



## 2022 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 2022 only.

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

**Please indicate your hospital fiscal year.**

From: 9/1/2021 To:8/31/2022

**Please indicate your cost report year.**

From: 09/01/2021 To:08/31/2022

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:** Grishma Shah

**Contact Title:** Sr. Financial Analyst

**Phone:** 404-686-6189

**Fax:** 404-686-4667

**E-mail:** [grishma.shah@emoryhealthcare.org](mailto: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	1,153,127,723
Total Inpatient Admissions accounting for Inpatient Revenue	17,512
Outpatient Gross Patient Revenue	773,107,111
Total Outpatient Visits accounting for Outpatient Revenue	112,588
Medicare Contractual Adjustments	781,773,522
Medicaid Contractual Adjustments	61,933,351
Other Contractual Adjustments:	452,536,429
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	20,628,093
Gross Indigent Care:	32,921,318
Gross Charity Care:	18,592,278
Uncompensated Indigent Care (net):	32,921,318
Uncompensated Charity Care (net):	18,592,278
Other Free Care:	1,946,314
Other Revenue/Gains:	32,968,188
Total Expenses:	539,061,024

### 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	196,500
Employee Discounts	0
Other	1,749,814
<b>Total</b>	<b>1,946,314</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 2022? (Check box if yes.)

### 2. Effective Date

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

07/11/2019

### 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 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	20,393,130	11,876,033	32,269,163
Outpatient	12,528,188	6,716,245	19,244,433
<b>Total</b>	<b>32,921,318</b>	<b>18,592,278</b>	<b>51,513,596</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	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
<b>Total</b>	<b>0</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	20,393,130	11,876,033	32,269,163
Outpatient	12,528,188	6,716,245	19,244,433
<b>Total</b>	<b>32,921,318</b>	<b>18,592,278</b>	<b>51,513,596</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	3	559,092	15	37,111	3	39,725	3	9,982
Baldwin	1	3,414	1	667	0	0	3	119
Barrow	7	7,851	28	31,365	2	166,321	10	15,951
Bartow	7	19,805	20	22,388	0	0	4	35,540
Ben Hill	3	38,474	2	53,835	0	0	1	563
Bibb	2	2,375	13	40,569	1	132,049	13	48,974
Brooks	0	0	1	200	0	0	0	0
Bulloch	1	2,849	1	1,731	0	0	1	1,999
Burke	0	0	1	7,670	0	0	0	0
Butts	2	133,971	2	4,910	0	0	11	30,426
Calhoun	0	0	1	229	0	0	0	0
Carroll	12	1,089,892	30	78,785	1	1,556	0	0
Catoosa	0	0	1	873	0	0	0	0
Chatham	2	213,347	8	30,044	0	0	1	934
Chattooga	0	0	1	1,673	0	0	0	0
Cherokee	34	322,750	69	131,427	5	28,062	39	264,767
Clarke	0	0	9	16,007	0	0	1	533
Clayton	47	1,027,490	151	290,188	8	173,224	28	68,059
Cobb	115	1,449,878	433	839,498	36	641,015	184	584,367
Coffee	1	109,697	0	0	1	92,595	0	0
Colquitt	1	4,928	2	3,859	0	0	0	0
Columbia	0	0	5	10,157	0	0	0	0
Coweta	8	10,020	20	28,215	3	54,849	4	9,488
Crisp	1	1,400	0	0	1	86,609	1	1,289
Dawson	0	0	1	5,751	0	0	2	9,028
Decatur	0	0	1	670	0	0	0	0
DeKalb	342	3,656,767	1,572	4,353,334	131	4,614,209	588	2,113,489
Dodge	0	0	4	4,871	0	0	0	0
Dougherty	0	0	6	2,286	0	0	1	375
Douglas	20	69,323	71	128,400	4	77,631	25	41,270
Early	0	0	0	0	1	47,460	0	0
Effingham	0	0	1	498	0	0	0	0

Elbert	1	15,742	1	500	0	0	0	0
Emanuel	2	476,012	0	0	0	0	1	7,320
Evans	1	3,072	0	0	0	0	0	0
Fannin	1	8,236	5	2,046	0	0	0	0
Fayette	5	107,684	21	14,106	3	500	8	13,174
Florida	2	10,425	7	44,669	0	0	5	18,470
Floyd	4	64,092	29	67,616	0	0	0	0
Forsyth	7	502,567	35	63,568	1	1,350	10	25,162
Franklin	2	26,338	3	15,480	0	0	0	0
Fulton	214	3,669,066	1,169	2,982,621	92	2,156,930	563	1,668,740
Gilmer	2	42,980	1	142	0	0	0	0
Glynn	2	207,272	1	250	0	0	0	0
Gordon	4	755,030	2	551	1	61,138	8	118,580
Grady	1	2,060	0	0	0	0	0	0
Greene	0	0	0	0	0	0	1	661
Gwinnett	136	1,556,014	736	2,090,589	59	1,532,939	308	1,017,432
Hall	5	108,897	24	64,888	0	0	13	20,510
Hancock	0	0	1	644	0	0	0	0
Haralson	0	0	1	3,230	0	0	1	785
Harris	0	0	5	4,482	0	0	1	231
Hart	0	0	2	2,275	0	0	0	0
Heard	1	95,017	3	2,012	1	1,450	2	1,284
Henry	26	317,469	99	197,524	5	7,671	22	61,088
Houston	1	12,768	11	18,532	0	0	1	4,240
Irwin	1	1,455	0	0	0	0	0	0
Jackson	3	420,308	10	16,460	0	0	4	50,658
Jasper	0	0	4	1,125	0	0	0	0
Jeff Davis	1	28,194	0	0	0	0	0	0
Jefferson	1	738,840	0	0	0	0	0	0
Lamar	0	0	4	2,438	1	62,324	0	0
Lanier	0	0	3	871	0	0	0	0
Laurens	0	0	1	786	1	4,584	1	600
Lee	0	0	2	864	0	0	0	0
Lowndes	1	207	0	0	0	0	1	24,002
Lumpkin	1	1,865	1	621	0	0	1	9,689
Macon	0	0	1	195	0	0	0	0
Madison	1	1,580	0	0	0	0	0	0
McDuffie	0	0	1	10,586	0	0	0	0
Meriwether	1	975	2	3,768	1	11,772	0	0
Mitchell	2	3,924	0	0	1	31,587	0	0
Monroe	0	0	1	3,003	0	0	2	12,265
Morgan	0	0	1	927	0	0	0	0
Murray	1	42,170	1	473	2	347,333	0	0
Muscogee	16	649,071	16	86,323	0	0	7	20,836

Newton	16	161,981	35	98,581	2	24,916	9	27,771
North Carolina	0	0	2	2,933	2	130,138	2	4,943
Oconee	2	48,334	6	16,840	0	0	0	0
Oglethorpe	0	0	2	12,842	0	0	0	0
Other Out of State	2	49,898	32	88,302	5	69,876	18	65,064
Paulding	0	0	41	65,425	3	152,755	18	28,144
Peach	2	155,974	3	3,665	0	0	0	0
Pickens	2	42,136	3	32,270	2	146,584	0	0
Polk	1	1,490	8	6,462	0	0	1	744
Putnam	1	165,623	2	4,759	1	266,631	0	0
Rabun	2	40,788	2	2,161	0	0	0	0
Randolph	1	194	0	0	0	0	0	0
Richmond	2	2,550	4	9,318	1	903	2	480
Rockdale	6	56,971	34	102,547	6	39,779	16	97,365
Seminole	1	70,591	0	0	0	0	0	0
South Carolina	2	186,382	4	12,563	0	0	2	11,603
Spalding	3	170,010	17	24,493	2	7,866	3	20,203
Stephens	1	46,949	3	6,361	0	0	2	4,896
Stewart	0	0	2	275	0	0	0	0
Sumter	0	0	1	1,831	1	893	0	0
Talbot	0	0	1	11,507	0	0	1	658
Taylor	1	27,421	0	0	0	0	0	0
Tennessee	1	54,249	3	10,406	2	143,919	1	4,941
Tift	0	0	2	11,153	0	0	2	2,360
Toombs	0	0	1	71	0	0	0	0
Towns	1	2,524	1	115	0	0	0	0
Troup	1	36,615	11	43,713	0	0	6	79,600
Turner	0	0	1	3,530	0	0	0	0
Union	2	2,594	3	885	0	0	0	0
Upson	0	0	5	5,229	1	3,121	1	362
Walker	0	0	4	5,055	0	0	0	0
Walton	20	145,805	37	76,752	4	11,356	7	14,057
Ware	0	0	0	0	1	49,380	0	0
Washington	1	2,523	0	0	0	0	0	0
Wayne	1	253,457	0	0	0	0	0	0
White	0	0	1	8,679	0	0	1	16,934
Whitfield	1	147	6	14,339	0	0	3	11,000
Wilkinson	1	18,260	0	0	1	453,033	2	12,240
Worth	1	57,011	4	13,750	0	0	0	0
<b>Total</b>	<b>1,130</b>	<b>20,393,130</b>	<b>4,955</b>	<b>12,528,188</b>	<b>399</b>	<b>11,876,033</b>	<b>1,977</b>	<b>6,716,245</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 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.	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 2021	SFY2022	SFY2023
7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
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:** 7/24/2023

**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:** Divya Matai

**Date:** 7/24/2023

**Title:** CFO

**Comments:**