Georgia Department of Community Health

2024 Hospital Financial Survey

Part A : General Information

1. Identification

UID:hosp416

Facility Name: Arthur M. Blank Hospital

County: DeKalb

Street Address: 2220 N Druid Hills Rd NE

City: Atlanta

Zip: 30329

Mailing Address: 2220 N Druid Hills Rd NE

Mailing City: Atlanta

Mailing Zip: 30329

Medicaid Provider Number: 000000943A

Medicare Provider Number: 113300

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: 1/1/2024 To:12/31/2024

Please indicate your cost report year. ☐
From: 01/01/2024 To:12/31/2024

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: Sherry Cameron

Contact Title: Reimbursement Manager

Phone: 404-785-7964

Fax: 404-964-8054

E-mail: sherry.cameron@choa.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	1,904,791,216
Total Inpatient Admissions accounting for Inpatient Revenue	12,749
Outpatient Gross Patient Revenue	999,652,501
Total Outpatient Visits accounting for Outpatient Revenue	160,218
Medicare Contractual Adjustments	68,017,340
Medicaid Contractual Adjustments	1,211,232,398
Other Contractual Adjustments:	407,741,251
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	21,141,063
Gross Indigent Care:	71,350,946
Gross Charity Care:	3,184,172
Uncompensated Indigent Care (net):	70,254,351
Uncompensated Charity Care (net):	3,184,172
Other Free Care:	17,375,873
Other Revenue/Gains:	27,605,449
Total Expenses:	955,389,017

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	17,375,873
Employee Discounts	0
	0
Total	**17,375,873**

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?

12/01/2023

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.?

VP 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.)?

600

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	32,191,756	1,159,914	33,351,670
Outpatient	39,159,190	2,024,258	41,183,448
Total	**71,350,946**	**3,184,172**	**74,535,118**

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	1,096,595
Total	**1,096,595**

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	31,909,124	1,159,914	33,069,038
Outpatient	38,345,227	2,024,258	40,369,485
Total	**70,254,351**	**3,184,172**	**73,438,523**

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	25	1,908,964	115	501,514	1	112	4	18,176
Appling	0	0	3	72	0	0	0	0
Atkinson	0	0	6	3,714	0	0	0	0
Baker	0	0	3	914	0	0	0	0
Baldwin	3	10,009	32	13,808	1	32,029	1	783
Banks	3	45,927	29	41,499	0	0	0	0
Barrow	9	49,702	275	288,666	1	974	23	49,036
Bartow	15	121,885	190	129,158	0	0	20	141,742
Ben Hill	0	0	5	5,407	0	0	0	0
Berrien	0	0	19	7,866	0	0	0	0
Bibb	7	12,415	233	276,376	0	0	1	21,447
Bleckley	0	0	12	4,344	0	0	0	0
Brooks	0	0	5	1,273	0	0	0	0
Bryan	1	868	8	3,847	0	0	0	0
Bulloch	0	0	54	14,641	0	0	0	0
Burke	0	0	7	3,005	0	0	0	0
Butts	5	7,258	101	164,441	0	0	5	3,384
Calhoun	0	0	2	56	0	0	0	0
Camden	0	0	7	3,771	0	0	0	0
Candler	0	0	2	10,828	0	0	0	0
Carroll	17	261,445	317	513,090	0	0	8	11,397
Catoosa	0	0	15	28,443	0	0	0	0
Charlton	0	0	1	790	0	0	0	0
Chatham	1	0	29	25,995	0	0	2	1,653
Chattahoochee	0	0	24	1,504	0	0	0	0
Chattooga	1	0	19	7,650	0	0	0	0
Cherokee	18	387,013	345	317,889	2	6,280	32	53,418
Clarke	10	139,679	126	211,786	0	0	5	8,249
Clayton	75	906,905	1,678	2,016,525	1	182	9	64,654
Clinch	0	0	1	810	0	0	0	0
Cobb	68	474,560	1,063	1,352,620	5	2,312	43	38,507
Coffee	4	2,305	46	57,572	0	0	0	0

Colquitt	3	78,440	29	41,828	0	0	0	0
Columbia	1	13,108	28	32,451	0	0	2	2,827
Cook	0	0	22	7,211	0	0	0	0
Coweta	21	273,317	431	604,627	4	4,372	31	39,775
Crawford	0	0	1	2,885	0	0	0	0
Crisp	2	56,823	21	34,354	0	0	0	0
Dade	0	0	1	0	0	0	0	0
Dawson	3	3,563	48	49,975	0	0	1	1,803
Decatur	2	66,442	28	26,300	0	0	0	0
DeKalb	207	6,021,282	5,914	9,448,384	20	23,728	196	269,221
Dodge	2	2,883	26	18,249	0	0	2	615
Dooly	1	96,487	5	1,322	0	0	0	0
Dougherty	6	8,436	109	158,571	1	30,279	1	377
Douglas	16	116,574	366	572,721	4	89,612	5	2,018
Early	0	0	6	4,118	0	0	0	0
Effingham	0	0	10	3,483	0	0	0	0
Elbert	6	6,550	52	142,502	0	0	0	0
Emanuel	0	0	13	9,667	0	0	0	0
Evans	0	0	7	1,626	0	0	0	0
Fannin	1	2,542	14	13,724	0	0	0	0
Fayette	23	82,361	265	309,853	4	79,172	23	24,918
Florida	8	183,136	162	128,261	0	0	0	0
Floyd	14	673,196	130	531,796	0	0	4	33,468
Forsyth	9	98,646	186	131,931	6	39,940	16	62,965
Franklin	3	8,184	62	27,834	2	4,488	2	2,180
Fulton	156	8,158,465	3,257	5,975,894	10	71,799	152	244,369
Gilmer	2	75,160	29	14,348	0	0	0	0
Glynn	1	453,502	24	22,105	0	0	1	1,547
Gordon	5	193,155	61	143,100	0	0	0	0
Grady	0	0	25	9,236	0	0	0	0
Greene	1	0	37	86,401	0	0	3	9,540
Gwinnett	119	3,688,927	2,695	5,210,535	7	144,201	142	218,889
Habersham	2	27,307	77	65,608	0	0	0	0
Hall	30	1,327,727	391	541,495	3	331,313	11	20,069
Hancock	0	0	12	2,745	0	0	0	0
Haralson	0	0	44	22,064	0	0	1	2,891
Harris	3	17,712	100	63,667	0	0	2	2,056
Hart	5	18,515	13	8,099	0	0	0	0
Heard	1	1	12	18,776	1	937	0	0
Henry	86	866,977	1,393	1,599,259	4	142,845	42	33,925
Houston	15	144,631	201	171,245	2	1,124	0	0
Irwin	0	0	8	8,065	0	0	0	0
Jackson	7	26,161	219	135,622	0	0	19	14,086
Jasper	2	16,729	37	41,960	1	76	1	530

Jeff Davis	0	0	17	30,798	0	0	0	0
Jefferson	1	317	5	770	0	0	0	0
Jenkins	1	21,752	12	3,328	0	0	0	0
Johnson	0	0	9	4,085	0	0	0	0
Jones	1	342	25	16,134	0	0	0	0
Lamar	7	11,233	28	13,933	0	0	1	188
Lanier	0	0	2	708	0	0	0	0
Laurens	2	3,321	44	24,488	0	0	0	0
Lee	0	0	34	17,594	0	0	2	451
Liberty	1	1	33	39,022	0	0	0	0
Lowndes	1	185	56	27,258	0	0	0	0
Lumpkin	1	53,921	42	49,186	0	0	4	139,908
Macon	3	49	8	7,913	0	0	0	0
Madison	7	25,957	69	65,250	0	0	2	8,017
Marion	0	0	5	135,372	0	0	0	0
McDuffie	1	4,976	6	1,226	0	0	3	338
McIntosh	0	0	6	2,109	0	0	0	0
Meriwether	7	15,972	79	30,883	0	0	0	0
Miller	1	1	7	3,988	0	0	0	0
Mitchell	1	347	31	14,023	0	0	0	0
Monroe	1	11,071	25	11,467	0	0	5	3,252
Montgomery	0	0	12	1,436	0	0	0	0
Morgan	2	251	42	41,800	0	0	2	1,320
Murray	3	31,891	25	155,065	0	0	0	0
Muscogee	16	206,810	293	194,421	0	0	7	10,234
Newton	46	263,194	760	884,213	5	19,357	62	103,307
North Carolina	3	451,414	44	161,368	0	0	1	2,290
Oconee	3	201	23	41,512	1	6,453	7	3,410
Oglethorpe	0	0	13	47,677	0	0	0	0
Other Out of State	32	2,176,924	263	1,155,682	0	0	3	614
Paulding	13	14,806	260	196,045	1	731	6	4,495
Peach	0	0	57	45,012	0	0	0	0
Pickens	2	9,665	51	60,776	0	0	0	0
Pierce	0	0	4	2,251	0	0	1	601
Pike	2	3,297	37	46,272	0	0	0	0
Polk	2	759	69	42,448	0	0	1	32
Pulaski	1	0	8	1,994	0	0	0	0
Putnam	2	1,769	16	11,865	0	0	2	6,603
Quitman	0	0	6	326	0	0	0	0
Rabun	3	16,814	31	32,907	0	0	6	172,006
Richmond	1	12,092	40	49,451	0	0	1	166
Rockdale	24	498,495	617	644,343	3	85,941	22	96,292
Schley	0	0	2	454	0	0	0	0
Screven	0	0	6	7,052	0	0	0	0

Seminole	1	30,187	7	2,175	0	0	0	0
South Carolina	7	293,446	90	426,390	0	0	1	908
Spalding	21	103,516	248	250,295	0	0	3	2,056
Stephens	1	1	57	39,188	0	0	1	693
Stewart	1	0	15	1,904	0	0	0	0
Sumter	1	12,658	26	21,846	0	0	0	0
Talbot	0	0	8	400	0	0	0	0
Tattnall	0	0	6	4,587	0	0	0	0
Taylor	1	1	9	6,863	0	0	0	0
Telfair	0	0	7	3,767	0	0	0	0
Tennessee	0	0	2	3,982	0	0	0	0
Terrell	4	305,584	45	187,706	1	1,286	0	0
Thomas	1	348	37	27,279	0	0	0	0
Tift	0	0	35	35,080	0	0	1	349
Toombs	0	0	17	12,054	0	0	0	0
Towns	0	0	13	8,642	0	0	0	0
Treutlen	0	0	3	407	0	0	0	0
Troup	7	96,332	152	157,093	2	34,002	5	10,268
Turner	2	46,519	17	17,742	0	0	0	0
Twiggs	1	7	13	18,985	0	0	0	0
Union	2	6,823	24	71,270	0	0	2	5,108
Upson	3	4,836	41	12,569	0	0	1	13,943
Walker	1	1	26	24,157	0	0	0	0
Walton	29	294,672	565	840,864	1	1,720	30	36,193
Ware	1	67	0	0	0	0	0	0
Warren	0	0	1	2,926	0	0	0	0
Washington	1	3,439	14	1,855	0	0	0	0
Wayne	2	1,489	3	84	0	0	0	0
Webster	0	0	3	6,466	0	0	0	0
White	1	14,885	37	68,976	0	0	1	701
Whitfield	2	3,244	106	81,874	0	0	0	0
Wilcox	0	0	7	2,056	1	4,649	0	0
Wilkes	0	0	9	17,538	0	0	0	0
Wilkinson	0	0	14	17,323	0	0	0	0
Worth	0	0	14	7,171	0	0	0	0
Total	**1,306**	**32,191,756**	**26,236**	**39,159,190**	**95**	**1,159,914**	**993**	**2,024,258**

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	22,279,087	49,071,860
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	985,085	2,199,086
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	11,105	17,757

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: Donna Hyland

Date: 7/21/2025

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: Ruth Fowler

Date: 7/21/2025

Title: Chief Financial Officer

Comments: