



2018 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 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: Shannon Turner

Contact Title: Controller

Phone: 4046862984

Fax: 4046864667

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	1,105,811,955
Total Inpatient Admissions accounting for Inpatient Revenue	25,936
Outpatient Gross Patient Revenue	1,457,102,817
Total Outpatient Visits accounting for Outpatient Revenue	271,266
Medicare Contractual Adjustments	867,891,420
Medicaid Contractual Adjustments	220,620,878
Other Contractual Adjustments:	444,204,290
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	44,156,516
Gross Indigent Care:	56,472,575
Gross Charity Care:	38,928,324
Uncompensated Indigent Care (net):	56,472,575
Uncompensated Charity Care (net):	37,292,324
Other Free Care:	1,407,961
Other Revenue/Gains:	83,720,211
Total Expenses:	863,974,835

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	430,776
Admin Discounts	977,185
Employee Discounts	0
	0
Total	1,407,961

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.)?

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 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	26,372,693	20,787,725	47,160,418
Outpatient	30,099,882	18,140,599	48,240,481
Total	56,472,575	38,928,324	95,400,899

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	1,636,000
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	1,636,000

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	26,372,693	19,914,101	46,286,794
Outpatient	30,099,882	17,378,223	47,478,105
Total	56,472,575	37,292,324	93,764,899

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	10	386,396	96	178,337	6	1,333,242	25	52,372
Atkinson	1	1,185	1	8,452	0	0	0	0
Baker	0	0	1	2,626	0	0	0	0
Baldwin	0	0	4	1,323	1	333	1	109
Banks	0	0	6	3,747	1	260,229	0	0
Barrow	12	249,835	56	206,112	2	46,731	12	19,836
Bartow	8	167,106	46	78,131	12	75,109	19	6,929
Ben Hill	0	0	3	1,473	0	0	0	0
Bibb	6	192,646	34	289,362	4	60,845	15	31,650
Bleckley	0	0	2	353	0	0	0	0
Brantley	0	0	0	0	1	166,482	0	0
Brooks	0	0	3	7,125	0	0	0	0
Bryan	0	0	1	303	0	0	0	0
Bulloch	1	194,059	2	4,256	0	0	2	599
Burke	0	0	2	1,858	0	0	0	0
Butts	4	60,745	35	186,011	7	325,803	18	6,184
Carroll	19	1,140,495	102	364,043	9	1,253,172	31	61,989
Catoosa	0	0	5	66,642	0	0	0	0
Charlton	0	0	4	15,049	0	0	0	0
Chatham	3	62,399	15	57,494	0	0	15	37,396
Chattahoochee	0	0	5	18,579	0	0	2	1,787
Chattooga	0	0	8	19,906	0	0	5	1,263
Cherokee	11	54,465	70	99,967	10	294,695	45	60,903
Clarke	1	62,920	17	20,218	1	124,719	5	3,619
Clayton	122	2,118,988	999	1,729,993	43	1,460,428	392	937,386
Clinch	0	0	1	787	0	0	0	0
Cobb	64	1,465,934	614	1,274,651	46	803,028	327	561,200
Coffee	0	0	0	0	0	0	1	1,382
Colquitt	0	0	4	2,790	0	0	0	0
Columbia	0	0	8	5,606	0	0	4	5,137
Cook	0	0	3	69,507	1	10,685	1	560
Coweta	6	32,768	52	105,835	3	3,692	24	64,488

Crawford	1	660	1	1,275	0	0	4	9,719
Crisp	6	122,753	4	10,359	0	0	2	2,961
Dade	1	18,084	2	2,404	0	0	2	9,854
Dawson	1	350	1	165	0	0	3	5,215
Decatur	0	0	5	2,721	0	0	2	286
DeKalb	258	3,560,852	2,061	3,922,269	200	2,517,884	1,133	2,279,563
Dodge	0	0	5	16,106	0	0	2	13,284
Dooly	0	0	5	3,992	0	0	2	6,038
Dougherty	3	251,609	22	44,831	1	838	12	27,706
Douglas	17	229,473	185	550,986	9	40,361	82	176,443
Early	0	0	0	0	1	592	0	0
Effingham	0	0	2	1,727	0	0	0	0
Elbert	0	0	4	5,014	0	0	0	0
Fannin	6	300,256	7	38,210	1	2,252	1	1,431
Fayette	6	9,272	85	204,584	5	16,406	46	89,975
Florida	10	70,247	94	242,401	3	23,776	67	131,683
Floyd	8	356,401	38	165,944	3	34,813	3	1,218
Forsyth	2	3,765	35	39,867	0	0	23	33,253
Franklin	0	0	2	2,121	0	0	0	0
Fulton	601	7,208,953	6,547	13,249,499	409	5,485,416	4,206	10,341,035
Gilmer	1	120	6	8,580	0	0	3	7,743
Glascocock	0	0	2	4,191	0	0	0	0
Glynn	3	3,834	9	4,163	0	0	3	12,889
Gordon	2	64,372	15	62,673	0	0	5	9,251
Grady	0	0	3	10,387	0	0	1	250
Greene	0	0	14	39,023	1	98	1	1,023
Gwinnett	63	888,729	497	1,465,310	47	773,788	335	888,356
Habersham	2	67,701	9	29,815	0	0	8	171,977
Hall	5	211,761	97	590,484	9	128,403	41	91,124
Hancock	0	0	1	847	0	0	1	55
Haralson	7	270,772	25	392,104	2	114,776	10	38,962
Harris	0	0	2	10,459	1	244	0	0
Hart	1	8,084	9	20,012	0	0	5	4,611
Heard	2	70,822	2	878	2	119,717	5	3,046
Henry	45	997,911	416	697,080	25	540,711	229	526,548
Houston	6	77,263	28	75,233	2	770	9	19,312
Irwin	1	525	4	28,047	0	0	1	236
Jackson	4	119,603	31	142,266	1	1,046	12	9,236
Jasper	0	0	8	99,140	1	71,473	7	2,341
Jeff Davis	0	0	1	760	0	0	0	0
Jefferson	0	0	4	1,864	0	0	0	0
Johnson	0	0	0	0	0	0	7	175,280
Jones	0	0	10	5,559	1	202,144	5	6,137
Lamar	3	29,522	7	9,959	1	838	3	2,768

