



2022 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 2022 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 4/1/2021 To:3/31/2022

Please indicate your cost report year.

From: 04/01/2021 To:03/31/2022

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	313,739,601
Total Inpatient Admissions accounting for Inpatient Revenue	850
Outpatient Gross Patient Revenue	251,093,254
Total Outpatient Visits accounting for Outpatient Revenue	82,105
Medicare Contractual Adjustments	63,355,350
Medicaid Contractual Adjustments	20,446,511
Other Contractual Adjustments:	209,934,568
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	2,641,688
Gross Indigent Care:	11,030,750
Gross Charity Care:	9,490,508
Uncompensated Indigent Care (net):	10,537,835
Uncompensated Charity Care (net):	9,066,419
Other Free Care:	7,397,735
Other Revenue/Gains:	11,396,653
Total Expenses:	255,727,317

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	7,397,735
Employee Discounts	0
	0
Total	7,397,735

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 2022? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2022?

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 2022? (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	5,738,649	6,091,089	11,829,738
Outpatient	5,292,101	3,399,419	8,691,520
Total	11,030,750	9,490,508	20,521,258

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	917,004
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	917,004

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	5,482,214	5,818,905	11,301,119
Outpatient	5,055,621	3,247,514	8,303,135
Total	10,537,835	9,066,419	19,604,254

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	19	986,203	227	454,097	8	42,843	62	125,154
Baldwin	0	0	1	40	0	0	3	432
Banks	0	0	33	33,157	0	0	0	0
Barrow	0	0	29	2,058	0	0	33	50,594
Bartow	2	240,354	63	106,405	1	748	36	31,756
Bibb	1	983	45	39,699	0	0	36	22,151
Bleckley	1	108	1	29	0	0	0	0
Bryan	0	0	0	0	0	0	1	212
Bulloch	0	0	4	1,878	0	0	6	454
Butts	0	0	15	29,824	0	0	10	6,092
Candler	0	0	0	0	0	0	1	35
Carroll	1	1,802	63	8,293	1	1,108	49	54,696
Chatham	0	0	7	601	3	70,074	16	4,214
Chattooga	0	0	0	0	0	0	5	407
Cherokee	0	0	46	6,012	1	257	88	29,219
Clarke	0	0	6	1,392	0	0	22	14,326
Clayton	3	7,768	92	58,358	1	101	72	187,079
Cobb	22	39,168	236	337,942	2	193	285	237,473
Colquitt	1	226	1	1,056	0	0	1	97
Columbia	1	1,130	5	1,602	0	0	1	239
Cook	0	0	2	142	0	0	0	0
Coweta	3	9,981	24	117,439	0	0	15	11,328
Crawford	0	0	25	58,405	0	0	12	11,949
Crisp	0	0	8	78,616	0	0	0	0
Dawson	0	0	8	770	0	0	2	5,564
DeKalb	32	827,005	499	893,610	3	167,600	442	612,980
Dodge	0	0	2	1,740	0	0	0	0
Dooly	0	0	2	225	0	0	4	755
Dougherty	1	45	5	4,877	0	0	6	2,676
Douglas	4	581	27	27,262	0	0	43	14,572
Elbert	0	0	3	24,559	0	0	0	0
Emanuel	1	226	1	321	0	0	0	0

Fannin	0	0	0	0	0	0	7	469
Fayette	19	1,021	16	1,868	1	7,146	48	12,307
Florida	15	711,218	131	441,969	19	190,563	31	8,061
Floyd	1	245	15	18,404	0	0	20	20,617
Forsyth	3	237,431	28	46,786	1	68	24	9,326
Fulton	7	286,593	521	735,013	6	636,290	457	623,998
Gilmer	0	0	5	291	0	0	20	3,502
Glynn	0	0	1	168	0	0	0	0
Gordon	0	0	20	7,743	0	0	14	18,818
Greene	0	0	0	0	0	0	23	450
Gwinnett	10	647,558	242	450,426	3	264,852	383	622,912
Hall	1	9,979	15	5,299	0	0	44	3,175
Hancock	0	0	1	4	0	0	0	0
Harris	0	0	0	0	0	0	2	61
Hart	0	0	0	0	0	0	1	232
Heard	1	101	1	1,319	0	0	13	3,720
Henry	1	1,648	31	6,453	0	0	91	72,460
Houston	2	6,622	46	57,433	0	0	32	25,020
Jackson	0	0	30	27,707	19	1,672	37	24,957
Jasper	0	0	0	0	0	0	4	481
Johnson	1	189,701	16	38,409	0	0	0	0
Jones	4	2,006	1	3,072	0	0	4	808
Lamar	0	0	9	3,190	0	0	3	150
Laurens	0	0	0	0	1	224,761	1	164
Lee	1	34	5	252	0	0	9	5,566
Lowndes	0	0	9	4,871	1	1,092	4	16,758
Lumpkin	0	0	0	0	0	0	4	653
Macon	0	1,779	7	30,746	1	417	6	0
Madison	0	0	11	26,729	0	0	0	0
McDuffie	0	0	0	0	0	0	3	66
Meriwether	0	0	3	1,901	0	0	9	636
Monroe	0	0	2	192	0	0	5	218
Morgan	0	0	4	1,141	0	0	0	0
Murray	1	149	24	22,575	0	0	11	47
Muscogee	1	217,551	10	3,759	0	0	6	1,628
Newton	0	0	38	15,299	1	102	38	32,731
North Carolina	8	337,433	136	39,589	0	0	13	67,441
Oconee	0	0	0	0	0	0	11	4,501
Other Out of State	31	184,540	183	61,130	22	157,882	41	60,549
Paulding	2	276	37	160,961	0	0	46	20,862
Peach	0	0	1	1,403	0	0	31	2,161
Pickens	0	0	0	0	1	143,810	9	11,337
Pike	0	0	7	3,540	0	0	8	13,922
Polk	2	268,924	19	37,097	0	0	2	100

Pulaski	0	0	8	799	0	0	14	764
Putnam	1	6	9	11,662	0	0	0	0
Rabun	0	0	0	0	1	18	5	1,409
Richmond	0	0	25	179,946	0	0	0	0
Rockdale	0	0	15	11,766	0	0	40	36,144
South Carolina	7	191,981	214	205,772	5	4,152,292	39	20,944
Spalding	0	0	14	16,118	0	0	34	6,862
Stephens	0	0	17	59,353	0	0	19	4,235
Sumter	1	68,230	1	3,440	0	0	0	0
Taylor	0	0	2	605	0	0	0	0
Telfair	1	642	1	616	0	0	0	0
Tennessee	27	252,812	151	164,141	12	27,191	36	123,990
Terrell	1	1,665	4	3,429	0	0	0	0
Tift	0	0	1	45	0	0	0	0
Toombs	0	0	6	361	0	0	0	0
Towns	0	0	5	2,745	0	0	0	0
Troup	0	0	7	271	0	0	13	51,273
Upson	1	2,236	7	788	0	0	3	175
Walker	0	0	1	90	0	0	0	0
Walton	1	688	28	70,447	0	0	21	7,178
White	0	0	0	0	0	0	6	204
Whitfield	0	0	4	12,509	0	0	9	7,393
Wilcox	0	0	1	50	0	0	3	241
Wilkes	0	0	0	0	1	9	22	22,526
Worth	0	0	0	0	0	0	6	763
Total	243	5,738,649	3,626	5,292,101	115	6,091,089	3,036	3,399,419

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 2022?
(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 2022.

Patient Category		SFY 2021	SFY2022	SFY2023
		7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	222,636	371,802	84,937
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 2021	SFY2022	SFY2023
7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
3	6	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: 7/6/2023

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: Steve Holleman

Date: 7/6/2023

Title: Chief Financial Officer

Comments: