



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2009 Hospital Financial Survey**

**Part A : General Information**

**1. Identification**

**UID:HOSP706**

**Facility Name:** Emory University Hospital

**County:** DeKalb

**Street Address:** 1364 Clifton Road NE

**City:** Atlanta

**Zip:** 30322-1061

**Mailing Address:** 1364 Clifton Road NE

**Mailing City:** Atlanta

**Mailing Zip:** 30322-1061

**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:** Sherry Lockett

**Contact Title:** Accountant, Senior

**Phone:** 404-686-6025

**Fax:** 404-686-6030

**E-mail:** sherry.lockett@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	1,042,359,458
Total Inpatient Admissions accounting for Inpatient Revenue	23,419
Outpatient Gross Patient Revenue	296,285,495
Total Outpatient Visits accounting for Outpatient Revenue	89,416
Medicare Contractual Adjustments	355,804,963
Medicaid Contractual Adjustments	85,517,464
Other Contractual Adjustments:	243,923,490
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	27,910,385
Uncompensated Indigent Care (net):	33,166,867
Uncompensated Charity Care (net ):	5,896,022
Other Free Care:	0
Other Revenue/Gains:	0
Total Expenses:	569,665,080

### 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 2009? (Check box if yes.) ☒

### 2. Effective Date

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

10/01/1996

### 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.?

Lynn Johnson, Director of Financial Services

#### **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	29,912,783	7,052,561	36,965,344
Outpatient	3,254,084	2,381,668	5,635,752
<b>Total</b>	<b>33,166,867</b>	<b>9,434,229</b>	<b>42,601,096</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)	3,538,207
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>3,538,207</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	29,912,783	3,514,354	33,427,137
Outpatient	3,254,084	2,381,668	5,635,752
<b>Total</b>	<b>33,166,867</b>	<b>5,896,022</b>	<b>39,062,889</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	14	402,768	13	12,488	20	47,631	11	28,314
Baldwin	6	24,019	0	0	4	82,362	2	5,016
Banks	1	1,741	1	789	3	21,266	2	215
Barrow	7	83,681	6	16,376	3	5,628	9	14,112
Bartow	8	460,470	9	36,535	18	13,494	8	25,872
Ben Hill	2	19,821	1	85	0	0	1	3,432
Berrien	0	0	0	0	3	2,136	0	0
Bibb	6	200,795	8	24,495	16	6,852	10	12,800
Bleckley	1	26,269	1	1,589	2	16,675	1	20,759
Brooks	0	0	0	0	2	0	7	3
Bryan	1	2,304	0	0	0	0	0	0
Bulloch	2	11,265	1	1,846	2	21,879	0	0
Butts	6	85,052	5	2,497	13	1,330	53	34,866
Calhoun	0	0	1	2,867	0	0	0	0
Camden	1	754	0	0	0	0	0	0
Candler	0	0	0	0	0	0	1	8,005
Carroll	17	315,484	18	64,300	20	7,134	12	70,410
Catoosa	0	0	0	0	3	1,664	0	0
Chatham	2	45,268	1	1,115	2	18,332	1	1,566
Chattahoochee	1	1,024	2	2,272	2	1,169	0	0
Chattooga	1	43,432	0	0	0	0	0	0
Cherokee	15	1,283,926	23	49,797	10	23,981	12	25,413
Clarke	20	662,004	20	12,621	8	19,265	4	12,595
Clayton	19	545,634	94	76,800	26	36,430	42	44,768
Clinch	1	1,543	1	0	0	0	0	0
Cobb	45	1,492,095	82	137,342	71	672,015	76	142,086
Coffee	1	42,946	0	0	1	1,024	0	0
Colquitt	4	11,318	5	13,150	3	30,872	3	3,311
Columbia	3	27,691	1	6,418	2	19,170	6	22,200
Cook	3	96,212	2	0	0	0	1	2,364
Coweta	10	13,884	8	10,933	11	116,141	29	42,349
Crawford	0	0	1	193	0	0	0	0

Crisp	0	0	1	2,275	6	0	4	1,387
Dawson	1	3,312	2	1,990	2	0	0	0
Decatur	268	6,655,835	0	0	0	0	1	0
DeKalb	0	0	541	1,014,203	381	1,700,907	653	1,032,409
Dooly	2	2,124	3	1,755	0	0	0	0
Dougherty	2	73,465	3	8,488	2	42,863	2	808
Douglas	9	286,084	29	42,754	15	16,107	10	12,001
Elbert	1	874	4	8,824	2	21,568	6	636
Emanuel	1	44,002	2	8,150	1	1,411	7	7,437
Evans	0	0	0	0	0	0	1	808
Fannin	1	0	3	6,080	4	24,234	6	4,934
Fayette	5	80,819	5	11,634	12	2,584	12	16,974
Florida	12	137,150	11	18,793	9	10,813	13	13,430
Floyd	9	299,054	3	16,867	11	2,552	4	10,232
Forsyth	8	121,139	7	13,798	8	92,854	11	3,084
Franklin	1	361,876	2	3,204	1	19,539	2	1,261
Fulton	154	3,511,632	229	494,895	234	1,731,473	356	96,347
Gilmer	3	114,076	0	0	1	1,492	2	5,742
Glascock	1	1,024	0	0	0	0	0	0
Glynn	2	175,051	1	6,197	2	14,592	0	0
Gordon	0	0	0	0	1	35,480	2	1,403
Grady	2	1,404	1	2,282	0	0	0	0
Greene	0	0	1	1,038	0	0	0	0
Gwinnett	100	2,736,329	137	329,586	134	808,968	124	94,556
Habersham	6	12,939	24	49,809	0	0	15	16,367
Hall	9	160,829	16	62,174	12	6,089	20	33,982
Hancock	1	1,024	0	0	9	5,936	0	0
Haralson	6	210,245	1	0	0	0	4	20,042
Harris	5	13,500	4	803	1	1,024	2	2,329
Hart	3	30,217	5	15,125	4	9,731	2	5,490
Heard	2	63,376	0	0	7	6,896	0	0
Henry	29	344,169	42	45,889	39	7,321	30	30,857
Houston	8	75,246	1	1,446	9	11,016	3	10,248
Irwin	1	9,192	0	0	0	0	0	0
Jackson	3	2,345	5	73,151	3	8,730	7	11,003
Jasper	3	134,384	4	16,260	2	0	1	2,035
Johnson	1	968	0	0	1	12,744	0	0
Jones	3	4,159	2	5,103	1	3,167	1	1,069
Lamar	2	70,120	4	8,045	3	20,325	4	6,116
Laurens	0	0	1	10,499	3	23,539	1	36,090
Lee	1	0	0	0	2	1,039	0	0
Liberty	2	2,092	0	0	0	0	0	0
Lowndes	11	354,124	3	1,738	9	102,800	3	999
Lumpkin	2	26,251	1	6,378	1	7,349	0	0

Macon	0	0	1	154	3	3,072	2	12,181
Madison	4	188,278	6	6,253	1	51,541	1	197
Marion	1	91,357	0	0	1	46,219	0	0
McDuffie	1	0	3	3,591	1	30,645	2	1,737
Meriwether	3	64,260	0	0	3	23,101	2	7,031
Miller	0	0	1	536	0	0	0	0
Mitchell	1	1,024	0	0	0	0	0	0
Monroe	2	147,136	2	18,470	0	0	1	11,533
Morgan	2	20,815	1	2,960	3	10,437	1	3,709
Murray	0	0	4	8,967	9	129,269	3	7,037
Muscogee	12	253,494	7	13,208	23	2,656	7	11,695
Newton	26	743,326	29	40,137	26	111,652	44	16,460
Oconee	0	0	0	0	4	88,955	3	2,894
Oglethorpe	2	133,921	1	7,200	2	10,047	2	1,630
Other Out of State	25	727,902	30	61,766	37	119,006	28	65,409
Paulding	6	98,931	17	23,119	0	0	9	5,579
Peach	2	48,000	1	0	12	2,405	4	3,006
Pickens	2	473,746	1	1,101	5	66,744	4	3,546
Pierce	0	0	2	347	2	0	2	0
Pike	3	146,070	0	0	9	52,198	1	4,274
Polk	4	227,515	2	7,467	9	341	2	4,901
Pulaski	1	13,727	0	0	1	2,321	0	0
Putnam	5	74,240	7	3,692	0	0	0	0
Quitman	1	360	0	0	0	0	1	3,605
Rabun	5	169,624	0	0	3	35,554	1	4,466
Randolph	0	0	1	4,498	0	0	0	0
Richmond	3	188,211	8	10,226	2	2,048	1	1,558
Rockdale	18	489,743	17	35,369	30	175	22	50
Schley	2	37,528	0	0	0	0	0	0
Screven	1	1,024	1	1,126	0	0	0	0
Seminole	0	0	0	0	0	0	1	5,044
South Carolina	12	419,773	17	30,621	12	21,484	13	21,326
Spalding	13	87,058	7	9,068	26	1,126	16	16,512
Stephens	13	237,249	6	26,160	5	125	2	10,688
Sumter	0	0	1	3,458	3	20,752	0	0
Talbot	0	0	0	0	3	203	0	0
Taylor	1	230,882	1	987	0	0	1	1,303
Telfair	0	0	0	0	1	1,024	0	0
Tennessee	5	86,766	1	1,508	7	20,366	4	12,952
Terrell	2	32,276	0	0	0	0	0	0
Thomas	2	2,659	3	9,309	2	0	1	5,838
Tift	4	60,319	2	1,584	4	104	2	1,603
Toombs	2	36,090	3	2,096	1	1,024	0	0
Towns	1	1,068	0	0	0	0	0	0

Treutlen	2	5,380	0	0	2	9,724	2	3,292
Troup	19	1,290,615	15	31,298	31	1,210	7	1,155
Turner	0	0	0	0	2	6,045	0	0
Twiggs	0	0	0	0	0	0	1	188
Union	3	4,024	2	23,403	4	56,378	1	9,850
Upson	1	3,800	1	1,489	1	3,544	2	2,725
Walker	1	1,769	3	2,708	2	2,749	2	36,382
Walton	25	759,278	18	15,411	44	133,014	18	52,649
Ware	2	1,244	0	0	0	0	0	0
Washington	0	0	0	0	2	14,848	3	10,507
Wayne	0	0	0	0	2	2,602	3	408
White	3	42,911	4	7,827	3	3,224	2	1,922
Whitfield	8	176,450	11	73,229	16	13,749	3	9,093
Wilcox	3	70,111	0	0	0	0	0	0
Wilkes	0	0	0	0	1	29,287	1	0
Wilkinson	0	0	0	0	0	0	2	5,201
Worth	2	999	0	0	0	0	0	0
<b>Total</b>	<b>1,133</b>	<b>29,912,783</b>	<b>1,639</b>	<b>3,254,084</b>	<b>1,537</b>	<b>7,052,561</b>	<b>1,830</b>	<b>2,381,668</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 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	0	0
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	0	0
C.	Other Patients in accordance with the department approved policy.	0	0	0

### 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	0	0

## 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:** Robert Bachman

**Date:** 8/9/2010

**Title:** Chief Operating 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:** Lynn Johnson

**Date:** 8/9/2010

**Title:** Director of Financial Services

**Comments:**

Part C: Financial Data and Indigent and Charity Care - Part 1. - Other Revenue/Gains In FY2009, Emory University Hospital had \$9,991,411.30 in Other Operating Revenue and (11,544,207.82) in Non Operating Revenue/Expense. The totals net to (1,552,796.52) for Other Revenue/Gains, but we are unable to place negative numbers on the survey. Matt Jarrard (404-656-0467) from the Georgia Department of Community Health, stated that we should report the loss in the comments section and put zero for the Other Revenue/Gains for FY2009.