



2019 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 2019 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 4/1/2018 To:3/31/2019

Please indicate your cost report year.

From: 04/01/2018 To:03/31/2019

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: John McDaniel

Contact Title: Director of Finance

Phone: 404-350-7329

Fax: 404-350-7694

E-mail: john.mcdaniel@shepherd.or

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	301,693,184
Total Inpatient Admissions accounting for Inpatient Revenue	935
Outpatient Gross Patient Revenue	214,871,591
Total Outpatient Visits accounting for Outpatient Revenue	55,199
Medicare Contractual Adjustments	60,510,623
Medicaid Contractual Adjustments	22,372,988
Other Contractual Adjustments:	176,935,187
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	1,422,047
Gross Indigent Care:	11,299,151
Gross Charity Care:	2,552,409
Uncompensated Indigent Care (net):	10,811,501
Uncompensated Charity Care (net):	2,442,251
Other Free Care:	3,613,893
Other Revenue/Gains:	6,848,915
Total Expenses:	216,627,562

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	2,232,630
Employee Discounts	0
Contractual Adjustments reclassified to free care	1,381,263
Total	3,613,893

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?

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 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	4,618,127	166,973	4,785,100
Outpatient	6,681,024	2,385,436	9,066,460
Total	11,299,151	2,552,409	13,851,560

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	597,808
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	597,808

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	4,418,817	159,767	4,578,584
Outpatient	6,392,684	2,282,484	8,675,168
Total	10,811,501	2,442,251	13,253,752

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	4	9,000	50	259,061	2	1,767	20	21,339
Appling	2	9,458	0	0	0	0	0	0
Baldwin	1	2,900	0	0	0	0	0	0
Barrow	0	0	11	6,005	0	0	44	71,333
Bartow	0	0	10	29,095	0	0	58	46,344
Bibb	1	2,203	30	126,793	0	0	30	23,798
Butts	0	0	14	24,721	0	0	26	156,174
Carroll	1	1,191	22	23,270	0	0	23	25,422
Catoosa	0	0	1	185	0	0	0	0
Chattahoochee	0	0	1	427	0	0	0	0
Chattooga	0	0	1	45	0	0	0	0
Cherokee	1	53	53	43,191	0	0	69	72,618
Clarke	0	0	19	29,993	0	0	2	302
Clayton	2	3,950	70	188,615	1	0	34	30,656
Cobb	2	63,578	278	876,936	1	2,194	182	152,348
Coffee	0	0	1	34	0	0	0	0
Colquitt	0	0	1	185	0	0	0	0
Coweta	0	0	26	16,201	0	0	2	380
Crisp	0	0	0	0	0	0	5	4,356
Dawson	0	0	24	46,708	0	0	0	0
DeKalb	6	267,143	271	837,823	0	0	204	233,420
Dodge	0	0	2	82,827	0	0	1	-569
Dooly	0	0	0	0	0	0	2	12,237
Dougherty	1	301,865	13	118,926	0	0	4	1,533
Douglas	0	0	30	54,247	0	0	29	93,485
Fannin	1	97,123	6	42,928	0	0	4	661
Fayette	1	48	57	84,030	0	0	35	37,634
Florida	12	495,920	36	150,301	3	68,186	29	30,411
Floyd	0	0	5	6,757	0	0	6	13,476
Forsyth	1	45,990	13	10,126	0	0	16	4,308
Franklin	0	0	2	247	0	0	0	0
Fulton	6	171,199	338	677,268	0	0	341	602,078

Gilmer	0	0	3	1,380	0	0	17	1,625
Glascock	1	158	3	2,760	0	0	0	0
Glynn	0	0	4	6,575	0	0	0	0
Gordon	1	790	0	0	0	0	7	4,147
Greene	0	0	0	0	0	0	3	441
Gwinnett	1	972	222	836,118	0	0	151	125,614
Habersham	0	0	0	0	0	0	1	1,000
Hall	0	0	47	95,329	0	0	7	16,726
Hart	1	148,603	0	0	0	0	1	6,810
Henry	1	72,466	58	309,680	0	0	45	104,923
Houston	1	187,164	16	61,155	0	0	0	0
Jackson	1	37,183	22	17,688	0	0	3	6,120
Jasper	0	0	13	108,395	0	0	0	0
Jones	0	0	3	2,534	0	0	0	0
Lamar	0	0	0	0	0	0	1	1,577
Laurens	0	0	0	0	0	0	7	13,614
Lee	0	0	2	1,793	0	0	1	250
Lowndes	0	0	5	29,130	0	0	2	70
Lumpkin	1	171,514	2	1,378	0	0	0	0
Macon	0	0	3	2,980	0	0	0	0
Meriwether	0	0	0	0	0	0	6	549
Monroe	1	285	1	15	0	0	0	0
Murray	2	165,438	36	154,728	0	0	0	0
Muscogee	2	194,793	14	34,385	0	0	0	0
Newton	2	2,872	41	80,866	0	0	26	30,930
North Carolina	3	3,337	19	111,696	0	0	23	14,557
Oconee	0	0	3	8,530	0	0	8	4,230
Oglethorpe	0	0	0	0	0	0	2	128,583
Other Out of State	18	1,587,612	44	271,791	3	61,088	16	40,153
Paulding	0	0	43	43,050	0	0	31	12,788
Peach	0	0	16	79,895	0	0	14	20,458
Pike	0	0	2	137	0	0	16	3,856
Polk	0	0	17	41,700	0	0	0	0
Pulaski	0	0	0	0	0	0	5	12,191
Putnam	0	0	9	3,131	0	0	0	0
Rockdale	1	1,671	49	50,182	0	0	29	4,454
South Carolina	5	200,351	44	216,892	1	33,902	14	52,892
Spalding	0	0	7	38,183	0	0	35	7,602
Stephens	0	0	1	289	0	0	8	4,347
Sumter	0	0	0	0	0	0	8	1,876
Tattnall	0	0	1	2,283	0	0	0	0
Tennessee	6	366,840	26	108,642	1	27	2	3,303
Tift	0	0	0	0	0	0	1	1,422
Troup	0	0	8	41,750	0	0	3	1,802

Union	0	0	2	674	0	0	0	0
Upton	0	0	4	84,970	0	0	2	245
Walker	0	0	1	7,499	0	0	0	0
Walton	1	4,456	41	80,310	0	0	8	90,180
Washington	0	0	2	2,104	0	0	0	0
Wheeler	0	0	0	0	0	0	1	1,980
White	0	0	0	0	0	0	4	302
Whitfield	0	0	3	3,483	0	0	14	29,962
Wilcox	0	0	0	0	0	0	2	112
Wilkes	0	0	0	0	1	-190	0	0
Total	91	4,618,126	2,222	6,681,025	13	166,974	1,690	2,385,435

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.	508,344	161,558	438,694
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.	506,396	262,574	76,621
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
103	61	9

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: Sarah Morrison

Date: 7/20/2020

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: 7/20/2020

Title: Chief Financial Officer

Comments: