



## 2013 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:** Atlanta

**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 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:** Miranda Chennault

**Contact Title:** Controller

**Phone:** 404-668-6015

**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	1,254,877,368
Total Inpatient Admissions accounting for Inpatient Revenue	22,621
Outpatient Gross Patient Revenue	622,047,382
Total Outpatient Visits accounting for Outpatient Revenue	151,591
Medicare Contractual Adjustments	555,702,363
Medicaid Contractual Adjustments	135,565,602
Other Contractual Adjustments:	369,529,731
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	32,208,345
Uncompensated Indigent Care (net):	19,107,991
Uncompensated Charity Care (net):	58,491,138
Other Free Care:	0
Other Revenue/Gains:	7,288,503
Total Expenses:	668,916,768

### 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 2013? (Check box if yes.)

### 2. Effective Date

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

01/31/2012

### 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 of 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 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	12,359,968	46,500,745	58,860,713
Outpatient	6,748,023	14,750,799	21,498,822
<b>Total</b>	<b>19,107,991</b>	<b>61,251,544</b>	<b>80,359,535</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)	2,760,406
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>2,760,406</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	12,359,968	43,740,339	56,100,307
Outpatient	6,748,023	14,750,799	21,498,822
<b>Total</b>	<b>19,107,991</b>	<b>58,491,138</b>	<b>77,599,129</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
Appling	0	0	2	5,093	0	0	2	3,108
Atkinson	0	0	0	0	2	43,216	0	0
Bacon	1	20,597	0	0	1	14,770	0	0
Baker	0	0	0	0	0	0	1	6,317
Baldwin	0	0	5	20,558	3	266,515	11	26,311
Banks	1	40,262	2	16,880	3	3,374	4	7,857
Barrow	4	241,513	24	88,978	11	588,058	28	84,736
Bartow	4	325,892	10	69,104	16	655,839	37	71,615
Ben Hill	0	0	4	1,347	3	2,129	11	16,104
Berrien	0	0	1	12,167	1	94,765	3	8,208
Bibb	11	69,853	20	16,377	10	287,969	24	46,097
Bleckley	0	0	0	0	1	1,156	3	4,973
Brooks	0	0	1	411	0	0	1	7,357
Bryan	0	0	0	0	0	0	2	10,011
Bulloch	0	0	3	8,971	2	153,184	0	0
Butts	1	14,485	14	66,772	6	759,966	29	119,715
Camden	0	0	0	0	1	10,725	1	4,753
Candler	1	43,987	0	0	0	0	0	0
Carroll	12	341,679	21	56,048	9	349,992	43	135,998
Catoosa	0	0	0	0	2	44,572	4	15,549
Chatham	0	0	6	30,353	6	105,832	15	16,618
Chattahoochee	0	0	0	0	2	419,662	0	0
Chattooga	0	0	0	0	0	0	3	7,310
Cherokee	11	465,648	43	113,225	21	681,889	72	187,685
Clarke	1	244	5	17,564	0	0	33	138,127
Clayton	11	177,044	107	198,805	41	2,047,972	197	433,810
Cobb	20	279,504	94	140,456	56	1,666,667	285	842,830
Coffee	1	13,209	5	19,194	4	36,903	4	11,071
Colquitt	0	0	4	4,931	14	359,777	12	131,763
Columbia	0	0	0	0	2	23,635	8	16,319
Cook	0	0	0	0	0	0	2	2,155
Coweta	0	0	39	98,182	4	216,231	30	65,267

Crawford	0	0	0	0	0	0	3	12,919
Crisp	0	0	3	694	2	167,616	4	10,354
Dawson	0	0	4	3,686	1	1,132	10	21,592
Decatur	0	0	3	1,606	2	59,258	7	18,790
DeKalb	206	4,375,059	1,233	1,966,325	335	8,368,580	2,592	5,058,202
Dodge	0	0	2	4,749	0	0	1	302
Dougherty	3	70,382	7	53,170	5	625,796	18	122,763
Douglas	3	170,793	31	152,058	16	766,967	67	139,079
Early	0	0	0	0	0	0	2	32,487
Effingham	0	0	0	0	1	300	2	2,079
Elbert	1	88,074	6	25,850	0	0	0	0
Emanuel	0	0	2	23,260	0	0	7	53,562
Evans	0	0	0	0	0	0	2	6,893
Fannin	0	0	4	29,464	1	8,973	6	17,411
Fayette	2	217,407	17	23,673	10	554,660	33	58,213
Floyd	5	141,913	24	74,216	15	455,482	25	75,494
Forsyth	4	63,451	12	13,225	14	768,868	44	130,436
Franklin	1	22,016	6	53,644	5	408,232	5	4,139
Fulton	55	332,572	525	806,428	159	5,752,754	1,130	1,871,026
Gilmer	2	30,977	2	68,225	12	303,758	7	40,048
Glynn	0	0	2	1,034	6	164,517	8	54,091
Gordon	4	324,822	16	42,885	11	364,111	82	125,128
Grady	0	0	3	40,756	4	72,871	15	8,266
Greene	0	0	1	7,844	5	79,682	8	29,710
Gwinnett	34	407,781	309	563,648	122	6,108,772	555	1,220,921
Habersham	1	1,878	2	30,138	3	824,377	25	112,074
Hall	5	86,485	32	177,481	8	262,454	42	97,826
Haralson	0	0	3	24,888	0	0	13	51,975
Harris	0	0	0	0	0	0	3	13,732
Hart	0	0	4	4,675	3	101,663	15	16,117
Heard	1	3,963	0	0	0	0	6	10,358
Henry	18	204,440	64	211,738	34	822,500	130	270,703
Houston	1	6,990	12	52,114	5	124,679	22	14,315
Irwin	0	0	0	0	0	0	1	1,055
Jackson	1	585	7	9,404	8	398,480	18	50,909
Jasper	0	0	1	610	0	0	6	10,987
Jeff Davis	0	0	1	2,734	2	121,934	4	10,183
Jefferson	0	0	2	2,109	0	0	1	144
Lamar	0	0	2	9,952	6	148,454	18	44,728
Lanier	0	0	0	0	0	0	1	1,067
Laurens	2	21,125	2	10,546	0	0	5	5,274
Lee	1	1,156	1	194	1	2,619	2	7,027
Lowndes	3	76,515	8	14,559	6	178,800	24	60,677
Lumpkin	3	124,245	3	17,149	0	0	9	13,483

Macon	3	73,540	1	5,491	1	110,281	4	20,129
Madison	1	1,156	3	26,027	3	422,976	11	28,722
Marion	0	0	0	0	0	0	2	1,190
McDuffie	1	12,754	3	2,372	0	0	1	18,735
Meriwether	0	0	0	0	7	330,720	12	55,647
Mitchell	0	0	3	1,225	0	0	2	4,477
Monroe	0	0	2	6,284	3	41,788	8	22,754
Montgomery	0	0	0	0	0	0	1	1,004
Morgan	0	0	1	1,889	4	365,944	9	23,300
Murray	0	0	9	98,902	3	97,324	20	48,331
Muscogee	3	1,785	10	35,382	14	784,052	23	18,299
Newton	6	703,787	51	177,281	33	1,199,464	112	351,560
Oconee	0	0	3	535	0	0	2	7,575
Oglethorpe	0	0	0	0	3	77,065	3	6,275
Other Out of State	0	0	220	340,757	73	154,451	299	517,184
Paulding	3	59,088	22	30,735	6	263,454	38	99,164
Peach	3	623,184	18	28,838	3	10,499	11	13,978
Pickens	0	0	1	175	4	249,590	4	3,688
Pike	0	0	0	0	1	1,184	8	2,325
Polk	2	114,096	4	4,277	3	27,462	5	29,425
Pulaski	0	0	0	0	1	315	5	8,381
Putnam	1	159,805	5	8,182	5	319,174	6	15,898
Quitman	0	0	0	0	1	3,885	0	0
Rabun	1	5,244	7	9,202	4	33,004	6	26,204
Richmond	0	0	4	10,777	4	255,831	7	5,884
Rockdale	11	364,194	57	112,987	35	1,209,543	121	265,486
Schley	0	0	0	0	0	0	2	1,488
Screven	0	0	0	0	0	0	2	629
Seminole	0	0	2	1,091	1	8,741	4	9,708
Spalding	3	42,231	28	32,353	14	499,757	35	71,604
Stephens	0	0	8	7,682	3	112,814	14	18,500
Stewart	0	0	2	4,534	2	10,423	0	0
Sumter	0	0	1	302	2	36,744	5	54,501
Talbot	1	1,156	2	650	3	589,161	4	1,983
Tattnall	1	12,591	2	6,866	0	0	4	14,487
Taylor	0	0	1	970	0	0	0	0
Telfair	0	0	0	0	0	0	2	2,646
Thomas	1	81,039	0	0	0	0	15	43,463
Tift	2	37,993	4	8,557	0	0	20	53,462
Toombs	0	0	1	6,811	0	0	2	1,748
Towns	0	0	3	22,825	2	3,948	2	1,824
Treutlen	1	55,869	0	0	1	12,472	1	2,108
Troup	10	340,625	17	55,264	12	62,099	32	80,420
Turner	0	0	1	3,700	0	0	1	2,362

Twiggs	0	0	0	0	1	1,415	0	0
Union	3	413,688	6	17,207	4	103,223	12	13,048
Upson	0	0	5	7,218	6	451,908	12	4,995
Walker	0	0	3	8,790	3	1,016,227	5	10,515
Walton	9	280,539	41	90,085	11	511,959	89	328,679
Ware	0	0	1	1,530	0	0	0	0
Washington	0	0	1	5,171	1	1,184	3	18,400
Webster	0	0	0	0	0	0	1	2,505
Wheeler	0	0	1	162	0	0	0	0
White	0	0	0	0	4	39,732	13	26,606
Whitfield	4	47,139	10	11,622	5	201,131	10	20,543
Wilcox	0	0	1	3,268	0	0	1	6,480
Wilkes	0	0	2	1,253	0	0	2	7,557
Wilkinson	0	0	2	37,646	0	0	1	761
Worth	1	121,919	1	1,001	1	26,714	5	25,959
<b>Total</b>	<b>506</b>	<b>12,359,968</b>	<b>3,336</b>	<b>6,748,023</b>	<b>1,310</b>	<b>46,500,745</b>	<b>6,862</b>	<b>14,750,799</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 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	SFY2013	SFY2014
		7/1/11-6/30/12	7/1/12-6/30/13	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	14,739,779	4,368,211
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	49,369,882	8,135,971
C.	Other Patients in accordance with the department approved policy.	0	3,121,409	624,282

### 3. Patients Served

Indicate the number of patients served by SFY.

SFY 2012	SFY2013	SFY2014
7/1/11-6/30/12	7/1/12-6/30/13	7/1/13-6/30/14
0	10,063	2,422

## 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:** 8/20/2014

**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:** Greg Anderson

**Date:** 8/20/2014

**Title:** Chief Financial Officer

**Comments:**