Lanier	0	0	1	1,202	0	0	0	0
Laurens	0	0	11	16,576	3	1,309	4	10,406
Lee	2	191,718	8	33,174	0	0	2	1,016
Liberty	1	6,524	0	0	0	0	1	4,102
Lincoln	0	0	1	253	0	0	0	0
Long	0	0	0	0	1	24,283	0	0
Lowndes	2	190,944	3	7,420	2	237,878	3	1,309
Lumpkin	0	0	10	32,844	0	0	3	1,240
Macon	1	464,889	3	10,890	1	441,775	2	1,935
Madison	0	0	4	3,782	0	0	1	2,451
Marion	2	22,171	1	230	0	0	1	38,583
McDuffie	0	0	4	21,182	1	1,358,061	3	2,568
Meriwether	0	0	12	18,735	0	0	4	406
Miller	0	0	5	12,681	0	0	1	1,289
Mitchell	0	0	7	63,033	1	670	0	0
Monroe	1	23,474	5	1,795	0	0	3	1,164
Montgomery	0	0	1	252	0	0	0	0
Morgan	0	0	14	23,673	3	260,088	5	8,525
Murray	0	0	6	6,122	0	0	2	16,854
Muscogee	8	270,601	46	106,909	2	18,005	21	73,676
Newton	13	199,258	100	305,091	10	231,550	61	150,316
North Carolina	7	90,512	51	78,065	2	10,989	28	41,703
Oconee	0	0	0	0	2	1,260	3	584
Oglethorpe	1	1,316	1	197	0	0	0	0
Other Out of State	30	654,630	319	555,235	10	360,680	161	312,632
Paulding	12	516,070	70	111,920	3	128,009	9	7,608
Peach	0	0	13	12,522	0	0	8	18,367
Pickens	1	94,405	4	7,377	3	94,359	1	1,973
Pike	3	189,588	16	46,585	0	0	2	1,945
Polk	0	0	13	29,959	2	1,500	2	378
Pulaski	1	1,675	0	0	0	0	0	0
Putnam	2	34,544	18	265,719	2	323,406	5	3,690
Rabun	0	0	0	0	1	10,169	4	3,245
Randolph	0	0	1	1,720	0	0	1	1,812
Richmond	3	67,284	15	30,343	1	23,973	7	22,070
Rockdale	11	261,184	87	82,763	7	86,272	43	57,846
Seminole	0	0	3	950	0	0	0	0
South Carolina	3	77,862	52	199,405	2	9,589	25	47,148
Spalding	8	209,490	66	119,279	5	100,868	33	35,801
Stephens	9	596,675	5	11,332	2	71,996	4	32,791
Stewart	0	0	1	2,579	0	0	1	54
Sumter	2	29,936	6	43,115	0	0	4	25,737
Talbot	0	0	0	0	0	0	4	6,825
Tattnall	0	0	1	1,222	0	0	0	0

Taylor	2	3,375	3	8,680	0	0	0	0
Telfair	1	355,317	2	10,854	1	105,647	0	0
Tennessee	7	142,887	46	65,067	0	0	20	33,373
Terrell	0	0	1	1,219	0	0	0	0
Thomas	1	41,531	6	18,848	0	0	0	0
Tift	2	72,884	12	80,478	3	125,552	4	1,821
Toombs	2	35,435	6	12,279	1	18,067	0	0
Towns	1	2,310	1	1,029	1	18,778	0	0
Troup	7	138,117	52	374,666	6	200,207	19	28,135
Turner	0	0	3	3,875	0	0	1	2,019
Twiggs	0	0	1	321	0	0	0	0
Union	0	0	5	4,886	0	0	6	13,523
Upson	3	67,865	10	9,217	0	0	6	5,062
Walker	1	2,613	1	2,339	0	0	6	6,023
Walton	5	26,717	57	140,133	1	189,339	30	55,526
Ware	0	0	1	772	0	0	2	3,715
Washington	0	0	3	2,269	0	0	1	75
Wayne	0	0	0	0	0	0	2	297
White	1	1,795	2	8,568	0	0	0	0
Whitfield	7	151,892	16	39,110	3	37,907	11	54,495
Wilcox	0	0	0	0	0	0	0	0
Wilkes	1	1,570	0	0	0	0	1	1,714
Wilkinson	0	0	3	24,585	0	0	0	0
Worth	0	0	2	711	0	0	4	41,174
Total	1,497	26,372,693	13,721	30,099,882	954	20,787,725	7,800	18,140,599

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	47,060,479	9,412,096
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	21,672,579	4,334,516
C.	Other Patients in accordance with the department approved policy.	0	10,767,691	2,153,538

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	19,977	3,995

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: Daniel Owens

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: Greg Anderson

Date: 8/15/2019

Title: CFO

Comments: