



## 2011 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

**Mailing Address:** 1364 Clifton Road NE

**Mailing City:** Atlanta

**Mailing Zip:** 30322

#### 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:** Towanda Wheaden Smith

**Contact Title:** Senior Accountant

**Phone:** 404-686-6021

**Fax:** 404-686-6030

**E-mail:** towanda.wheaden.smith@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	1,127,610,123
Total Inpatient Admissions accounting for Inpatient Revenue	22,765
Outpatient Gross Patient Revenue	561,820,651
Total Outpatient Visits accounting for Outpatient Revenue	135,705
Medicare Contractual Adjustments	462,815,192
Medicaid Contractual Adjustments	110,228,412
Other Contractual Adjustments:	352,357,778
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	18,856,734
Uncompensated Indigent Care (net):	28,072,516
Uncompensated Charity Care (net):	52,545,089
Other Free Care:	0
Other Revenue/Gains:	11,176,029
Total Expenses:	634,628,744

### 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.?

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 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	21,470,450	44,178,978	65,649,428
Outpatient	6,602,066	9,862,842	16,464,908
<b>Total</b>	<b>28,072,516</b>	<b>54,041,820</b>	<b>82,114,336</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)	1,496,731
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>1,496,731</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	21,470,450	42,682,247	64,152,697
Outpatient	6,602,066	9,862,842	16,464,908
<b>Total</b>	<b>28,072,516</b>	<b>52,545,089</b>	<b>80,617,605</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	3	42,883	20	46,046	15	915,744	23	162,792
Appling	1	93,136	0	0	0	0	3	11,654
Atkinson	0	0	1	702	0	0	0	0
Baldwin	4	28,997	2	2,326	1	17,268	5	51,419
Banks	1	32,387	1	271	0	0	2	514
Barrow	10	400,442	13	78,428	11	209,397	20	43,962
Bartow	12	281,601	40	30,196	13	565,231	24	73,063
Ben Hill	1	24,870	1	4,127	2	44,835	8	4,482
Berrien	1	53,951	2	721	3	232,692	2	309
Bibb	7	583,670	12	86,268	6	172,413	18	19,563
Bleckley	1	8,357	0	0	0	0	0	0
Brantley	1	1,092	1	1,145	1	1,705	0	0
Brooks	1	36,450	2	1,333	0	0	0	0
Bryan	1	61,055	0	0	0	0	0	0
Bulloch	0	0	6	46,466	0	0	1	48,256
Butts	2	51,325	8	65,266	1	28,254	3	15,094
Calhoun	2	133,039	0	0	0	0	0	0
Carroll	17	815,132	24	96,490	19	43,990	38	98,936
Catoosa	0	0	0	0	0	0	5	2,964
Charlton	0	0	0	0	0	0	2	628
Chatham	0	0	2	397	1	989	13	23,852
Chattooga	0	0	2	9,733	1	0	6	21,245
Cherokee	15	242,925	29	96,510	18	908,283	108	123,644
Clarke	4	234,537	12	25,542	0	0	17	47,975
Clayton	31	100,593	116	143,518	46	1,517,836	123	267,162
Cobb	49	1,092,538	86	199,468	74	2,858,090	193	440,283
Coffee	1	0	7	46,649	1	670	9	13,634
Colquitt	5	343,382	11	39,433	3	189,278	5	21,234
Columbia	0	0	0	0	1	217	0	0
Cook	0	0	0	0	1	1,087	1	959
Coweta	3	123,885	12	29,911	16	958,735	55	75,990
Crawford	0	0	0	0	0	0	2	11,459

Crisp	2	14,625	2	5,117	2	52,019	9	34,439
Dade	0	0	1	626	0	0	1	920
Dawson	2	30,103	3	1,637	3	108,162	2	1,686
Decatur	2	9,411	7	19,005	1	21,269	0	0
DeKalb	319	5,044,697	1,259	2,189,489	377	9,905,972	1,718	2,985,834
Dodge	0	0	1	1,700	1	34,443	5	33,351
Dooly	1	14,512	0	0	3	55,873	2	15,475
Dougherty	0	0	2	347	2	65,949	7	20,462
Douglas	0	0	31	90,804	19	542,359	61	41,160
Effingham	0	0	1	2,457	0	0	1	513
Elbert	3	84,327	3	5,221	2	40,767	2	2,763
Evans	0	0	1	2,647	0	0	2	1,353
Fannin	0	0	2	1,079	4	21,387	6	1,339
Fayette	4	70,846	29	90,606	9	119,113	39	62,283
Florida	3	101,721	18	27,342	13	595,173	24	65,382
Floyd	2	12,419	3	16,390	6	72,183	22	53,572
Forsyth	1	28,650	15	14,302	11	123,410	32	124,217
Franklin	0	0	2	620	7	287,864	2	6,480
Fulton	109	2,936,646	606	925,571	175	6,841,900	691	1,410,831
Gilmer	7	47,457	2	4,505	4	34,489	3	23,599
Glynn	0	0	2	17,743	1	97,572	1	170
Gordon	3	510,705	12	19,545	5	51,734	13	10,290
Grady	3	3,355	1	83	1	39,385	1	191
Greene	1	5,476	1	2,036	0	0	1	368
Gwinnett	52	2,193,853	258	495,060	130	4,690,519	497	1,005,129
Habersham	0	0	10	67,324	2	28,266	5	20,961
Hall	5	114,779	40	101,330	0	0	26	72,628
Hancock	0	0	2	949	2	3,573	7	3,702
Haralson	0	0	5	674	0	0	22	81,094
Harris	2	24,780	0	0	3	168,261	5	14,426
Hart	1	1,092	2	6,089	1	16,979	10	12,863
Heard	0	0	8	42,157	4	229,493	13	49,831
Henry	32	173,315	93	232,363	47	902,430	84	169,100
Houston	8	159,102	10	14,273	17	900,316	17	7,428
Irwin	1	10,003	2	12,083	0	0	3	6,873
Jackson	4	253,035	7	17,287	3	101,930	15	18,317
Jasper	0	0	4	767	1	9,622	4	2,285
Jefferson	1	0	0	0	0	0	1	4,169
Jenkins	0	0	0	0	0	0	4	286
Johnson	0	0	2	431	0	0	1	101
Jones	1	0	0	0	0	0	0	0
Lamar	1	31,014	9	37,059	2	10,134	8	27,102
Lanier	0	0	0	0	0	0	1	537
Laurens	1	1,092	5	13,889	0	0	0	0

Lee	0	0	0	0	1	51,204	3	2,981
Lincoln	1	39,527	0	0	0	0	0	0
Lowndes	3	149,865	2	5,616	4	86,237	10	37,658
Lumpkin	1	2,241	4	12,197	1	114,032	7	31,183
Macon	1	128,532	2	11,697	1	76,394	4	19,019
Madison	2	200,764	3	6,666	4	215,476	12	44,030
Marion	0	0	0	0	1	30,632	1	2,524
McDuffie	0	0	5	3,550	0	0	5	1,204
McIntosh	0	0	0	0	0	0	1	5,765
Meriwether	1	75,582	2	192	4	52,758	15	8,957
Miller	0	0	0	0	1	1,059	0	0
Mitchell	0	0	3	4,624	0	0	4	2,497
Monroe	0	0	0	0	2	38,356	7	24,847
Morgan	0	0	2	6,781	7	155,598	15	69,159
Murray	2	189,049	12	31,659	0	0	14	38,026
Muscogee	6	249,443	8	14,845	8	490,883	24	82,059
Newton	15	414,351	40	78,739	32	1,512,522	93	239,631
North Carolina	5	86,252	10	26,370	4	24,356	7	12,994
Other Out of State	15	14,694	99	80,106	30	246,574	72	196,174
Paulding	0	0	18	87,406	13	1,343,125	50	105,724
Peach	3	66,302	2	8,478	0	0	0	0
Pickens	0	0	5	10,102	1	62,619	6	25,141
Pierce	0	0	2	4,320	1	39,010	0	0
Pike	2	80,834	1	19,686	3	67,381	4	13,829
Polk	3	6,109	1	208	5	807,204	5	7,639
Pulaski	2	80,208	0	0	1	39,184	4	9,083
Putnam	1	81,440	3	16,806	2	1,783	4	4,451
Quitman	0	0	0	0	1	1,532	0	0
Rabun	2	27,646	3	6,642	1	1,696	1	1,311
Richmond	1	36,999	7	15,786	2	54,186	7	37,656
Rockdale	16	998,647	29	98,196	21	184,492	57	127,339
Screven	0	0	1	10,379	0	0	1	14,339
Seminole	0	0	0	0	0	0	2	8,916
South Carolina	3	13,865	10	8,548	9	295,852	18	21,404
Spalding	12	545,309	24	45,091	15	705,427	33	80,629
Stephens	8	107,116	7	23,660	6	217,126	13	36,786
Sumter	1	12,768	4	4,072	0	0	5	16,181
Talbot	1	14,977	1	369	1	168,809	5	2,095
Tattnall	0	0	0	0	1	54	1	215
Taylor	2	48,920	0	0	0	0	1	429
Telfair	0	0	0	0	2	79,843	2	457
Tennessee	0	0	12	34,557	3	41,102	15	16,645
Terrell	1	35,191	0	0	0	0	0	0
Thomas	0	0	0	0	0	0	3	999

Tift	0	0	1	1,001	4	216,685	4	1,718
Toombs	0	0	3	12,245	0	0	2	1,983
Towns	3	75,580	0	0	3	24,892	7	3,556
Troup	12	370,344	40	101,861	21	437,424	63	184,856
Turner	0	0	0	0	1	752	2	3,509
Union	1	1,192	7	22,334	1	0	2	5,879
Upson	9	164,895	3	11,413	1	10,579	12	23,638
Walker	0	0	3	35,779	4	59,695	7	43,704
Walton	7	32,212	38	96,400	18	657,842	47	122,658
Ware	0	0	0	0	0	0	1	3,895
Washington	0	0	5	8,104	0	0	1	819
White	0	0	10	58,554	0	0	20	117,338
Whitfield	7	225,389	13	36,930	7	284,366	13	19,040
Wilcox	0	0	0	0	1	10,952	2	4,600
Wilkes	4	68,929	0	0	2	359,984	0	0
Wilkinson	1	21,144	2	8,090	0	0	2	365
Worth	1	140,870	1	456	3	70,043	2	723
<b>Total</b>	<b>899</b>	<b>21,470,448</b>	<b>3,319</b>	<b>6,602,068</b>	<b>1,346</b>	<b>44,178,980</b>	<b>4,772</b>	<b>9,862,840</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	24,135,666	3,936,850
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	28,442,468	8,512,175
C.	Other Patients in accordance with the department approved policy.	0	12,478,712	2,302,978

### 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	9,745	2,031

## 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:** 7/19/2012

**Title:** Chief Executive 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:** 7/19/2012

**Title:** Director of Financial Services

**Comments:**