



2021 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 2021 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 4/1/2020 To:3/31/2021

Please indicate your cost report year.

From: 04/01/2020 To:03/31/2021

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: Emily McFarlin

Contact Title: Senior Financial Analyst

Phone: 404-603-4608

Fax: 404-350-7694

E-mail: emily.mcfarlin@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	329,106,999
Total Inpatient Admissions accounting for Inpatient Revenue	735
Outpatient Gross Patient Revenue	225,764,042
Total Outpatient Visits accounting for Outpatient Revenue	61,403
Medicare Contractual Adjustments	61,184,303
Medicaid Contractual Adjustments	23,615,743
Other Contractual Adjustments:	189,633,520
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	1,633,102
Gross Indigent Care:	14,147,160
Gross Charity Care:	7,012,391
Uncompensated Indigent Care (net):	13,520,479
Uncompensated Charity Care (net):	6,701,760
Other Free Care:	10,024,899
Other Revenue/Gains:	19,801,248
Total Expenses:	244,649,186

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	10,024,899
Employee Discounts	0
	0
Total	10,024,899

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 2021? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2021?

06/26/2020

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 2021? (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	9,267,540	3,392,135	12,659,675
Outpatient	4,879,620	3,620,256	8,499,876
Total	14,147,160	7,012,391	21,159,551

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	937,312
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	937,312

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	8,857,013	3,241,872	12,098,885
Outpatient	4,663,466	3,459,888	8,123,354
Total	13,520,479	6,701,760	20,222,239

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	21	830,645	354	439,848	6	20,936	43	12,854
Baldwin	0	0	3	441	0	0	0	0
Banks	0	0	2	1,893	0	0	0	0
Barrow	0	0	18	24,515	0	0	36	105,586
Bartow	1	2,654	30	15,599	0	0	32	26,159
Bibb	2	980	32	32,324	0	0	26	11,578
Brantley	1	10,655	3	752	0	0	0	0
Bulloch	3	19,767	7	19,196	0	0	1	45
Butts	0	0	18	21,559	0	0	31	54,487
Calhoun	0	0	1	2,527	0	0	0	0
Candler	0	0	0	0	2	171,616	6	10,639
Carroll	2	476	37	34,600	1	1,281	27	99,314
Chatham	1	1,631	16	81,555	1	291	54	10,714
Chattooga	0	0	0	0	1	3,499	14	6,745
Cherokee	3	85,045	93	22,748	0	0	100	333,445
Clarke	1	78	16	16,086	1	1,752	8	-10,323
Clayton	2	6,472	106	297,358	1	1,135	41	51,627
Cobb	3	57,862	172	121,802	7	195,011	245	323,391
Columbia	1	100	7	93,460	0	0	12	99,303
Cook	0	0	24	936	0	0	0	0
Coweta	2	2,132	15	31,009	0	0	41	77,586
Crawford	0	0	6	5,833	0	0	5	2,240
Crisp	0	0	3	11,472	0	0	5	7,765
Dade	0	0	0	0	0	0	2	2,869
Dawson	0	0	2	115	0	0	1	503
DeKalb	3	4,318	212	366,577	1	1,112	304	355,554
Dodge	0	0	3	2,684	0	0	0	0
Dooly	0	0	0	0	1	270	4	1,654
Dougherty	0	0	7	15,700	0	0	0	0
Douglas	0	0	52	57,090	0	0	49	55,000
Emanuel	1	2,359	1	3	0	0	2	488
Fannin	0	0	0	0	0	0	15	82,552

Fayette	0	0	33	15,919	0	0	30	34,361
Florida	19	790,146	153	279,327	6	1,468,632	50	24,954
Floyd	0	0	10	11,272	0	0	24	21,238
Forsyth	0	0	6	15,589	1	2,388	21	10,145
Franklin	0	0	4	1,218	0	0	6	0
Fulton	10	11,775	589	809,618	5	101,027	476	658,492
Gilmer	2	8,806	7	2,151	1	5	9	2,783
Glynn	0	0	5	4,715	0	0	2	0
Gordon	3	6,865	3	532	2	947	95	4,310
Greene	0	0	0	0	0	0	3	563
Gwinnett	6	559,100	394	625,039	6	63,111	216	394,052
Hall	0	0	45	40,169	1	-1,278	85	19,493
Hancock	0	0	19	86,402	0	0	0	0
Haralson	0	0	4	276	0	0	0	0
Harris	0	0	0	0	1	283	8	2,286
Henry	3	3,664	97	256,977	0	0	56	36,034
Houston	2	17,056	31	16,085	0	0	32	28,170
Jackson	1	485	40	53,621	0	0	51	52,280
Jasper	0	0	2	0	0	0	2	482
Johnson	0	0	8	1,467	0	0	0	0
Jones	0	0	2	119	0	0	6	9,821
Lamar	0	0	0	0	0	0	2	177
Laurens	2	7,443	3	4,264	1	684	2	912
Lee	1	746	0	0	0	0	6	595
Lowndes	0	0	8	3,950	1	4,888	7	7,046
Lumpkin	0	0	8	12,740	0	0	7	19,939
Macon	2	116,690	19	16,517	0	0	2	8,522
Madison	1	74	13	4,940	0	0	0	0
Marion	2	54,008	0	0	0	0	0	0
McDuffie	0	0	2	299	0	0	4	646
Meriwether	0	0	3	313	0	0	0	0
Mitchell	0	0	1	2	0	0	0	0
Monroe	1	279	1	7,095	0	0	0	0
Morgan	1	3,659	38	46,956	0	0	0	0
Murray	0	0	17	17,802	0	0	8	848
Muscogee	2	173	17	1,733	2	10	2	175
Newton	1	3,970	53	65,271	0	0	19	2,742
North Carolina	11	2,827,521	186	60,921	6	78,655	54	23,698
Oconee	0	0	1	834	0	0	0	0
Oglethorpe	0	0	0	0	0	0	6	88,296
Other Out of State	34	756,035	433	211,152	7	919,317	128	23,821
Paulding	4	1,264	18	34,323	0	0	43	17,350
Peach	0	0	3	1,475	0	0	14	19,449
Pickens	0	0	0	0	0	0	11	79,860

Pike	0	0	8	2,962	0	0	13	22,846
Polk	0	0	20	19,442	0	0	8	2,180
Pulaski	0	0	4	9	0	0	6	356
Putnam	1	317	17	18,905	0	0	0	0
Richmond	0	0	13	2,710	0	0	0	0
Rockdale	5	2,244	143	76,947	0	0	27	27,453
South Carolina	11	2,756,591	266	87,967	4	4,767	125	95,284
Spalding	0	0	12	1,476	0	0	48	10,909
Stephens	2	2,659	2	1,436	1	163	25	2,913
Telfair	1	4,885	1	233	0	0	0	0
Tennessee	29	305,911	293	168,701	5	351,633	70	47,817
Tift	0	0	0	0	0	0	4	295
Toombs	0	0	2	201	0	0	0	0
Towns	0	0	5	2,723	0	0	0	0
Troup	0	0	11	1,092	0	0	6	84,024
Union	0	0	1	194	0	0	0	0
Upson	0	0	17	38,905	0	0	3	100
Walker	0	0	5	2,092	0	0	0	0
Walton	0	0	6	2,205	0	0	14	4,417
Warren	0	0	1	40	0	0	0	0
Washington	0	0	0	0	0	0	9	740
White	0	0	9	2,923	0	0	10	0
Whitfield	0	0	7	19,305	0	0	6	5,607
Wilcox	0	0	1	73	0	0	0	0
Wilkinson	0	0	2	314	0	0	2	0
Total	204	9,267,540	4,362	4,879,620	72	3,392,135	2,967	3,620,256

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 2021?
(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 2021.

Patient Category		SFY 2020	SFY2021	SFY2022
		7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	438,694	222,636	371,802
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.	79,621	0	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 2020	SFY2021	SFY2022
7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
9	3	6

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: 7/19/2022

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: Stephen B. Holleman

Date: 7/19/2022

Title: Chief Financial Officer

Comments: