



2019 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 2019 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 7/1/2018 To:6/30/2019

Please indicate your cost report year.

From: 07/01/2018 To:06/30/2019

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	615,715,466
Total Inpatient Admissions accounting for Inpatient Revenue	19,305
Outpatient Gross Patient Revenue	598,851,846
Total Outpatient Visits accounting for Outpatient Revenue	161,846
Medicare Contractual Adjustments	382,689,570
Medicaid Contractual Adjustments	179,395,465
Other Contractual Adjustments:	218,282,401
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	66,870,954
Gross Indigent Care:	20,048,678
Gross Charity Care:	37,283,782
Uncompensated Indigent Care (net):	20,048,678
Uncompensated Charity Care (net):	37,283,782
Other Free Care:	0
Other Revenue/Gains:	1,534,543
Total Expenses:	338,219,059

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
	0
Total	0

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 2019? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2019?

06/01/2019

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 2019? (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	11,941,753	14,667,413	26,609,166
Outpatient	8,106,925	22,616,369	30,723,294
Total	20,048,678	37,283,782	57,332,460

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	11,941,753	14,667,413	26,609,166
Outpatient	8,106,925	22,616,369	30,723,294
Total	20,048,678	37,283,782	57,332,460

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	4	37,340	95	85,066
BAKER	0	0	0	0	0	0	1	623
BALDWIN	0	0	1	1,301	1	3,697	3	3,146
BARROW	0	0	2	43,379	1	0	13	33,685
BARTOW	0	0	0	0	0	0	5	26,118
BEN HILL	0	0	0	0	0	0	2	2,181
BERRIEN	0	0	0	0	0	0	1	615
BIBB	0	0	1	1,732	0	0	21	47,910
BLECKLEY	0	0	0	0	0	0	1	228
BROOKS	0	0	0	0	0	0	1	1,765
CALHOUN	0	0	0	0	0	0	3	4,189
CAMDEN	0	0	0	0	0	0	2	3,898
CARROLL	2	78,054	2	7,410	0	0	20	24,872
CHATHAM	0	0	0	0	1	13,402	6	9,254
CHEROKEE	1	3,619	3	10,323	0	0	7	33,876
CLARKE	0	0	0	0	4	97,691	8	43,454
CLAYTON	10	145,852	29	61,693	11	361,865	209	362,167
COBB	2	17,777	21	62,228	5	34,340	101	158,545
COLUMBIA	0	0	0	0	0	0	3	3,460
COOK	0	0	0	0	0	0	1	948
COWETA	1	316,486	6	32,355	0	0	9	9,909
CRISP	0	0	0	0	0	0	3	3,307
DAWSON	0	0	0	0	0	0	3	5,732
DECATUR	1	77,375	5	7,452	3	62,428	18	32,926
DEKALB	418	10,269,749	1,997	6,720,178	807	11,144,204	9,464	16,878,787
DOOLY	0	0	0	0	0	0	1	1,326
DOUGHERTY	0	0	0	0	1	-27,261	9	31,129
DOUGLAS	1	14,040	7	19,920	2	4,483	24	45,237
FANNIN	0	0	0	0	0	0	6	10,604
FAYETTE	1	9,421	0	0	7	18,614	9	13,685
FLORIDA	0	0	1	2,408	6	54,691	80	89,253
FLOYD	0	0	0	0	0	0	5	10,968

FORSYTH	0	0	0	0	1	6,073	13	20,899
FRANKLIN	0	0	1	12,113	0	0	2	4,822
FULTON	21	412,249	179	512,937	96	1,499,553	1,232	2,431,694
GLYNN	0	0	0	0	0	0	3	3,962
GWINNETT	21	426,098	107	343,790	47	468,857	515	1,053,215
HABERSHAM	1	8,044	0	0	0	0	2	-3,626
HALL	0	0	0	0	1	5,170	21	54,761
HARALSON	0	0	1	7,706	0	0	5	9,610
HART	0	0	1	2,327	0	0	0	0
HEARD	0	0	0	0	0	0	1	2,929
HENRY	1	11,821	14	64,299	2	16,185	61	107,082
HOUSTON	0	0	1	4,543	1	6,710	1	5,305
JACKSON	0	0	1	2,265	1	10,672	10	14,534
JASPER	0	0	0	0	0	0	2	5,526
JEFFERSON	0	0	0	0	1	67,241	1	967
JOHNSON	0	0	0	0	0	0	3	4,488
LAURENS	0	0	1	4,005	2	6,215	5	6,662
LIBERTY	0	0	1	4,250	0	0	2	2,792
LONG	0	0	0	0	0	0	1	2,147
LOWNDES	0	0	0	0	0	0	5	5,120
MACON	0	0	1	2,961	1	6,641	3	7,143
MADISON	0	0	0	0	0	0	1	1,199
MARION	0	0	0	0	0	0	1	802
MCINTOSH	0	0	0	0	0	0	1	1,543
MERIWETHER	0	0	0	0	1	20,123	2	6,067
MITCHELL	0	0	1	2,401	0	0	3	10,008
MONROE	0	0	0	0	1	139,334	4	15,021
MORGAN	0	0	0	0	0	0	2	2,296
MUSCOGEE	0	0	1	2,130	0	0	3	4,901
NEWTON	4	46,579	12	38,484	7	149,916	84	140,869
NORTH CAROLINA	0	0	3	7,383	3	12,893	54	74,127
OCONEE	0	0	0	0	0	0	2	3,682
OTHER OUT OF STAT	1	39,308	4	4,145	13	99,091	134	145,418
PAULDING	1	14,841	1	2,522	0	0	9	12,798
PEACH	0	0	1	3,965	6	141,230	3	24,242
POLK	0	0	0	0	0	0	3	4,380
PUTNAM	0	0	0	0	0	0	3	5,336
RICHMOND	1	10,855	2	13,912	0	0	9	23,480
ROCKDALE	3	30,442	13	44,494	9	26,375	82	199,980
SCHLEY	0	0	1	2,039	0	0	1	1,665
SPALDING	0	0	1	4,139	1	4,025	10	17,064
STEPHENS	0	0	1	1,011	0	0	2	12,091
SUMTER	0	0	0	0	1	1,598	3	1,381
TAYLOR	0	0	0	0	0	0	1	4,545

TELFAIR	0	0	0	0	0	0	1	1,546
TENNESSEE	0	0	0	0	3	11,333	32	28,137
TERRELL	0	0	0	0	0	0	1	9,888
THOMAS	0	0	0	0	0	0	1	2,615
TIFT	0	0	0	0	1	5,070	2	2,044
TOOMBS	0	0	0	0	1	18,625	2	7,969
TOWNS	0	0	0	0	0	0	1	394
TROUP	0	0	0	0	2	33,835	11	23,273
UNION	0	0	0	0	0	0	1	227
UPSON	0	0	0	0	0	0	2	8,420
WALKER	1	9,144	0	0	0	0	0	0
WALTON	0	0	12	48,724	4	42,874	46	81,510
WARREN	0	0	0	0	0	0	1	685
WASHINGTON	0	0	0	0	3	59,000	2	2,565
WAYNE	0	0	0	0	1	3,279	5	6,769
WHITFIELD	0	0	0	0	0	0	1	1,073
WILCOX	0	0	0	0	0	0	3	4,504
WILKINSON	0	0	0	0	0	0	2	1,957
WORTH	0	0	0	0	0	0	2	1,004
Total	492	11,941,754	2,436	8,106,924	1,063	14,667,412	12,555	22,616,370

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 2019?
(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 2019.

Patient Category		SFY 2018	SFY2019	SFY2019
		7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	20,048,679	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	37,283,782	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 2018	SFY2019	SFY2019
7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
0	11,892	0

Reconciliation Addendum

This section is printed in landscape format on a separate PDF file.

Nurse Employment Addendum

This section is printed 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: James Forstner

Date: 9/16/2020

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: Liz Daunt-Samford

Date: 9/16/2020

Title: Chief Financial Officer

Comments:

Nurse addendum duration is reported in days