GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2012 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 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: Miranda Chennault

Contact Title: Controller

Phone: 404-686-6015

Fax: 404-686-6030

E-mail: miranda.chennault@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	1,210,083,863
Total Inpatient Admissions accounting for Inpatient Revenue	22,629
Outpatient Gross Patient Revenue	614,988,865
Total Outpatient Visits accounting for Outpatient Revenue	155,222
Medicare Contractual Adjustments	512,350,373
Medicaid Contractual Adjustments	132,314,137
Other Contractual Adjustments:	389,347,054
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	21,158,092
Uncompensated Indigent Care (net):	19,345,768
Uncompensated Charity Care (net):	56,285,386
Other Free Care:	0
Other Revenue/Gains:	9,752,769
Total Expenses:	662,024,933

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.?

Jim Perry, Director Patient 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.)?

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	13,354,738	44,300,975	57,655,713
Outpatient	5,991,030	15,375,715	21,366,745
Total	**19,345,768**	**59,676,690**	**79,022,458**

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)	3,391,304
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	**3,391,304**

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	13,354,738	40,909,671	54,264,409
Outpatient	5,991,030	15,375,715	21,366,745
Total	**19,345,768**	**56,285,386**	**75,631,154**

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 Ad-C = Inpatient Admissions (Charity Care)
Inp Ch-I = Inpatient Charges (Indigent Care)   Inp Ch-C = Inpatient Charges (Charity Care)
Out Vis-I = Outpatient Visits (Indigent Care)   Out Vis-C = Outpatient Visits (Charity Care)
Out Ch-I = Outpatient Charges (Indigent 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	6	229,124	21	72,760	12	194,023	44	135,090
Appling	0	0	0	0	0	0	1	2,710
Atkinson	4	81,593	1	25,689	0	0	1	1,660
Baldwin	5	81,440	3	3,794	0	0	1	394
Banks	0	0	1	4,889	2	51,548	10	89,039
Barrow	0	0	14	4,866	4	62,887	31	117,614
Bartow	8	113,686	9	41,262	5	600,748	31	197,834
Ben Hill	2	21,579	12	15,331	7	563,962	10	21,328
Berrien	3	120,718	1	12,329	1	1,163	5	2,675
Bibb	7	156,169	7	26,316	10	339,238	35	40,080
Bleckley	0	0	1	6,214	0	0	0	0
Brooks	0	0	1	6,309	0	0	2	14,952
Bryan	0	0	0	0	0	0	1	33,883
Bulloch	4	55,552	1	991	1	8,751	3	8,897
Burke	0	0	0	0	0	0	2	16,801
Butts	3	13,370	15	27,800	4	129,124	10	35,468
Calhoun	0	0	0	0	0	0	1	21,245
Carroll	0	0	20	67,630	26	1,681,781	47	174,205
Catoosa	2	13,780	0	0	0	0	2	9,496
Chatham	6	209,496	2	524	2	44,744	14	39,680
Chattooga	0	0	1	1,178	0	0	7	19,473
Cherokee	10	337,931	21	62,938	0	0	84	174,550
Clarke	7	141,781	13	51,697	7	89,579	17	36,728
Clayton	23	395,014	90	240,581	53	1,494,268	174	382,330
Clinch	0	0	0	0	0	0	3	1,808
Cobb	0	0	75	207,738	64	2,991,204	253	718,102
Coffee	6	214,067	10	42,997	2	366,811	8	26,760
Colquitt	2	132,355	1	110	5	149,447	1	2,974
Columbia	0	0	1	1,145	1	25,987	7	20,724
Cook	0	0	0	0	0	0	2	8,295
Coweta	4	268,142	24	37,077	13	72,767	36	60,200
Crawford	0	0	0	0	0	0	1	6,479

Crisp	3	0	3	1,108	0	0	9	56,590
Dade	0	0	0	0	0	0	1	2,411
Dawson	0	0	1	9,028	2	15,212	6	12,825
Decatur	0	0	2	6,898	1	960	2	6,640
DeKalb	199	974,858	1,009	1,868,357	410	9,427,718	2,141	4,214,310
Dodge	2	8,450	3	11,313	2	269,757	2	84,669
Dooly	0	0	1	819	0	0	4	72,656
Dougherty	3	1,689	4	12,510	5	275,713	11	19,301
Douglas	0	0	33	59,019	18	326,547	77	199,192
Early	0	0	2	2,117	0	0	0	0
Echols	0	0	0	0	0	0	2	48,624
Effingham	0	0	0	0	0	0	3	18,668
Elbert	0	0	0	0	2	1,313	2	5,607
Emanuel	0	0	0	0	1	63,392	2	8,848
Fannin	2	4,386	6	13,748	3	12,000	6	18,869
Fayette	4	187,915	12	34,340	14	590,016	25	43,150
Florida	5	94,635	28	32,435	8	8,145	37	128,449
Floyd	3	34,794	4	22,162	3	102,891	27	114,398
Forsyth	5	423,310	7	23,452	10	554,683	30	143,388
Franklin	0	0	3	28,407	0	0	1	287
Fulton	93	1,957,801	516	856,962	222	5,414,157	1,199	2,442,755
Gilmer	0	0	1	4,948	7	184,313	11	13,892
Glascock	0	0	0	0	3	122,646	1	8,616
Glynn	0	0	1	1,583	0	0	9	16,373
Gordon	6	142,706	3	3,903	7	93,323	30	76,374
Grady	2	23,477	2	11,226	1	1,335	2	274
Greene	2	0	4	17,486	10	127,259	11	48,171
Gwinnett	52	1,499,499	235	523,626	147	3,832,963	586	1,498,898
Habersham	2	14,131	6	28,106	4	198,888	18	62,366
Hall	6	455,495	23	9,872	13	710,534	63	325,804
Hancock	0	0	1	909	0	0	0	0
Haralson	0	0	4	22,572	3	242,585	9	20,005
Harris	0	0	0	0	0	0	6	9,940
Hart	2	0	1	6,600	5	293,800	8	24,462
Heard	4	17,040	0	0	0	0	16	33,714
Henry	22	220,268	74	227,449	58	1,432,597	169	509,319
Houston	7	23,377	3	16,216	0	0	10	47,718
Irwin	2	1,002	1	120	2	18,809	2	2,635
Jackson	0	0	10	46,915	13	117,668	19	21,838
Jasper	4	489,129	2	3,017	3	63,450	4	27,898
Jeff Davis	4	116,127	1	217	2	0	0	0
Jones	0	0	0	0	0	0	3	41,889
Lamar	0	0	4	20,573	1	33,458	5	25,362
Lanier	0	0	0	0	1	6,749	4	10,755

Laurens	2	48,572	1	1,663	1	647	5	7,554
Liberty	0	0	4	4,579	0	0	3	27,244
Lincoln	0	0	0	0	1	21,004	2	959
Lowndes	2	31,417	8	31,265	3	31,699	11	48,658
Lumpkin	6	181,787	5	8,012	2	240,148	6	17,824
Macon	0	0	0	0	2	69,171	3	30,777
Madison	0	0	2	11,732	10	370,014	5	19,467
Marion	0	0	0	0	1	77,593	0	0
McDuffie	0	0	2	1,172	0	0	12	10,307
McIntosh	0	0	0	0	1	0	0	0
Meriwether	2	376,493	2	6,847	4	99,728	3	7,557
Mitchell	0	0	3	6,418	0	0	5	53,177
Monroe	0	0	0	0	0	0	3	17,484
Montgomery	0	0	0	0	1	43,603	1	2,718
Morgan	2	0	6	36,966	2	141,081	6	15,085
Murray	6	273,510	13	43,226	1	36,839	14	14,394
Muscogee	0	0	17	31,202	15	712,229	50	67,858
Newton	0	0	30	84,631	37	576,863	102	250,909
North Carolina	4	250,883	13	37,736	7	106,308	26	33,261
Oconee	2	1,305	1	4,260	4	283,803	11	8,073
Other Out of State	8	161,853	88	145,919	19	648,081	117	231,374
Paulding	0	0	14	52,696	15	1,062,440	53	103,545
Peach	2	0	2	6,062	7	449,567	8	20,781
Pickens	0	0	3	12,973	1	44,869	9	34,912
Pierce	0	0	0	0	0	0	1	13,284
Pike	2	52,174	0	0	3	232,597	6	2,446
Polk	4	79,285	2	23,813	0	0	9	33,925
Pulaski	2	53,445	0	0	0	0	0	0
Putnam	0	0	0	0	1	18,519	3	328
Rabun	4	149,398	2	1,085	1	41,959	10	18,385
Randolph	2	0	3	3,642	0	0	1	0
Richmond	2	12,049	3	20,143	2	71,846	5	14,366
Rockdale	11	409,620	28	87,256	31	939,986	82	181,925
Screven	0	0	0	0	0	0	2	2,287
Seminole	0	0	1	1,072	0	0	1	1,900
South Carolina	5	53,516	12	66,120	9	218,305	50	82,359
Spalding	7	73,929	6	9,086	11	360,201	34	111,571
Stephens	0	0	4	1,559	5	335,999	5	11,344
Stewart	0	0	0	0	1	29,314	2	12,649
Sumter	2	12,102	3	7,701	2	32,280	7	9,863
Talbot	0	0	0	0	0	0	1	255
Tattnall	0	0	0	0	0	0	1	241
Taylor	4	186,553	4	2,402	1	11,126	3	5,382
Telfair	0	0	0	0	0	0	1	3,798

Tennessee	2	153,079	14	9,232	7	29,247	18	127,327
Thomas	3	37,041	1	1,232	2	93,319	10	15,963
Tift	12	338,781	8	54,377	7	415,860	5	31,690
Toombs	2	354,818	2	4,308	2	1,844	4	3,584
Towns	0	0	0	0	0	0	1	1,082
Treutlen	0	0	1	472	2	34,243	0	0
Troup	9	359,917	7	17,406	17	620,581	41	114,592
Turner	0	0	0	0	2	87,954	6	31,381
Twiggs	0	0	0	0	0	0	3	914
Union	0	0	4	9,416	1	210,089	3	291
Upson	0	0	3	16,379	5	36,163	19	39,411
Walker	2	1,798	4	11,619	2	48,510	3	44,236
Walton	13	179,768	38	87,238	14	423,086	78	207,547
Warren	0	0	0	0	0	0	2	12,765
Washington	0	0	0	0	1	0	0	0
Wayne	0	0	1	44,175	1	1,602	1	185
Webster	0	0	0	0	1	18,648	0	0
Wheeler	0	0	0	0	1	812	1	1,464
White	3	114,527	11	37,967	2	166,094	13	58,154
Whitfield	0	0	13	51,989	8	977,313	32	242,245
Wilcox	0	0	0	0	0	0	1	4,509
Wilkes	0	0	1	193	2	382,990	0	0
Worth	4	131,232	1	3,611	1	33,888	4	18,735
Total	**667**	**13,354,738**	**2,746**	**5,991,030**	**1,479**	**44,300,975**	**6,341**	**15,375,715**

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	15,434,389	4,169,368
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	31,475,385	6,884,704
C.	Other Patients in accordance with the department approved policy.	0	9,909,706	631,973

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	10,114	1,676

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: Bob Bachman

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: