Georgia Department of Community Health

2024 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

Mailing Address: 2701 North Decatur Road

Mailing City: Decatur

Mailing Zip: 30033

Medicaid Provider Number: 000000536A

Medicare Provider Number: 110076

2. Report Period

Please report data for the hospital fiscal year ending during calender year 2024 only.
Do not use a different report period.

Please indicate your hospital fiscal year.
From: 9/1/2023 To:8/31/2024

Please indicate your cost report year. ☐
From: 09/01/2023 To:08/31/2024

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: Richard Algood

Contact Title: Corporate Director - Reimbursement

Phone: 404-727-6018

Fax: 404-727-7359

E-mail: richard.algood@emory.edu

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	818,681,163
Total Inpatient Admissions accounting for Inpatient Revenue	16,142
Outpatient Gross Patient Revenue	827,396,478
Total Outpatient Visits accounting for Outpatient Revenue	165,059
Medicare Contractual Adjustments	578,750,130
Medicaid Contractual Adjustments	121,359,140
Other Contractual Adjustments:	386,635,224
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	40,125,352
Gross Indigent Care:	34,737,132
Gross Charity Care:	45,418,898
Uncompensated Indigent Care (net):	34,737,132
Uncompensated Charity Care (net):	45,418,898
Other Free Care:	254,124
Other Revenue/Gains:	6,375,256
Total Expenses:	448,769,059

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
Prompt Pay/Small Balance Writeoffs	254,124
Total	**254,124**

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 2024? (Check box if yes.) ☑

2. Effective Date

What was the effective date of the policy or policies in effect during 2024?

01/03/2023

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.?

Corporate Director, Revenue Cycle

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 2024? (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	19,887,479	23,714,163	43,601,642
Outpatient	14,849,653	21,704,735	36,554,388
Total	**34,737,132**	**45,418,898**	**80,156,030**

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	19,887,479	23,714,163	43,601,642
Outpatient	14,849,653	21,704,735	36,554,388
Total	**34,737,132**	**45,418,898**	**80,156,030**

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
Appling	0	0	1	2,118	0	0	1	1,272
Baldwin	0	0	1	97	1	23,288	2	588
Banks	0	0	2	365	0	0	1	334
Barrow	1	150	12	18,606	6	138,132	21	53,453
Bartow	0	0	4	2,803	0	0	15	14,131
Berrien	0	0	1	1,228	0	0	0	0
Bibb	2	3,388	19	26,968	1	1,363	8	1,731
Bleckley	0	0	0	0	0	0	1	13,308
Brooks	0	0	2	500	0	0	2	877
Bryan	0	0	0	0	0	0	1	157
Bulloch	0	0	0	0	1	10,857	6	749
Burke	0	0	0	0	1	28,781	3	699
Butts	3	1,519	6	1,677	2	8,422	9	29,332
Candler	0	0	0	0	0	0	1	138
Carroll	0	0	11	34,496	1	438	18	18,968
Chatham	0	0	2	2,797	0	0	5	3,431
Chattahoochee	0	0	0	0	0	0	2	276
Chattooga	0	0	0	0	0	0	1	246
Cherokee	0	0	4	2,538	1	9,625	39	43,175
Clarke	0	0	6	8,849	1	2,180	8	10,518
Clayton	29	335,795	188	196,118	43	556,827	226	614,818
Cobb	21	764,702	83	133,081	0	0	173	168,635
Coffee	0	0	1	6,549	0	0	0	0
Colquitt	0	0	3	3,630	0	0	0	0
Columbia	0	0	2	800	0	0	4	1,987
Cook	0	0	1	8,651	1	5,123	1	6,836
Coweta	2	240,954	5	6,384	0	0	18	22,360
Crisp	0	0	0	0	0	0	1	175
Dawson	0	0	2	8,972	0	0	3	539
Decatur	0	0	2	2,799	0	0	1	138
DeKalb	947	14,213,221	7,089	11,382,200	1,003	17,234,127	7,810	15,198,199
Dooly	0	0	3	11,308	0	0	0	0

Dougherty	1	640	4	5,952	0	0	6	11,211
Douglas	0	0	23	38,583	12	64,054	64	85,171
Effingham	0	0	0	0	0	0	2	1,943
Elbert	0	0	1	195	0	0	0	0
Emanuel	0	0	1	200	0	0	1	157
Evans	0	0	0	0	0	0	1	1,219
Fannin	0	0	1	375	0	0	4	717
Fayette	4	6,100	21	24,465	3	4,726	24	35,242
Florida	1	8,629	5	6,815	6	20,657	76	118,721
Floyd	1	1,775	4	1,528	0	0	7	3,549
Forsyth	0	0	3	500	3	62,640	16	4,991
Franklin	0	0	2	134	0	0	0	0
Fulton	107	1,294,610	893	1,266,592	108	1,883,383	962	1,390,025
Gilmer	0	0	0	0	0	0	2	276
Glynn	0	0	0	0	0	0	8	19,006
Gordon	0	0	1	527	0	0	7	7,673
Greene	0	0	2	190	0	0	0	0
Gwinnett	51	399,356	402	599,455	109	1,481,977	651	1,226,565
Habersham	0	0	0	0	0	0	5	634
Hall	2	3,139	12	15,563	2	19,673	35	39,151
Hancock	0	0	0	0	0	0	1	2,404
Haralson	0	0	2	1,233	0	0	0	0
Harris	0	0	1	45	0	0	1	157
Hart	0	0	0	0	0	0	1	12,327
Heard	0	0	3	264	0	0	1	267
Henry	34	818,041	262	309,031	52	605,069	366	567,943
Houston	0	0	7	2,611	0	0	15	12,162
Irwin	0	0	1	137	0	0	0	0
Jackson	1	1,807	4	36,229	2	1,990	13	48,243
Jasper	0	0	5	7,024	1	20,883	2	11,301
Jefferson	0	0	2	3,796	0	0	0	0
Jones	0	0	0	0	0	0	1	2,973
Lamar	3	607	2	291	1	2,037	2	590
Laurens	0	0	2	2,361	1	25,463	2	25,807
Liberty	0	0	2	4,363	0	0	2	2,268
Lincoln	0	0	0	0	0	0	1	420
Lowndes	0	0	2	4,383	1	12,037	2	2,225
Lumpkin	0	0	1	7,971	0	0	3	2,088
Macon	0	0	1	275	0	0	4	10,781
Madison	0	0	0	0	0	0	3	1,191
Marion	0	0	0	0	0	0	1	498
McDuffie	0	0	1	1,932	0	0	0	0
Meriwether	1	126,860	0	0	0	0	3	2,506
Miller	0	0	1	585	0	0	0	0

Monroe	0	0	3	4,004	1	2,683	2	4,914
Morgan	2	1,452	1	149	0	0	6	47,242
Muscogee	0	0	6	6,885	1	1,972	13	11,949
Newton	0	0	79	123,158	10	50,387	85	131,650
North Carolina	0	0	4	6,362	0	0	32	93,741
Oconee	0	0	0	0	0	0	4	3,618
Oglethorpe	0	0	0	0	0	0	1	138
Other Out of State	3	1,067,962	23	74,987	37	902,237	390	478,610
Paulding	0	0	3	2,800	2	12,097	16	17,456
Peach	0	0	0	0	0	0	1	220
Pickens	0	0	0	0	0	0	3	1,118
Pierce	0	0	1	310	0	0	0	0
Pike	0	0	3	7,174	0	0	4	3,071
Polk	0	0	6	5,844	0	0	9	8,926
Putnam	0	0	0	0	0	0	1	1,354
Rabun	0	0	2	2,222	0	0	2	295
Richmond	0	0	4	45,212	0	0	11	22,810
Rockdale	6	7,591	106	111,647	21	257,189	114	193,317
Screven	0	0	0	0	0	0	1	138
South Carolina	2	18,310	0	0	8	157,950	35	51,259
Spalding	6	47,861	16	31,426	0	0	8	6,651
Stephens	0	0	1	65	0	0	1	79
Sumter	0	0	3	3,476	0	0	0	0
Talbot	0	0	0	0	0	0	1	948
Taliaferro	0	0	2	1,244	0	0	0	0
Tattnall	0	0	1	120	0	0	1	138
Taylor	0	0	0	0	0	0	1	477
Telfair	0	0	3	10,537	0	0	0	0
Tennessee	1	2,885	1	124	0	0	36	64,588
Terrell	1	19,252	0	0	0	0	0	0
Thomas	0	0	4	108,589	1	36,770	11	529,785
Tift	1	34,439	0	0	1	58,092	0	0
Towns	0	0	0	0	0	0	1	157
Treutlen	0	0	1	302	0	0	0	0
Troup	1	1,770	2	1,082	0	0	7	2,616
Turner	0	0	0	0	0	0	1	1,278
Union	0	0	0	0	0	0	2	295
Upson	1	500	1	265	0	0	2	1,344
Walton	6	464,166	59	80,321	0	0	68	158,294
Ware	0	0	2	8,552	0	0	0	0
Washington	0	0	2	686	0	0	1	2,268
Wayne	0	0	1	1,259	0	0	1	209
White	0	0	0	0	0	0	5	1,314
Whitfield	0	0	0	0	0	0	2	2,798

Wilkes	0	0	2	3,411	0	0	0	0
Wilkinson	0	0	0	0	0	0	2	199
Worth	0	0	1	300	1	11,032	0	0
Total	**1,241**	**19,887,481**	**9,467**	**14,849,652**	**1,446**	**23,714,161**	**11,557**	**21,704,736**

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 2024? (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 2024.

	Patient Category	SFY 2022 7/1/21-6/30/22	SFY2024 7/1/22-6/30/23	SFY2024 7/1/23-6/30/24
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	29,210,564	5,526,568
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	34,689,718	10,729,180
C.	Other Patients in accordance with the department approved policy.	0	0	0

3. Patients Served

Indicate the number of patients served by SFY.

SFY2022 7/1/21-6/30/22	SFY2024 7/1/22-6/30/23	SFY2024 7/1/23-6/30/24
0	19,361	4,430

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 incaccurate 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: 8/5/2025

Title: Chief Executive Officer, EDH, EHH, ELTAC

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: 8/5/2025

Title: Vice President & Chief Financial Officer

Comments: