Georgia Department of Community Health

2024 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

Mailing Address: 2801 Dekalb Medical Parkway

Mailing City: Lithonia

Mailing Zip: 30058

Medicaid Provider Number: 000000536U

Medicare Provider Number: 110226

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	197,112,213
Total Inpatient Admissions accounting for Inpatient Revenue	4,564
Outpatient Gross Patient Revenue	340,531,113
Total Outpatient Visits accounting for Outpatient Revenue	92,520
Medicare Contractual Adjustments	174,205,928
Medicaid Contractual Adjustments	61,159,944
Other Contractual Adjustments:	122,591,860
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	24,341,469
Gross Indigent Care:	18,280,172
Gross Charity Care:	26,689,980
Uncompensated Indigent Care (net):	18,280,172
Uncompensated Charity Care (net):	26,689,980
Other Free Care:	253,028
Other Revenue/Gains:	3,314,332
Total Expenses:	110,597,762

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	253,028
Total	**253,028**

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	6,757,278	7,311,527	14,068,805
Outpatient	11,522,894	19,378,453	30,901,347
Total	**18,280,172**	**26,689,980**	**44,970,152**

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	6,757,278	7,311,527	14,068,805
Outpatient	11,522,894	19,378,453	30,901,347
Total	**18,280,172**	**26,689,980**	**44,970,152**

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	1,147	0	0	0	0
Baldwin	0	0	4	4,185	0	0	3	2,859
Banks	0	0	0	0	0	0	1	273
Barrow	1	1,750	6	5,981	0	0	7	12,870
Bartow	0	0	0	0	0	0	2	6,916
Berrien	0	0	1	1,811	0	0	0	0
Bibb	0	0	4	5,960	0	0	6	9,762
Bryan	0	0	2	4,117	0	0	1	802
Bulloch	0	0	0	0	0	0	1	2,242
Burke	0	0	0	0	0	0	2	10,462
Butts	1	64,875	4	3,160	0	0	2	1,798
Camden	0	0	0	0	0	0	1	1,200
Carroll	0	0	2	500	0	0	11	12,968
Chatham	0	0	0	0	0	0	7	7,910
Cherokee	0	0	6	16,756	1	9,732	12	21,927
Clarke	1	27,586	5	4,330	0	0	4	4,918
Clayton	9	57,574	126	170,167	11	158,120	187	262,105
Cobb	2	11,734	27	49,981	8	85,281	52	63,313
Coffee	0	0	1	150	0	0	0	0
Colquitt	1	39,576	1	6,060	0	0	0	0
Columbia	0	0	0	0	0	0	1	652
Coweta	0	0	2	658	0	0	10	24,090
Crisp	0	0	0	0	0	0	2	3,132
Dawson	0	0	1	13,322	0	0	0	0
DeKalb	396	5,305,516	5,619	9,497,381	419	5,479,994	9,073	14,700,431
Dougherty	0	0	1	239	0	0	5	13,797
Douglas	0	0	14	14,914	1	21,739	35	46,388
Early	0	0	1	90	0	0	0	0
Evans	0	0	0	0	0	0	1	784
Fayette	1	2,065	5	11,902	0	0	12	22,762
Florida	0	0	0	0	0	0	71	118,499
Forsyth	0	0	1	150	0	0	8	7,523

Fulton	21	317,539	369	621,526	28	527,722	569	822,696
Glynn	1	62,528	1	2,098	0	0	1	5,427
Gordon	0	0	1	4,694	0	0	0	0
Grady	0	0	1	5,757	0	0	0	0
Greene	0	0	0	0	0	0	1	360
Gwinnett	5	62,558	126	277,526	26	281,729	308	530,973
Hancock	0	0	1	641	0	0	2	3,975
Haralson	0	0	0	0	0	0	2	4,645
Harris	0	0	1	2,476	0	0	1	-327
Henry	17	323,745	202	253,594	23	204,338	515	862,733
Houston	0	0	1	5,394	0	0	3	2,209
Jackson	0	0	4	6,109	0	0	2	1,803
Jasper	0	0	3	9,680	0	0	4	1,794
Johnson	0	0	1	1,200	0	0	0	0
Jones	0	0	2	2,589	0	0	0	0
Lamar	0	0	1	6,350	0	0	2	6,654
Laurens	0	0	0	0	0	0	3	5,041
Liberty	0	0	1	350	0	0	1	4,632
Lowndes	0	0	0	0	0	0	4	10,836
Lumpkin	0	0	0	0	0	0	1	715
Marion	0	0	0	0	0	0	2	844
Meriwether	0	0	0	0	0	0	1	552
Monroe	1	1,325	0	0	0	0	0	0
Morgan	0	0	4	6,695	0	0	0	0
Muscogee	0	0	1	255	0	0	5	6,188
Newton	0	0	110	177,841	3	64,849	186	379,300
North Carolina	0	0	0	0	1	12,214	33	54,600
Oconee	0	0	0	0	0	0	1	35
Oglethorpe	0	0	1	3,228	0	0	1	35
Other Out of State	2	3,856	6	29,867	18	191,847	260	449,333
Paulding	0	0	2	2,952	0	0	2	7,577
Pike	0	0	0	0	0	0	3	5,312
Polk	0	0	2	549	0	0	0	0
Putnam	0	0	2	4,073	0	0	4	3,331
Richmond	0	0	4	7,314	0	0	11	7,418
Rockdale	11	398,527	207	227,122	19	223,344	351	572,638
Screven	0	0	1	40	0	0	0	0
South Carolina	0	0	0	0	1	18,102	29	55,850
Spalding	1	1,280	5	4,315	1	337	12	15,972
Stephens	0	0	1	3,132	0	0	1	5,296
Sumter	0	0	1	1,687	0	0	2	836
Telfair	0	0	1	1,200	0	0	0	0
Tennessee	0	0	0	0	0	0	13	36,205
Thomas	1	2,140	3	4,667	0	0	1	176

Troup	0	0	0	0	0	0	4	17,950
Walton	3	73,104	26	32,194	6	32,179	57	121,665
Warren	0	0	0	0	0	0	2	1,616
Washington	0	0	0	0	0	0	5	3,914
White	0	0	1	2,425	0	0	0	0
Whitfield	0	0	4	394	0	0	2	7,260
Total	**475**	**6,757,278**	**6,931**	**11,522,895**	**566**	**7,311,527**	**11,924**	**19,378,452**

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	16,400,296	1,879,876
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	21,104,465	5,585,515
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	16,154	3,768

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: