



## 2022 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

#### 2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2022 only.

**Do not use a different report period.**

**Please indicate your hospital fiscal year.**

From: 9/1/2021 To:8/31/2022

**Please indicate your cost report year.**

From: 09/01/2021 To:08/31/2022

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:** Patty Pharo

**Contact Title:** Senior Financial Analyst

**Phone:** 678-474-7000

**Fax:** 678-474-7053

**E-mail:** [patty.pharo@emoryhealthcare.org](mailto:patty.pharo@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	408,103,300
Total Inpatient Admissions accounting for Inpatient Revenue	8,773
Outpatient Gross Patient Revenue	401,813,628
Total Outpatient Visits accounting for Outpatient Revenue	89,137
Medicare Contractual Adjustments	268,437,155
Medicaid Contractual Adjustments	36,807,879
Other Contractual Adjustments:	219,147,150
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	21,359,661
Gross Indigent Care:	13,120,978
Gross Charity Care:	7,901,159
Uncompensated Indigent Care (net):	13,120,978
Uncompensated Charity Care (net):	7,901,159
Other Free Care:	1,371,405
Other Revenue/Gains:	23,484,106
Total Expenses:	236,501,372

### 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	1,371,405
Employee Discounts	0
	0
<b>Total</b>	<b>1,371,405</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 2022? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2022?

07/11/2019

### 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 2022? (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	6,943,035	4,008,118	10,951,153
Outpatient	6,177,943	3,893,041	10,070,984
<b>Total</b>	<b>13,120,978</b>	<b>7,901,159</b>	<b>21,022,137</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	6,943,035	4,008,118	10,951,153
Outpatient	6,177,943	3,893,041	10,070,984
<b>Total</b>	<b>13,120,978</b>	<b>7,901,159</b>	<b>21,022,137</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	1	5,461	4	5,557	1	15,585	0	0
Baldwin	0	0	1	9,123	0	0	0	0
Banks	0	0	6	7,499	0	0	0	0
Barrow	7	47,466	42	113,934	0	0	5	6,895
Bartow	0	0	2	3,417	0	0	1	4,493
Bibb	0	0	6	6,535	1	17,566	4	22,554
Brantley	0	0	1	11,553	0	0	0	0
Butts	0	0	2	400	0	0	0	0
Carroll	1	1,459	1	1,229	0	0	0	0
Chatham	0	0	4	18,636	0	0	0	0
Cherokee	6	23,499	28	47,483	1	11,977	13	33,072
Clarke	0	0	4	4,442	0	0	2	6,728
Clayton	2	54,910	42	73,140	1	151,191	5	13,409
Cobb	11	117,593	43	111,057	0	0	20	52,335
Colquitt	0	0	0	0	0	0	1	6,515
Columbia	0	0	1	5,767	0	0	0	0
Coweta	2	24,182	0	0	0	0	1	2,296
Crisp	0	0	0	0	0	0	1	2,874
Dawson	3	42,101	17	60,684	3	55,465	16	47,639
DeKalb	21	116,159	179	396,310	7	314,212	63	214,537
Dodge	0	0	2	8,676	0	0	0	0
Dougherty	1	225	6	19,348	0	0	0	0
Douglas	1	900	10	18,239	0	0	2	6,650
Early	0	0	1	667	0	0	0	0
Fannin	0	0	5	31,744	0	0	1	559
Fayette	0	0	6	15,314	0	0	0	0
Florida	0	0	5	21,401	1	118	0	0
Floyd	0	0	1	166	0	0	0	0
Forsyth	37	418,343	218	492,596	17	722,895	86	223,694
Franklin	0	0	5	34,060	0	0	0	0
Fulton	143	2,837,756	839	1,874,476	48	975,461	460	1,552,478
Gilmer	0	0	3	5,832	0	0	1	725

Glynn	0	0	1	6,504	0	0	0	0
Gordon	0	0	0	0	0	0	2	19,222
Gwinnett	179	2,775,862	1,248	2,255,178	86	1,597,801	537	1,567,289
Habersham	0	0	3	874	0	0	0	0
Hall	13	43,781	49	121,559	2	18,408	14	43,733
Hancock	1	120	0	0	0	0	0	0
Haralson	0	0	0	0	0	0	1	1,836
Heard	0	0	1	2,282	0	0	0	0
Henry	3	102,675	14	16,765	0	0	2	7,386
Houston	1	28,709	3	4,619	0	0	0	0
Jackson	5	45,272	30	28,100	3	3,143	3	5,127
Jefferson	0	0	1	3,171	0	0	0	0
Lamar	0	0	2	4,780	0	0	0	0
Liberty	0	0	1	1,109	0	0	1	2,756
Lowndes	0	0	1	5,979	0	0	0	0
Lumpkin	3	123,575	8	60,363	0	0	1	1,212
Madison	1	1,125	0	0	0	0	0	0
Meriwether	0	0	2	1,000	0	0	0	0
Mitchell	0	0	2	18,871	0	0	0	0
Morgan	0	0	1	7,140	0	0	0	0
Murray	0	0	1	652	0	0	0	0
Muscogee	0	0	2	560	0	0	0	0
Newton	0	0	7	3,377	0	0	2	10,803
North Carolina	0	0	0	0	0	0	4	6,692
Other Out of State	0	0	18	51,238	4	86,810	5	1,902
Paulding	2	121,780	5	19,305	0	0	3	1,695
Peach	0	0	1	273	0	0	0	0
Pickens	1	4,134	4	7,011	0	0	0	0
Pierce	0	0	1	533	0	0	0	0
Pike	0	0	2	1,229	0	0	0	0
Polk	0	0	1	937	0	0	0	0
Putnam	0	0	2	1,832	0	0	1	4,606
Richmond	0	0	1	10,959	0	0	1	533
Rockdale	1	1,948	8	30,426	0	0	3	9,074
South Carolina	1	650	4	16,108	0	0	0	0
Spalding	0	0	5	14,300	0	0	0	0
Stephens	0	0	3	1,518	0	0	0	0
Stewart	0	0	1	230	0	0	0	0
Taliaferro	0	0	1	284	0	0	0	0
Tennessee	0	0	3	2,903	0	0	0	0
Tift	1	1,500	3	1,321	0	0	0	0
Towns	0	0	2	770	0	0	0	0
Troup	0	0	3	189	0	0	0	0
Union	0	0	2	10,794	0	0	0	0

Walker	0	0	1	2,360	0	0	0	0
Walton	1	1,850	31	42,987	2	37,486	7	11,567
Washington	0	0	1	120	0	0	0	0
Wayne	0	0	1	893	0	0	0	0
White	0	0	4	17,255	0	0	1	155
<b>Total</b>	<b>449</b>	<b>6,943,035</b>	<b>2,969</b>	<b>6,177,943</b>	<b>177</b>	<b>4,008,118</b>	<b>1,270</b>	<b>3,893,041</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 2022?  
(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 2022.

Patient Category		SFY 2021	SFY2022	SFY2023
		7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	10,814,623	2,306,356
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	6,201,005	1,694,268
C.	Other Patients in accordance with the department approved policy.	0	5,886	0

### 3. Patients Served

Indicate the number of patients served by SFY.

SFY 2021	SFY2022	SFY2023
7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
0	3,791	912

## 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 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:** Marilyn Margolis

**Date:** 7/20/2023

**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:** Divya Matai

**Date:** 7/20/2023

**Title:** Chief Financial Officer

**Comments:**