GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2024 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP901

Facility Name: Emory Johns Creek Hospital

County: Fulton

Street Address: 6325 Hospital Parkway

City: Johns Creek

Zip: 30097

Mailing Address: 6325 Hospital Parkway

Mailing City: Johns Creek

Mailing Zip: 30097

Medicaid Provider Number: 344886600A

Medicare Provider Number: 11-0230

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	498,003,547
Total Inpatient Admissions accounting for Inpatient Revenue	10,294
Outpatient Gross Patient Revenue	503,358,331
Total Outpatient Visits accounting for Outpatient Revenue	98,420
Medicare Contractual Adjustments	356,173,375
Medicaid Contractual Adjustments	39,003,272
Other Contractual Adjustments:	242,829,930
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	24,173,751
Gross Indigent Care:	6,232,761
Gross Charity Care:	16,861,921
Uncompensated Indigent Care (net):	6,232,761
Uncompensated Charity Care (net):	16,861,921
Other Free Care:	7,128,266
Other Revenue/Gains:	53,246,829
Total Expenses:	259,485,793

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	7,128,266
Employee Discounts	0
	0
Total	**7,128,266**

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	3,978,390	7,791,953	11,770,343
Outpatient	2,254,371	9,069,968	11,324,339
Total	**6,232,761**	**16,861,921**	**23,094,682**

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	3,978,390	7,791,953	11,770,343
Outpatient	2,254,371	9,069,968	11,324,339
Total	**6,232,761**	**16,861,921**	**23,094,682**

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
Banks	0	0	0	0	0	0	3	3,642
Barrow	5	7,337	15	18,668	7	102,179	43	94,007
Bartow	1	1,351	0	0	2	46,137	9	49,889
Ben Hill	0	0	0	0	0	0	1	4,276
Berrien	0	0	0	0	0	0	1	238
Bibb	0	0	5	2,028	0	0	6	15,115
Bleckley	1	1,950	0	0	0	0	0	0
Brooks	0	0	1	7,987	0	0	0	0
Bryan	0	0	0	0	0	0	1	1,229
Butts	0	0	0	0	0	0	2	4,845
Carroll	0	0	0	0	0	0	3	6,484
Chatham	0	0	0	0	1	10,221	1	3,535
Chattooga	0	0	1	95	0	0	1	15,515
Cherokee	2	24,613	16	57,079	8	135,855	69	176,392
Clarke	1	1,850	1	379	1	3,615	3	899
Clayton	2	84,850	19	48,995	3	6,788	30	64,573
Cobb	3	52,000	27	69,571	27	240,850	87	311,434
Coffee	0	0	1	3,118	0	0	0	0
Colquitt	0	0	0	0	1	835	0	0
Coweta	1	500	1	1,349	1	1,509	4	17,554
Dawson	2	141,488	11	14,294	9	128,887	26	45,270
DeKalb	15	540,558	109	167,034	63	537,426	311	562,788
Dougherty	2	3,100	0	0	0	0	1	1,478
Douglas	0	0	3	11,695	1	1,500	9	29,949
Effingham	0	0	0	0	0	0	1	526
Elbert	0	0	3	2,357	0	0	1	40
Fannin	0	0	1	79	0	0	0	0
Fayette	1	1,000	5	1,023	2	23,544	6	14,819
Florida	0	0	0	0	6	77,776	42	111,195
Floyd	0	0	0	0	0	0	1	1,231
Forsyth	15	417,132	105	138,614	52	667,321	275	433,882
Franklin	0	0	0	0	0	0	1	371

Fulton	92	1,482,536	331	469,255	194	1,888,156	1,284	2,056,269
Gilmer	0	0	5	15,339	0	0	0	0
Glynn	0	0	0	0	0	0	1	35
Gordon	0	0	1	10,939	2	29,733	6	19,518
Gwinnett	128	1,067,074	673	848,767	330	2,515,499	2,188	3,851,924
Habersham	1	596	7	65,660	0	0	0	0
Hall	6	6,890	27	40,285	30	295,169	79	172,200
Haralson	0	0	1	100	0	0	1	683
Hart	0	0	1	32,864	0	0	3	4,539
Henry	7	6,660	14	6,210	4	21,948	31	66,450
Houston	0	0	4	15,601	0	0	3	560
Jackson	4	7,372	25	26,270	6	39,684	28	66,246
Jasper	0	0	1	236	0	0	0	0
Jenkins	1	1,625	1	345	0	0	0	0
Lee	0	0	2	2,033	0	0	0	0
Liberty	0	0	0	0	0	0	2	9,627
Lincoln	0	0	1	236	0	0	0	0
Lowndes	2	870	0	0	0	0	1	1,894
Lumpkin	1	1,625	4	44,264	10	437,954	21	28,473
Macon	0	0	1	115	0	0	1	564
Madison	0	0	1	775	0	0	1	192
McDuffie	0	0	1	150	0	0	0	0
Meriwether	0	0	1	3,551	0	0	5	80,362
Monroe	0	0	0	0	0	0	1	1,490
Morgan	0	0	0	0	0	0	1	1,786
Murray	0	0	0	0	0	0	1	733
Muscogee	0	0	3	2,122	0	0	0	0
Newton	2	3,150	13	22,796	1	1,627	6	21,609
North Carolina	0	0	2	720	3	19,128	25	71,734
Oconee	0	0	0	0	1	894	5	1,030
Oglethorpe	0	0	1	1,018	0	0	0	0
Other Out of State	2	83,699	5	38,513	18	301,200	122	206,650
Paulding	1	5,150	4	3,356	1	1,287	7	30,399
Peach	1	1,750	2	736	0	0	1	561
Pickens	0	0	3	812	1	37,904	2	1,267
Pike	0	0	0	0	1	67,988	2	3,942
Polk	0	0	3	137	1	6,600	5	42,655
Rabun	0	0	0	0	1	7,814	0	0
Richmond	0	0	1	257	0	0	5	20,845
Rockdale	1	25,494	10	13,001	0	0	28	68,572
South Carolina	0	0	0	0	3	28,049	14	49,214
Stephens	0	0	4	418	1	5,672	0	0
Sumter	0	0	2	789	0	0	1	509
Talbot	0	0	1	298	0	0	0	0

Telfair	0	0	1	1,192	0	0	0	0
Tennessee	0	0	1	181	1	24,050	13	30,693
Tift	0	0	1	8,397	1	8,623	0	0
Towns	1	250	1	569	0	0	6	6,835
Troup	1	2,360	1	4,226	0	0	2	1,557
Upson	0	0	2	255	0	0	0	0
Walker	0	0	1	1,087	0	0	2	2,483
Walton	8	3,558	16	25,884	6	68,533	37	108,705
White	0	0	1	121	0	0	5	44,778
Whitfield	0	0	2	127	0	0	5	21,208
Total	**310**	**3,978,388**	**1,507**	**2,254,372**	**800**	**7,791,955**	**4,889**	**9,069,967**

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	13,336,977	3,524,945
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	5,328,787	903,974
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	4,692	1,080

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: Heather Redrick, MHA, BSN

Date: 8/5/2025

Title: Chief Operating Officer, Chief Nursing 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: 8/5/2025

Title: Vice President & Chief Financial Officer

Comments: