



## 2019 Hospital Financial Survey

### Part A : General Information

#### 1. Identification

UID:HOSP902

**Facility Name:** Emory Hillandale Hospital

**County:** DeKalb

**Street Address:** 2801 Dekalb Medical Parkway

**City:** Lithonia

**Zip:** 30058-4996

**Mailing Address:** 2801 Dekalb Medical Parkway

**Mailing City:** Lithonia

**Mailing Zip:** 30058-4996

#### 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	113,355,508
Total Inpatient Admissions accounting for Inpatient Revenue	4,356
Outpatient Gross Patient Revenue	257,720,378
Total Outpatient Visits accounting for Outpatient Revenue	99,578
Medicare Contractual Adjustments	97,453,302
Medicaid Contractual Adjustments	64,976,778
Other Contractual Adjustments:	57,772,520
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	48,284,969
Gross Indigent Care:	13,227,372
Gross Charity Care:	21,287,641
Uncompensated Indigent Care (net):	13,227,372
Uncompensated Charity Care (net):	21,287,641
Other Free Care:	0
Other Revenue/Gains:	1,261,450
Total Expenses:	76,624,368

### 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
<b>Total</b>	<b>0</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 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	4,795,235	3,655,486	8,450,721
Outpatient	8,432,137	17,632,155	26,064,292
<b>Total</b>	<b>13,227,372</b>	<b>21,287,641</b>	<b>34,515,013</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	4,795,235	3,655,486	8,450,721
Outpatient	8,432,137	17,632,155	26,064,292
<b>Total</b>	<b>13,227,372</b>	<b>21,287,641</b>	<b>34,515,013</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	1	2,039	5	29,985	32	44,301
BALDWIN	0	0	0	0	0	0	2	3,217
BARROW	0	0	0	0	0	0	4	3,761
BARTOW	0	0	0	0	0	0	3	3,218
BIBB	0	0	0	0	1	5,736	4	8,673
BULLOCH	0	0	0	0	0	0	1	1,517
BUTTS	0	0	0	0	0	0	1	1,463
CARROLL	0	0	2	5,764	0	0	8	14,511
CATOOSA	0	0	1	1,160	0	0	0	0
CHATHAM	0	0	0	0	0	0	1	513
CHEROKEE	0	0	1	4,811	1	3,175	8	9,685
CLARKE	2	72,183	0	0	2	8,553	6	10,676
CLAYTON	4	67,038	33	143,080	4	49,382	211	300,435
COBB	0	0	16	57,840	0	0	66	61,061
COLQUITT	0	0	0	0	0	0	1	447
COLUMBIA	0	0	0	0	0	0	2	2,351
COWETA	0	0	2	3,423	0	0	4	2,736
DAWSON	0	0	0	0	0	0	1	1,204
DECATUR	1	10,758	12	30,880	1	7	13	15,033
DEKALB	189	4,099,400	2,306	7,140,113	258	3,245,167	10,263	14,420,254
DODGE	0	0	0	0	0	0	1	833
DOUGHERTY	0	0	1	3,533	0	0	5	13,170
DOUGLAS	0	0	6	34,488	0	0	30	33,241
FAYETTE	0	0	1	1,546	0	0	11	13,154
FLORIDA	0	0	0	0	2	16,999	95	132,085
FLOYD	0	0	0	0	0	0	2	2,467
FORSYTH	0	0	1	1,526	0	0	3	4,556
FULTON	9	170,183	82	232,884	9	74,914	674	1,144,916
GLYNN	0	0	2	2,176	0	0	2	13,605
GORDON	0	0	0	0	0	0	1	927
GREENE	0	0	1	2,641	1	3,497	4	5,828
GWINNETT	4	75,085	56	207,177	6	61,226	228	285,702

HABERSHAM	0	0	0	0	0	0	1	1,219
HALL	0	0	0	0	0	0	3	5,405
HANCOCK	0	0	0	0	0	0	2	5,541
HARALSON	0	0	1	18,684	0	0	0	0
HARRIS	0	0	0	0	0	0	2	3,018
HENRY	1	15,052	31	87,485	2	18,666	101	120,859
HOUSTON	0	0	0	0	0	0	3	3,965
JACKSON	0	0	0	0	0	0	4	6,919
JASPER	0	0	3	4,059	0	0	7	15,063
JEFFERSON	0	0	0	0	0	0	8	8,417
LAMAR	0	0	0	0	0	0	2	1,968
LAURENS	0	0	0	0	0	0	4	7,955
LEE	0	0	0	0	1	3,599	0	0
LIBERTY	0	0	0	0	0	0	3	4,277
LOWNDES	0	0	1	1,670	0	0	6	10,957
LUMPKIN	0	0	1	1,611	0	0	0	0
MARION	0	0	1	3,495	0	0	1	5,040
MERIWETHER	0	0	1	1,747	0	0	2	1,438
MITCHELL	0	0	0	0	0	0	2	13,848
MONROE	0	0	0	0	0	0	1	4,107
MORGAN	0	0	1	2,204	0	0	0	0
MUSCOGEE	1	14,423	1	1,011	0	0	13	24,454
NEWTON	1	52,288	35	128,262	6	56,330	140	174,980
NORTH CAROLINA	0	0	1	2,039	0	0	33	44,054
OGLETHORPE	0	0	0	0	0	0	1	1,572
OTHER OUT OF STAT	2	30,705	11	15,101	4	16,236	113	128,842
PAULDING	2	81,171	1	3,443	0	0	5	7,716
PEACH	0	0	0	0	0	0	2	1,491
PICKENS	0	0	2	6,782	0	0	0	0
PIKE	0	0	0	0	0	0	2	21,691
POLK	0	0	0	0	0	0	2	1,800
PUTNAM	0	0	0	0	0	0	3	2,537
RABUN	0	0	0	0	0	0	1	4,531
RICHMOND	1	16,418	0	0	0	0	7	11,764
ROCKDALE	3	40,441	67	227,156	9	52,147	237	303,597
SCHLEY	0	0	1	5,970	0	0	2	1,547
SCREVEN	0	0	0	0	0	0	1	759
SOUTH CAROLINA	0	0	1	1,011	0	0	1	1,081
SPALDING	0	0	0	0	0	0	5	3,125
STEPHENS	0	0	0	0	0	0	2	4,663
SUMTER	0	0	0	0	0	0	1	881
TALBOT	0	0	0	0	0	0	2	2,753
TATNALL	0	0	0	0	0	0	1	3,338
TENNESSEE	0	0	0	0	1	9,867	25	23,256

TIFT	0	0	0	0	0	0	2	4,135
TOOMBS	0	0	0	0	0	0	1	2,006
TREUTLEN	0	0	0	0	0	0	1	625
TROUP	1	25,828	0	0	0	0	3	6,140
UNION	0	0	0	0	0	0	1	1,699
UPSON	0	0	0	0	0	0	2	1,694
WALTON	1	24,262	8	28,523	0	0	33	51,384
WARE	0	0	0	0	0	0	1	3,622
WASHINGTON	0	0	0	0	0	0	5	12,251
WAYNE	0	0	0	0	0	0	1	10
WHEELER	0	0	0	0	0	0	2	1,178
WILKINSON	0	0	1	16,803	0	0	0	0
WORTH	0	0	0	0	0	0	1	1,443
<b>Total</b>	<b>222</b>	<b>4,795,235</b>	<b>2,693</b>	<b>8,432,137</b>	<b>313</b>	<b>3,655,486</b>	<b>12,491</b>	<b>17,632,155</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 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	13,227,372	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	21,287,641	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	11,466	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:** 8/6/2020

**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:** 8/6/2020

**Title:** Chief Financial Officer

**Comments:**

Nurse addendum duration is reported in days