling	1	136,151	0	0	0	0	0	0
Banks	0	0	0	0	0	0	1	223
Barrow	0	0	21	12,758	0	0	27	58,966
Bartow	1	132,825	28	31,397	0	0	28	119,119
Bibb	0	0	20	38,635	1	10,225	21	50,717
Butts	0	0	13	56,874	0	0	20	241,228
Carroll	0	0	68	244,015	0	0	31	14,966
Chatham	1	35,035	1	4,164	0	0	0	0
Chattahoochee	0	0	1	1,275	0	0	0	0
Chattooga	0	0	0	0	0	0	9	8,293
Cherokee	1	1,932	64	103,437	0	0	58	27,474
Clarke	1	1,139	11	21,831	0	0	12	1,513
Clayton	0	0	73	127,334	2	206,127	25	103,655
Cobb	1	146,410	242	476,076	1	70	137	61,456
Coffee	0	0	2	59	0	0	0	0
Columbia	0	0	1	44	0	0	0	0
Cook	0	0	2	379	0	0	0	0
Coweta	0	0	54	58,872	0	0	11	7,869
Dawson	0	0	2	432	0	0	13	3,452
Decatur	1	94,058	1	4,688	0	0	0	0
DeKalb	7	192,169	294	715,095	1	356	197	169,183
Dodge	0	0	3	6,442	0	0	1	569
Dooly	0	0	0	0	0	0	2	6,491
Dougherty	0	0	14	35,002	0	0	4	12,655
Douglas	0	0	40	99,727	0	0	53	210,476
Effingham	0	0	0	0	0	0	1	2,808
Emanuel	0	90,119	0	0	0	0	0	0
Fannin	0	0	0	0	0	0	2	251
Fayette	0	0	39	26,096	0	0	40	28,246
Florida	21	1,108,259	56	215,321	3	10,477	21	74,831
Floyd	0	3,804	18	24,313	0	0	6	8,771

Forsyth	0	0	30	17,007	0	0	6	7,583
Fulton	6	7,656	394	713,778	0	48,307	308	465,703
Gilmer	0	0	15	45,827	0	0	2	525
Glynn	0	0	2	2,110	0	0	0	0
Gordon	1	712	6	3,524	0	0	15	4,969
Greene	0	0	3	195	0	0	6	799
Gwinnett	3	902,661	257	568,340	1	26,807	156	175,814
Habersham	0	0	1	1,106	0	0	0	0
Hall	1	650	51	65,864	0	0	12	13,980
Haralson	0	0	0	0	0	0	1	944
Harris	0	0	4	17,722	0	0	0	0
Henry	3	52,174	69	35,881	1	100,691	65	42,041
Houston	1	87,802	24	44,181	0	0	5	2,040
Jackson	0	0	20	28,088	0	0	8	31,071
Jasper	0	0	18	224,892	0	0	0	0
Jefferson	0	0	4	16,664	0	0	0	0
Jones	0	0	11	10,189	0	0	0	0
Lamar	0	0	1	632	0	0	2	2,571
Laurens	2	4,010	1	32,667	0	0	11	30,451
Lee	0	0	3	7,948	0	0	1	242
Lowndes	0	2,422	4	1,505	0	0	9	461
Lumpkin	1	48,649	11	-10,012	0	0	3	1,833
Macon	0	0	1	50	0	0	0	0
Madison	0	0	1	251	0	0	0	0
Marion	1	57,584	0	0	0	0	0	0
McDuffie	0	0	0	0	0	0	2	2,885
McIntosh	0	0	1	29,172	0	0	0	0
Meriwether	0	0	4	7,258	0	0	1	50
Mitchell	0	0	4	4,420	0	0	0	0
Monroe	0	0	0	3,490	0	0	2	176
Murray	0	0	10	10,544	0	0	0	0
Muscogee	1	88	12	16,524	0	0	1	7,318
Newton	1	96,200	27	25,316	0	0	25	7,953
North Carolina	6	178,972	25	44,647	1	73,948	15	2,878
Oconee	0	0	7	15,822	0	0	0	0
Other Out of State	11	148,551	77	389,571	2	85,890	23	43,245
Paulding	0	0	26	10,360	0	0	36	11,162
Peach	0	0	18	80,923	0	0	20	53,469
Pickens	0	0	0	0	1	733	1	75
Pike	0	0	4	763	0	0	14	17,066
Polk	0	0	17	35,352	0	0	0	0
Pulaski	0	0	0	0	0	0	8	1,007
Richmond	0	0	0	0	0	0	5	649
Rockdale	0	0	67	45,076	0	0	23	8,168

South Carolina	4	11,489	32	160,103	0	0	16	131,823
Spalding	0	0	20	47,464	0	0	43	20,248
Stephens	0	0	0	0	0	0	14	4,004
Sumter	0	0	0	0	0	0	4	42,275
Telfair	0	0	0	0	1	43	0	0
Tennessee	11	256,597	22	87,041	1	1,908	12	3,229
Thomas	1	1,306	0	0	0	0	2	2,667
Toombs	0	0	0	0	1	16	0	0
Towns	0	0	0	0	0	0	1	223
Treutlen	0	0	2	80	0	0	0	0
Troup	0	0	27	21,038	0	0	14	7,327
Union	0	0	3	278	0	0	1	297
Walton	0	0	23	31,600	1	205,083	10	77,447
Wayne	1	49,577	1	2,463	0	0	0	0
White	0	0	0	0	0	0	2	54
Whitfield	0	0	3	1,694	0	0	8	15,839
Wilcox	0	0	0	0	0	0	3	192
Wilkes	0	0	0	0	1	88,427	4	480
<b>Total</b>	<b>107</b>	<b>4,177,072</b>	<b>2,480</b>	<b>5,358,086</b>	<b>19</b>	<b>859,108</b>	<b>1,688</b>	<b>2,474,483</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 2018?  
(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 2018.

Patient Category		SFY 2017	SFY2018	SFY2019
		7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	775,867	508,344	161,558
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.	124,431	506,396	262,574
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 2017	SFY2018	SFY2019
7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
118	103	61

## 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:** 7/18/2019

**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:** 7/18/2019

**Title:** Chief Financial Officer

**Comments:**