



2017 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 2017 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 9/1/2016 To:8/31/2017

Please indicate your cost report year.

From: 09/01/2016 To:08/31/2017

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	676,447,135
Total Inpatient Admissions accounting for Inpatient Revenue	15,015
Outpatient Gross Patient Revenue	478,333,654
Total Outpatient Visits accounting for Outpatient Revenue	125,343
Medicare Contractual Adjustments	482,705,837
Medicaid Contractual Adjustments	31,765,618
Other Contractual Adjustments:	236,250,609
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	24,035,974
Gross Indigent Care:	12,419,105
Gross Charity Care:	20,960,017
Uncompensated Indigent Care (net):	12,419,105
Uncompensated Charity Care (net):	20,960,017
Other Free Care:	1,648,045
Other Revenue/Gains:	25,903,832
Total Expenses:	344,370,014

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	151,327
Employee Discounts	0
Other	1,496,718
Total	1,648,045

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 2017? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2017?

09/01/2016

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.)?

400%

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 2017? (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	8,226,337	13,969,404	22,195,741
Outpatient	4,192,768	6,990,613	11,183,381
Total	12,419,105	20,960,017	33,379,122

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	8,226,337	13,969,404	22,195,741
Outpatient	4,192,768	6,990,613	11,183,381
Total	12,419,105	20,960,017	33,379,122

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	0	0	16	27,736	0	0	22	46,869
Appling	0	0	0	0	0	0	1	1,733
Barrow	3	82,901	7	4,797	3	57,060	19	48,365
Bartow	2	15,376	7	14,861	0	0	10	47,555
Ben Hill	0	0	0	0	1	39,940	2	1,833
Berrien	0	0	0	0	0	0	1	1,594
Bibb	0	0	8	10,675	1	938	1	1,163
Brooks	1	2,567	1	399	1	1,425	1	528
Bulloch	0	0	1	2,299	0	0	1	194
Butts	1	35,568	1	1,032	0	0	1	1,834
Camden	1	806	0	0	0	0	1	13,317
Carroll	0	0	7	3,943	6	558,765	7	24,146
Catoosa	0	0	1	2,524	1	1,580	0	0
Chatham	1	1,558	3	9,576	0	0	4	10,256
Chattooga	2	2,470	0	0	0	0	0	0
Cherokee	14	243,576	47	201,275	11	188,822	38	168,536
Clarke	0	0	5	36,949	0	0	1	387
Clayton	9	96,220	48	80,121	6	2,498	62	104,449
Cobb	22	391,477	136	261,531	48	880,089	273	604,190
Columbia	7	102,293	1	3,401	1	18,447	1	7,396
Coweta	0	0	9	18,899	2	24,712	4	5,314
Crawford	0	0	0	0	1	103,705	0	0
Crisp	0	0	1	1,758	0	0	0	0
Dawson	2	23,930	4	26,195	1	1,288	5	11,978
DeKalb	78	2,620,422	451	1,254,182	228	4,829,475	959	2,075,850
Dougherty	0	0	2	3,220	1	19,791	1	505
Douglas	3	108,583	11	21,541	2	31,593	25	22,638
Fannin	1	255,209	1	1,655	1	125	2	594
Fayette	0	0	4	3,364	2	72,163	6	25,817
Florida	5	104,374	21	72,447	0	0	24	63,162
Floyd	2	37,062	4	19,474	1	78,436	5	1,519
Forsyth	0	0	9	15,357	5	417,682	29	50,028

Franklin	0	0	0	0	0	0	1	2,367
Fulton	74	1,615,834	371	1,076,198	131	2,462,060	949	2,012,275
Gilmer	0	0	1	110	0	0	1	434
Glynn	0	0	2	2,776	0	0	1	1,260
Gordon	0	0	0	0	1	22,458	2	17,551
Greene	0	0	0	0	0	0	5	308
Gwinnett	29	1,129,501	196	563,336	86	2,176,370	347	832,175
Habersham	0	0	0	0	0	0	3	10,045
Hall	3	29,248	7	10,531	6	23,745	17	11,442
Haralson	1	27,482	1	2,398	0	0	2	8,563
Harris	0	0	0	0	0	0	1	25,020
Hart	0	0	0	0	0	0	1	123
Henry	6	204,943	15	27,633	7	10,564	49	102,028
Houston	0	0	6	1,323	5	42,419	6	29,791
Jackson	2	167,957	1	1,782	0	0	3	5,894
Jasper	0	0	1	1,713	0	0	1	254
Jones	0	0	0	0	0	0	1	1,814
Lee	0	0	0	0	2	0	0	0
Lumpkin	0	0	0	0	2	601	1	292
Madison	0	0	1	10,841	0	0	0	0
McIntosh	0	0	0	0	0	0	1	1,092
Meriwether	0	0	1	33,395	1	1,548	1	705
Mitchell	0	0	1	1,967	0	0	0	0
Monroe	0	0	0	0	1	634	2	82
Morgan	0	0	0	0	0	0	2	508
Murray	0	0	3	3,551	1	9,314	0	0
Muscogee	4	111,135	10	43,329	1	123,006	1	1,930
Newton	4	31,491	9	33,110	0	0	15	22,359
North Carolina	2	5,712	4	23,129	1	107,272	8	8,266
Other Out of State	2	74,520	46	101,365	7	346,839	90	261,877
Paulding	0	0	16	21,300	3	20,399	13	36,740
Pickens	0	0	1	4,216	1	134,993	4	11,933
Pike	1	282,893	2	9,897	0	0	1	1,188
Polk	2	98,202	1	752	1	11,565	1	211
Pulaski	0	0	0	0	0	0	1	15,018
Putnam	0	0	0	0	1	16,947	1	7,110
Rabun	0	0	2	2,045	0	0	2	3,129
Richmond	0	0	2	9,503	0	0	5	12,989
Rockdale	0	0	10	25,324	4	551,169	17	34,922
South Carolina	3	104,633	1	505	4	8,673	17	40,097
Spalding	0	0	3	4,101	0	0	3	8,119
Stephens	0	0	1	1,260	0	0	0	0
Sumter	0	0	1	165	0	0	2	171
Talbot	0	0	0	0	1	80,159	1	18,298

Tennessee	1	18,148	12	37,258	4	90,506	14	40,685
Thomas	0	0	2	1,206	0	0	1	280
Toombs	0	0	0	0	0	0	1	8,019
Towns	0	0	1	227	0	0	1	600
Troup	1	197,496	4	14,535	0	0	3	5,290
Union	1	1,675	1	1,410	1	0	3	11,560
Walker	0	0	2	270	0	0	2	0
Walton	2	1,075	6	17,852	2	75,224	20	33,651
Warren	0	0	1	853	0	0	0	0
White	0	0	0	0	2	322,724	1	107
Whitfield	0	0	2	2,391	0	0	0	0
Wilcox	0	0	0	0	0	0	1	291
Worth	0	0	0	0	3	1,681	0	0
Total	292	8,226,337	1,553	4,192,768	602	13,969,404	3,132	6,990,613

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 2017?
(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 2017.

Patient Category		SFY 2016	SFY2017	SFY2018
		7/1/15-6/30/16	7/1/16-6/30/17	7/1/17-6/30/18
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 2016	SFY2017	SFY2018
7/1/15-6/30/16	7/1/16-6/30/17	7/1/17-6/30/18
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: 8/17/2018

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: 8/17/2018

Title: CFO

Comments: