



## 2008 Hospital Financial Survey

### Part A : General Information

#### 1. Identification

UID:HOSP705

**Facility Name:** Emory University Hospital Midtown

**County:** Fulton

**Street Address:** 550 Peachtree Street NE

**City:** Atlanta

**Zip:** 30308

**Mailing Address:** 550 Peachtree Street NE

**Mailing City:** Atlanta

**Mailing Zip:** 30308

#### 2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2008 only.

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

**Please indicate your hospital fiscal year.**

From: 9/1/2007 To:8/31/2008

**Please indicate your cost report year.**

From: 09/01/2007 To:08/31/2008

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.

### Part B : Survey Contact Information

*Person authorized to respond to inquiries about the responses to this survey.*

**Contact Name:** Toni Wimby

**Contact Title:** Associate Administrator, Emory Hospitals

**Phone:** 404-686-2450

**Fax:** 404-686-2848

**E-mail:** toni.wimby@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	670,730,954
Total Inpatient Admissions accounting for Inpatient Revenue	22,577
Outpatient Gross Patient Revenue	396,026,667
Total Outpatient Visits accounting for Outpatient Revenue	164,076
Medicare Contractual Adjustments	255,642,200
Medicaid Contractual Adjustments	100,300,448
Other Contractual Adjustments:	201,107,966
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	42,223,415
Uncompensated Indigent Care (net):	5,491,477
Uncompensated Charity Care (net):	12,542,582
Other Free Care:	0
Other Revenue/Gains:	6,586,412
Total Expenses:	430,168,544

### 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
	0
<b>Total</b>	<b>0</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 2008? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2008?

12/02/2007

### 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.?

Director of Patient Accounts

#### **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.)?

200%

## 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 2008? (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	4,091,626	12,153,892	16,245,518
Outpatient	2,331,002	1,388,686	3,719,688
<b>Total</b>	<b>6,422,628</b>	<b>13,542,578</b>	<b>19,965,206</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)	931,151
Federal Government	0
Non-Government Sources	0
Charitable Contributions	999,996
Trust Fund From Sale Of Public Hospital	0
All Other	0
<b>Total</b>	<b>1,931,147</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	0	0	0
Outpatient	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</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
Appling	0	0	0	0	0	0	1	175
Baldwin	0	0	1	582	0	0	0	0
Barrow	0	0	0	0	0	0	5	47,466
Bartow	2	44,053	10	24,806	5	74,508	1	184
Bibb	0	0	5	1,201	1	11,763	3	11,640
Brooks	0	0	1	18,444	0	0	0	0
Butts	2	9,584	6	1,722	6	126,085	3	17,110
Carroll	6	132,132	2	11,770	15	511,594	6	36,427
Chatham	0	0	0	0	0	0	1	506
Cherokee	3	27,670	0	0	6	85,964	8	27,534
Clarke	0	0	28	155,585	1	51,010	0	0
Clayton	40	16,655	7	7,362	23	338,933	12	24,880
Cobb	22	141,194	46	98,500	29	285,662	45	107,180
Colquitt	0	0	0	0	0	0	2	13,957
Coweta	5	2,122	2	557	4	24,321	11	11,280
Crawford	0	0	1	189	0	0	0	0
Crisp	1	625	2	210	1	1,492	0	0
Dade	1	856	0	0	0	0	0	0
Dawson	0	0	0	0	1	16,851	2	5,752
DeKalb	180	650,301	87	328,725	173	1,623,600	51	148,802
Dooly	0	0	1	828	0	0	0	0
Dougherty	1	88	1	1,085	1	642	1	371
Douglas	7	80,410	6	7,314	8	41,616	5	15,237
Emanuel	1	17,094	3	3,203	0	0	1	11,461
Fayette	0	0	1	44	5	264,696	1	4,775
Floyd	2	179	5	2,694	0	0	0	0
Forsyth	2	1,229	3	12,657	4	84,232	1	659
Franklin	0	0	1	124	0	0	0	0
Fulton	951	1,922,787	215	798,592	410	5,333,587	164	468,580
Gilmer	0	0	0	0	0	0	2	10,253
Gordon	0	0	4	53,625	0	0	0	0
Grady	2	4,231	0	0	1	7,220	0	0

Gwinnett	16	113,077	74	327,630	76	871,210	40	89,828
Habersham	0	0	6	46,292	1	3,148	1	5,711
Hall	2	2,016	14	62,216	0	0	3	599
Haralson	0	0	1	360	0	0	2	15,418
Harris	0	0	0	0	1	10,991	10	46,037
Hart	0	0	1	4,000	0	0	0	0
Heard	0	0	0	0	1	3,949	1	37
Henry	8	83,623	19	72,701	19	415,156	16	71,041
Houston	0	0	1	3,906	0	0	0	0
Jackson	0	0	3	485	0	0	2	3,644
Jasper	1	28,227	0	0	0	0	0	0
Jeff Davis	0	0	0	0	0	0	1	2,936
Jones	0	0	0	0	0	0	5	3,744
Lamar	1	450	0	0	1	6,285	0	0
Laurens	2	1,309	2	977	0	0	0	0
Liberty	4	2,348	0	0	0	0	0	0
Lowndes	0	0	0	0	1	13,808	3	4,551
Macon	1	20,460	0	0	0	0	0	0
Madison	0	0	1	374	0	0	0	0
Meriwether	0	0	0	0	2	6,584	1	231
Morgan	0	0	5	1,275	1	16,492	1	927
Murray	1	39,655	0	0	0	0	0	0
Muscogee	7	119,102	5	55,288	1	90,619	0	0
Newton	8	27,476	10	17,414	8	876,608	3	6,895
Other Out of State	20	94,549	0	0	6	132,208	6	27,785
Paulding	0	0	7	30,974	7	162,178	1	2,543
Peach	0	0	0	0	1	50,513	0	0
Pike	4	21,816	1	235	1	26,539	0	0
Polk	3	1,768	2	18,220	4	27,330	6	15,431
Putnam	0	0	0	0	0	0	10	6,250
Rabun	0	0	9	65,135	0	0	2	12,318
Richmond	5	38,889	7	4,704	3	178	1	493
Rockdale	1	57	1	277	11	111,657	1	1,369
Spalding	32	45,685	4	23,331	9	182,061	7	46,104
Talbot	0	0	0	0	1	1,137	0	0
Thomas	0	0	4	6,935	0	0	0	0
Tift	0	0	0	0	0	0	1	341
Toombs	1	239,412	0	0	1	168,683	0	0
Towns	0	0	1	64	0	0	0	0
Troup	9	65,911	0	0	2	28,717	1	650
Twiggs	0	0	1	586	0	0	0	0
Upson	1	60,631	0	0	1	8,461	7	28,098
Walker	0	0	1	154	0	0	0	0
Walton	0	0	1	176	1	6,653	0	0

Washington	1	14,695	1	29,992	1	48,951	0	0
White	2	377	2	9,490	0	0	0	0
Whitfield	1	18,883	5	17,992	0	0	11	30,896
Wilcox	0	0	0	0	0	0	1	580
<b>Total</b>	<b>1,359</b>	<b>4,091,626</b>	<b>627</b>	<b>2,331,002</b>	<b>855</b>	<b>12,153,892</b>	<b>470</b>	<b>1,388,686</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 2008?  
(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 2008.

Patient Category		SFY 2007	SFY2008	SFY2009
		7/1/06-6/30/07	7/1/07-6/30/08	7/1/08-6/30/09
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	5,328,890	1,093,738
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	3,788,664	870,677
C.	Other Patients in accordance with the department approved policy.	0	1,905,732	193,522

### 3. Patients Served

Indicate the number of patients served by SFY.

SFY 2007	SFY2008	SFY2009
7/1/06-6/30/07	7/1/07-6/30/08	7/1/08-6/30/09
0	2,617	681

## 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:** Dane C. Peterson

**Date:** 10/14/2009

**Title:** COO

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:** Liz Daunt-Samford

**Date:** 10/14/2009

**Title:** Controller

**Comments:**