



2023 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP714

Facility Name: Emory Saint Joseph's Hospital of Atlanta

County: Fulton

Street Address: 5665 Peachtree Dunwoody Road NE

City: Atlanta

Zip: 30342

Mailing Address: 5665 Peachtree Dunwoody Road NE

Mailing City: Atlanta

Mailing Zip: 30342

Medicaid Provider Number: 000001812A

Medicare Provider Number: 11-0082

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2023 only.
Do not use a different report period.

Please indicate your hospital fiscal year.

From: 9/1/2022 To:8/31/2023

Please indicate your cost report year.

From: 09/01/2022 To:08/31/2023

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: Dawn Stone

Contact Title: Director of Reimbursement

Phone: 404-782-2224

Fax: 404-686-5876

E-mail: dawn.stone@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	1,167,986,132
Total Inpatient Admissions accounting for Inpatient Revenue	16,817
Outpatient Gross Patient Revenue	844,066,896
Total Outpatient Visits accounting for Outpatient Revenue	120,591
Medicare Contractual Adjustments	824,822,083
Medicaid Contractual Adjustments	73,418,158
Other Contractual Adjustments:	462,160,513
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	52,896,003
Gross Indigent Care:	20,648,188
Gross Charity Care:	31,762,263
Uncompensated Indigent Care (net):	20,648,188
Uncompensated Charity Care (net):	31,762,263
Other Free Care:	113,913
Other Revenue/Gains:	17,052,265
Total Expenses:	515,241,232

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	113,913
Employee Discounts	0
	0
Total	113,913

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 2023? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2023?

06/30/2019

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 2023? (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	12,578,800	20,296,527	32,875,327
Outpatient	8,069,388	11,465,736	19,535,124
Total	20,648,188	31,762,263	52,410,451

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	12,578,800	20,296,527	32,875,327
Outpatient	8,069,388	11,465,736	19,535,124
Total	20,648,188	31,762,263	52,410,451

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	36,092	7	23,136	15	425,749	54	33,227
Appling	1	596	0	0	0	0	0	0
Baldwin	0	0	9	3,601	0	0	6	1,339
Banks	0	0	3	2,246	0	0	0	0
Barrow	13	520,899	20	16,858	27	37,681	12	3,227
Bartow	1	490,626	28	66,693	6	0	40	18,268
Ben Hill	0	0	0	0	0	0	2	0
Berrien	1	1,277,029	0	0	0	0	0	0
Bibb	5	8,371	31	14,234	5	203,658	20	6,146
Brooks	1	1,480	1	16	0	0	2	530
Bryan	0	0	2	325	0	0	0	0
Bulloch	0	0	1	13,834	0	0	0	0
Butts	3	98,057	9	6,244	2	0	3	2,264
Calhoun	1	663	0	0	0	0	0	0
Carroll	2	1,300	36	41,590	11	256,616	39	15,816
Catoosa	0	0	0	0	0	0	1	3,493
Chatham	1	1,475	11	9,416	0	0	12	1,692
Chattooga	0	0	1	274	0	0	0	0
Cherokee	34	129,886	112	151,624	32	219,715	177	192,087
Clarke	3	5,111	8	1,886	1	12,207	11	6,074
Clayton	48	442,772	151	290,669	30	561,813	235	176,816
Cobb	144	477,688	594	733,599	152	1,041,611	983	747,532
Coffee	2	201,807	4	6,381	4	59,295	3	10,293
Colquitt	0	0	2	493	5	72,333	1	587
Columbia	1	977	1	455	0	0	12	7,660
Cook	4	5,713	0	0	6	0	0	0
Coweta	1	3,063	44	65,015	3	400	50	16,580
Crisp	0	0	4	22,385	1	8,071	9	756
Dawson	2	107,750	5	13,058	4	18,251	10	2,881
Decatur	3	43,597	4	10,354	4	0	4	0
DeKalb	376	4,062,521	1,649	2,610,406	775	6,387,910	3,671	3,944,817
Dodge	1	894	0	0	0	0	2	0

Dooly	0	0	0	0	7	105,985	10	24,313
Dougherty	0	0	6	3,473	8	30,302	8	2,561
Douglas	16	53,964	52	78,910	13	102,737	82	31,486
Effingham	0	0	1	95	0	0	3	251
Elbert	0	0	2	174	0	0	3	1,202
Emanuel	0	0	7	27,391	0	0	4	0
Evans	0	0	0	0	0	0	1	2,013
Fannin	1	120	3	4,686	15	177,516	5	12,154
Fayette	9	8,296	22	25,380	0	0	29	13,836
Florida	0	0	7	24,062	8	62,680	76	34,337
Floyd	2	3,645	13	12,580	0	0	5	3,929
Forsyth	20	94,432	58	71,277	5	14,513	73	66,456
Franklin	0	0	7	821	0	0	1	187
Fulton	290	2,481,456	1,476	1,938,873	536	4,380,506	3,209	2,475,884
Gilmer	1	670	6	18,637	4	13,082	2	0
Glynn	0	0	1	1,763	6	80,901	2	0
Gordon	2	19,784	8	7,912	1	57,722	9	16,577
Greene	0	0	4	31,698	0	0	12	6,244
Gwinnett	159	1,358,462	639	965,088	229	2,406,479	1,711	2,200,638
Habersham	1	2,016	2	4,267	0	0	0	0
Hall	5	22,980	14	28,763	5	9,326	63	114,013
Haralson	0	0	1	1,946	1	10,294	5	432
Harris	1	1,556	10	87,749	0	0	20	11,529
Hart	2	0	1	133	7	36,058	1	2,535
Heard	0	0	0	0	0	0	2	814
Henry	42	40,579	103	116,471	32	285,956	214	209,344
Houston	1	35,939	14	31,207	4	0	22	11,638
Irwin	1	335	0	0	0	0	0	0
Jackson	2	4,591	13	9,334	6	219,544	12	36,866
Jasper	5	85,203	5	9,106	6	0	19	9,018
Jefferson	0	0	1	1,942	0	0	2	0
Jones	0	0	2	1,506	0	0	1	5,934
Lamar	0	0	1	1,356	0	0	2	0
Laurens	0	0	8	1,062	0	0	2	880
Liberty	0	0	2	13,480	0	0	8	1,783
Lowndes	0	0	6	12,872	0	0	3	451
Lumpkin	2	46,187	3	10,587	0	0	6	54,552
Macon	0	0	0	0	0	0	1	1,224
Marion	0	0	1	275	0	0	0	0
McDuffie	0	0	3	3,667	0	0	0	0
McIntosh	0	0	1	1,670	0	0	3	0
Meriwether	2	2,466	4	1,026	0	0	1	52
Mitchell	4	1,992	4	316	0	0	1	1,517
Monroe	2	3,911	3	892	7	78,139	9	104,889

Morgan	1	298	0	0	0	0	0	0
Muscogee	3	5,655	26	52,666	2	0	22	13,265
Newton	7	185,318	34	27,958	14	5,859	32	24,458
North Carolina	2	2,151	2	214	13	212,227	18	16,797
Oconee	0	0	1	2,037	0	0	6	24,231
Oglethorpe	1	1,950	1	455	0	0	0	0
Other Out of State	6	2,682	13	25,003	45	1,003,446	238	250,556
Paulding	10	13,682	30	18,317	3	89,772	33	34,750
Peach	1	295	5	927	0	0	9	5,770
Pickens	1	450	6	3,868	0	0	4	1,511
Pike	0	0	3	11,128	2	51,567	2	0
Polk	2	1,628	9	3,738	1	23,393	9	1,183
Pulaski	0	0	0	0	0	0	3	3,610
Putnam	1	1,556	1	114	0	0	10	8,007
Rabun	1	1,125	6	2,574	0	0	3	334
Richmond	4	74,752	9	11,667	14	305,143	22	7,977
Rockdale	15	45,008	46	55,443	14	117,511	73	43,645
Schley	0	0	1	95	0	0	0	0
South Carolina	0	0	3	1,343	14	504,767	19	22,842
Spalding	3	33,856	25	51,327	0	0	26	58,070
Stephens	0	0	8	773	0	0	9	1,574
Stewart	0	0	1	225	0	0	1	9,132
Sumter	0	0	5	14,811	0	0	5	80
Talbot	0	0	4	838	0	0	0	0
Taylor	0	0	1	2,181	0	0	0	0
Telfair	0	0	0	0	1	2,179	0	0
Tennessee	0	0	0	0	3	13,276	38	13,683
Terrell	0	0	0	0	0	0	1	798
Thomas	1	1,480	1	610	8	187,964	1	3,272
Tift	0	0	9	23,841	0	0	9	17,966
Toombs	0	0	2	5,077	0	0	0	0
Towns	1	390	1	95	2	2,382	0	0
Troup	1	1,721	6	4,115	3	39,696	9	17,348
Turner	2	4,815	1	44	3	113,984	0	0
Union	1	1,658	7	4,597	3	0	4	6,230
Upson	0	0	2	135	1	2,464	4	140
Walker	0	0	3	5,482	0	0	7	8,803
Walton	8	6,343	47	33,866	10	77,998	42	18,525
Ware	1	3,574	4	10,489	0	0	13	1,494
Washington	0	0	0	0	0	0	2	0
Wayne	0	0	1	605	0	0	0	0
Webster	0	0	2	362	0	0	0	0
White	0	0	1	4,253	0	0	5	1,744
Whitfield	1	1,334	9	20,579	6	165,849	6	5,481

Wilkinson	0	0	4	9,951	0	0	11	190,835
Worth	1	128	1	347	0	0	0	0
Total	1,296	12,578,800	5,592	8,069,389	2,145	20,296,527	11,697	11,465,735

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 2023?
(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 2023.

Patient Category		SFY 2022	SFY2023	SFY2024
		7/1/21-6/30/22	7/1/22-6/30/23	7/1/23-6/30/24
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	18,557,339	2,090,850
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	25,639,166	6,123,097

3. Patients Served

Indicate the number of patients served by SFY.

SFY2022	SFY2023	SFY2024
7/1/21-6/30/22	7/1/22-6/30/23	7/1/23-6/30/24
0	11,423	2,380

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: 7/25/2024

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: Lisa Urbistondo

Date: 7/25/2024

Title: CFO

Comments: