



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2013 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 2013 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 9/1/2012 To:8/31/2013

Please indicate your cost report year.

From: 09/01/2012 To:08/31/2013

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	821,140,521
Total Inpatient Admissions accounting for Inpatient Revenue	21,013
Outpatient Gross Patient Revenue	706,421,755
Total Outpatient Visits accounting for Outpatient Revenue	178,850
Medicare Contractual Adjustments	453,366,574
Medicaid Contractual Adjustments	152,751,806
Other Contractual Adjustments:	263,634,120
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	39,693,151
Uncompensated Indigent Care (net):	18,758,613
Uncompensated Charity Care (net):	39,142,958
Other Free Care:	0
Other Revenue/Gains:	13,801,684
Total Expenses:	539,080,039

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 2013? (Check box if yes.) ☒

2. Effective Date

What was the effective date of the policy or policies in effect during 2013?

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 2013? (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	7,362,518	17,780,715	25,143,233
Outpatient	11,396,095	22,712,243	34,108,338
Total	18,758,613	40,492,958	59,251,571

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	1,350,000
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	1,350,000

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	7,362,518	17,187,922	24,550,440
Outpatient	11,396,095	21,955,036	33,351,131
Total	18,758,613	39,142,958	57,901,571

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	6	68,837	41	73,841	5	68,610	67	134,921
APPLING	0	0	0	0	0	0	4	5,579
ATKINSON	0	0	1	1,291	0	0	0	0
BACON	0	0	0	0	0	0	1	655
BALDWIN	0	0	2	2,541	0	0	0	0
BANKS	0	0	0	0	0	0	6	14,085
BARROW	1	69,560	7	49,082	7	88,631	17	115,264
BARTOW	4	92,460	13	63,516	0	0	24	96,208
BEN HILL	0	0	1	935	0	0	4	47,593
BERRIEN	0	0	0	0	0	0	1	570
BIBB	7	86,281	8	12,109	2	34,859	19	48,567
BRANTLEY	0	0	0	0	0	0	2	2,474
BRYAN	0	0	0	0	0	0	1	4,756
BULLOCH	0	0	1	1,352	1	8,934	3	1,397
BURKE	0	0	0	0	0	0	1	663
BUTTS	0	0	4	8,146	0	0	20	58,126
CANDLER	0	0	0	0	0	0	1	2,903
CARROLL	5	120,913	47	133,126	24	594,917	56	144,150
CHARLTON	0	0	0	0	0	0	1	2,674
CHATHAM	0	0	15	40,158	0	0	28	71,527
CHATTOOGA	0	0	1	2,379	0	0	2	2,075
CHEROKEE	2	107,637	19	7,618	13	18,813	76	201,871
CLARKE	0	0	6	45,661	2	27,447	14	51,075
CLAYTON	16	268,925	218	356,282	65	842,664	340	530,121
CLINCH	1	65,768	0	0	0	0	0	0
COBB	15	98,511	193	476,602	67	1,069,810	416	1,033,196
COFFEE	1	11,185	2	530	1	19,752	1	239
COLQUITT	0	0	1	107	0	0	4	26,592
COLUMBIA	0	0	4	3,854	0	0	2	744
COOK	1	65,027	1	12,133	0	0	0	0
COWETA	1	38,325	40	62,420	8	71,288	52	86,679
CRAWFORD	0	0	4	3,342	0	0	0	0

CRISP	0	0	4	4,269	0	0	2	8,215
DAWSON	0	0	1	2,399	0	0	3	20,062
DECATUR	0	0	2	1,869	1	198,317	4	8,817
DEKALB	56	634,737	759	1,279,240	212	2,079,131	1,480	2,904,730
DOUGHERTY	0	0	12	39,803	0	0	7	65,944
DOUGLAS	7	102,157	52	98,381	14	42,911	106	317,095
EARLY	0	0	2	553	1	55,775	0	0
EFFINGHAM	0	0	0	0	0	0	4	15,926
ELBERT	0	0	0	0	1	14,683	1	11,829
EMANUEL	0	0	0	0	0	0	1	544
EVANS	0	0	1	292	0	0	0	0
FANNIN	0	0	3	47,391	0	0	4	44,244
FAYETTE	1	33,151	22	37,228	11	778,997	46	105,661
FLORIDA	1	5,719	52	142,434	6	155,541	70	110,470
FLOYD	0	0	5	23,793	0	0	20	100,702
FORSYTH	3	110,571	17	48,482	0	0	31	77,910
FRANKLIN	0	0	1	318	2	5,846	3	12,010
FULTON	262	2,648,578	3,841	5,790,159	323	6,316,934	7,463	11,458,711
GILMER	0	0	1	238	3	42,026	2	27
GLYNN	0	0	1	647	0	0	8	97,946
GORDON	0	0	7	37,222	0	0	16	137,672
GREENE	0	0	2	76,913	0	0	13	134,783
GWINNETT	13	547,637	156	577,672	62	1,337,079	296	1,194,936
HABERSHAM	0	0	2	18,143	1	1,177	3	5,816
HALL	4	207,891	21	39,418	3	369,141	31	100,933
HANCOCK	0	0	0	0	0	0	1	2,538
HARALSON	0	0	16	48,354	5	143,989	11	13,785
HARRIS	1	108,816	1	10,698	2	11,734	10	6,822
HART	0	0	4	16,040	0	0	1	205
HEARD	0	0	1	433	0	0	0	0
HENRY	6	187,282	84	342,415	25	628,389	133	286,208
HOUSTON	1	2,711	8	5,945	0	0	16	34,883
JACKSON	0	0	11	17,904	1	1,191	16	26,261
JASPER	0	0	3	21,226	0	0	4	55,210
JENKINS	0	0	0	0	0	0	1	819
JOHNSON	0	0	0	0	0	0	1	581
LAMAR	1	44,950	3	25,998	0	0	23	134,997
LANIER	0	0	0	0	1	59,549	1	2,039
LAURENS	0	0	0	0	0	0	2	1,644
LEE	0	0	1	300	0	0	0	0
LIBERTY	0	0	0	0	0	0	1	434
LINCOLN	0	0	0	0	0	0	1	240
LOWNDES	1	8,801	5	4,433	1	27,876	4	25,780
LUMPKIN	0	0	0	0	1	1,177	5	6,014

MACON	1	10,398	1	238	2	28,371	6	29,040
MADISON	2	11,854	5	25,466	1	75,178	3	7,412
MCDUFFIE	0	0	1	4,397	0	0	1	1,114
MERIWETHER	3	114,000	9	15,041	0	0	4	32,405
MITCHELL	0	0	1	4,400	1	4,797	1	328
MONROE	0	0	2	567	0	0	6	15,180
MORGAN	0	0	1	2,093	0	0	7	57,915
MURRAY	0	0	2	976	0	0	11	24,737
MUSCOGEE	0	0	16	15,053	3	194,531	19	75,536
NEWTON	5	159,439	32	58,021	29	445,152	73	151,403
NORTH CAROLINA	0	0	43	91,743	1	12,162	48	72,665
OCONEE	0	0	0	0	0	0	3	10,626
OGLETHORPE	0	0	0	0	0	0	1	342
Other Out of State	13	346,272	320	474,415	18	363,687	389	678,393
PAULDING	3	92,901	17	34,890	4	19,134	23	60,433
PEACH	0	0	0	0	2	2,012	3	55,255
PICKENS	0	0	2	6,889	0	0	1	545
PIKE	0	0	3	11,132	7	15,295	6	6,656
POLK	0	0	2	4,750	0	0	9	12,949
PULASKI	0	0	0	0	0	0	1	3,050
PUTNAM	1	15,977	1	6,838	0	0	3	1,560
QUITMAN	1	130,967	1	1,205	0	0	1	319
RABUN	0	0	11	4,663	0	0	2	3,430
RICHMOND	0	0	4	6,189	0	0	5	4,899
ROCKDALE	4	61,830	34	158,327	17	365,077	71	230,807
SEMINOLE	0	0	0	0	0	0	3	22,826
SOUTH CAROLINA	1	43,741	32	30,276	9	53,551	52	128,324
SPALDING	1	1,293	6	15,586	4	138,171	42	126,897
STEPHENS	0	0	10	33,717	1	1,201	3	8,351
SUMTER	0	0	0	0	3	11,798	1	7,996
TALBOT	0	0	1	191	0	0	3	428
TAYLOR	0	0	0	0	0	0	1	2,472
TELFAIR	0	0	0	0	0	0	1	237
TENNESSEE	0	0	31	79,900	3	19,705	37	55,514
TERRELL	1	3,177	0	0	0	0	3	221
TIFT	0	0	0	0	2	32,944	10	26,192
TOWNS	0	0	0	0	1	1,305	4	6,414
TROUP	4	311,532	23	101,494	17	317,373	27	115,402
TURNER	0	0	0	0	0	0	4	1,171
TWIGGS	0	0	0	0	0	0	2	9,531
UNION	0	0	0	0	0	0	10	10,958
UPSON	1	16,004	1	341	0	0	17	103,962
WALKER	0	0	3	1,205	0	0	6	4,603
WALTON	2	274,428	24	52,624	9	187,648	39	157,948

WARE	0	0	0	0	2	271,385	0	0
WARREN	0	0	2	326	0	0	1	1,413
WASHINGTON	0	0	0	0	0	0	1	1,255
WAYNE	0	0	0	0	0	0	1	2,683
WEBSTER	0	0	0	0	0	0	2	49,307
WHITE	0	0	3	15,156	0	0	5	17,238
WHITFIELD	1	32,275	5	20,194	5	103,050	21	93,414
WILCOX	0	0	0	0	0	0	1	970
WILKES	0	0	0	0	0	0	1	1,370
WILKINSON	0	0	1	157	0	0	0	0
Total	461	7,362,518	6,380	11,396,095	1,012	17,780,715	12,003	22,712,243

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 2013?
(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 2013.

Patient Category		SFY 2012 7/1/11-6/30/12	SFY2013 7/1/12-6/30/13	SFY2014 7/1/13-6/30/14
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	14,838,017	3,920,596
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	31,135,009	6,369,140
C.	Other Patients in accordance with the department approved policy.	0	2,338,064	650,745

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2012 7/1/11-6/30/12	SFY2013 7/1/12-6/30/13	SFY2014 7/1/13-6/30/14
0	16,182	3,674

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: 8/19/2014

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: 8/19/2014

Title: Hospital Chief Financial Officer

Comments: