



2019 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 2019 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 9/1/2018 To:8/31/2019

Please indicate your cost report year.

From: 09/01/2018 To:08/31/2019

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.

3. Trauma Center Designation Change During the Report Period

Check the box to the right if your facility experienced a change in trauma center designation during the report period.

If your facility's trauma center designation changed, provide the date and type of change.

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey.

Contact Name: Shannon Turner

Contact Title: Controller

Phone: 404-686-2984

Fax: 404-686-4667

E-mail: shannon.turner@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	1,327,108,276
Total Inpatient Admissions accounting for Inpatient Revenue	29,863
Outpatient Gross Patient Revenue	1,654,100,077
Total Outpatient Visits accounting for Outpatient Revenue	295,022
Medicare Contractual Adjustments	1,017,066,349
Medicaid Contractual Adjustments	240,024,442
Other Contractual Adjustments:	549,162,877
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	72,718,470
Gross Indigent Care:	65,581,081
Gross Charity Care:	49,186,725
Uncompensated Indigent Care (net):	65,581,081
Uncompensated Charity Care (net):	47,418,725
Other Free Care:	1,216,073
Other Revenue/Gains:	120,167,194
Total Expenses:	996,130,684

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	762,000
Admin Discounts	454,073
Employee Discounts	0
	0
Total	1,216,073

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 2019? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2019?

06/01/2019

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.?

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.)?

225%

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 2019? (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	26,564,164	25,177,832	51,741,996
Outpatient	39,016,917	24,008,893	63,025,810
Total	65,581,081	49,186,725	114,767,806

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	1,768,000
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	1,768,000

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	26,564,164	24,272,823	50,836,987
Outpatient	39,016,917	23,145,902	62,162,819
Total	65,581,081	47,418,725	112,999,806

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	22	330,352	159	341,207	4	284,859	65	111,129
Appling	0	0	1	195	0	0	0	0
Bacon	0	0	0	0	0	0	1	1,750
Baldwin	6	29,300	13	20,296	1	150	8	7,370
Banks	0	0	2	7,759	0	0	3	2,707
Barrow	8	227,246	101	130,738	6	347,525	35	61,632
Bartow	10	87,626	60	51,980	9	234,884	24	71,267
Ben Hill	0	0	3	3,625	1	33,433	2	2,405
Berrien	0	0	3	8,620	0	0	0	0
Bibb	15	44,089	91	108,615	0	0	36	87,649
Bleckley	0	0	2	1,225	1	22,589	0	0
Bryan	0	0	2	14,855	0	0	2	3,141
Bulloch	1	1,580	1	858	1	1,340	0	0
Butts	13	3,797	76	60,355	3	1,005	33	44,207
Calhoun	0	0	3	310	0	0	0	0
Candler	2	305,622	2	2,367	1	246,959	0	0
Carroll	45	1,950,052	209	202,295	19	818,876	67	107,844
Catoosa	0	0	4	884	0	0	3	1,325
Chatham	6	24,127	20	1,297	2	6,859	9	25,552
Chattahoochee	0	0	7	20,680	0	0	0	0
Chattooga	0	0	12	14,012	0	0	1	231
Cherokee	18	117,738	140	228,016	13	259,045	88	204,140
Clarke	0	0	55	328,764	3	412	11	60,116
Clayton	299	2,393,146	1,895	2,419,614	100	1,027,793	640	996,219
Clinch	0	0	3	8,396	0	0	0	0
Cobb	101	746,960	1,068	1,503,325	71	823,851	490	805,733
Coffee	1	1,367	6	12,753	0	0	3	682
Colquitt	2	1,901	6	18,571	0	0	9	55,957
Columbia	0	0	6	8,064	0	0	6	2,494
Cook	2	68,775	9	47,859	1	11,125	21	226,304
Coweta	22	38,678	112	187,824	12	265,061	75	282,838
Crawford	0	0	0	0	0	0	1	4,937

Crisp	3	30,383	12	159,113	1	168	3	48,031
Dawson	0	0	12	11,146	0	0	10	1,359
Decatur	0	0	5	1,957	0	0	4	431
DeKalb	538	4,046,725	4,112	6,363,229	310	4,532,606	1,934	2,999,841
Dodge	0	0	3	1,230	0	0	0	0
Dooly	1	86,528	15	61,893	1	1,340	0	0
Dougherty	6	281,183	49	66,850	2	2,010	7	2,667
Douglas	42	357,607	424	1,213,681	30	263,430	130	249,901
Early	0	0	5	90,906	0	0	2	553
Effingham	0	0	5	10,580	0	0	0	0
Elbert	0	0	7	5,044	0	0	2	230
Emanuel	0	0	2	3,782	0	0	1	244
Fannin	2	1,140	11	12,548	0	0	5	5,795
Fayette	22	67,368	149	194,087	12	361,399	79	77,366
Florida	11	252,347	147	179,180	6	118,954	67	167,301
Floyd	6	372,781	52	103,969	6	603,145	25	76,953
Forsyth	3	5,049	84	145,261	5	12,240	58	51,075
Franklin	1	28,948	13	5,315	1	335	5	2,627
Fulton	1,113	8,173,659	10,077	15,260,311	754	9,102,147	6,411	11,567,940
Gilmer	1	1,580	9	2,960	0	0	0	0
Glascocock	0	0	1	3,427	0	0	0	0
Glynn	0	0	10	16,458	0	0	3	3,029
Gordon	3	2,003	24	15,490	3	145,033	5	32,739
Grady	0	0	2	4,485	0	0	3	1,665
Greene	0	0	19	41,944	0	0	5	29,825
Gwinnett	141	1,255,289	1,038	2,392,654	110	1,529,570	631	1,566,331
Habersham	0	0	31	49,286	1	41,413	19	285,339
Hall	12	99,928	127	333,449	10	199,558	65	246,158
Hancock	0	0	8	11,516	0	0	0	0
Haralson	9	349,605	27	299,062	0	0	26	212,233
Harris	1	16,789	17	11,805	0	0	8	4,817
Hart	3	1,995	18	3,923	0	0	2	1,089
Heard	2	114,649	14	10,760	2	115,410	8	78,886
Henry	118	895,952	955	1,199,233	79	686,019	403	595,810
Houston	3	18,128	62	96,234	0	0	28	122,770
Irwin	0	0	3	904	0	0	0	0
Jackson	2	3,430	54	70,592	0	0	24	10,253
Jasper	0	0	12	6,242	0	0	6	443
Jeff Davis	0	0	2	4,679	0	0	0	0
Jefferson	2	57,968	1	1,574	0	0	0	0
Jenkins	0	0	5	4,565	0	0	2	5,482
Johnson	0	0	4	3,831	0	0	7	21,660
Jones	0	0	7	6,632	0	0	15	46,890
Lamar	4	172,937	31	27,529	0	0	7	7,081

Laurens	0	0	12	17,744	0	0	5	10,485
Lee	0	0	14	21,278	0	0	5	8,357
Liberty	0	0	2	2,287	0	0	1	394
Lincoln	0	0	0	0	0	0	3	4,145
Lowndes	7	73,891	29	277,228	2	130,777	5	27,688
Lumpkin	3	60,441	0	0	0	0	3	2,064
Macon	2	390	7	5,121	0	0	4	10,960
Madison	0	0	9	6,333	0	0	2	2,155
Marion	7	114,739	9	11,745	1	24,902	1	44,568
McDuffie	4	24,731	2	839	0	0	8	22,075
McIntosh	0	0	1	312	0	0	0	0
Meriwether	2	1,650	13	32,232	0	0	9	2,171
Mitchell	0	0	6	6,187	3	2,241	1	360
Monroe	3	13,251	16	26,460	0	0	9	8,790
Morgan	1	90	10	6,570	0	0	5	1,166
Murray	0	0	5	4,013	1	1,234	5	21,026
Muscogee	16	176,776	93	213,152	7	62,682	20	13,901
Newton	39	73,789	238	411,967	17	36,930	113	280,274
North Carolina	4	31,761	77	133,146	2	27,455	40	68,021
Oconee	0	0	6	2,010	0	0	0	0
Oglethorpe	1	984	3	3,150	0	0	1	1,873
Other Out of State	35	557,923	466	696,384	22	397,182	272	364,675
Paulding	8	33,019	92	103,892	8	159,555	41	21,960
Peach	3	2,955	20	4,454	1	160,074	8	11,758
Pickens	3	1,710	8	26,575	0	0	8	42,429
Pike	8	78,985	45	228,811	4	240,953	5	895
Polk	4	93,063	49	90,678	0	0	6	24,176
Pulaski	0	0	37	449,554	1	187	6	67,290
Putnam	2	39,972	19	81,838	0	0	7	5,798
Quitman	0	0	3	3,205	0	0	2	733
Rabun	0	0	5	4,073	0	0	3	575
Randolph	0	0	2	108	0	0	1	4,254
Richmond	2	19,395	27	68,877	0	0	11	6,569
Rockdale	36	266,702	211	415,672	10	156,080	86	152,375
Screven	2	92,177	1	99	0	0	0	0
South Carolina	13	88,014	69	90,190	3	219,195	29	16,511
Spalding	17	80,984	147	249,786	8	308,174	77	217,078
Stephens	4	18,565	15	12,258	0	0	6	95,636
Stewart	1	1,400	2	602	0	0	2	50,552
Sumter	3	113,188	12	9,114	3	75,227	7	38,527
Talbot	0	0	5	1,277	0	0	1	198
Tattnall	3	18,816	8	10,575	0	0	3	2,996
Taylor	0	0	3	787	0	0	2	134
Telfair	0	0	8	1,603	1	134,811	8	101,963

Tennessee	4	85,208	57	75,013	2	3,523	20	23,484
Terrell	0	0	16	7,660	1	977	0	0
Thomas	4	329,168	18	20,024	0	0	5	18,572
Tift	0	0	10	7,004	0	0	22	88,857
Toombs	1	1,424	23	84,606	0	0	3	106,354
Towns	0	0	17	18,184	2	1,100	4	1,437
Treutlen	0	0	2	2,340	0	0	0	0
Troup	17	448,354	88	257,774	10	416,248	50	74,637
Twiggs	0	0	3	7,625	0	0	0	0
Union	0	0	5	1,228	0	0	6	402
Upson	2	1,340	27	25,024	4	132,809	15	2,543
Walker	0	0	18	13,843	0	0	0	0
Walton	23	219,781	141	214,993	14	381,849	60	55,507
Ware	1	68,912	3	15,312	0	0	3	5,348
Warren	0	0	3	13,680	0	0	1	325
Washington	1	2,334	5	56,427	0	0	2	394
Wayne	0	0	4	3,122	0	0	0	0
Webster	0	0	7	25,229	0	0	0	0
White	1	790	22	41,647	0	0	2	391
Whitfield	5	261,165	40	89,278	1	3,124	28	170,469
Wilcox	0	0	1	194	0	0	3	2,865
Wilkes	0	0	1	19,381	0	0	2	1,092
Wilkinson	0	0	13	10,256	0	0	3	6,061
Worth	0	0	9	10,212	0	0	7	157
Total	2,914	26,564,164	24,075	39,016,917	1,709	25,177,832	12,710	24,008,893

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 2019?
(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 2019.

Patient Category		SFY 2018	SFY2019	SFY2019
		7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	39,171,766	7,834,353
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	54,400,901	10,880,180
C.	Other Patients in accordance with the department approved policy.	0	1,817,171	363,434

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2018	SFY2019	SFY2019
7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
0	34,507	6,901

Reconciliation Addendum

This section is printed in landscape format on a separate PDF file.

Nurse Employment Addendum

This section is printed 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: Daniel Owens

Date: 8/28/2020

Title: CEO

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: 8/28/2020

Title: CEO

Comments: