



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2020 Hospital Financial Survey

Part A : General Information

1. Identification

UID:hosp714

Facility Name: Emory Saint Joseph's Hospital

County: Fulton

Street Address: 5665 Peachtree Dunwoody Road NE

City: Atlanta

Zip: 30342-1764

Mailing Address: 5665 Peachtree Dunwoody Road NE

Mailing City: Atlanta

Mailing Zip: 30342-1764

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: 9/1/2019 To:8/31/2020

Please indicate your cost report year.

From: 09/01/2019 To:08/31/2020

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: Grishma Shah

Contact Title: Sr. Financial Analyst

Phone: 404-686-6189

Fax: 404-686-4667

E-mail: grishma.shah@emoryhealthcare.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	998,293,811
Total Inpatient Admissions accounting for Inpatient Revenue	17,003
Outpatient Gross Patient Revenue	648,848,970
Total Outpatient Visits accounting for Outpatient Revenue	99,509
Medicare Contractual Adjustments	656,380,047
Medicaid Contractual Adjustments	44,364,896
Other Contractual Adjustments:	403,160,078
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	28,554,998
Gross Indigent Care:	32,087,529
Gross Charity Care:	15,735,517
Uncompensated Indigent Care (net):	32,087,529
Uncompensated Charity Care (net):	15,735,517
Other Free Care:	1,918,156
Other Revenue/Gains:	30,780,699
Total Expenses:	444,453,849

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	543,173
Employee Discounts	0
Other	1,374,983
Total	1,918,156

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?

06/01/2019

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.)?

225

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	17,247,469	8,796,518	26,043,987
Outpatient	14,840,060	6,938,999	21,779,059
Total	32,087,529	15,735,517	47,823,046

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	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	0

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	17,247,469	8,796,518	26,043,987
Outpatient	14,840,060	6,938,999	21,779,059
Total	32,087,529	15,735,517	47,823,046

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	9	26,749	20	89,948	2	58,223	0	0
Baldwin	1	24,951	1	750	1	90,619	0	0
Barrow	10	61,028	26	86,667	3	133,328	10	38,713
Bartow	16	96,495	33	52,903	4	1,770	2	45,651
Ben Hill	2	5,140	3	1,079	1	52,806	4	1,325
Berrien	0	0	1	235	0	0	2	7,514
Bibb	4	28,373	16	33,513	1	3,338	3	8,914
Bleckley	0	0	0	0	0	0	3	1,389
Brantley	0	0	1	1,108	0	0	0	0
Bulloch	1	1,657	7	13,997	1	140,331	0	0
Burke	0	0	1	4,876	0	0	0	0
Butts	3	309,734	5	7,172	0	0	2	8,944
Camden	0	0	0	0	0	0	1	1,336
Candler	0	0	0	0	1	1,800	0	0
Carroll	14	283,607	45	93,692	1	1,387	4	1,783
Charlton	0	0	0	0	0	0	2	9,392
Chatham	0	0	3	7,416	0	0	4	3,494
Chattooga	3	23,863	5	9,786	0	0	0	0
Cherokee	37	319,407	114	250,738	13	158,752	26	80,198
Clarke	0	0	15	19,325	1	1,534	1	2,825
Clayton	52	372,328	186	329,588	9	201,765	38	101,134
Cobb	151	1,726,276	664	1,340,219	44	637,252	222	682,264
Coffee	0	0	2	6,677	0	0	0	0
Colquitt	0	0	2	2,121	0	0	2	10,787
Columbia	3	55,988	2	2,327	0	0	0	0
Cook	0	0	3	8,680	0	0	0	0
Coweta	7	47,134	24	131,020	0	0	3	240
Crisp	0	0	1	1,555	0	0	0	0
Dade	0	0	1	370	0	0	0	0
Dawson	4	134,256	9	34,643	3	3,150	1	1,408
Decatur	0	0	0	0	1	68,547	5	2,578
DeKalb	314	4,785,369	1,996	4,121,704	121	2,138,034	753	1,984,581

Dodge	0	0	3	6,008	0	0	2	4,912
Dougherty	1	15,043	8	32,771	0	0	2	880
Douglas	11	69,026	91	153,323	0	0	13	29,691
Effingham	0	0	1	2,996	0	0	0	0
Elbert	3	5,220	2	5,688	0	0	0	0
Evans	2	34,182	0	0	1	79,508	0	0
Fannin	4	31,316	8	3,231	1	318	1	2,026
Fayette	5	4,206	17	26,400	0	0	2	22,049
Florida	2	29,842	41	64,405	0	0	18	13,067
Floyd	1	1,559	5	2,753	1	1,364	4	28,816
Forsyth	12	329,476	62	132,368	11	602,634	17	44,052
Franklin	0	0	2	1,195	0	0	0	0
Fulton	224	3,495,672	1,641	3,123,890	86	1,431,915	677	1,620,400
Gilmer	4	153,004	2	8,338	1	149,280	1	7,394
Glynn	3	42,883	2	2,668	0	0	0	0
Gordon	2	141,705	11	17,429	2	193,989	15	180,077
Grady	0	0	1	3,352	0	0	1	793
Greene	0	0	1	444	0	0	3	4,252
Gwinnett	175	1,862,500	1,080	2,892,829	66	1,866,547	351	1,179,140
Habersham	1	3,256	6	4,340	0	0	1	4,382
Hall	13	70,090	20	49,570	1	750	5	8,440
Hancock	1	3,626	0	0	0	0	3	15,672
Haralson	5	269,632	10	15,603	1	3,195	0	0
Harris	2	53,710	2	3,545	0	0	0	0
Hart	1	1,350	2	354	0	0	0	0
Heard	2	2,633	5	2,647	1	1,364	2	942
Henry	34	421,748	126	261,509	3	161,456	19	35,737
Houston	2	28,224	11	15,115	1	343	0	0
Jackson	5	40,810	13	15,418	3	22,898	5	7,095
Jasper	0	0	1	529	0	0	0	0
Jeff Davis	0	0	1	5,284	0	0	0	0
Jenkins	0	0	0	0	1	50,801	0	0
Jones	0	0	2	3,586	0	0	2	9,068
Lamar	0	0	4	9,012	0	0	0	0
Laurens	1	1,580	2	1,601	0	0	0	0
Lee	0	0	1	210	1	1,364	1	272
Liberty	0	0	2	11,507	0	0	0	0
Lowndes	1	9,173	4	1,835	1	35,497	1	19,917
Lumpkin	3	53,035	6	40,460	0	0	1	4,259
Madison	0	0	0	0	0	0	0	0
Marion	0	0	2	4,163	0	0	0	0
McDuffie	1	1,740	1	4,836	0	0	0	0
McIntosh	0	0	1	478	0	0	0	0
Meriwether	0	0	0	0	0	0	2	9,426

Monroe	0	0	0	0	0	0	2	658
Morgan	0	0	2	8,751	0	0	1	1,609
Murray	0	0	5	38,250	0	0	0	0
Muscogee	0	0	20	23,279	1	156,300	3	3,241
Newton	11	26,789	58	131,504	2	1,614	19	72,649
North Carolina	4	85,987	10	42,080	0	0	6	26,194
Oconee	0	0	0	0	0	0	2	4,352
Oglethorpe	1	169,401	2	31,037	0	0	0	0
Other Out of State	10	142,539	81	155,402	5	59,198	55	108,745
Paulding	18	151,780	46	105,899	6	50,809	29	177,232
Peach	0	0	4	9,201	0	0	1	121
Pickens	6	102,721	7	5,453	3	115,297	1	779
Pike	1	1,191	3	3,923	0	0	0	0
Polk	2	2,124	4	9,633	1	1,288	0	0
Putnam	1	57,009	4	140,544	0	0	5	100,301
Randolph	0	0	1	175	0	0	1	1,323
Richmond	1	23,882	8	13,198	2	11,329	2	2,583
Rockdale	7	6,731	84	232,810	0	0	15	15,998
Schley	0	0	1	1,480	0	0	0	0
Screven	0	0	1	1,488	0	0	0	0
South Carolina	3	130,393	12	10,437	0	0	6	13,246
Spalding	5	9,345	17	19,297	0	0	3	22,009
Stephens	3	229,886	9	38,182	0	0	1	1,088
Stewart	1	51,604	0	0	0	0	0	0
Sumter	3	149,291	2	706	0	0	1	290
Talbot	1	1,555	0	0	0	0	0	0
Tattnall	1	1,340	0	0	0	0	0	0
Tennessee	3	73,740	2	8,282	0	0	6	15,509
Terrell	0	0	1	1,550	0	0	0	0
Tift	0	0	2	5,328	0	0	0	0
Toombs	1	1,925	1	644	0	0	0	0
Towns	0	0	4	9,504	0	0	0	0
Troup	4	74,343	9	57,825	5	103,104	5	18,233
Turner	0	0	4	5,649	0	0	3	3,635
Union	7	130,515	5	3,698	0	0	0	0
Upson	0	0	4	3,772	0	0	1	4,465
Walker	0	0	6	7,359	0	0	0	0
Walton	14	31,621	39	89,276	0	0	18	97,010
Ware	0	0	1	312	0	0	0	0
Warren	1	1,675	0	0	0	0	0	0
White	1	1,870	6	8,680	2	1,720	2	500
Whitfield	1	107,691	6	25,798	0	0	0	0
Wilcox	0	0	1	4,005	0	0	0	0
Worth	1	1,925	2	1,850	0	0	0	0

Total	1,264	17,247,469	6,860	14,840,060	416	8,796,518	2,425	6,938,999
-------	-------	------------	-------	------------	-----	-----------	-------	-----------

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 7/1/17-6/30/18	SFY2020 7/1/18-6/30/19	SFY2020 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.	0	0	0
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.	0	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 2018 7/1/17-6/30/18	SFY2020 7/1/18-6/30/19	SFY2020 7/1/19-6/30/20
0	0	0

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: Heather Dexter

Date: 8/2/2021

Title: 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: JoAnn Manning

Date: 8/2/2021

Title: CFO

Comments: