



2018 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 2018 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 9/1/2017 To:8/31/2018

Please indicate your cost report year.

From: 09/01/2017 To:08/31/2018

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: 404-686-6169

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	741,058,991
Total Inpatient Admissions accounting for Inpatient Revenue	14,657
Outpatient Gross Patient Revenue	521,025,617
Total Outpatient Visits accounting for Outpatient Revenue	123,524
Medicare Contractual Adjustments	529,396,077
Medicaid Contractual Adjustments	39,356,248
Other Contractual Adjustments:	249,579,575
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	22,897,337
Gross Indigent Care:	23,507,240
Gross Charity Care:	22,535,778
Uncompensated Indigent Care (net):	23,507,240
Uncompensated Charity Care (net):	22,535,778
Other Free Care:	1,583,932
Other Revenue/Gains:	29,385,319
Total Expenses:	360,793,739

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	177,745
Employee Discounts	0
Other	1,406,187
Total	1,583,932

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 2018? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2018?

08/01/2018

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 2018? (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	15,727,791	16,509,284	32,237,075
Outpatient	7,779,449	6,026,494	13,805,943
Total	23,507,240	22,535,778	46,043,018

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	15,727,791	16,509,284	32,237,075
Outpatient	7,779,449	6,026,494	13,805,943
Total	23,507,240	22,535,778	46,043,018

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	5	94,523	40	54,091	1	444	13	13,425
Bacon	0	0	0	0	1	28,771	0	0
Baldwin	1	520	1	100	0	0	1	924
Banks	1	16,720	0	0	0	0	0	0
Barrow	7	77,958	16	13,344	3	22,466	7	16,337
Bartow	3	22,108	10	33,295	3	10,283	14	38,849
Ben Hill	2	3,744	3	18,021	0	0	0	0
Berrien	0	0	2	2,508	0	0	1	74
Bibb	2	45,538	12	20,881	0	0	3	11,050
Bleckley	0	0	1	230	0	0	0	0
Brooks	0	0	1	1,489	0	0	0	0
Bryan	0	0	2	679	0	0	0	0
Bulloch	0	0	9	26,743	1	108,542	1	4,566
Burke	0	0	0	0	0	0	1	748
Calhoun	2	7,592	1	801	0	0	0	0
Camden	0	0	0	0	0	0	1	3,373
Carroll	4	60,381	20	37,953	4	349,963	11	5,126
Chatham	0	0	7	3,958	0	0	1	474
Chattahoochee	0	0	2	3,601	0	0	0	0
Chattooga	0	0	2	368	0	0	0	0
Cherokee	9	187,313	91	193,015	19	434,245	44	88,824
Clarke	4	176,313	9	13,779	4	162,217	9	9,886
Clayton	9	426,039	115	144,701	5	241,946	49	117,989
Cobb	43	1,085,760	359	666,724	36	978,925	272	440,270
Coffee	0	0	0	0	0	0	1	7,769
Colquitt	0	0	0	0	0	0	2	547
Columbia	9	101,620	1	1,005	0	0	0	0
Cook	1	147,154	0	0	0	0	0	0
Coweta	1	23,016	23	38,235	0	0	5	6,837
Crisp	0	0	1	1,172	0	0	0	0
Dawson	4	170,390	0	0	0	0	3	125,196
DeKalb	223	5,461,394	1,291	2,305,292	183	6,359,894	1,057	2,018,347

Dodge	0	0	0	0	1	294	0	0
Dooly	0	0	0	0	0	0	3	10,798
Dougherty	1	1,440	2	8,833	0	0	0	0
Douglas	9	190,089	49	131,908	1	7,823	16	37,097
Effingham	0	0	1	170	0	0	0	0
Fannin	5	216,875	1	684	6	295,241	3	3,548
Fayette	1	11,671	6	6,330	0	0	11	7,170
Florida	1	7,532	30	52,302	1	1,655	22	23,567
Floyd	3	41,184	9	37,440	0	0	3	4,304
Forsyth	5	136,008	23	67,712	2	155,468	19	15,641
Franklin	1	17,368	3	2,368	0	0	3	1,178
Fulton	141	2,530,875	1,057	1,742,217	94	2,792,347	856	1,735,214
Gilmer	0	0	3	2,772	0	0	1	93
Glynn	0	0	1	1,100	0	0	1	505
Gordon	1	7,026	8	9,623	0	0	0	0
Greene	0	0	1	8,000	0	0	1	552
Gwinnett	100	2,389,316	622	1,138,268	62	2,133,927	405	909,696
Habersham	0	0	2	10,231	1	47,186	5	6,662
Hall	1	273,240	21	31,650	0	0	5	4,694
Hancock	1	840	0	0	0	0	0	0
Haralson	1	1,340	3	9,106	0	0	2	1,498
Harris	0	0	2	6,204	0	0	1	2,069
Hart	2	28,976	4	6,944	0	0	0	0
Heard	0	0	2	52,896	6	149,309	3	9,259
Henry	10	223,687	78	106,251	6	57,379	30	94,045
Houston	1	1,040	4	5,933	0	0	1	780
Irwin	0	0	1	7,276	0	0	1	63
Jackson	0	0	5	17,135	0	0	1	130
Jasper	0	0	3	9,716	0	0	1	4,639
Johnson	0	0	2	1,424	0	0	0	0
Lamar	2	3,936	0	0	1	11,971	0	0
Laurens	1	32,774	1	677	1	172	1	597
Lee	0	0	5	20,615	0	0	0	0
Lumpkin	0	0	2	5,940	0	0	1	7,306
Madison	1	1,475	3	2,297	0	0	1	357
Marion	0	0	0	0	0	0	2	1,885
McDuffie	1	15,395	1	637	0	0	0	0
Miller	0	0	0	0	1	902	0	0
Mitchell	0	0	2	1,700	0	0	0	0
Monroe	1	500	0	0	1	99,857	0	0
Morgan	0	0	1	3,589	0	0	0	0
Murray	0	0	1	237	0	0	0	0
Muscogee	3	35,573	16	70,070	0	0	8	1,857
Newton	8	50,326	36	52,166	2	326,942	22	65,302

North Carolina	7	29,506	9	18,694	0	0	0	0
Oconee	0	0	0	0	0	0	2	3,329
Other Out of State	15	236,751	100	217,664	3	41,087	46	33,628
Paulding	3	20,200	29	43,408	3	31,570	12	23,602
Peach	0	0	1	255	0	0	0	0
Pickens	4	227,569	4	19,241	1	698	5	12,515
Pike	0	0	4	6,912	0	0	1	478
Polk	2	28,202	7	14,927	0	0	4	11,987
Pulaski	1	75,640	0	0	0	0	0	0
Putnam	0	0	0	0	1	45,827	0	0
Rabun	0	0	2	4,396	0	0	0	0
Richmond	1	36,470	0	0	0	0	0	0
Rockdale	5	177,762	36	50,741	3	245,427	17	7,690
Schley	0	0	3	437	0	0	0	0
South Carolina	3	108,461	16	40,912	4	337,629	6	4,182
Spalding	0	0	4	8,959	2	22,974	4	647
Stephens	0	0	0	0	1	46,110	0	0
Stewart	0	0	1	466	0	0	0	0
Sumter	0	0	1	686	0	0	1	811
Tattnall	0	0	0	0	0	0	2	4,583
Tennessee	1	855	13	72,449	3	187,019	4	8,464
Thomas	1	1,316	0	0	2	154,296	0	0
Tift	0	0	2	828	0	0	2	5,640
Troup	0	0	5	3,171	5	453,105	5	15,309
Union	0	0	3	3,682	0	0	3	797
Upson	1	303,127	4	11,203	0	0	1	127
Walker	2	52,484	7	11,519	0	0	1	253
Walton	2	12,912	23	20,869	7	132,969	17	19,296
Ware	0	0	0	0	0	0	1	505
Washington	0	0	1	825	0	0	1	313
Wayne	1	40,816	2	7,535	0	0	0	0
Wheeler	2	1,383	1	424	0	0	0	0
White	1	1,316	0	0	1	26,976	2	803
Whitfield	2	46,452	3	4,251	4	5,428	11	10,418
Wilkinson	0	0	1	244	0	0	0	0
Worth	0	0	1	345	0	0	0	0
Total	685	15,727,791	4,313	7,779,449	486	16,509,284	3,073	6,026,494

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 2018?
(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 2018.

Patient Category		SFY 2017	SFY2018	SFY2019
		7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
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 2017	SFY2018	SFY2019
7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
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: 8/15/2019

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: 8/15/2019

Title: CFO

Comments: