GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2012 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 calender year 2012 only.
Do not use a different report period.

Please indicate your hospital fiscal year.
 From: 9/1/2011 To:8/31/2012

Please indicate your cost report year.
 From: 09/01/2011 To:08/31/2012

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	743,668,187
Total Inpatient Admissions accounting for Inpatient Revenue	20,448
Outpatient Gross Patient Revenue	634,933,767
Total Outpatient Visits accounting for Outpatient Revenue	172,872
Medicare Contractual Adjustments	389,395,725
Medicaid Contractual Adjustments	141,516,058
Other Contractual Adjustments:	242,164,124
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	36,387,734
Uncompensated Indigent Care (net):	23,460,238
Uncompensated Charity Care (net):	33,066,305
Other Free Care:	0
Other Revenue/Gains:	16,369,124
Total Expenses:	501,033,505

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
Total	**0**

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 2012? (Check box if yes.)   ☑

2. Effective Date

What was the effective date of the policy or policies in effect during 2012?

01/13/2012

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.)?

400%

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 2012? (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	12,537,813	25,292,504	37,830,317
Outpatient	10,922,425	9,107,133	20,029,558
Total	**23,460,238**	**34,399,637**	**57,859,875**

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	1,333,332
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	**1,333,332**

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	12,537,813	24,312,165	36,849,978
Outpatient	10,922,425	8,754,140	19,676,565
Total	**23,460,238**	**33,066,305**	**56,526,543**

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	260,213	25	33,169	2	146,630	41	108,363
APPLING	0	0	0	0	0	0	1	4,458
BALDWIN	0	0	1	102	0	0	2	2,334
BARROW	0	0	4	5,076	2	7,368	6	23,135
BARTOW	11	72,353	17	144,182	4	639,642	15	100,172
BEN HILL	0	0	5	76,145	0	0	0	0
BIBB	1	18,112	6	4,665	4	78,270	12	51,076
BLECKLEY	0	0	1	221	2	157,029	0	0
BROOKS	0	0	1	2,205	0	0	0	0
BRYAN	0	0	0	0	0	0	1	10,471
BULLOCH	0	0	0	0	0	0	2	2,849
BURKE	0	0	0	0	1	50,588	0	0
BUTTS	1	6,285	9	22,082	4	99,844	7	9,838
CALHOUN	0	0	0	0	1	21,120	1	503
CAMDEN	0	0	1	1,060	0	0	1	1,167
CARROLL	7	561,359	21	45,484	12	650,123	54	38,235
CATOOSA	0	0	2	3,543	0	0	6	18,629
CHATHAM	0	0	15	24,981	0	0	8	37,725
CHEROKEE	4	250,008	29	82,621	5	309,435	39	49,216
CLARKE	0	0	5	72,311	0	0	15	16,897
CLAYTON	18	368,730	202	308,403	54	1,878,519	297	316,823
COBB	16	448,137	200	416,955	39	1,395,813	412	518,896
COLUMBIA	2	25,806	3	510	0	0	1	228
COOK	0	0	1	1,958	0	0	0	0
COWETA	1	109,610	28	112,353	3	3,887	14	20,033
CRAWFORD	0	0	0	0	1	1,980	0	0
DAWSON	0	0	1	505	0	0	3	9,582
DECATUR	0	0	0	0	0	0	3	3,344
DEKALB	70	410,453	590	1,184,649	106	2,501,912	1,082	1,338,454
DODGE	1	13,916	1	22,164	0	0	1	8,016
DOOLY	0	0	0	0	1	30,163	5	192,985
DOUGHERTY	0	0	3	5,766	0	0	3	3,380

DOUGLAS	3	17,288	67	94,245	10	206,783	0	0
EARLY	0	0	0	0	0	0	1	1,437
ELBERT	0	0	1	2,567	0	0	1	594
FANNIN	1	84,679	2	3,220	0	0	0	0
FAYETTE	0	0	12	26,527	8	109,112	24	11,481
FLORIDA	2	11,632	33	66,313	7	122,500	59	73,137
FLOYD	0	0	5	16,381	2	141,084	15	219,424
FORSYTH	2	120,335	10	26,580	2	126,339	26	90,180
FRANKLIN	0	0	1	717	0	0	0	0
FULTON	318	6,063,304	3,786	6,189,219	402	8,919,145	4,965	2,675,031
GILMER	2	98,164	1	15,061	1	31,465	0	0
GLYNN	0	0	9	22,421	0	0	8	24,246
GORDON	0	0	1	710	2	20,502	6	18,939
GREENE	1	33,210	9	1,771	0	0	20	172,972
GWINNETT	19	421,585	121	363,176	32	1,027,944	263	460,616
HABERSHAM	0	0	2	26,470	0	0	0	0
HALL	2	78,043	15	8,918	1	163,721	6	9,880
HARALSON	0	0	3	2,554	5	161,659	9	20,298
HARRIS	0	0	0	0	1	44,656	0	0
HART	0	0	0	0	0	0	1	956
HENRY	13	695,266	87	229,875	18	1,143,233	127	275,488
HOUSTON	0	0	5	10,339	1	29,455	8	32,557
IRWIN	0	0	0	0	0	0	1	412
JACKSON	0	0	11	8,545	1	7	7	8,355
JASPER	0	0	3	29,648	0	0	2	15,106
JEFF DAVIS	0	0	0	0	1	20,928	0	0
JEFFERSON	0	0	1	76	0	0	0	0
JOHNSON	0	0	1	618	0	0	0	0
JONES	0	0	1	346	0	0	0	0
LAMAR	3	72,455	7	2,103	1	223,873	7	3,989
LAURENS	1	677	1	1,001	0	0	1	11,458
LEE	0	0	0	0	0	0	1	47
LIBERTY	0	0	1	1,056	0	0	1	4,795
LOWNDES	0	0	9	6,581	1	19,804	5	12,917
LUMPKIN	1	20,019	2	1,410	0	0	2	3,730
MACON	0	0	8	15,474	2	62,452	5	6,334
MADISON	0	0	3	7,130	1	3,100	5	5,599
MARION	0	0	0	0	0	0	1	390
MCDUFFIE	0	0	0	0	1	262,294	2	7,424
MERIWETHER	0	0	2	1,191	1	242,170	2	2,192
MITCHELL	0	0	1	412	0	0	0	0
MONROE	0	0	0	0	0	0	5	1,912
MORGAN	0	0	0	0	0	0	3	3,624
MURRAY	1	1,132	6	7,553	0	0	28	125,740

County								
MUSCOGEE	0	0	13	18,642	1	466,338	5	4,119
NEWTON	7	345,882	24	39,882	7	563,132	45	223,104
NORTH CAROLINA	1	46,831	20	50,960	3	255,943	28	82,155
OCONEE	0	0	0	0	0	0	4	2,724
Other Out of State	18	316,122	236	400,167	16	558,300	254	548,866
PAULDING	0	0	16	38,957	7	255,171	24	114,612
PEACH	1	22,357	3	5,031	0	0	0	0
PICKENS	0	0	6	6,380	0	0	2	17,018
PIERCE	0	0	0	0	0	0	1	1,332
PIKE	4	484,073	4	949	1	517,113	2	76
POLK	1	102,302	5	35,269	0	0	2	15,051
PUTNAM	0	0	4	20,934	1	1,275	1	9,637
RABUN	1	39,545	0	0	0	0	0	0
RANDOLPH	0	0	0	0	0	0	1	1,339
RICHMOND	1	36,999	11	24,102	0	0	8	24,040
ROCKDALE	3	106,082	32	72,265	5	215,506	63	225,410
SCHLEY	0	0	0	0	0	0	1	23,431
SOUTH CAROLINA	0	0	23	54,904	0	0	36	131,880
SPALDING	8	300,056	34	86,238	9	154,209	36	138,165
STEPHENS	0	0	2	484	0	0	4	7,422
SUMTER	0	0	3	2,720	0	0	3	20,775
TATTNALL	0	0	0	0	1	12,637	0	0
TAYLOR	0	0	1	141	0	0	0	0
TENNESSEE	3	36,443	28	29,113	0	0	19	33,686
THOMAS	0	0	0	0	2	122,033	6	6,072
TIFT	0	0	9	45,171	0	0	2	905
TOOMBS	0	0	3	20,721	0	0	1	1,108
TOWNS	0	0	1	8,891	3	8,369	1	13,049
TROUP	9	359,086	33	91,028	6	695,401	43	6,613
TURNER	0	0	0	0	0	0	2	97,165
UNION	0	0	1	474	0	0	0	0
UPSON	0	0	9	39,677	0	0	7	21,760
WALKER	0	0	4	5,411	1	31,523	7	16,226
WALTON	1	23,200	13	36,359	5	282,229	52	81,711
WARE	0	0	0	0	0	0	1	242
WARREN	0	0	0	0	2	37,981	1	1,223
WASHINGTON	0	0	0	0	0	0	1	4,947
WHITE	3	56,064	8	21,510	0	0	10	20,111
WHITFIELD	0	0	4	4,727	1	41,564	6	23,090
WORTH	0	0	0	0	2	19,231	0	0
Total	**567**	**12,537,813**	**5,948**	**10,922,425**	**815**	**25,292,504**	**8,328**	**9,107,133**

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 2012? (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 2012.

	Patient Category	SFY 2011 7/1/10-6/30/11	SFY2012 7/1/11-6/30/12	SFY2013 7/1/12-6/30/13
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	20,354,679	3,105,559
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	23,677,385	5,685,734
C.	Other Patients in accordance with the department approved policy.	0	3,604,172	968,686

3. Patients Served
Indicate the number of patients served by SFY.

SFY 2011 7/1/10-6/30/11	SFY2012 7/1/11-6/30/12	SFY2013 7/1/12-6/30/13
0	14,922	2,456

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 incaccurate 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: 8/20/2013

Title: Hospital 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: Greg Anderson

Date: 8/20/2013

Title: Hospital Chief Financial Officer

Comments: