



## 2021 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:** 30033-5995

**Mailing Address:** 2701 North Decatur Road

**Mailing City:** Decatur

**Mailing Zip:** 30033-5995

#### 2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2021 only.

***Do not use a different report period.***

**Please indicate your hospital fiscal year.**

From: 9/1/2020 To:8/31/2021

**Please indicate your cost report year.**

From: 09/01/2020 To:08/31/2021

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:** Controller

**Phone:** 404-501-5686

**Fax:** 404-501-2891

**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	711,799,292
Total Inpatient Admissions accounting for Inpatient Revenue	17,895
Outpatient Gross Patient Revenue	575,079,946
Total Outpatient Visits accounting for Outpatient Revenue	142,494
Medicare Contractual Adjustments	410,646,581
Medicaid Contractual Adjustments	199,668,567
Other Contractual Adjustments:	232,361,993
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	59,287,791
Gross Indigent Care:	2,503,135
Gross Charity Care:	41,566,334
Uncompensated Indigent Care (net):	2,503,135
Uncompensated Charity Care (net):	41,566,334
Other Free Care:	755,434
Other Revenue/Gains:	6,701,704
Total Expenses:	384,187,735

### 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	52,856
Employee Discounts	0
Prompt Pay Discounts/Small Balance WO	702,578
<b>Total</b>	<b>755,434</b>

## 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 2021? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2021?

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 2021? (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	1,555,192	21,085,344	22,640,536
Outpatient	947,943	20,480,990	21,428,933
<b>Total</b>	<b>2,503,135</b>	<b>41,566,334</b>	<b>44,069,469</b>

#### 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
<b>Total</b>	<b>0</b>

#### 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	1,555,192	21,085,344	22,640,536
Outpatient	947,943	20,480,990	21,428,933
<b>Total</b>	<b>2,503,135</b>	<b>41,566,334</b>	<b>44,069,469</b>

## 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	0	0	12	70,945	64	51,588
APPLING	0	0	0	0	0	0	1	1,032
BALDWIN	0	0	0	0	0	0	2	1,850
BANKS	0	0	0	0	0	0	2	1,590
BARROW	0	0	0	0	3	26,569	10	14,930
BARTOW	0	0	1	703	0	0	3	7,858
BEN HILL	0	0	0	0	1	2,585	0	0
BIBB	0	0	0	0	1	13,554	14	26,581
BRYAN	0	0	0	0	0	0	2	1,199
BULLOCH	0	0	0	0	0	0	1	575
BUTTS	0	0	0	0	1	4,704	3	4,079
CAMDEN	0	0	0	0	0	0	1	1,343
CARROLL	0	0	0	0	2	13,305	7	7,217
CHARLTON	0	0	0	0	0	0	1	373
CHATHAM	0	0	0	0	1	2,672	14	15,163
CHATTOOGA	0	0	0	0	0	0	1	1,478
CHEROKEE	0	0	0	0	2	7,198	10	19,963
CLARKE	0	0	0	0	3	138,398	10	8,967
CLAYTON	3	9,752	9	13,098	25	239,531	228	320,462
COBB	1	7,059	1	1,523	12	146,941	105	119,088
COLQUITT	0	0	0	0	1	4,112	2	2,347
COLUMBIA	0	0	0	0	0	0	1	651
COOK	0	0	0	0	0	0	2	2,864
COWETA	0	0	0	0	0	0	14	22,856
CRISP	0	0	0	0	0	0	1	568
DAWSON	0	0	0	0	0	0	1	129
DECATUR	1	13,556	0	0	0	0	11	34,980
DEKALB	42	1,217,410	191	745,306	1,308	17,021,092	8,938	15,889,361
DODGE	0	0	7	8,795	0	0	0	0
DOOLY	1	43,648	0	0	0	0	0	0
DOUGHERTY	0	0	0	0	0	0	10	31,378
DOUGLAS	0	0	2	5,881	4	72,694	29	41,236

EARLY	0	0	1	3,154	0	0	1	1,813
FANNIN	0	0	0	0	0	0	1	1,994
FAYETTE	0	0	8	6,259	0	0	16	17,875
FLORIDA	0	0	0	0	13	73,193	85	108,796
FLOYD	0	0	0	0	1	2,838	1	1,074
FORSYTH	0	0	0	0	0	0	10	12,075
FRANKLIN	0	0	0	0	0	0	1	1,239
FULTON	4	165,163	24	61,178	128	1,448,236	1,026	1,838,880
GILMER	0	0	0	0	0	0	1	957
GORDON	0	0	0	0	1	24,347	0	0
GREENE	0	0	0	0	0	0	3	9,313
GWINNETT	5	52,735	13	44,889	68	795,213	496	734,660
HABERSHAM	0	0	0	0	0	0	3	9,328
HALL	0	0	1	625	1	4,195	16	18,300
HANCOCK	0	0	0	0	0	0	1	1,451
HARALSON	0	0	0	0	1	20,624	3	2,773
HARRIS	0	0	0	0	1	2,780	0	0
HART	0	0	0	0	0	0	2	3,990
HEARD	0	0	0	0	0	0	1	2,816
HENRY	1	37,751	3	8,136	12	72,928	106	147,120
HOUSTON	0	0	0	0	0	0	2	5,790
IRWIN	0	0	0	0	0	0	1	1,457
JACKSON	0	0	0	0	0	0	5	7,079
JASPER	0	0	0	0	0	0	3	9,475
JEFF DAVIS	0	0	0	0	0	0	2	3,476
JEFFERSON	0	0	0	0	0	0	4	6,927
LAMAR	0	0	0	0	0	0	1	713
LAURENS	0	0	0	0	1	8,452	0	0
LIBERTY	0	0	0	0	0	0	7	25,819
LOWNDES	0	0	0	0	0	0	9	15,390
MACON	0	0	0	0	0	0	2	907
MERIWETHER	0	0	0	0	0	0	2	2,009
MONROE	0	0	0	0	0	0	1	1,020
MORGAN	0	0	0	0	0	0	1	3,074
MUSCOGEE	0	0	0	0	1	4,267	12	6,846
NEWTON	1	1,923	16	4,684	14	98,027	78	126,828
NORTH CAROLINA	0	0	0	0	7	35,007	40	59,020
OCONEE	0	0	0	0	0	0	2	14,169
OTHER OUT OF STAT	0	0	0	0	32	280,198	213	268,075
PAULDING	0	0	0	0	0	0	12	13,528
PEACH	0	0	0	0	2	73,988	3	9,752
PICKENS	0	0	0	0	0	0	4	5,860
POLK	0	0	0	0	2	5,737	1	2,329
PUTNAM	0	0	0	0	0	0	3	4,192

RICHMOND	0	0	0	0	3	18,782	18	24,492
ROCKDALE	1	5,062	3	13,804	12	128,983	82	123,727
SCHLEY	0	0	0	0	0	0	1	209
SOUTH CAROLINA	0	0	0	0	3	5,601	23	39,252
SPALDING	0	0	0	0	0	0	11	16,928
STEPHENS	0	0	0	0	0	0	1	399
SUMTER	0	0	0	0	0	0	2	2,396
TENNESSEE	0	0	0	0	3	14,465	30	34,568
THOMAS	0	0	1	8,672	0	0	1	1,063
TIFT	0	0	0	0	0	0	1	8,746
TOOMBS	0	0	0	0	1	60,264	2	9,264
TROUP	0	0	0	0	1	62,361	8	12,914
TWIGGS	0	0	0	0	0	0	2	974
UPSON	0	0	0	0	1	4,923	0	0
WALKER	0	0	0	0	0	0	1	643
WALTON	1	1,133	5	21,236	6	53,739	32	57,186
WASHINGTON	0	0	0	0	1	5,199	4	2,130
WHITE	0	0	0	0	2	16,697	4	6,204
<b>Total</b>	<b>61</b>	<b>1,555,192</b>	<b>286</b>	<b>947,943</b>	<b>1,694</b>	<b>21,085,344</b>	<b>11,892</b>	<b>20,480,990</b>



## 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 2021?  
(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 2021.

Patient Category		SFY 2020	SFY2021	SFY2022
		7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	1,946,116	557,020
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	35,208,040	6,358,293
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 2020	SFY2021	SFY2022
7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
0	8,682	1,557

## 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:** 7/29/2022

**Title:** Interim 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:** 7/29/2022

**Title:** Chief Financial Officer

**Comments:**