



2018 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 calendar year 2018 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 9/1/2017 To:8/31/2018

Please indicate your cost report year.

From: 09/01/2017 To:08/31/2018

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: Shayne Dennis

Contact Title: Senior Financial Analyst

Phone: 404-686-6017

Fax: 404-686-2049

E-mail: shayne.dennis@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	1,791,649,238
Total Inpatient Admissions accounting for Inpatient Revenue	25,110
Outpatient Gross Patient Revenue	798,233,719
Total Outpatient Visits accounting for Outpatient Revenue	191,836
Medicare Contractual Adjustments	838,398,790
Medicaid Contractual Adjustments	194,035,939
Other Contractual Adjustments:	488,792,003
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	53,835,567
Gross Indigent Care:	55,110,956
Gross Charity Care:	37,637,237
Uncompensated Indigent Care (net):	55,110,956
Uncompensated Charity Care (net):	37,637,237
Other Free Care:	3,647,091
Other Revenue/Gains:	12,428,905
Total Expenses:	851,940,836

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	356,833
Admin Discounts	1,693,280
Employee Discounts	17,950
Small Balance W/Os, Medicare Non-Covered Charges	1,579,028
Total	3,647,091

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 2018? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2018?

08/01/2018

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.)?

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 2018? (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	42,424,628	29,271,619	71,696,247
Outpatient	12,686,328	8,365,618	21,051,946
Total	55,110,956	37,637,237	92,748,193

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	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	0

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	42,424,628	29,271,619	71,696,247
Outpatient	12,686,328	8,365,618	21,051,946
Total	55,110,956	37,637,237	92,748,193

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	26	979,118	69	134,277	8	321,515	27	58,205
Appling	0	0	1	148	0	0	1	280
Atkinson	3	179,946	3	3,159	0	0	0	0
Bacon	0	0	0	0	0	0	2	8,361
Baldwin	0	0	5	1,321	0	0	8	16,513
Barrow	8	286,875	36	44,972	6	532,579	23	48,907
Bartow	9	166,263	31	95,085	3	132,375	11	8,966
Ben Hill	1	700	1	2,859	3	16,114	2	7,667
Berrien	1	228,425	1	7,882	0	0	1	414
Bibb	15	545,085	30	114,413	7	9,590	20	42,469
Bleckley	2	3,060	1	292	0	0	0	0
Brooks	1	56,950	0	0	0	0	0	0
Bryan	0	0	1	1,194	0	0	1	3,486
Bulloch	0	0	7	8,583	2	22,035	2	4,446
Burke	0	0	1	3,783	0	0	0	0
Butts	5	29,032	19	69,826	2	909	3	1,429
Calhoun	0	0	1	103	0	0	1	280
Camden	0	0	1	2,092	0	0	0	0
Candler	0	0	4	2,412	0	0	0	0
Carroll	18	341,807	60	151,586	6	66,542	20	62,948
Catoosa	4	122,946	3	19,101	0	0	2	1,157
Charlton	0	0	1	5,418	0	0	0	0
Chatham	1	3,017	12	10,183	1	5,086	7	1,742
Chattahoochee	0	0	3	18,700	0	0	0	0
Chattooga	2	21,182	11	8,927	0	0	4	1,015
Cherokee	15	93,881	52	82,624	18	65,948	41	60,326
Clarke	4	45,595	20	31,676	3	15,639	19	19,797
Clayton	74	3,243,846	284	424,104	29	1,771,360	139	269,610
Clinch	0	0	0	0	0	0	1	1,290
Cobb	79	2,747,934	276	380,213	29	911,895	175	438,435
Coffee	0	0	1	365	0	0	0	0
Colquitt	0	0	6	42,016	0	0	4	42,798

Columbia	4	140,446	15	11,386	4	87,752	7	25,577
Cook	0	0	7	9,568	2	508,768	0	0
Coweta	14	1,349,739	26	38,944	5	246,413	25	45,301
Crawford	0	0	2	11,174	0	0	0	0
Crisp	8	210,431	0	0	2	125,814	0	0
Dade	0	0	5	1,129	0	0	0	0
Dawson	3	465,273	11	14,626	3	35,104	5	1,774
Decatur	2	391,288	2	35,244	0	0	1	1,521
DeKalb	416	8,249,876	2,803	4,632,927	286	7,341,022	1,853	3,120,510
Dodge	1	229,523	6	18,276	0	0	8	4,885
Dooly	4	192,057	10	25,832	9	7,473	14	25,146
Dougherty	6	267,615	53	105,451	3	106,542	6	65,100
Douglas	18	80,487	75	123,713	7	449,030	47	103,762
Early	0	0	0	0	2	2,621	2	426
Effingham	0	0	6	17,097	1	60,208	2	8,431
Elbert	1	1,311	15	13,638	0	0	3	11,260
Emanuel	1	250	0	0	0	0	3	993
Evans	0	0	2	920	0	0	1	108
Fannin	0	0	5	21,154	1	175	2	734
Fayette	7	99,934	34	56,357	5	58,708	27	42,824
Florida	2	79,351	34	73,273	4	204,102	27	10,599
Floyd	17	56,448	20	27,168	0	0	11	4,380
Forsyth	5	164,273	36	79,796	1	18,655	10	15,521
Franklin	1	2,303	10	5,085	0	0	0	0
Fulton	127	3,113,232	851	1,595,029	103	4,242,293	678	1,137,687
Gilmer	0	0	8	9,829	0	0	1	728
Glynn	1	1,260	5	10,978	0	0	0	0
Gordon	1	4,244	18	26,971	1	16,677	5	3,996
Grady	4	328,461	4	6,003	0	0	3	8,185
Greene	0	0	5	2,421	0	0	3	3,485
Gwinnett	96	3,659,890	541	1,169,595	101	4,512,185	412	650,671
Habersham	5	619,403	5	6,945	2	93,181	7	48,103
Hall	28	2,013,838	85	141,352	21	758,487	44	41,135
Hancock	2	1,653	4	3,722	0	0	0	0
Haralson	5	3,988	16	45,308	8	167,066	14	65,288
Harris	0	0	8	12,545	1	44,406	7	9,551
Hart	2	234,602	39	18,470	0	0	33	8,269
Heard	3	79,596	5	2,466	0	0	1	9,284
Henry	34	872,385	191	354,576	36	351,995	163	487,302
Houston	6	1,107,683	36	80,847	7	570,850	38	39,530
Irwin	2	135,950	5	34,170	0	0	3	40,242
Jackson	4	9,979	24	52,091	3	490,914	17	78,829
Jasper	0	0	12	7,073	2	63,687	5	2,323
Johnson	0	0	2	4,325	0	0	8	12,556

Jones	1	2,934	13	5,602	0	0	2	895
Lamar	1	1,580	6	10,003	0	0	4	32,766
Laurens	0	0	4	4,668	0	0	12	23,077
Lee	1	14,272	6	10,692	1	670	9	3,918
Lincoln	0	0	1	103	0	0	1	303
Long	1	294,936	0	0	0	0	0	0
Lowndes	0	0	4	9,207	2	122,347	6	6,896
Lumpkin	7	906,227	7	14,206	1	60,433	1	503
Macon	2	1,124,519	0	0	0	0	0	0
Madison	4	131,513	3	7,064	0	0	0	0
Marion	0	0	2	998	0	0	0	0
McDuffie	2	23,401	3	3,997	0	0	2	2,597
Meriwether	2	187,014	9	24,547	0	0	1	810
Miller	0	0	5	13,809	0	0	0	0
Mitchell	3	809,847	5	8,718	0	0	1	3,386
Monroe	1	175	16	29,928	1	17,746	2	7,998
Morgan	2	53,595	10	14,983	2	450	6	28,903
Murray	3	5,818	9	22,876	1	103,038	9	3,476
Muscogee	14	284,136	32	45,072	6	268,920	20	40,942
Newton	21	258,430	97	211,176	23	83,830	69	226,710
North Carolina	1	1,393	23	48,527	1	245,555	15	23,450
Oconee	3	3,484	4	1,054	0	0	3	891
Oglethorpe	1	1,316	2	10,015	0	0	0	0
Other Out of State	18	737,390	122	234,427	15	998,325	82	154,421
Paulding	5	565,635	60	128,907	3	25,024	11	13,688
Peach	6	150,842	8	13,100	0	0	0	0
Pickens	4	129,508	8	6,736	0	0	1	2,310
Pierce	0	0	2	9,817	0	0	0	0
Pike	3	5,913	3	9,013	1	1,561	0	0
Polk	0	0	11	24,939	0	0	3	12,909
Pulaski	2	45,139	1	200	0	0	2	735
Putnam	2	18,497	4	16,100	1	20,273	5	3,624
Rabun	1	26,640	3	11,738	0	0	2	405
Richmond	4	39,090	16	15,669	0	0	9	24,630
Rockdale	29	1,212,634	111	303,333	23	536,970	72	134,259
Screven	0	0	1	184	0	0	0	0
Seminole	0	0	1	142	0	0	0	0
South Carolina	10	185,410	48	98,299	2	24,214	20	45,974
Spalding	9	132,789	46	166,836	6	1,295,044	10	8,807
Stephens	1	29,389	7	19,550	0	0	5	12,089
Stewart	1	1,580	1	543	0	0	0	0
Sumter	3	123,386	7	16,242	0	0	5	6,626
Talbot	4	5,365	10	6,302	0	0	3	798
Taylor	0	0	1	3,676	0	0	0	0

Telfair	0	0	3	1,892	0	0	1	6,148
Tennessee	6	76,155	24	20,989	6	81,021	16	33,672
Terrell	0	0	0	0	0	0	1	1,521
Thomas	1	86,487	9	11,176	0	0	0	0
Tift	2	120,201	7	13,894	1	1,316	6	41,030
Toombs	2	49,560	3	31,187	0	0	0	0
Towns	3	76,968	2	2,076	1	178,717	4	2,652
Treutlen	0	0	2	1,827	0	0	0	0
Troup	24	168,147	35	146,000	6	334,336	16	8,646
Turner	2	53,605	6	19,208	0	0	1	229
Twiggs	0	0	1	1,503	0	0	0	0
Union	3	25,418	4	6,425	1	1,250	2	5,543
Upson	7	88,039	17	54,375	0	0	11	13,040
Walker	2	2,010	3	2,178	1	1,675	1	1,750
Walton	16	120,790	83	132,112	6	37,016	41	112,933
Ware	2	2,604	1	692	1	102,965	1	959
Warren	0	0	4	14,658	0	0	1	151
Washington	3	658,085	3	5,411	1	175,882	0	0
Wayne	1	45,955	8	20,915	0	0	3	6,694
Webster	0	0	2	948	0	0	0	0
White	0	0	3	1,549	0	0	0	0
Whitfield	2	71,702	21	32,627	2	116,134	11	12,888
Wilcox	0	0	0	0	1	1,192	4	3,739
Wilkes	1	1,770	2	510	0	0	0	0
Wilkinson	2	904	1	466	0	0	0	0
Worth	0	0	4	5,924	0	0	14	48,670
Total	1,349	42,424,628	6,962	12,686,328	853	29,271,619	4,537	8,365,618

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 2018?
(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 2018.

Patient Category		SFY 2017	SFY2018	SFY2019
		7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	54,970,548	67,045,983
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	31,890,647	61,263,901
C.	Other Patients in accordance with the department approved policy.	0	7,380,494	538,536

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2017	SFY2018	SFY2019
7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
0	12,801	16,675

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: Bryce Gartland

Date: 8/15/2019

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: Carla Chandler

Date: 8/15/2019

Title: CFO

Comments:

Part D-2: The indigent/Charity care policy was in effect for the entire year, with an update as of 8/1/18.