



## 2011 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 2011 only.

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

**Please indicate your hospital fiscal year.**

From: 9/1/2010 To:8/31/2011

**Please indicate your cost report year.**

From: 09/01/2010 To:08/31/2011

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:** Tom Gurley

**Contact Title:** Senior Accountant

**Phone:** 404-686-2985

**Fax:** 404-686-4667

**E-mail:** tom.gurley@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	721,570,984
Total Inpatient Admissions accounting for Inpatient Revenue	20,959
Outpatient Gross Patient Revenue	537,332,219
Total Outpatient Visits accounting for Outpatient Revenue	162,468
Medicare Contractual Adjustments	342,810,875
Medicaid Contractual Adjustments	124,023,646
Other Contractual Adjustments:	206,857,504
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	40,309,678
Uncompensated Indigent Care (net):	22,068,586
Uncompensated Charity Care (net):	31,488,658
Other Free Care:	0
Other Revenue/Gains:	13,121,543
Total Expenses:	470,198,918

### 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 2011? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2011?

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 2011? (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	10,208,550	16,482,429	26,690,979
Outpatient	11,860,036	16,272,893	28,132,929
<b>Total</b>	<b>22,068,586</b>	<b>32,755,322</b>	<b>54,823,908</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	1,266,664
Trust Fund From Sale Of Public Hospital	0
All Other	0
<b>Total</b>	<b>1,266,664</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	10,208,550	15,845,046	26,053,596
Outpatient	11,860,036	15,643,612	27,503,648
<b>Total</b>	<b>22,068,586</b>	<b>31,488,658</b>	<b>53,557,244</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	9	214,385	30	104,063	6	252,504	62	119,208
ATKINSON	0	0	0	0	0	0	1	802
BACON	1	54,178	0	0	0	0	0	0
BALDWIN	1	950	1	1,100	1	19,877	9	4,133
BANKS	0	0	1	1,151	0	0	1	423
BARROW	0	0	10	11,445	1	24,111	19	6,551
BARTOW	1	113,462	13	93,851	8	24,017	28	36,724
BEN HILL	0	0	1	110	1	4,426	1	5,658
BERRIEN	0	0	0	0	0	0	1	1,881
BIBB	1	16,293	0	0	4	32,584	13	41,220
BLECKLEY	0	0	0	0	0	0	1	605
BROOKS	0	0	0	0	0	0	1	6,253
BULLOCH	0	0	1	1,837	0	0	0	0
BURKE	0	0	0	0	0	0	1	21,857
BUTTS	3	107,449	5	9,887	5	70,969	11	82,892
CALHOUN	0	0	0	0	0	0	1	5,705
CAMDEN	0	0	1	3,499	0	0	0	0
CARROLL	8	160,171	33	66,751	12	420,758	62	57,705
CATOOSA	0	0	1	2,200	0	0	6	21,301
CHARLTON	0	0	0	0	1	1,859	0	0
CHATHAM	0	0	8	14,056	0	0	6	3,814
CHATTOOGA	0	0	0	0	0	0	3	2,110
CHEROKEE	7	315,645	50	136,715	6	344,863	89	204,530
CLARKE	2	49,006	7	15,044	2	514	8	10,584
CLAYTON	0	0	203	488,865	44	1,142,180	295	482,829
COBB	21	969,798	210	628,331	42	411,825	416	905,800
COFFEE	0	0	0	0	0	0	5	540
COLQUITT	0	0	0	0	0	0	4	16,927
COLUMBIA	0	0	8	6,321	0	0	3	15,984
COOK	0	0	1	210	0	0	0	0
COWETA	0	0	31	150,628	4	205,226	29	30,131
CRISP	0	0	0	0	0	0	4	16,225

DADE	0	0	0	0	0	0	1	148
DAWSON	0	0	2	531	0	0	2	10,289
DEKALB	68	1,125,133	829	1,528,132	128	1,407,694	1,091	2,152,564
DODGE	0	0	3	4,215	2	58,043	5	62,998
DOOLY	1	21,852	0	0	0	0	1	50,408
DOUGHERTY	0	0	7	12,320	0	0	6	21,177
DOUGLAS	0	0	42	50,750	15	265,735	68	104,759
EFFINGHAM	1	65,818	1	6,877	0	0	0	0
ELBERT	0	0	1	246	0	0	1	269
EMANUEL	1	1,132	0	0	0	0	2	209
FANNIN	0	0	0	0	1	30,412	2	4,045
FAYETTE	1	2,500	16	27,360	0	0	50	85,295
FLORIDA	4	116,898	56	73,322	6	137,596	54	88,614
FLOYD	0	0	12	34,882	0	0	21	229,902
FORSYTH	1	186,140	8	13,376	6	116,604	27	99,806
FRANKLIN	0	0	3	2,765	0	0	3	2,320
FULTON	387	4,799,932	4,962	6,731,520	653	8,697,959	4,852	7,604,193
GILMER	1	1,764	0	0	0	0	2	188
GLYNN	0	0	4	3,877	0	0	1	1,044
GORDON	0	0	5	7,543	0	0	2	5,087
GRADY	0	0	0	0	0	0	6	4,761
GREENE	0	0	5	5,012	0	0	9	50,644
GWINNETT	18	276,184	145	419,232	45	226,252	289	834,124
HABERSHAM	0	0	8	3,805	1	17,478	5	10,697
HALL	1	39,577	12	44,688	2	20,828	29	103,346
HANCOCK	0	0	0	0	0	0	1	327
HARALSON	1	40,807	6	31,617	0	0	10	37,511
HARRIS	0	0	2	3,502	3	193,746	0	0
HEARD	1	67,315	1	217	0	0	10	38,679
HENRY	10	375,965	78	112,536	0	0	150	549,921
HOUSTON	1	41,651	6	18,621	1	97,212	7	64,132
IRWIN	0	0	1	16,914	0	0	0	0
JACKSON	0	0	13	24,241	1	5,901	9	54,192
JASPER	1	48,940	3	663	0	0	0	0
JEFF DAVIS	0	0	1	3,294	0	0	0	0
JEFFERSON	0	0	0	0	0	0	2	34,304
JOHNSON	0	0	2	799	0	0	0	0
JONES	0	0	0	0	1	19,551	1	323
LAMAR	1	29,170	6	1,116	3	3,676	12	33,939
LANIER	0	0	0	0	0	0	1	220
LAURENS	0	0	3	2,321	0	0	6	15,285
LEE	0	0	1	2,123	0	0	1	3,264
LIBERTY	0	0	1	143	0	0	9	49,163
LOWNDES	0	0	7	10,353	0	0	6	17,250

LUMPKIN	0	0	4	8,781	2	77,061	2	552
MACON	0	0	0	0	3	37,763	3	33,277
MADISON	0	0	0	0	1	214	4	36,412
MARION	0	0	2	11,034	0	0	0	0
MCDUFFIE	0	0	0	0	0	0	2	1,091
MCINTOSH	0	0	2	1,552	0	0	1	712
MERIWETHER	0	0	3	1,990	2	232,699	6	17,972
MITCHELL	0	0	7	34,183	0	0	1	847
MONROE	0	0	2	4,439	0	0	9	3,401
MORGAN	0	0	4	1,951	1	83,928	9	40,734
MURRAY	0	0	8	6,959	1	17,590	30	99,983
MUSCOGEE	0	0	9	9,797	0	0	20	24,399
NEWTON	9	279,898	34	64,026	12	235,089	50	85,754
NORTH CAROLINA	0	0	27	52,436	3	42,842	29	32,437
OCONEE	0	0	5	9,280	0	0	3	787
Other Out of State	22	969	206	279,204	23	305,567	236	457,083
PAULDING	2	58,766	5	23,934	2	131,678	42	319,070
PEACH	0	0	0	0	2	13,665	0	0
PICKENS	0	0	7	2,022	0	0	2	839
PIKE	0	0	13	13,133	0	0	8	3,110
POLK	0	0	14	13,101	1	13,373	6	1,799
PULASKI	0	0	0	0	0	0	3	2,499
RABUN	0	0	0	0	0	0	0	0
RANDOLPH	0	0	2	1,774	0	0	0	0
RICHMOND	0	0	4	5,647	0	0	13	53,954
ROCKDALE	3	22,320	28	47,074	11	98,294	57	65,799
SOUTH CAROLINA	4	62,847	21	31,992	2	66,616	23	85,103
SPALDING	7	34,378	41	100,683	0	0	37	69,608
STEPHENS	0	0	5	25,593	0	0	0	0
SUMTER	2	3,326	2	510	1	16,744	5	2,068
TALBOT	0	0	0	0	1	28,656	0	0
TATNALL	0	0	0	0	0	0	1	3,980
TAYLOR	0	0	0	0	0	0	2	14,989
TENNESSEE	6	129,139	22	46,977	4	78,506	35	12,282
TERRELL	0	0	0	0	0	0	1	2,186
THOMAS	0	0	2	14,084	1	16,708	3	1,247
TIFT	0	0	2	840	1	459	2	1,189
TOOMBS	0	0	0	0	1	17,479	1	139
TOWNS	0	0	0	0	0	0	3	4,358
TROUP	2	240,365	16	87,492	11	497,558	52	158,907
TURNER	0	0	3	2,200	1	586	0	0
UNION	0	0	1	476	0	0	2	3,584
UPSON	0	0	2	169	1	42,193	3	1,434
WALKER	0	0	1	364	0	0	3	8,670

WALTON	0	0	12	15,311	6	172,761	28	47,251
WARE	0	0	0	0	0	0	1	472
WARREN	0	0	2	1,312	0	0	0	0
WASHINGTON	0	0	0	0	0	0	0	0
WAYNE	0	0	0	0	0	0	0	0
WHITE	0	0	1	176	0	0	4	7,631
WHITFIELD	3	59,943	0	0	0	0	13	33,885
WILKINSON	0	0	1	1,281	0	0	0	0
WORTH	1	74,484	1	3,282	0	0	3	3,610
<b>Total</b>	<b>614</b>	<b>10,208,550</b>	<b>7,388</b>	<b>11,860,036</b>	<b>1,099</b>	<b>16,482,429</b>	<b>8,592</b>	<b>16,272,893</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 2011?  
(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 2011.

Patient Category		SFY 2010	SFY2011	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	18,227,178	3,841,408
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	17,542,549	4,300,100
C.	Other Patients in accordance with the department approved policy.	0	1,851,156	442,673

### 3. Patients Served

Indicate the number of patients served by SFY.

SFY 2010	SFY2011	SFY2012
7/1/09-6/30/10	7/1/10-6/30/11	7/1/11-6/30/12
0	14,719	3,014

## 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:** 7/20/2012

**Title:** CEO, Emory University Hospital Midtown

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:** 7/20/2012

**Title:** CFO, Emory Hospitals

**Comments:**