



## 2022 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 2022 only.

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

**Please indicate your hospital fiscal year.**

From: 9/1/2021 To:8/31/2022

**Please indicate your cost report year.**

From: 09/01/2021 To:08/31/2022

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	762,071,894
Total Inpatient Admissions accounting for Inpatient Revenue	16,756
Outpatient Gross Patient Revenue	586,541,818
Total Outpatient Visits accounting for Outpatient Revenue	148,367
Medicare Contractual Adjustments	448,257,210
Medicaid Contractual Adjustments	205,590,141
Other Contractual Adjustments:	231,341,087
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	45,836,432
Gross Indigent Care:	2,240,622
Gross Charity Care:	40,363,442
Uncompensated Indigent Care (net):	2,240,622
Uncompensated Charity Care (net):	40,363,442
Other Free Care:	670,952
Other Revenue/Gains:	4,903,535
Total Expenses:	450,399,220

### 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 WOs	670,952
<b>Total</b>	<b>670,952</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 2022? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2022?

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 2022? (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	1,441,306	22,533,546	23,974,852
Outpatient	799,316	17,829,896	18,629,212
<b>Total</b>	<b>2,240,622</b>	<b>40,363,442</b>	<b>42,604,064</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	1,441,306	22,533,546	23,974,852
Outpatient	799,316	17,829,896	18,629,212
<b>Total</b>	<b>2,240,622</b>	<b>40,363,442</b>	<b>42,604,064</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	9	39,347	61	38,502
BALDWIN	0	0	0	0	0	0	2	5,216
BARROW	0	0	0	0	9	87,117	14	12,738
BARTOW	0	0	1	319	1	3,532	9	11,053
BEN HILL	0	0	0	0	0	0	1	608
BIBB	0	0	0	0	0	0	13	17,519
BLECKLEY	0	0	0	0	1	50,328	0	0
BURKE	0	0	0	0	0	0	3	3,670
BUTTS	0	0	0	0	0	0	11	17,698
CAMDEN	0	0	1	12,035	0	0	0	0
CARROLL	0	0	0	0	0	0	15	9,793
CHATHAM	0	0	2	8,744	0	0	21	24,397
CHATTOOGA	0	0	0	0	0	0	0	0
CHEROKEE	0	0	0	0	3	2,835	16	11,985
CLARKE	0	0	0	0	2	3,534	12	12,435
CLAYTON	2	7,972	3	3,554	59	405,904	296	441,910
COBB	1	5,236	5	41,428	15	159,749	144	184,494
COFFEE	0	0	0	0	0	0	0	0
COLUMBIA	0	0	0	0	0	0	2	4,300
COWETA	0	0	0	0	7	60,616	38	44,289
CRISP	0	0	0	0	0	0	1	643
DADE	0	0	0	0	0	0	0	0
DAWSON	0	0	0	0	1	12,876	3	1,528
DEKALB	60	1,140,420	239	511,741	2,047	17,622,775	11,876	13,847,418
DODGE	0	0	0	0	0	0	2	996
DOUGHERTY	0	0	0	0	1	28,990	4	4,537
DOUGLAS	0	0	3	2,964	9	79,612	30	39,988
EARLY	0	0	0	0	0	0	1	1,813
EFFINGHAM	0	0	0	0	2	7,231	0	0
EMANUEL	0	0	0	0	0	0	3	1,448
FAYETTE	0	0	0	0	1	3,050	24	12,654
FLORIDA	0	0	0	0	26	141,190	102	58,840

FLOYD	0	0	0	0	0	0	3	1,996
FORSYTH	0	0	0	0	3	15,723	10	8,049
FULTON	1	86,354	19	15,425	198	1,747,980	1,293	1,374,370
GLYNN	0	0	0	0	0	0	3	281
GORDON	0	0	0	0	4	46,236	0	0
GRADY	0	0	0	0	0	0	1	1,125
GREENE	0	0	0	0	0	0	4	3,301
GWINNETT	11	90,908	32	119,580	104	805,443	716	742,201
HABERSHAM	0	0	0	0	0	0	2	1,229
HALL	0	0	1	625	2	44,985	13	30,784
HARALSON	0	0	0	0	0	0	2	2,553
HEARD	0	0	0	0	0	0	1	126
HENRY	3	108,687	4	8,277	18	124,958	116	87,340
HOUSTON	0	0	1	6,738	2	7,142	4	13,129
JACKSON	0	0	1	1,456	0	0	10	7,037
JASPER	0	0	0	0	1	62,468	4	3,210
JEFF DAVIS	0	0	0	0	0	0	2	3,323
JENKINS	0	0	0	0	0	0	1	791
LAMAR	0	0	0	0	0	0	1	900
LIBERTY	0	0	0	0	0	0	7	4,633
LOWNDES	0	0	0	0	0	0	5	3,824
LUMPKIN	0	0	0	0	1	11,920	3	743
MACON	0	0	0	0	0	0	1	10,877
MADISON	0	0	0	0	0	0	1	15,902
MARION	0	0	0	0	0	0	1	2,023
MCDUFFIE	0	0	0	0	0	0	2	2,098
MERIWETHER	0	0	0	0	1	29,697	2	8,583
MONROE	0	0	0	0	1	4,720	5	3,788
MURRAY	0	0	0	0	0	0	1	1,381
MUSCOGEE	0	0	0	0	2	3,756	13	9,624
NEWTON	0	0	0	0	18	113,667	131	133,572
NORTH CAROLINA	0	0	0	0	3	30,362	20	18,329
OCONEE	0	0	0	0	0	0	1	120
OTHER OUT OF STAT	0	0	0	0	56	372,348	296	198,171
PAULDING	0	0	0	0	1	9,048	16	10,790
PEACH	0	0	0	0	0	0	1	5,263
PICKENS	0	0	0	0	1	22,211	1	349
POLK	0	0	0	0	1	14,106	3	1,057
PUTNAM	0	0	0	0	0	0	4	2,715
RICHMOND	0	0	0	0	0	0	15	8,941
ROCKDALE	1	596	21	66,431	24	212,022	146	163,281
SOUTH CAROLINA	0	0	0	0	8	24,277	59	33,171
SPALDING	0	0	0	0	8	50,104	10	13,646
STEPHENS	0	0	0	0	2	2,116	2	496

SUMTER	0	0	0	0	0	0	1	5,005
TATTNALL	0	0	0	0	0	0	1	641
TAYLOR	0	0	0	0	0	0	2	5,091
TENNESSEE	0	0	0	0	5	24,102	13	9,201
THOMAS	0	0	0	0	0	0	1	1,103
TIFT	0	0	0	0	0	0	6	6,384
TOOMBS	0	0	0	0	1	19,324	0	0
TOWNS	0	0	0	0	0	0	1	386
TROUP	0	0	0	0	4	6,691	10	16,768
TWIGGS	0	0	0	0	0	0	1	372
UNION	0	0	0	0	0	0	1	120
UPSON	0	0	0	0	2	13,265	5	2,769
WALKER	0	0	0	0	0	0	1	529
WALTON	1	1,133	0	0	1	4,769	16	16,889
WASHINGTON	0	0	0	0	0	0	4	1,287
WHITE	0	0	0	0	0	0	1	13,248
WHITFIELD	0	0	0	0	0	0	4	4,508
WILKES	0	0	0	0	1	1,420	0	0
<b>Total</b>	<b>80</b>	<b>1,441,306</b>	<b>333</b>	<b>799,317</b>	<b>2,666</b>	<b>22,533,546</b>	<b>15,704</b>	<b>17,829,895</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 2022?  
(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 2022.

Patient Category		SFY 2021	SFY2022	SFY2023
		7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	2,007,908	232,715
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	34,140,313	6,223,129
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 2021	SFY2022	SFY2023
7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
0	9,778	2,106

## 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:** 7/20/2023

**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:** 7/20/2023

**Title:** Chief Financial Officer

**Comments:**