



## 2010 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 2010 only.

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

**Please indicate your hospital fiscal year.**

From: 9/1/2009 To:8/31/2010

**Please indicate your cost report year.**

From: 09/01/2009 To:08/31/2010

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	711,979,010
Total Inpatient Admissions accounting for Inpatient Revenue	21,406
Outpatient Gross Patient Revenue	488,389,650
Total Outpatient Visits accounting for Outpatient Revenue	140,024
Medicare Contractual Adjustments	316,856,975
Medicaid Contractual Adjustments	124,180,518
Other Contractual Adjustments:	204,223,402
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	44,922,145
Uncompensated Indigent Care (net):	19,369,031
Uncompensated Charity Care (net):	28,311,801
Other Free Care:	0
Other Revenue/Gains:	13,546,952
Total Expenses:	447,616,836

### 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 2010? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2010?

04/14/2010

### 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 2010? (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	9,502,188	18,024,174	27,526,362
Outpatient	9,866,843	11,455,291	21,322,134
<b>Total</b>	<b>19,369,031</b>	<b>29,479,465</b>	<b>48,848,496</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	1,167,664
Trust Fund From Sale Of Public Hospital	0
All Other	0
<b>Total</b>	<b>1,167,664</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	9,502,188	17,192,821	26,695,009
Outpatient	9,866,843	11,118,980	20,985,823
<b>Total</b>	<b>19,369,031</b>	<b>28,311,801</b>	<b>47,680,832</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	5	44,997	27	46,885	5	90,802	21	16,679
ATKINSON	0	0	0	0	0	0	1	1,026
BALDWIN	0	0	7	8,435	0	0	0	0
BANKS	0	0	1	519	1	13,435	1	3,762
BARROW	4	22,986	7	13,341	2	12,836	3	1,342
BARTOW	7	106,141	18	69,715	14	803,875	27	165,605
BERRIEN	0	0	0	0	0	0	1	9
BIBB	0	0	5	874	2	22,310	5	5,065
BRYAN	0	0	0	0	1	1,907	0	0
BULLOCH	0	0	1	4,442	0	0	0	0
BUTTS	0	0	2	3,187	11	718,342	28	38,187
CALHOUN	0	0	0	0	1	46,692	0	0
CAMDEN	0	0	0	0	0	0	1	285
CARROLL	8	190,135	20	54,844	18	251,662	57	155,632
CATOOSA	0	0	1	388	0	0	8	29,003
CHATHAM	1	3,925	2	960	0	0	2	2,056
CHATTOOGA	0	0	0	0	1	0	4	8,123
CHEROKEE	9	0	23	47,314	10	0	32	45,328
CLARKE	0	0	9	4,519	3	16,789	7	13,258
CLAYTON	46	138,439	155	340,581	56	408,876	165	509,388
COBB	18	269,751	124	244,096	56	767,624	220	530,465
COFFEE	1	550	1	8,120	0	0	0	0
COLQUITT	1	11,434	0	0	0	0	3	1,402
COLUMBIA	1	18,725	0	0	0	0	2	939
COWETA	3	177,103	8	10,334	2	25,628	21	109,887
CRAWFORD	0	0	0	0	0	0	1	246
CRISP	0	0	0	0	0	0	3	23,001
DAWSON	0	0	0	0	0	0	3	14,140
DECATUR	0	0	2	10,932	0	0	4	2,476
DEKALB	140	65,382	527	951,645	165	2,970,268	748	1,279,918
DODGE	1	47,886	0	0	0	0	1	5,110
DOOLY	1	14,668	0	0	0	0	0	0

DOUGHERTY	0	0	5	0	1	332	6	13,167
DOUGLAS	13	363,565	44	79,049	12	85,361	50	105,100
EARLY	0	0	1	320	0	0	0	0
EFFINGHAM	1	16,409	1	4,397	0	0	0	0
ELBERT	0	0	1	1,545	1	0	0	0
EMANUEL	0	0	9	9,658	0	0	0	0
FANNIN	0	0	2	654	0	0	4	17,835
FAYETTE	15	294,596	11	44,414	10	0	39	173,698
FLORIDA	7	248,515	13	35,049	8	126,354	24	63,547
FLOYD	2	110,899	1	2,135	2	10,312	5	2,942
FORSYTH	1	238,722	17	66,228	13	15,033	23	174,146
FRANKLIN	0	0	1	5,879	0	0	1	133
FULTON	556	4,264,182	3,360	5,359,415	660	5,625,965	3,021	5,121,753
GILMER	0	0	1	379	0	0	1	0
GLYNN	1	0	1	1,055	1	0	0	0
GORDON	1	14,744	2	9,461	2	17,856	4	3,469
GRADY	0	0	1	886	1	0	1	763
GREENE	1	16,715	5	2,689	1	8,250	6	691
GWINNETT	43	749,586	127	768,402	77	1,114,005	216	739,683
HABERSHAM	1	300	6	13,065	1	36,993	6	2,956
HALL	7	0	24	32,228	3	10,451	16	33,835
HANCOCK	0	0	1	1,329	0	0	0	0
HARALSON	3	0	14	20,410	5	185,207	7	4,453
HARRIS	0	0	2	7,981	0	0	3	38,490
HART	0	0	0	0	0	0	1	0
HEARD	1	85,537	1	205	3	37,895	5	0
HENRY	12	236,911	65	324,802	36	1,230,112	130	593,407
HOUSTON	0	0	1	137	0	0	7	3,234
JACKSON	3	45,195	5	7,953	1	0	5	0
JASPER	1	0	3	6,345	0	0	1	826
JEFF DAVIS	0	0	2	0	0	0	0	0
JEFFERSON	0	0	0	0	0	0	7	111,194
LAMAR	3	0	3	262	2	41,412	5	4,388
LAURENS	0	0	0	0	0	0	5	12,196
LEE	0	0	1	4,398	1	0	0	0
LIBERTY	2	29,022	0	0	0	0	0	0
LONG	0	0	1	2,320	0	0	0	0
LOWNDES	0	0	1	27,125	0	0	7	19,951
LUMPKIN	0	0	2	2,911	2	1,068	5	21,237
MADISON	0	0	0	0	1	1,068	0	0
MARION	0	0	3	11,137	0	0	0	0
MCINTOSH	0	0	0	0	0	0	2	1,312
MERIWETHER	2	50,249	6	44,866	2	137,810	7	11,134
MILLER	0	0	1	1,454	0	0	2	569

MONROE	0	0	4	92,592	0	0	2	376
MORGAN	0	0	1	18,949	1	14,477	0	0
MURRAY	0	0	25	31,053	0	0	14	30,515
MUSCOGEE	5	99,181	7	9,084	8	56,329	16	64,184
NEWTON	8	192,356	49	39,606	22	407,618	55	63,950
NORTH CAROLINA	3	28,975	15	11,970	5	174,404	15	45,181
OCONEE	0	0	10	8,784	1	17,591	6	0
Other Out of State	11	103,041	143	201,559	25	1,024,418	178	272,005
PAULDING	7	0	11	48,744	4	0	12	13,737
PEACH	1	93,260	2	6,226	0	0	0	0
PICKENS	0	0	0	0	1	714	1	30
PIKE	1	174,491	2	32,719	4	0	3	41,810
POLK	2	1,750	2	1,108	1	23,564	9	15,550
PUTNAM	0	0	2	3,540	1	86,413	0	0
RABUN	0	0	1	246	1	30,635	1	894
RANDOLPH	0	0	0	0	0	0	1	75
RICHMOND	0	0	1	5,406	0	0	3	2,747
ROCKDALE	6	53,153	21	31,280	14	359,488	24	50,361
SCHLEY	0	0	1	0	0	0	0	0
SOUTH CAROLINA	4	0	28	35,897	7	204,781	21	17,473
SPALDING	12	250,370	71	228,772	20	318,828	36	82,577
STEPHENS	0	0	6	31,625	1	59,302	5	28,262
SUMTER	0	0	0	0	0	0	3	2,320
TELFAIR	0	0	0	0	0	0	1	14,866
TENNESSEE	2	14,185	12	24,524	2	81,965	24	20,349
THOMAS	4	0	11	0	1	14,609	7	17,080
TIFT	0	0	1	1,390	0	0	3	22,503
TOWNS	1	1,068	0	0	0	0	1	862
TROUP	9	208,402	16	76,894	6	177,590	67	200,786
TURNER	1	39,229	0	0	1	21,003	1	0
TWIGGS	0	0	1	535	0	0	2	2,716
UNION	0	0	3	4,603	2	25,983	4	18,626
UPSON	1	73,369	2	4,899	3	20,180	2	7,402
WALKER	0	0	0	0	0	0	1	4,350
WALTON	6	94,192	14	32,583	3	47,336	29	147,646
WARREN	0	0	1	1,279	0	0	2	2,901
WASHINGTON	1	0	0	0	1	0	0	0
WHITE	0	0	3	203	1	0	0	0
WHITFIELD	3	197,897	22	159,099	1	20,416	6	24,347
WILKES	0	0	0	0	1	0	0	0
WILKINSON	0	0	0	0	0	0	1	369
<b>Total</b>	<b>1,010</b>	<b>9,502,188</b>	<b>5,173</b>	<b>9,866,843</b>	<b>1,332</b>	<b>18,024,174</b>	<b>5,547</b>	<b>11,455,291</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 2010?  
(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 2010.

Patient Category		SFY 2010	SFY2010	SFY2012
		7/1/09-6/30/10	7/1/10-6/30/11	7/1/11-6/30/12
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	16,031,856	3,337,175
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	22,493,061	3,555,202
C.	Other Patients in accordance with the department approved policy.	0	5,543,967	802,267

### 3. Patients Served

Indicate the number of patients served by SFY.

SFY 2010	SFY2010	SFY2012
7/1/09-6/30/10	7/1/10-6/30/11	7/1/11-6/30/12
0	5,327	1,406

## 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 Peterson

**Date:** 7/25/2011

**Title:** COO, EUHM

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:** Greg E. Anderson

**Date:** 7/25/2011

**Title:** CFO, EHS

**Comments:**