



2019 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 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: Charlie Lawson

Contact Title: Assistant Controller

Phone: 404-686-6018

Fax: 404-686-6049

E-mail: charlie.lawson@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	1,970,688,137
Total Inpatient Admissions accounting for Inpatient Revenue	26,151
Outpatient Gross Patient Revenue	879,742,902
Total Outpatient Visits accounting for Outpatient Revenue	199,160
Medicare Contractual Adjustments	941,497,375
Medicaid Contractual Adjustments	204,703,636
Other Contractual Adjustments:	540,027,980
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	62,554,059
Gross Indigent Care:	71,460,712
Gross Charity Care:	75,292,264
Uncompensated Indigent Care (net):	71,460,712
Uncompensated Charity Care (net):	75,292,264
Other Free Care:	5,900,927
Other Revenue/Gains:	10,645,735
Total Expenses:	902,472,307

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	545,893
Admin Discounts	2,113,310
Employee Discounts	23,377
Small Balance W/Os, Medicare Non-Covered Charges	3,218,347
Total	5,900,927

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	51,009,649	63,173,411	114,183,060
Outpatient	20,451,063	12,118,853	32,569,916
Total	71,460,712	75,292,264	146,752,976

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	51,009,649	63,173,411	114,183,060
Outpatient	20,451,063	12,118,853	32,569,916
Total	71,460,712	75,292,264	146,752,976

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	339,763	94	230,072	14	397,282	30	48,744
Appling	0	0	3	4,376	0	0	2	8,035
Bacon	1	1,440	1	167	0	0	0	0
Baker	0	0	2	4,076	0	0	0	0
Baldwin	5	9,498	5	18,860	2	12,604	14	20,578
Banks	0	0	3	13,714	0	0	0	0
Barrow	20	1,500,881	50	171,730	5	467,778	25	106,570
Bartow	18	265,765	54	65,164	6	986,047	18	56,107
Ben Hill	0	0	7	25,215	2	1,040	0	0
Berrien	5	110,136	7	27,126	0	0	2	9,251
Bibb	20	729,744	67	106,737	14	971,829	20	38,882
Bleckley	1	1,282	0	0	0	0	2	12,943
Brantley	2	10,851	1	991	0	0	2	10,056
Brooks	0	0	0	0	0	0	1	525
Bryan	0	0	0	0	1	204,426	4	2,235
Bulloch	3	41,719	8	28,687	1	1,687	5	11,674
Burke	1	86,578	2	7,641	1	65,437	1	395
Butts	7	488,279	41	61,454	1	2,547	17	132,880
Calhoun	0	0	0	0	0	0	2	9,828
Camden	0	0	4	7,855	0	0	2	727
Candler	0	0	2	2,050	0	0	0	0
Carroll	31	1,855,413	96	236,485	13	513,901	33	64,615
Catoosa	2	72,217	4	10,205	0	0	1	665
Chatham	2	45,258	14	20,592	1	6,548	11	10,393
Chattahoochee	0	0	2	31,548	0	0	1	133
Chattooga	1	2,321	15	116,048	0	0	1	109
Cherokee	17	32,907	78	112,417	26	1,266,987	66	107,210
Clarke	5	11,014	28	63,346	1	172,185	15	71,944
Clay	0	0	0	0	0	0	1	571
Clayton	97	3,357,731	470	845,030	52	6,738,234	184	360,421
Clinch	0	0	1	1,728	0	0	1	1,728
Cobb	78	1,545,816	381	736,942	54	3,062,096	206	533,765

Coffee	0	0	8	3,444	1	612,908	3	3,917
Colquitt	3	3,086	7	2,895	1	1,643	13	56,718
Columbia	3	700	14	9,607	0	0	3	2,225
Cook	0	0	5	4,185	6	315,091	7	37,625
Coweta	17	351,651	57	86,007	17	2,256,071	53	155,695
Crawford	0	0	1	572	0	0	0	0
Crisp	4	62,056	8	26,542	0	0	3	513
Dade	1	3,009	5	2,874	0	0	0	0
Dawson	8	778,848	7	5,660	2	109,372	2	78,056
Decatur	3	28,828	3	11,780	0	0	0	0
DeKalb	581	11,419,062	4,205	7,975,033	333	16,127,720	2,185	4,333,094
Dodge	3	48,582	4	1,476	3	415,857	1	401
Dooly	2	70,081	17	106,655	0	0	1	811
Dougherty	11	734,058	37	37,702	3	39,982	16	29,145
Douglas	22	742,195	143	316,482	6	268,450	62	217,326
Early	0	0	1	553	0	0	1	1,818
Effingham	0	0	5	1,856	0	0	2	2,167
Elbert	0	0	8	5,828	0	0	6	5,697
Emanuel	0	0	2	1,556	0	0	0	0
Evans	0	0	1	2,516	0	0	0	0
Fannin	3	70,610	5	2,820	1	37,438	4	401
Fayette	5	53,651	52	119,421	8	130,806	28	20,073
Florida	11	269,183	52	67,573	3	23,996	32	41,370
Floyd	14	310,602	36	56,826	4	222,933	17	56,628
Forsyth	12	724,791	44	160,599	3	154,657	18	57,564
Franklin	1	549	3	8,925	0	0	0	0
Fulton	193	5,093,355	1,320	2,623,006	116	6,715,349	977	2,177,170
Gilmer	1	150	4	3,449	2	245,930	0	0
Glascocock	0	0	0	0	0	0	1	135
Glynn	0	0	9	23,880	0	0	1	455
Gordon	7	196,366	18	24,481	1	28,899	12	16,089
Grady	3	134,973	3	3,487	0	0	5	28,600
Greene	1	151,900	8	32,008	1	57,729	1	508
Gwinnett	175	7,046,712	791	1,483,954	126	6,332,726	439	1,181,453
Habersham	2	50,269	17	75,600	4	547,631	12	59,644
Hall	19	887,287	76	162,479	11	967,697	23	112,688
Hancock	1	1,340	8	7,056	0	0	1	837
Haralson	3	4,248	17	26,157	0	0	4	3,812
Harris	1	2,956	4	9,363	2	39,033	4	3,209
Hart	1	855	10	20,007	0	0	3	3,072
Heard	2	9,014	3	38,891	1	75,109	3	3,915
Henry	65	1,537,162	355	969,927	29	558,026	164	295,580
Houston	11	290,361	46	126,159	1	59,026	29	48,169
Irwin	1	2,089	0	0	0	0	0	0

Jackson	13	275,550	58	109,734	9	1,224,526	11	12,829
Jasper	2	2,680	7	4,626	2	138,054	2	2,361
Jeff Davis	0	0	5	5,302	0	0	0	0
Jefferson	0	0	1	133	0	0	0	0
Johnson	0	0	9	68,146	3	100,158	2	4,212
Jones	1	4,459	1	598	0	0	3	4,522
Lamar	1	19,270	10	9,584	0	0	1	1,024
Lanier	0	0	1	1,667	0	0	2	2,340
Laurens	3	21,160	14	12,819	0	0	7	8,285
Lee	5	14,314	14	9,526	5	141,057	4	11,199
Liberty	0	0	2	2,082	0	0	3	3,796
Lincoln	0	0	2	4,689	0	0	0	0
Long	0	0	1	200	0	0	0	0
Lowndes	7	22,645	10	17,939	1	18,906	4	5,311
Lumpkin	3	13,345	8	38,914	0	0	3	8,293
Macon	0	0	1	9,112	0	0	2	1,127
Madison	2	23,416	10	10,576	2	6,574	6	13,825
Marion	0	0	1	3,686	0	0	5	7,683
McDuffie	2	19,122	1	280	0	0	0	0
McIntosh	0	0	0	0	0	0	1	827
Meriwether	3	81,541	10	8,673	2	229,508	4	31,520
Miller	0	0	1	1,076	0	0	1	3,035
Mitchell	1	1,675	9	15,227	2	114,744	0	0
Monroe	3	3,092	15	5,175	2	27,306	7	28,287
Morgan	0	0	12	5,749	2	1,625	6	4,063
Murray	6	1,559,788	22	40,907	0	0	5	7,026
Muscogee	26	1,247,052	52	116,141	4	191,531	25	69,852
Newton	27	412,995	169	320,752	33	696,151	74	135,120
North Carolina	5	81,650	26	48,610	4	542,080	11	24,882
Oconee	0	0	4	997	0	0	9	23,211
Oglethorpe	0	0	3	4,738	1	11,116	0	0
Other Out of State	8	345,779	108	195,213	13	290,212	112	199,607
Paulding	14	186,565	52	82,446	3	321,226	15	35,204
Peach	4	52,550	18	19,285	1	1,288	8	5,000
Pickens	4	181,081	12	26,965	0	0	7	9,602
Pike	10	261,767	11	43,484	0	0	3	2,395
Polk	3	71,309	24	37,486	2	103,702	3	1,492
Pulaski	0	0	4	3,337	0	0	0	0
Putnam	3	3,975	14	14,091	2	386,749	3	2,830
Rabun	5	91,989	6	3,069	2	189,249	3	443
Randolph	1	1,518	0	0	0	0	0	0
Richmond	9	441,378	19	29,629	1	291,370	9	64,049
Rockdale	33	296,777	170	329,892	10	293,677	83	126,750
Screven	1	1,300	2	1,343	0	0	0	0

Seminole	2	278,308	0	0	1	53,924	0	0
South Carolina	11	1,077,425	64	137,811	3	400,090	33	86,641
Spalding	16	317,278	58	165,758	12	596,175	21	110,660
Stephens	4	445,379	13	31,889	4	377,037	8	14,479
Stewart	0	0	4	34,244	0	0	0	0
Sumter	6	40,809	9	15,724	1	35,496	1	855
Talbot	4	149,768	9	44,438	4	1,112,236	9	4,637
Tattnall	0	0	3	37,841	0	0	2	6,712
Taylor	1	1,675	3	875	2	131,002	2	1,843
Telfair	0	0	0	0	0	0	1	1,465
Tennessee	4	175,182	31	25,846	4	107,497	12	9,716
Terrell	0	0	2	3,733	0	0	1	208
Thomas	3	5,357	4	6,349	0	0	7	13,562
Tift	6	85,477	14	62,983	0	0	10	23,073
Toombs	3	57,848	15	70,930	2	57,784	1	258
Towns	0	0	10	9,868	3	49,742	7	14,266
Treutlen	0	0	1	1,102	0	0	0	0
Troup	17	414,035	57	143,420	7	2,025,318	29	74,047
Turner	0	0	6	7,119	1	98,901	2	6,576
Twiggs	0	0	5	5,201	0	0	1	225
Union	2	83,358	8	39,376	1	367,648	2	5,923
Upson	10	9,455	23	41,212	3	61,652	6	6,186
Walker	2	4,441	15	55,447	0	0	2	6,164
Walton	32	488,399	111	160,175	5	264,656	62	133,216
Ware	1	1,500	0	0	1	11,486	3	1,095
Warren	0	0	3	6,618	0	0	1	570
Washington	1	1,766	4	2,597	0	0	3	12,841
Wayne	0	0	7	10,662	0	0	1	453
Webster	0	0	6	4,631	0	0	0	0
White	3	5,649	9	5,633	0	0	3	10,008
Whitfield	4	35,147	23	37,633	7	577,341	16	49,969
Wilcox	0	0	3	5,409	1	81,751	1	399
Wilkes	2	1,240	2	6,871	0	0	1	1,086
Wilkinson	0	0	4	665	0	0	2	155
Worth	2	1,219	5	5,558	4	228,159	3	1,999
Total	1,873	51,009,649	10,309	20,451,063	1,051	63,173,411	5,500	12,118,853

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	67,045,859	66,006,149
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	59,751,815	59,153,493
C.	Other Patients in accordance with the department approved policy.	0	538,536	582,774

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	16,675	20,826

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: Matt Wain

Date: 8/18/2020

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: Carla Chandler

Date: 8/18/2020

Title: CFO

Comments: