



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2009 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 2009 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 9/1/2008 To:8/31/2009

Please indicate your cost report year.

From: 09/01/2008 To:08/31/2009

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	703,852,418
Total Inpatient Admissions accounting for Inpatient Revenue	22,666
Outpatient Gross Patient Revenue	434,997,112
Total Outpatient Visits accounting for Outpatient Revenue	166,996
Medicare Contractual Adjustments	284,952,827
Medicaid Contractual Adjustments	108,390,002
Other Contractual Adjustments:	200,227,759
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	44,629,819
Uncompensated Indigent Care (net):	33,676,983
Uncompensated Charity Care (net):	11,682,213
Other Free Care:	0
Other Revenue/Gains:	1,844,268
Total Expenses:	442,918,891

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
Total	0

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 2009? (Check box if yes.) ☒

2. Effective Date

What was the effective date of the policy or policies in effect during 2009?

05/07/2009

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 2009? (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	25,269,326	10,740,874	36,010,200
Outpatient	8,407,657	2,007,999	10,415,656
Total	33,676,983	12,748,873	46,425,856

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	1,066,660
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	1,066,660

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	25,269,326	9,842,217	35,111,543
Outpatient	8,407,657	1,839,996	10,247,653
Total	33,676,983	11,682,213	45,359,196

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
BALDWIN	0	0	0	0	0	0	1	48
BANKS	0	0	0	0	1	5,158	1	496
BARROW	12	262,352	7	5,757	3	12,491	2	81
BARTOW	0	0	4	19,819	7	52,727	12	10,518
BEN HILL	0	0	0	0	0	0	1	301
BERRIEN	0	0	0	0	0	0	3	200
BIBB	4	55,930	4	1,295	3	12,650	9	6,348
BLECKLEY	0	0	0	0	0	0	1	81
BROOKS	2	116,347	0	0	1	15,451	0	0
BUTTS	6	154,196	3	41,689	21	154,423	6	1,957
CAMDEN	0	0	1	587	0	0	0	0
CARROLL	19	411,354	17	35,683	23	114,100	32	23,613
CATOOSA	0	0	0	0	1	43	9	8,480
CHATHAM	0	0	6	9,686	1	6,088	3	772
CHATTAHOOCHEE	0	0	0	0	1	958	0	0
CHATTOOGA	0	0	0	0	1	6,212	4	4,731
CHEROKEE	3	125,307	14	135,446	17	143,120	25	19,696
CLARKE	1	950	9	24,655	12	127,374	4	2,628
CLAY	0	0	0	0	1	172	0	0
CLAYTON	43	1,002,901	68	185,497	105	417,617	119	74,204
COBB	32	658,210	121	428,824	82	294,535	161	107,556
COFFEE	1	5,611	0	0	0	0	2	6,054
COLQUITT	1	1,024	0	0	0	0	5	259
COLUMBIA	0	0	3	974	0	0	0	0
COOK	1	1,046	0	0	0	0	0	0
COWETA	3	16,351	13	10,759	10	81,245	16	4,537
DADE	0	0	1	0	1	592	2	104
DAWSON	1	31,628	4	15,553	0	0	3	5,166
DEKALB	222	4,528,762	590	1,551,027	388	1,834,874	575	289,310
DOOLY	0	0	1	1,837	0	0	1	304
DOUGHERTY	0	0	2	22,529	2	36,430	2	3,569
DOUGLAS	18	354,181	29	77,852	20	200,233	35	13,911

EFFINGHAM	1	22,651	0	0	0	0	0	0
ELBERT	1	16,030	0	0	3	54,208	0	0
Emanuel	0	0	8	91,946	0	0	0	0
FANNIN	0	0	1	2,935	2	273	1	986
FAYETTE	5	99,733	4	11,684	16	36,335	11	13,572
FLOYD	1	9,416	2	282	2	19,109	3	1,380
FORSYTH	0	0	3	3,697	10	153,915	11	7,579
FRANKLIN	0	0	0	0	1	172	3	1,182
FULTON	680	11,722,094	1,763	3,523,374	1,082	4,556,219	1,670	982,249
GILMER	0	0	0	0	1	271	1	728
GLYNN	1	1,574	3	1,221	1	1,161	0	0
GORDON	1	839	3	16,455	3	23,855	2	317
GREENE	1	76,601	0	0	0	0	11	1,459
GWINNETT	59	1,261,643	142	801,435	118	463,987	163	122,244
HABERSHAM	0	0	7	20,424	0	0	8	811
HALL	4	105,065	13	50,610	4	40,417	8	8,627
HARALSON	4	133,219	0	0	6	59,041	3	280
HARRIS	0	0	1	164	0	0	13	10,856
HEARD	1	28,275	1	1,345	1	19,638	7	746
HENRY	44	1,115,964	45	109,373	102	560,823	77	75,587
HOUSTON	2	36,754	1	3,136	2	2,611	3	316
JACKSON	0	0	0	0	1	15,929	4	1,251
JASPER	3	91,199	2	1,481	4	7,178	1	512
JEFF DAVIS	0	0	2	9,297	0	0	2	2,190
JEFFERSON	0	0	4	2,413	2	27,305	4	2,489
JONES	0	0	0	0	0	0	3	1,985
LAMAR	5	88,323	0	0	3	18,157	2	346
LAURENS	5	4,984	12	4,757	1	10,851	1	17
LEE	0	0	0	0	0	0	1	3,538
LIBERTY	0	0	6	0	1	1,731	4	2,332
LOWNDES	0	0	2	7,310	1	14,999	6	5,269
MADISON	1	1,024	2	41	3	457	1	953
MCDUFFIE	0	0	0	0	1	2,995	0	0
MERIWETHER	2	24,880	0	0	3	426	3	2,084
MILLER	0	0	4	4,595	0	0	0	0
MITCHELL	1	98,897	0	0	3	50,684	0	0
MONROE	2	46,382	1	856	3	52,651	1	288
MONTGOMERY	3	64,057	1	808	1	4,903	1	176
MORGAN	3	192,780	3	17,772	4	32,554	4	5,544
MURRAY	1	1,024	12	20,974	1	1,257	7	4,666
MUSCOGEE	4	117,493	5	14,072	4	8,304	15	35,568
NEWTON	19	458,860	37	203,407	25	202,352	10	2,822
OCONEE	1	34,060	2	8,101	2	9,254	5	1,670
OGLETHORPE	0	0	0	0	1	83,997	0	0

Other Out of State	5	67,147	30	88,118	21	92,462	57	38,876
PAULDING	3	94,936	0	0	5	45,761	4	4,581
PEACH	0	0	0	0	1	32,114	0	0
PICKENS	1	66,625	0	0	0	0	0	0
PIERCE	0	0	0	0	0	0	2	762
PIKE	3	113,387	0	0	6	122,349	2	357
POLK	0	0	6	17,298	2	11,868	4	1,887
PUTNAM	0	0	2	2,496	1	1,021	4	670
RABUN	0	0	6	33,279	0	0	0	0
RANDOLPH	0	0	1	11,388	0	0	1	29
RICHMOND	3	94,697	3	3,670	1	7,437	4	1,537
ROCKDALE	4	97,079	14	211,188	11	27,171	19	7,342
SCHLEY	0	0	2	3,550	0	0	0	0
SPALDING	24	576,686	22	112,495	30	170,011	12	5,847
STEPHENS	1	7,067	15	130,831	2	4,847	9	16,214
TAYLOR	0	0	0	0	2	269	3	1,867
TERRELL	1	1,094	0	0	1	2,319	0	0
THOMAS	4	82,793	9	44,343	3	20,771	6	14,699
TIFT	0	0	1	446	0	0	1	789
TROUP	10	314,238	26	113,436	16	66,164	19	3,020
TWIGGS	0	0	1	2,650	0	0	4	688
UNION	0	0	0	0	1	6,666	1	1,256
UPSON	4	173,606	0	0	0	0	4	787
WALKER	0	0	2	869	0	0	1	238
WALTON	1	0	4	8,606	4	9,965	8	8,540
WASHINGTON	0	0	13	71,965	1	0	1	1,733
WAYNE	0	0	0	0	0	0	1	383
WHITE	0	0	0	0	0	0	1	982
WHITFIELD	0	0	16	47,595	3	15,908	9	5,937
WILCOX	0	0	0	0	0	0	1	264
WILKES	0	0	0	0	2	49,259	1	1,171
Total	1,288	25,269,326	3,162	8,407,657	2,232	10,740,874	3,283	2,007,999

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 2009?
(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 2009.

Patient Category		SFY 2008 7/1/07-6/30/08	SFY2009 7/1/08-6/30/09	SFY2010 7/1/09-6/30/10
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	21,170,567	12,506,416
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	17,611,033	13,611,705
C.	Other Patients in accordance with the department approved policy.	0	2,859,271	1,158,506

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2008 7/1/07-6/30/08	SFY2009 7/1/08-6/30/09	SFY2010 7/1/09-6/30/10
0	5,502	3,740

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: 8/10/2010

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: 8/10/2010

Title: Controller

Comments: