



2019 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 2019 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 9/1/2018 To:8/31/2019

Please indicate your cost report year.

From: 09/01/2018 To:08/31/2019

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	938,481,676
Total Inpatient Admissions accounting for Inpatient Revenue	18,879
Outpatient Gross Patient Revenue	659,430,589
Total Outpatient Visits accounting for Outpatient Revenue	133,749
Medicare Contractual Adjustments	658,490,614
Medicaid Contractual Adjustments	38,123,927
Other Contractual Adjustments:	357,253,646
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	37,171,011
Gross Indigent Care:	23,187,683
Gross Charity Care:	24,780,091
Uncompensated Indigent Care (net):	23,187,683
Uncompensated Charity Care (net):	24,780,091
Other Free Care:	1,973,189
Other Revenue/Gains:	29,637,597
Total Expenses:	439,998,638

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	491,090
Employee Discounts	0
Other	1,482,099
Total	1,973,189

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 2019? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2019?

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 2019? (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	13,608,416	16,762,280	30,370,696
Outpatient	9,579,267	8,017,811	17,597,078
Total	23,187,683	24,780,091	47,967,774

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	13,608,416	16,762,280	30,370,696
Outpatient	9,579,267	8,017,811	17,597,078
Total	23,187,683	24,780,091	47,967,774

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	6	40,518	23	34,219	3	189,438	13	44,002
Baldwin	2	2,268	2	4,929	0	0	2	17,268
Barrow	6	101,715	25	127,854	4	53,740	9	7,345
Bartow	6	327,488	18	38,442	0	0	8	34,831
Ben Hill	0	0	0	0	1	256	0	0
Berrien	1	43,743	1	1,718	1	101,913	0	0
Bibb	2	2,003	16	17,504	0	0	7	3,686
Bleckley	0	0	0	0	0	0	1	300
Brooks	0	0	0	0	0	0	1	5,291
Bulloch	2	237,481	11	45,893	3	43,076	2	2,306
Burke	0	0	0	0	0	0	1	1,552
Butts	1	422	4	5,037	0	0	4	1,665
Carroll	7	18,867	33	24,065	0	0	11	32,604
Catoosa	0	0	1	718	0	0	0	0
Chatham	1	1,842	5	12,439	1	51,234	2	2,133
Chattahoochee	0	0	0	0	0	0	5	7,237
Chattooga	0	0	2	3,388	0	0	2	2,513
Cherokee	8	49,483	118	148,889	9	236,712	46	96,032
Clarke	1	21,093	4	7,038	0	0	8	7,086
Clayton	20	440,638	168	362,967	8	416,724	63	156,567
Cobb	81	910,109	566	818,210	58	1,095,472	335	671,433
Coffee	0	0	2	0	0	0	0	0
Colquitt	0	0	1	101	0	0	2	263
Columbia	5	110,023	2	5,481	1	15,844	0	0
Cook	1	0	3	42,787	1	75,191	1	3,830
Coweta	1	2,310	19	26,609	0	0	11	26,502
Crawford	0	0	0	0	0	0	1	7,903
Crisp	0	0	5	14,691	0	0	0	0
Dawson	0	0	4	2,610	0	0	0	0
Decatur	0	0	1	2,451	2	215,174	6	2,350
DeKalb	248	4,405,567	1,701	2,315,105	191	5,803,099	1,056	3,115,945
Dooly	1	1,156	1	2,285	0	0	0	0

Dougherty	0	0	2	8,400	1	314	6	11,530
Douglas	11	68,680	100	186,663	0	0	10	3,399
Early	0	0	1	109	0	0	1	129
Elbert	0	0	1	107	1	68,619	0	0
Emanuel	0	0	1	9,923	0	0	0	0
Fannin	1	1,759	1	197	0	0	5	1,945
Fayette	6	10,508	16	21,283	4	140,504	8	32,849
Florida	5	137,280	32	63,644	0	0	15	18,626
Floyd	1	1,499	11	11,928	0	0	0	0
Forsyth	9	325,294	43	48,202	6	231,697	25	66,217
Franklin	1	1,387	3	75	0	0	0	0
Fulton	189	2,464,992	1,406	2,536,911	120	2,664,431	954	1,969,891
Gilmer	1	2,053	1	450	0	0	6	12,694
Glynn	0	0	1	7,442	0	0	0	0
Gordon	1	1,580	10	52,781	0	0	3	1,218
Greene	0	0	1	12,697	0	0	2	1,167
Gwinnett	157	1,756,139	764	1,537,867	104	3,328,155	469	1,092,117
Habersham	1	109,335	2	424	0	0	3	1,334
Hall	9	22,898	38	64,054	0	0	10	49,113
Hancock	0	0	2	2,508	0	0	0	0
Haralson	1	1,340	10	17,091	1	41,914	1	1,428
Harris	0	0	2	901	0	0	0	0
Hart	0	0	7	20,125	0	0	1	134
Heard	0	0	0	0	0	0	1	3,532
Henry	16	189,359	73	67,944	11	642,783	36	69,793
Houston	1	350	18	7,927	0	0	3	10,488
Jackson	4	4,238	20	27,641	1	148	10	39,376
Jasper	0	0	1	1,042	0	0	1	131
Jefferson	0	0	2	3,327	0	0	0	0
Jenkins	0	0	0	0	1	32,638	0	0
Johnson	0	0	1	344	0	0	0	0
Lamar	2	1,975	2	2,573	0	0	1	1,709
Laurens	0	0	3	5,698	0	0	0	0
Lee	0	0	9	0	1	4,164	0	0
Liberty	2	0	0	0	0	0	0	0
Lowndes	0	0	3	18,223	0	0	0	0
Lumpkin	4	126,421	2	13,652	0	0	0	0
Macon	0	0	1	853	0	0	0	0
Meriwether	1	0	1	283	0	0	1	261
Miller	0	0	0	0	0	0	1	130
Mitchell	1	1,811	0	0	0	0	0	0
Monroe	0	0	0	0	1	18,791	0	0
Murray	1	16,498	1	109	0	0	0	0
Muscogee	3	10,953	24	25,537	1	295	11	18,889

Newton	6	190,906	44	80,291	5	264,381	28	44,576
North Carolina	3	26,864	21	41,732	1	590	4	14,526
Oconee	0	0	1	691	0	0	1	452
Oglethorpe	0	0	2	6,851	0	0	1	167
Other Out of State	9	69,514	98	149,053	6	337,895	52	142,105
Paulding	13	196,439	44	103,694	3	168,552	12	14,320
Peach	1	1,698	4	1,186	0	0	0	0
Pickens	2	26,719	1	345	5	5,267	15	20,958
Pike	1	250	3	12,914	0	0	1	3,520
Polk	4	47,305	3	6,496	1	36,874	3	2,182
Pulaski	0	0	1	1,994	0	0	0	0
Putnam	0	0	0	0	1	102,574	4	3,568
Rabun	0	0	3	320	0	0	2	2,432
Richmond	3	108,755	8	8,102	1	1,660	2	1,790
Rockdale	6	15,041	31	58,406	3	13,751	16	27,337
South Carolina	4	224,638	22	36,742	1	18,772	13	16,010
Spalding	3	12,623	9	6,359	0	0	4	10,474
Stephens	0	0	2	782	0	0	3	1,625
Stewart	0	0	1	250	0	0	0	0
Sumter	1	102,588	0	0	0	0	2	3,231
Talbot	2	293,063	1	1,646	0	0	0	0
Telfair	0	0	0	0	1	545	0	0
Tennessee	3	118,440	13	46,633	1	1,775	5	8,379
Thomas	0	0	2	8,780	0	0	0	0
Tift	0	0	2	2,339	1	503	1	297
Toombs	0	0	1	592	0	0	0	0
Towns	1	6,875	1	197	0	0	3	4,645
Troup	2	62,070	10	16,535	1	23,691	0	0
Turner	0	0	1	33,721	0	0	0	0
Union	2	2,758	4	1,484	1	237,184	3	919
Upson	2	0	4	3,258	2	1,293	2	1,234
Walker	1	888	4	7,897	0	0	2	913
Walton	5	25,911	29	37,003	3	20,214	17	14,467
Ware	0	0	0	0	1	28,250	0	0
Warren	3	2,685	0	0	0	0	0	0
Washington	0	0	2	2,374	0	0	0	0
Webster	2	96,291	4	19,488	0	0	0	0
White	1	1,580	5	14,007	0	0	2	5,148
Whitfield	0	0	5	20,629	1	26,183	10	13,792
Wilcox	1	1,440	1	242	0	0	0	0
Wilkinson	0	0	1	1,869	0	0	0	0
Total	909	13,608,416	5,740	9,579,267	575	16,762,280	3,389	8,017,811

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 2019?
(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 2019.

Patient Category		SFY 2018	SFY2019	SFY2019
		7/1/17-6/30/18	7/1/18-6/30/19	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	SFY2019	SFY2019
7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
0	0	0

Reconciliation Addendum

This section is printed in landscape format on a separate PDF file.

Nurse Employment Addendum

This section is printed 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: 8/21/2020

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: 8/21/2020

Title: CFO

Comments: