



2023 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP901

Facility Name: Emory Johns Creek Hospital

County: Fulton

Street Address: 6325 Hospital Parkway

City: Johns Creek

Zip: 30097

Mailing Address: 6325 Hospital Parkway

Mailing City: Johns Creek

Mailing Zip: 30097

Medicaid Provider Number: 344886600A

Medicare Provider Number: 11-0230

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	463,549,962
Total Inpatient Admissions accounting for Inpatient Revenue	9,782
Outpatient Gross Patient Revenue	435,086,097
Total Outpatient Visits accounting for Outpatient Revenue	89,467
Medicare Contractual Adjustments	312,352,358
Medicaid Contractual Adjustments	42,569,095
Other Contractual Adjustments:	222,382,292
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	25,211,998
Gross Indigent Care:	10,486,673
Gross Charity Care:	16,269,353
Uncompensated Indigent Care (net):	10,486,673
Uncompensated Charity Care (net):	16,269,353
Other Free Care:	609,876
Other Revenue/Gains:	39,804,397
Total Expenses:	236,592,908

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	609,876
Employee Discounts	0
	0
Total	609,876

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.?

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	5,412,557	8,128,768	13,541,325
Outpatient	5,074,116	8,140,585	13,214,701
Total	10,486,673	16,269,353	26,756,026

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	5,412,557	8,128,768	13,541,325
Outpatient	5,074,116	8,140,585	13,214,701
Total	10,486,673	16,269,353	26,756,026

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	1	120	0	0	17	122,286
Baldwin	0	0	0	0	0	0	1	306
Banks	2	1,998	1	690	0	0	6	10,466
Barrow	4	4,002	32	25,963	9	106,268	35	113,936
Bartow	1	5,990	3	673	2	37,562	12	60,880
Berrien	0	0	0	0	0	0	1	466
Bibb	1	2,246	5	28,722	0	0	2	17,232
Bulloch	0	0	0	0	0	0	2	5,724
Butts	0	0	1	1,808	1	9,312	1	0
Carroll	2	28,976	6	1,608	2	1,823	7	44,272
Chatham	0	0	1	1,603	1	10,370	2	1,894
Cherokee	6	11,497	36	55,633	9	83,223	44	80,583
Clarke	0	0	2	36,667	2	0	3	9,353
Clayton	3	4,468	20	17,079	1	0	20	37,269
Cobb	6	42,897	58	78,283	16	149,059	89	182,014
Columbia	0	0	1	678	0	0	4	31,359
Coweta	0	0	6	12,505	3	17,243	4	16,480
Crawford	0	0	1	447	0	0	0	0
Dawson	3	40,559	26	20,941	2	12,040	25	66,934
Decatur	2	3,900	1	108	0	0	0	0
DeKalb	29	348,519	226	335,214	58	238,806	213	422,811
Dooly	0	0	1	85	0	0	0	0
Dougherty	0	0	2	1,907	0	0	1	187
Douglas	1	1,883	5	3,528	1	0	13	42,160
Elbert	1	19,887	0	0	0	0	0	0
Fannin	1	0	5	6,300	1	78,955	1	81
Fayette	0	0	4	1,490	1	0	2	8,601
Florida	0	0	1	594	6	38,436	36	48,568
Floyd	0	0	2	167	0	0	0	0
Forsyth	35	232,868	288	408,678	81	745,826	286	523,153
Franklin	0	0	1	119	0	0	0	0
Fulton	131	1,689,353	788	1,361,659	236	2,358,348	1,230	1,839,927

Gilmer	1	1,024	2	500	0	0	0	0
Gordon	1	2,277	3	788	1	0	1	3,241
Greene	0	0	0	0	0	0	2	9,598
Gwinnett	233	2,169,046	1,534	2,281,913	498	3,384,501	1,995	3,362,596
Habersham	0	0	15	11,595	0	0	3	7,855
Hall	11	104,766	39	33,938	28	206,023	75	150,465
Haralson	0	0	2	613	0	0	0	0
Hart	0	0	1	17,259	0	0	4	29,018
Heard	1	1,600	0	0	0	0	0	0
Henry	4	6,616	23	30,741	6	29,282	37	160,262
Houston	0	0	1	934	0	0	3	932
Jackson	6	130,212	28	43,226	11	7,951	33	77,222
Jasper	0	0	4	17,474	0	0	1	804
Jones	0	0	1	1,491	0	0	1	325
Liberty	0	0	1	450	0	0	0	0
Lumpkin	2	44,226	15	37,624	1	55,266	10	38,346
Macon	0	0	1	50	0	0	0	0
Madison	1	1,289	1	295	0	0	0	0
McDuffie	0	0	1	28,127	0	0	0	0
Monroe	0	0	2	941	0	0	0	0
Morgan	0	0	0	0	1	2,065	0	0
Murray	0	0	2	1,268	0	0	1	0
Muscogee	1	96,276	3	3,513	0	0	3	7,095
Newton	2	1,767	7	16,376	1	6,229	17	53,515
North Carolina	2	220,874	0	0	1	34,115	17	36,360
Oconee	0	0	2	873	0	0	3	3,176
Oglethorpe	0	0	1	533	0	0	2	1,525
Other Out of State	3	98,878	5	10,012	22	284,647	117	149,068
Paulding	1	550	6	6,912	2	94,001	5	36,177
Peach	0	0	1	250	0	0	0	0
Pickens	0	0	2	1,125	1	4,491	6	6,531
Pierce	1	28,463	1	1,312	0	0	0	0
Pike	0	0	0	0	1	50,528	0	0
Polk	0	0	0	0	0	0	4	14,987
Putnam	0	0	0	0	0	0	2	3,823
Rabun	0	0	1	746	1	0	2	21,351
Richmond	0	0	2	10,857	1	0	5	37,065
Rockdale	3	28,276	8	11,734	3	7,884	18	41,971
Seminole	0	0	0	0	1	0	1	482
South Carolina	0	0	4	14,673	1	2,691	12	23,208
Spalding	1	1,480	2	1,287	0	0	6	52,592
Stephens	0	0	3	819	0	0	0	0
Sumter	0	0	0	0	0	0	1	0
Taliaferro	0	0	0	0	0	0	1	80

Tattnall	0	0	1	977	0	0	1	327
Tennessee	1	21,687	0	0	1	4,517	12	38,754
Thomas	0	0	2	942	0	0	0	0
Towns	0	0	2	505	1	967	3	3,249
Treutlen	1	1,875	0	0	0	0	0	0
Troup	0	0	2	14,464	0	0	2	7,854
Union	0	0	2	588	0	0	1	327
Upson	0	0	1	361	0	0	0	0
Walton	6	11,329	26	51,016	7	66,337	33	66,933
Ware	0	0	1	1,562	0	0	0	0
Washington	0	0	1	-120	0	0	0	0
White	0	0	1	648	0	0	5	5,826
Whitfield	1	1,005	3	9,646	0	0	1	712
Total	511	5,412,559	3,290	5,074,107	1,022	8,128,766	4,503	8,140,594

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	12,443,115	3,826,238
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	9,494,914	991,759
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	SFY2023	SFY2024
7/1/21-6/30/22	7/1/22-6/30/23	7/1/23-6/30/24
0	6,157	1,171

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: