GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2024 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP714

Facility Name: Emory Saint Joseph's Hospital

County: Fulton

Street Address: 5665 Peachtree Dunwoody Road NE

City: Atlanta

Zip: 30342

Mailing Address: 5665 Peachtree Dunwoody Road NE

Mailing City: Atlanta

Mailing Zip: 30342

Medicaid Provider Number: 000001812A

Medicare Provider Number: 11-0082

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	1,261,813,121
Total Inpatient Admissions accounting for Inpatient Revenue	17,517
Outpatient Gross Patient Revenue	967,031,738
Total Outpatient Visits accounting for Outpatient Revenue	125,997
Medicare Contractual Adjustments	919,200,211
Medicaid Contractual Adjustments	67,070,487
Other Contractual Adjustments:	518,126,690
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	49,176,774
Gross Indigent Care:	16,715,496
Gross Charity Care:	34,713,529
Uncompensated Indigent Care (net):	16,715,496
Uncompensated Charity Care (net):	34,713,529
Other Free Care:	599,363
Other Revenue/Gains:	19,076,124
Total Expenses:	563,356,216

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	599,363
Employee Discounts	0
	0
Total	**599,363**

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?

01/03/23

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	9,985,508	21,955,304	31,940,812
Outpatient	6,729,988	12,758,225	19,488,213
Total	**16,715,496**	**34,713,529**	**51,429,025**

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	9,985,508	21,955,304	31,940,812
Outpatient	6,729,988	12,758,225	19,488,213
Total	**16,715,496**	**34,713,529**	**51,429,025**

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	0	0	1	117,718	1	214
Baldwin	2	2,191	11	4,220	1	645	1	646
Banks	1	2,238	0	0	0	0	0	0
Barrow	1	2,627	11	8,841	9	121,073	10	19,264
Bartow	0	0	19	13,311	1	74,855	8	12,991
Ben Hill	0	0	2	180	0	0	0	0
Berrien	0	0	2	21,742	0	0	0	0
Bibb	4	4,532	17	141,791	0	0	9	15,397
Bryan	0	0	0	0	1	1,860	0	0
Bulloch	1	298	0	0	0	0	0	0
Butts	1	4,878	3	276	0	0	5	7,103
Camden	0	0	1	341	0	0	1	1,558
Carroll	3	40,265	14	23,028	1	190,282	22	32,591
Catoosa	1	980	1	-873	3	235,707	5	36,531
Chatham	1	200	3	786	1	5,969	3	4,466
Chattooga	1	730	1	56	0	0	2	1,501
Cherokee	15	15,700	69	50,314	13	135,070	76	90,738
Clarke	0	0	15	7,523	2	29,309	3	323
Clayton	38	584,946	114	195,931	19	831,201	102	187,138
Cobb	67	317,047	325	450,286	67	1,249,602	567	667,214
Coffee	0	0	0	0	2	28,603	1	4,075
Colquitt	0	0	1	475	1	170,743	0	0
Columbia	0	0	2	166	1	6,472	4	11,957
Coweta	5	9,944	12	21,639	2	17,568	14	11,917
Crisp	0	0	8	107,023	3	184,834	2	1,692
Dawson	0	0	3	6,525	0	0	5	27,522
Decatur	0	0	1	454	2	245,086	1	289
DeKalb	283	1,980,866	1,119	1,957,184	396	7,913,738	2,357	4,685,995
Dodge	1	2,065	1	100	0	0	1	214
Dooly	0	0	1	292	0	0	0	0
Dougherty	3	480,679	7	5,148	2	23,062	4	7,201
Douglas	14	14,957	22	16,234	3	272,316	34	37,674

Early	0	0	1	95	0	0	0	0
Effingham	0	0	0	0	0	0	1	803
Elbert	0	0	1	142	0	0	0	0
Emanuel	0	0	2	417	0	0	0	0
Fannin	4	6,663	4	10,723	0	0	0	0
Fayette	0	0	15	6,408	4	18,296	14	25,160
Florida	0	0	3	9,341	2	3,890	47	120,384
Floyd	1	531	7	11,715	1	18,894	8	8,751
Forsyth	4	2,907	18	25,694	1	27,599	39	96,428
Franklin	1	817	3	418	0	0	0	0
Fulton	220	3,304,410	1,195	2,012,564	247	4,632,496	1,837	3,047,125
Gilmer	2	32,367	4	4,371	0	0	4	439
Glynn	0	0	0	0	0	0	2	774
Gordon	2	107,469	8	7,910	1	5,441	4	-5,550
Greene	0	0	0	0	0	0	3	9,523
Gwinnett	72	1,248,752	350	925,339	111	2,561,196	850	1,776,554
Habersham	1	3,181	3	1,002	0	0	2	841
Hall	3	3,072	8	40,336	4	34,530	21	66,054
Hancock	0	0	2	591	0	0	1	35
Haralson	1	1,490	5	9,981	0	0	3	5,057
Harris	0	0	1	657	0	0	3	13,360
Hart	0	0	0	0	0	0	1	2,899
Heard	0	0	1	250	0	0	3	34,633
Henry	31	258,375	74	163,246	13	161,958	105	501,872
Houston	2	2,245	8	1,769	3	69,897	13	15,145
Irwin	0	0	1	58	0	0	0	0
Jackson	0	0	3	407	8	158,184	7	6,989
Jasper	0	0	1	495	1	32,459	0	0
Jefferson	0	0	0	0	0	0	1	300
Jones	0	0	3	4,923	0	0	1	101
Lamar	2	500	4	1,069	0	0	1	1,526
Laurens	2	8,991	2	2,911	0	0	0	0
Lee	1	838	1	186	0	0	0	0
Lincoln	0	0	0	0	0	0	2	943
Lowndes	0	0	6	576	0	0	0	0
Lumpkin	0	0	4	2,066	2	148,243	9	143,099
Madison	0	0	2	2,459	0	0	1	3,495
McDuffie	0	0	1	250	0	0	0	0
Meriwether	0	0	3	554	0	0	0	0
Mitchell	1	182	3	5,049	1	10,662	0	597
Monroe	0	0	0	0	2	66,759	5	10,579
Morgan	0	0	1	9,536	1	727	1	35
Murray	0	0	3	1,871	1	47,226	0	0
Muscogee	1	691	19	31,153	3	159,062	8	22,870

Newton	5	41,086	20	21,896	1	6,690	18	29,986
North Carolina	3	640,642	4	301	0	0	19	39,702
Oconee	0	0	0	0	1	16,834	5	54,259
Oglethorpe	2	3,269	2	1,800	0	0	1	420
Other Out of State	4	93,661	11	18,072	23	415,225	211	408,008
Paulding	6	9,533	24	63,855	7	29,718	28	62,299
Peach	0	0	2	6,539	0	0	3	5,647
Pickens	0	0	6	1,489	0	0	2	12,881
Pierce	0	0	0	0	0	0	2	1,571
Pike	2	2,911	1	120	0	0	0	0
Polk	3	3,108	8	1,287	1	1,632	7	5,999
Pulaski	0	0	1	23	0	0	0	0
Putnam	0	0	2	200	0	0	0	0
Rabun	1	1,110	5	11,452	0	0	2	16,166
Randolph	0	0	1	95	0	0	0	0
Richmond	1	237,927	3	3,363	3	348,401	4	6,256
Rockdale	0	0	27	22,744	3	195,967	35	66,700
Schley	0	0	0	0	0	0	2	388
South Carolina	0	0	2	5,134	12	501,843	23	33,538
Spalding	1	1,320	9	10,955	2	40,464	6	-14,029
Stephens	0	0	6	3,031	1	25	0	0
Sumter	2	205,523	2	195	0	0	0	0
Talbot	0	0	2	304	0	0	0	0
Taliaferro	0	0	2	122,596	0	0	0	0
Tattnall	0	0	1	24,502	0	0	0	0
Telfair	0	0	1	3,401	0	0	1	1,273
Tennessee	1	164,932	0	0	1	35,768	20	62,562
Terrell	0	0	0	0	0	0	1	190
Tift	2	109,133	5	21,293	0	0	3	4,151
Toombs	0	0	5	3,520	0	0	0	0
Towns	3	4,306	2	487	0	0	0	0
Troup	0	0	5	1,242	2	-3,535	3	5,431
Turner	1	762	1	5,890	0	0	0	0
Union	0	0	0	0	0	0	2	311
Upson	1	1,160	9	6,233	0	0	0	0
Walker	0	0	0	0	0	0	2	2,286
Walton	0	0	23	34,139	2	16,369	20	42,470
Ware	0	0	2	1,347	0	0	0	0
Washington	0	0	0	0	1	305	0	0
Wayne	0	0	0	0	0	0	1	640
Webster	0	0	1	45	0	0	0	0
Wheeler	0	0	1	288	0	0	0	0
White	0	0	0	0	1	2,477	8	123,125
Whitfield	1	16,501	2	631	4	333,468	1	8,963

Wilkinson	0	0	1	1,977	1	2	0	0
Worth	0	0	1	17	1	419	0	0
Total	**832**	**9,985,508**	**3,755**	**6,729,988**	**1,004**	**21,955,304**	**6,665**	**12,758,225**

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	13,342,617	3,372,879
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	0	0
C.	Other Patients in accordance with the department approved policy.	0	27,123,802	7,589,727

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	9,784	2,475

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: Kevin Andrews

Date: 8/5/2025

Title: Chief Operating Officer, ESJH

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: