



2021 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 2021 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 9/1/2020 To:8/31/2021

Please indicate your cost report year.

From: 09/01/2020 To:08/31/2021

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	1,644,814,082
Total Inpatient Admissions accounting for Inpatient Revenue	28,793
Outpatient Gross Patient Revenue	2,076,591,901
Total Outpatient Visits accounting for Outpatient Revenue	272,498
Medicare Contractual Adjustments	1,326,033,549
Medicaid Contractual Adjustments	318,475,940
Other Contractual Adjustments:	694,616,405
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	55,060,899
Gross Indigent Care:	93,763,281
Gross Charity Care:	42,191,645
Uncompensated Indigent Care (net):	93,763,281
Uncompensated Charity Care (net):	40,291,645
Other Free Care:	1,757,420
Other Revenue/Gains:	182,013,892
Total Expenses:	1,250,189,379

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	1,052,121
Admin Discounts	705,299
Employee Discounts	0
	0
Total	1,757,420

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 2021? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2021?

07/11/2019

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 2021? (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	41,479,717	18,665,062	60,144,779
Outpatient	52,283,564	23,526,583	75,810,147
Total	93,763,281	42,191,645	135,954,926

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	1,900,000
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	1,900,000

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	41,479,717	17,824,526	59,304,243
Outpatient	52,283,564	22,467,119	74,750,683
Total	93,763,281	40,291,645	134,054,926

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	54,861	122	332,521	3	181,844	53	116,100
Atkinson	1	228,665	6	4,178	0	0	0	0
Bacon	0	0	3	3,044	0	0	2	260
Baker	1	1,300	0	0	0	0	0	0
Baldwin	7	32,105	22	29,760	2	112,282	12	72,202
Banks	0	0	9	55,652	0	0	2	24,965
Barrow	8	5,365	65	103,750	0	0	22	37,074
Bartow	10	125,808	84	240,364	4	102,698	15	11,011
Ben Hill	3	9,340	30	33,400	0	0	6	90,042
Berrien	0	0	2	335	0	0	0	0
Bibb	10	1,214,703	94	279,190	0	0	19	22,724
Bleckley	0	0	11	985,873	0	0	0	0
Bryan	2	225	0	0	0	0	0	0
Bulloch	0	0	10	5,176	0	0	3	6,179
Burke	0	0	3	2,338	0	0	0	0
Butts	7	14,353	70	169,093	4	79,349	14	28,489
Calhoun	1	1,151	5	16,191	0	0	0	0
Camden	0	0	8	20,216	0	0	0	0
Candler	0	0	1	1,113	0	0	0	0
Carroll	38	746,952	191	652,786	5	204,812	72	70,463
Catoosa	0	0	1	208	0	0	0	0
Charlton	0	0	1	4,886	0	0	0	0
Chatham	0	0	16	7,984	1	35,460	15	28,478
Chattahoochee	0	0	3	2,131	0	0	0	0
Chattooga	0	0	7	2,073	1	294	3	452
Cherokee	17	261,259	188	445,796	7	325,801	76	180,734
Clarke	5	61,249	0	0	0	0	14	4,358
Clayton	207	1,631,761	1,405	2,230,234	44	377,536	311	988,382
Clinch	0	0	1	1,389	0	0	0	0
Cobb	122	2,036,023	1,019	2,362,643	30	1,030,163	416	1,370,915
Coffee	1	118,167	19	428,272	0	0	0	0
Colquitt	0	0	11	10,226	0	0	7	10,595

Columbia	2	52,993	12	2,698	0	0	0	0
Cook	0	0	0	0	2	93,752	0	0
Coweta	24	640,381	121	138,044	5	43,909	39	44,222
Crawford	0	0	3	4,853	0	0	0	0
Crisp	1	25,739	21	116,568	0	0	0	0
Dade	0	0	1	245	0	0	0	0
Dawson	1	585	23	39,745	0	0	15	97,347
Decatur	0	0	3	2,210	0	0	0	0
DeKalb	436	8,568,545	3,404	6,543,173	156	2,795,888	1,110	3,418,300
Dodge	0	0	5	13,323	0	0	0	0
Dooly	1	22,532	8	108,790	0	0	0	0
Dougherty	3	83,643	45	193,166	0	0	6	23,817
Douglas	45	297,531	360	399,991	9	196,578	83	329,060
Early	0	0	3	199	0	0	0	0
Effingham	0	0	11	10,315	0	0	1	251
Elbert	1	750	7	1,687	0	0	0	0
Emanuel	1	11,326	0	0	1	210,575	0	0
Fannin	0	0	14	7,936	1	360,622	6	7,990
Fayette	24	314,491	168	230,769	0	0	48	39,403
Florida	14	223,923	103	320,027	4	59,150	56	99,845
Floyd	4	3,177	91	620,373	1	14,865	36	289,796
Forsyth	0	0	64	94,300	0	0	55	250,316
Franklin	0	0	12	70,404	0	0	7	68,021
Fulton	1,237	14,085,257	8,375	25,565,527	476	9,746,503	3,507	9,149,935
Gilmer	0	0	4	757	0	0	1	12,527
Glynn	1	3,188	9	23,036	0	0	2	1,482
Gordon	0	0	32	272,332	0	0	20	557,839
Grady	0	0	1	2,850	0	0	0	0
Greene	6	123,710	24	56,384	0	0	2	3,322
Gwinnett	113	4,287,959	1,063	2,187,236	40	296,750	469	2,090,596
Habersham	3	9,335	18	16,720	0	0	12	22,855
Hall	21	300,340	185	447,627	4	52,416	43	219,403
Hancock	0	0	13	21,271	0	0	0	0
Haralson	3	318	16	80,204	0	0	0	0
Harris	2	56,598	14	1,983	0	0	5	6,247
Hart	1	1,720	4	15,670	0	0	5	5,223
Heard	0	0	17	31,465	0	0	4	17,374
Henry	107	1,398,857	911	1,276,019	24	305,970	232	982,281
Houston	4	48,310	63	81,660	0	0	10	14,733
Irwin	0	0	3	2,502	0	0	0	0
Jackson	2	52,577	87	254,577	0	0	29	44,243
Jasper	0	0	24	52,068	0	0	5	12,356
Jefferson	0	0	1	932	0	0	0	0
Jenkins	0	0	1	1,206	0	0	0	0

Johnson	0	0	3	1,368	0	0	0	0
Jones	0	0	14	20,193	0	0	0	0
Lamar	5	253	39	25,832	0	0	6	14,166
Lanier	0	0	4	11,213	0	0	0	0
Laurens	2	119,939	15	37,201	0	0	3	4,231
Lee	0	0	14	113,047	0	0	0	0
Liberty	0	0	4	8,902	0	0	3	7,255
Long	0	0	1	22,536	0	0	0	0
Lowndes	0	0	5	8,374	0	0	4	2,751
Lumpkin	0	0	10	43,936	0	0	0	0
Macon	2	11,019	4	5,978	0	0	0	0
Madison	1	1,650	8	3,799	0	0	0	0
McDuffie	0	0	7	5,332	0	0	3	6,637
McIntosh	0	0	1	156	0	0	1	1,217
Meriwether	1	899	16	9,748	2	92,137	10	4,163
Miller	1	1,192,139	0	0	0	0	0	0
Mitchell	1	20,777	9	3,795	0	0	2	955
Monroe	5	143,874	16	22,039	0	0	0	0
Morgan	0	0	4	401	0	0	5	3,974
Murray	0	0	6	345	0	0	0	0
Muscogee	0	0	90	65,329	0	0	19	37,385
Newton	38	543,013	209	297,852	7	13,087	66	227,023
North Carolina	4	34,364	50	125,855	3	327,448	45	403,498
Oconee	3	2,058	9	5,113	0	0	2	1,408
Oglethorpe	0	0	1	890	0	0	0	0
Other Out of State	20	402,239	297	436,490	9	55,148	197	442,517
Paulding	8	50,920	90	152,355	5	122,656	19	35,744
Peach	0	0	27	22,357	0	0	4	7,153
Pickens	1	295	12	7,471	0	0	9	1,788
Pierce	0	0	2	1,775	0	0	0	0
Pike	2	45,841	13	9,538	0	0	8	100
Polk	0	0	58	198,348	3	299,572	7	227,504
Pulaski	0	0	3	3,335	0	0	0	0
Putnam	1	27,383	8	11,566	0	0	6	16,014
Rabun	0	0	2	701	0	0	2	9,769
Randolph	0	0	0	0	0	0	1	13,440
Richmond	3	34,257	22	49,038	0	0	5	38,259
Rockdale	30	235,380	241	602,338	4	20,213	68	154,922
Seminole	0	0	1	32,245	0	0	0	0
South Carolina	5	104,528	52	89,964	3	273,812	22	331,744
Spalding	24	49,885	148	231,009	3	1,408	34	49,432
Stephens	0	0	19	9,366	0	0	2	11,130
Stewart	0	0	2	3,922	1	210,054	0	0
Sumter	1	49,764	13	17,130	1	53,601	0	0

Talbot	1	137,656	4	4,912	0	0	4	51,016
Taliaferro	0	0	1	151	0	0	0	0
Tattnall	0	0	2	2,825	5	79,115	5	1,821
Taylor	0	0	11	60,600	2	23,369	2	2,949
Tennessee	6	95,682	63	68,967	0	0	9	16,060
Terrell	2	181,668	14	203,188	0	0	0	0
Thomas	1	60,267	11	12,137	0	0	4	524
Tift	2	1,895	9	15,908	1	60,524	7	5,268
Toombs	0	0	7	21,411	0	0	0	0
Treutlen	1	790	1	325	0	0	0	0
Troup	12	17,203	110	292,432	0	0	22	4,588
Turner	0	0	0	0	0	0	1	34,645
Twiggs	1	345	8	280,684	1	51,164	0	0
Union	3	6,931	9	15,602	0	0	0	0
Upson	4	2,677	24	78,838	0	0	5	5,708
Walker	1	1,289	14	42,860	0	0	0	0
Walton	18	590,887	161	405,506	9	352,913	82	248,648
Ware	0	0	1	285	0	0	1	2,376
Warren	0	0	4	5,392	0	0	0	0
Washington	2	2,975	8	7,394	0	0	4	7,549
Wayne	0	0	3	1,468	0	0	0	0
Webster	0	0	0	0	0	0	1	1,336
Wheeler	0	0	0	0	0	0	1	1,392
White	0	0	10	37,723	0	0	9	8,727
Whitfield	10	146,430	51	223,626	3	1,624	49	207,590
Wilcox	0	0	7	28,091	0	0	0	0
Wilkinson	1	5,473	7	11,807	0	0	0	0
Worth	0	0	2	1,586	0	0	0	0
Total	2,730	41,479,717	20,842	52,283,564	886	18,665,062	7,629	23,526,583

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 2021?
(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 2021.

Patient Category		SFY 2020	SFY2021	SFY2022
		7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	1,064,645	212,934
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	4,832,882	966,600
C.	Other Patients in accordance with the department approved policy.	0	27,687,580	5,537,529

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2020	SFY2021	SFY2022
7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
0	26,739	5,348

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: 8/2/2022

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: 8/2/2022

Title: CFO

Comments: