GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2023 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP720

Facility Name: Emory Decatur Hospital

County: DeKalb

Street Address: 2701 North Decatur Road

City: Decatur

Zip: 30033

Mailing Address: 2701 North Decatur Road

Mailing City: Decatur

Mailing Zip: 30033-5995

Medicaid Provider Number: 000000536A

Medicare Provider Number: 110076

2. Report Period

Please report data for the hospital fiscal year ending during calender 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

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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: 4045015686

Fax: 4045012891

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	810,347,033
Total Inpatient Admissions accounting for Inpatient Revenue	16,652
Outpatient Gross Patient Revenue	674,830,755
Total Outpatient Visits accounting for Outpatient Revenue	148,205
Medicare Contractual Adjustments	516,715,639
Medicaid Contractual Adjustments	144,935,862
Other Contractual Adjustments:	334,820,285
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	27,576,047
Gross Indigent Care:	33,323,063
Gross Charity Care:	36,034,797
Uncompensated Indigent Care (net):	33,323,063
Uncompensated Charity Care (net):	36,034,797
Other Free Care:	320,394
Other Revenue/Gains:	8,786,939
Total Expenses:	430,233,847

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	0
Employee Discounts	0
Prompt Pay/Small Balance Writeoffs	320,394
Total	**320,394**

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?

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.?

Corporate Director, Revenue Cycle

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	18,918,695	20,817,017	39,735,712
Outpatient	14,404,368	15,217,780	29,622,148
Total	**33,323,063**	**36,034,797**	**69,357,860**

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	18,918,695	20,817,017	39,735,712
Outpatient	14,404,368	15,217,780	29,622,148
Total	**33,323,063**	**36,034,797**	**69,357,860**

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 Ad-C = Inpatient Admissions (Charity Care)
Inp Ch-I = Inpatient Charges (Indigent Care) Inp Ch-C = Inpatient Charges (Charity Care)
Out Vis-I = Outpatient Visits (Indigent Care) Out Vis-C = Outpatient Visits (Charity Care)
Out Ch-I = Outpatient Charges (Indigent 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	2	80,963	3	4,422	4	114,533	129	127,144
BALDWIN	0	0	3	3,580	1	166,578	3	3,980
BANKS	0	0	0	0	0	0	1	79
BARROW	0	0	9	10,972	1	20,825	16	31,394
BARTOW	0	0	2	4,137	0	0	15	5,271
BEN HILL	0	0	1	1,867	0	0	2	157
BERRIEN	0	0	1	95	0	0	1	68
BIBB	0	0	9	14,033	1	43,802	13	7,371
BLECKLEY	1	894	0	0	0	0	1	1,006
BULLOCH	0	0	1	1,941	0	0	6	716
BUTTS	1	77,978	5	1,831	2	1,765	0	0
CAMDEN	0	0	0	0	1	7,391	3	806
CARROLL	1	294	13	24,190	1	1,225	24	11,991
CATOOSA	0	0	0	0	0	0	2	3,070
CHATHAM	0	0	3	8,301	2	6,109	7	5,968
CHATTAHOOCHEE	0	0	0	0	0	0	1	1,034
CHEROKEE	2	2,365	15	18,166	6	68,388	43	41,290
CLARKE	1	11,446	2	102	2	11,004	14	12,776
CLAYTON	16	119,060	152	238,241	21	97,899	219	384,404
COBB	11	329,316	85	167,475	21	750,633	195	230,613
COFFEE	0	0	2	5,478	0	0	2	0
COLQUITT	0	0	0	0	0	0	1	810
COLUMBIA	0	0	1	184	0	0	7	10,553
COOK	0	0	1	1,088	0	0	1	0
COWETA	3	2,696	24	43,041	2	16,838	36	20,229
CRAWFORD	0	0	0	0	1	1,950	1	99
CRISP	0	0	0	0	0	0	2	13,783
DAWSON	0	0	0	0	1	2,417	0	0
DECATUR	0	0	3	10,121	1	5,826	1	0
DEKALB	806	14,159,311	6,060	10,959,159	1,176	14,477,679	7,692	10,358,487
DODGE	0	0	0	0	0	0	1	1,760
DOOLY	0	0	4	2,911	0	0	1	138

County							
DOUGHERTY	0	0	2	4,440	0	0	5	18,014
DOUGLAS	4	85,028	23	14,616	9	82,228	47	65,965
EFFINGHAM	0	0	1	375	0	0	2	295
ELBERT	0	0	0	0	0	0	1	281
EMANUEL	0	0	1	458	0	0	2	1,189
FANNIN	1	1,192	0	0	1	94,351	1	3,693
FAYETTE	2	133,488	12	29,053	1	0	20	16,333
FLORIDA	1	11,931	2	5,198	10	77,951	89	107,858
FLOYD	0	0	1	7,872	0	0	3	510
FORSYTH	1	200	4	6,693	0	0	19	11,061
FRANKLIN	1	10,872	2	456	1	0	1	220
FULTON	108	1,911,256	719	1,387,128	149	2,057,940	983	1,211,763
GILMER	0	0	1	43	0	0	0	0
GLYNN	0	0	1	114	0	0	2	1,444
GORDON	0	0	1	6,617	0	0	3	378
GREENE	1	1,490	1	213	0	0	1	0
GWINNETT	47	649,900	385	653,643	90	1,132,435	645	1,017,608
HABERSHAM	0	0	1	275	0	0	3	1,708
HALL	2	237,122	6	9,810	4	91,238	21	17,320
HANCOCK	0	0	1	190	0	0	0	0
HARALSON	0	0	4	6,003	0	0	5	14,289
HART	0	0	0	0	2	204,324	3	16,188
HENRY	14	50,767	77	156,144	14	62,717	131	211,418
HOUSTON	4	161,064	6	43,737	2	0	11	797
JACKSON	0	0	2	16,699	3	28,280	12	10,020
JASPER	1	22,094	2	1,588	2	27,486	2	2,181
JEFF DAVIS	0	0	2	30,043	0	0	2	0
LAMAR	0	0	2	621	0	0	3	2,603
LAURENS	0	0	0	0	1	7,243	0	0
LINCOLN	0	0	1	106	0	0	0	0
LOWNDES	0	0	6	7,400	0	0	9	3,062
LUMPKIN	0	0	1	250	0	0	1	0
MACON	0	0	2	799	0	0	2	810
MADISON	1	500	0	0	0	0	1	157
MARION	0	0	0	0	0	0	1	138
MCDUFFIE	0	0	1	173	0	0	1	1,519
MCINTOSH	0	0	0	0	0	0	1	951
MERIWETHER	0	0	1	200	1	1,190	0	0
MONROE	0	0	2	3,105	0	0	1	0
MORGAN	0	0	1	975	0	0	1	460
MURRAY	1	29,434	0	0	0	0	1	4,986
MUSCOGEE	1	2,524	11	21,590	0	0	18	25,363
NEWTON	11	579,188	70	104,294	16	171,343	84	177,837
NORTH CAROLINA	0	0	2	5,003	5	43,663	34	34,276

OCONEE	0	0	2	833	0	0	3	471
OGLETHORPE	0	0	1	56	0	0	2	295
OTHER OUT OF STAT	1	71,865	12	25,631	27	274,047	278	426,224
PAULDING	0	0	2	751	0	0	16	11,484
PEACH	0	0	2	8,155	1	8,577	2	458
PICKENS	0	0	0	0	1	41,250	3	9,757
PIERCE	0	0	1	4,563	0	0	2	15,375
PIKE	0	0	0	0	1	93,443	3	6,533
POLK	0	0	2	243	1	35,283	8	12,016
PULASKI	0	0	1	191	0	0	0	0
PUTNAM	0	0	1	304	1	30,291	1	934
RABUN	0	0	1	11	0	0	1	127
RICHMOND	1	1,950	6	44,053	0	0	14	11,182
ROCKDALE	6	5,848	101	139,417	12	221,148	95	198,882
SOUTH CAROLINA	0	0	1	3,300	8	30,991	34	49,130
SPALDING	3	5,996	15	15,857	7	41,957	13	17,667
STEPHENS	0	0	3	48,471	0	0	4	869
SUMTER	0	0	2	7,745	0	0	0	0
TALIAFERRO	0	0	1	385	0	0	0	0
TATTNALL	0	0	1	3,000	0	0	2	237
TAYLOR	0	0	0	0	0	0	3	5,367
TENNESSEE	0	0	0	0	2	13,074	23	52,694
TERRELL	0	0	1	4,464	0	0	2	130
THOMAS	1	103,393	2	7,898	1	0	5	40,424
TIFT	0	0	0	0	0	0	2	2,839
TOOMBS	0	0	1	3,997	0	0	1	0
TOWNS	0	0	0	0	0	0	2	295
TROUP	1	45,478	3	12,348	3	12,427	13	9,943
UNION	0	0	0	0	0	0	2	73,571
UPSON	0	0	1	838	1	105,073	1	662
WALTON	1	11,790	6	2,948	3	32,207	8	8,766
WARE	0	0	1	3,246	0	0	1	0
WHITE	0	0	1	4,161	0	0	1	1,425
WHITFIELD	0	0	3	6,772	0	0	5	2,173
WILCOX	0	0	1	411	0	0	0	0
WILKES	0	0	2	6,961	0	0	1	0
WILKINSON	0	0	0	0	0	0	1	157
WORTH	0	0	1	100	0	0	0	0
Total	**1,059**	**18,918,693**	**7,934**	**14,404,369**	**1,624**	**20,817,019**	**11,164**	**15,217,779**

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 7/1/21-6/30/22	SFY2023 7/1/22-6/30/23	SFY2024 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	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.

SFY2022 7/1/21-6/30/22	SFY2023 7/1/22-6/30/23	SFY2024 7/1/23-6/30/24
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: Jen Schuck

Date: 7/19/2024

Title: Chief Executive Officer

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: 7/19/2024

Title: Chief Financial Officer

Comments: