



## 2010 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 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:** 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	1,070,268,126
Total Inpatient Admissions accounting for Inpatient Revenue	23,230
Outpatient Gross Patient Revenue	483,031,213
Total Outpatient Visits accounting for Outpatient Revenue	118,743
Medicare Contractual Adjustments	402,331,941
Medicaid Contractual Adjustments	99,649,602
Other Contractual Adjustments:	309,945,580
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	28,212,274
Uncompensated Indigent Care (net):	42,235,293
Uncompensated Charity Care (net):	27,641,331
Other Free Care:	0
Other Revenue/Gains:	16,329,231
Total Expenses:	607,132,515

### 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?

10/23/2006

### 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 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	35,017,518	24,020,383	59,037,901
Outpatient	7,217,775	5,352,063	12,569,838
<b>Total</b>	<b>42,235,293</b>	<b>29,372,446</b>	<b>71,607,739</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)	1,731,115
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>1,731,115</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	35,017,518	22,289,268	57,306,786
Outpatient	7,217,775	5,352,063	12,569,838
<b>Total</b>	<b>42,235,293</b>	<b>27,641,331</b>	<b>69,876,624</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	188,657	23	34,969	10	688,155	7	10,868
Baker	0	0	0	0	0	0	1	1,523
Baldwin	4	12,821	5	13,602	2	42,341	7	10,642
Banks	1	10,965	5	9,809	1	18,590	5	16,259
Barrow	6	480,319	16	36,058	3	35,972	6	3,149
Bartow	12	529,843	55	109,677	10	174,179	17	64,532
Ben Hill	1	1,068	4	27,342	0	0	0	0
Berrien	0	0	2	548	1	22,836	1	1,431
Bibb	5	34,829	9	20,424	6	63,226	16	37,475
Bleckley	0	0	3	23,150	1	83,884	1	5,735
Brooks	0	0	2	480	1	100,967	1	3,220
Bryan	0	0	0	0	1	40,154	0	0
Bulloch	0	0	1	14,067	0	0	0	0
Butts	8	27,778	11	45,894	3	21,163	5	4,280
Calhoun	0	0	1	100	0	0	0	0
Candler	1	13,760	1	814	0	0	1	6,852
Carroll	24	780,443	44	57,191	6	797,604	20	42,235
Catoosa	2	81,246	0	0	3	7,080	0	0
Charlton	1	43,432	0	0	0	0	0	0
Chatham	0	0	2	19,201	3	132,549	2	901
Chattooga	0	0	2	11,217	0	0	1	407
Cherokee	10	35,318	26	41,488	19	384,943	41	92,144
Clarke	8	27,028	12	44,561	6	409,766	8	6,413
Clay	0	0	2	300	0	0	0	0
Clayton	31	1,779,726	74	210,361	29	1,146,238	70	116,516
Cobb	57	2,108,017	141	280,033	40	2,175,266	132	229,153
Coffee	0	0	1	205	0	0	1	202
Colquitt	1	45,810	1	9,508	2	54,997	4	14,716
Columbia	1	15,276	6	17,406	1	15,504	2	13,854
Cook	2	90,544	0	0	0	0	0	0
Coweta	2	345	14	28,690	3	54,986	10	46,039
Crisp	0	0	1	1,725	0	0	0	0

Dawson	1	10,975	0	0	3	14,683	0	0
Decatur	0	0	1	4,280	0	0	0	0
DeKalb	336	8,278,671	1,392	2,415,228	225	4,428,474	745	1,419,717
Dodge	2	27,360	3	2,033	3	45,436	2	417
Dooly	3	141,175	0	0	1	11,131	0	0
Dougherty	14	209,979	4	7,165	6	286,860	1	25,706
Douglas	0	0	41	74,672	6	136,506	43	171,065
Effingham	1	750	0	0	1	217	0	0
Elbert	1	200	3	3,247	4	110,586	3	3,516
Emanuel	0	0	7	21,223	3	142,776	5	42,428
Evans	0	0	0	0	0	0	2	254
Fannin	1	64,766	3	17,133	1	7,524	9	9,163
Fayette	9	177,162	23	20,325	3	138,573	18	10,959
Florida	6	222,632	13	53,943	4	147,579	9	19,966
Floyd	10	210,531	52	7,548	5	70,277	2	4,951
Forsyth	8	260,736	10	32,392	7	213,041	21	84,682
Franklin	3	74,444	1	1,060	2	45,814	5	14,664
Fulton	173	5,078,755	656	1,131,598	63	776,866	391	677,958
Gilmer	1	36,218	3	2,653	1	1,084	4	375
Glynn	2	17,203	0	0	1	13,469	1	7,345
Gordon	4	41,183	9	24,018	1	5,715	5	17,087
Grady	1	28,066	0	0	1	3,473	2	2,040
Greene	0	0	0	0	2	54,083	1	826
Gwinnett	98	3,307,670	352	594,047	84	2,846,027	302	706,432
Habersham	3	148,896	15	27,055	3	65,822	5	18,160
Hall	12	389,341	27	116,478	6	373,002	19	45,065
Hancock	1	23,726	0	0	1	1,097	0	0
Haralson	5	94,286	10	19,860	5	290,023	7	58,106
Harris	2	7,294	2	3,226	0	0	2	7,482
Hart	1	79,263	5	14,432	2	87,938	0	0
Heard	1	45,500	2	7,143	1	17,444	1	14,270
Henry	30	1,133,541	89	194,444	25	612,102	40	188,745
Houston	6	173,172	4	10,441	2	52,852	8	16,544
Irwin	0	0	2	3,099	0	0	0	0
Jackson	0	0	6	18,830	0	0	6	8,537
Jasper	5	60,907	6	19,066	0	0	1	82
Jefferson	0	0	0	0	1	83,485	0	0
Johnson	1	175	0	0	0	0	0	0
Jones	1	139,582	0	0	0	0	1	206
Lamar	3	224,999	7	16,699	3	123,659	4	10,490
Lanier	1	1,594	0	0	0	0	0	0
Laurens	2	3,159	4	7,349	3	42,744	5	6,342
Lowndes	0	0	1	5,418	4	279,446	5	21,640
Lumpkin	2	147,190	4	14,027	1	1,859	3	4,823

Macon	0	0	1	140	0	0	0	0
Madison	2	20,865	6	6,249	1	14,622	6	5,015
Marion	2	109,113	0	0	0	0	0	0
McDuffie	0	0	5	4,528	0	0	0	0
Meriwether	3	66,385	5	4,972	3	125,583	5	15,702
Miller	1	18,107	1	125	0	0	1	186
Mitchell	0	0	0	0	1	44,585	0	0
Monroe	4	94,932	3	42,463	0	0	4	36,057
Morgan	3	85,371	5	33,773	8	70,256	1	1,192
Murray	1	1,819	9	32,287	4	121,565	7	18,491
Muscogee	15	524,519	17	61,750	4	360,854	5	31,696
Newton	21	388,275	55	163,733	16	170,744	33	145,037
Oconee	8	234,527	7	15,098	0	0	4	25,742
Oglethorpe	1	100	0	0	0	0	1	259
Other Out of State	38	1,534,445	102	153,054	19	745,475	44	106,928
Paulding	12	798,748	21	30,404	3	45,600	27	77,184
Peach	2	76,133	0	0	1	39,666	2	7,431
Pickens	2	25,942	4	4,187	0	0	1	491
Pike	0	0	7	32,269	1	37,575	4	13,425
Polk	2	77,662	2	11,493	1	15,774	3	1,279
Pulaski	0	0	1	2,932	0	0	0	0
Putnam	2	34,015	3	16,062	2	51,841	2	11,660
Quitman	0	0	1	469	0	0	0	0
Rabun	2	22,738	6	19,457	0	0	0	0
Richmond	2	2,157	10	91,789	2	1,039	6	14,802
Rockdale	17	408,074	21	57,699	10	253,081	33	37,631
Schley	0	0	1	17,068	0	0	0	0
South Carolina	6	497,992	10	4,218	9	409,528	14	12,794
Spalding	17	574,976	37	108,558	9	160,723	19	27,833
Stephens	12	392,342	4	22,339	2	77,703	10	27,772
Stewart	1	48,298	0	0	0	0	0	0
Sumter	0	0	1	15,542	2	442	3	6,278
Tattnall	0	0	0	0	1	14,057	0	0
Telfair	0	0	0	0	1	10,169	0	0
Tennessee	0	0	0	0	1	1,084	2	2,321
Terrell	2	40,302	0	0	0	0	0	0
Thomas	0	0	2	2,215	3	92,869	0	0
Tift	4	155,989	8	40,283	3	94,408	2	4,438
Toombs	0	0	4	5,657	1	48,030	2	3,034
Towns	1	1,043	2	15,834	2	8,104	0	0
Treutlen	0	0	0	0	0	0	1	1,688
Troup	17	511,777	32	53,583	14	1,271,337	37	187,563
Turner	0	0	0	0	1	68,095	0	0
Twiggs	0	0	0	0	2	2,168	1	95

Union	5	61,108	6	2,141	1	13,989	2	8,689
Upton	3	27,363	9	18,176	5	34,444	6	9,947
Walker	0	0	3	7,481	2	76,571	7	17,406
Walton	16	757,439	48	101,795	17	994,459	42	97,684
Ware	0	0	0	0	0	0	1	1,648
Warren	0	0	0	0	1	99,796	1	863
Washington	0	0	5	3,253	0	0	6	5,790
Wayne	2	1,414	1	141	2	1,226	2	1,942
Webster	1	71,975	0	0	0	0	0	0
White	1	11,666	11	22,572	2	52,516	1	1,379
Whitfield	8	122,702	10	39,422	5	358,045	5	33,225
Wilcox	0	0	1	2,748	0	0	0	0
Wilkes	0	0	0	0	1	29,156	0	0
Wilkinson	0	0	1	865	0	0	1	634
Worth	3	48,879	0	0	1	1,137	1	242
<b>Total</b>	<b>1,171</b>	<b>35,017,518</b>	<b>3,709</b>	<b>7,217,776</b>	<b>799</b>	<b>24,020,383</b>	<b>2,392</b>	<b>5,352,062</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	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 2010	SFY2010	SFY2012
7/1/09-6/30/10	7/1/10-6/30/11	7/1/11-6/30/12
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:** 7/20/2011

**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:** 7/20/2011

**Title:** Director of Financial Services

**Comments:**