



2021 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 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: 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	2,538,637,064
Total Inpatient Admissions accounting for Inpatient Revenue	24,844
Outpatient Gross Patient Revenue	954,699,019
Total Outpatient Visits accounting for Outpatient Revenue	175,831
Medicare Contractual Adjustments	1,155,322,086
Medicaid Contractual Adjustments	287,850,238
Other Contractual Adjustments:	694,878,644
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	90,645,274
Gross Indigent Care:	73,680,332
Gross Charity Care:	38,545,035
Uncompensated Indigent Care (net):	73,680,332
Uncompensated Charity Care (net):	38,545,035
Other Free Care:	5,113,279
Other Revenue/Gains:	61,126,849
Total Expenses:	1,024,648,034

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	567,739
Admin Discounts	2,973,714
Employee Discounts	6,653
Small Balance W/Os, Medicare Non-Covered Charges	1,565,173
Total	5,113,279

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	54,632,243	29,544,771	84,177,014
Outpatient	19,048,089	9,000,264	28,048,353
Total	73,680,332	38,545,035	112,225,367

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	54,632,243	29,544,771	84,177,014
Outpatient	19,048,089	9,000,264	28,048,353
Total	73,680,332	38,545,035	112,225,367

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	23	919,850	68	192,982	4	614,454	11	14,303
Appling	2	177,945	5	49	0	0	0	0
Atkinson	0	0	3	616	0	0	0	0
Bacon	0	0	8	15,374	0	0	2	1,360
Baker	0	0	0	0	0	0	1	653
Baldwin	6	108,568	9	16,411	3	159,091	8	53,234
Banks	0	0	1	1,527	0	0	0	0
Barrow	0	0	31	82,366	6	303,791	10	36,232
Bartow	6	175,156	32	55,669	4	75,135	12	7,777
Ben Hill	4	86,171	8	4,834	0	0	5	7,184
Berrien	3	292,239	3	18,372	0	0	2	1,885
Bibb	16	1,918,937	36	64,672	6	508,406	19	70,156
Bleckley	0	0	6	18,408	0	0	2	2,292
Brantley	0	0	2	3,840	0	0	0	0
Bryan	0	0	1	239	0	0	1	4,315
Bulloch	0	0	3	4,234	0	0	3	4,016
Burke	1	83,566	4	4,402	0	0	0	0
Butts	7	86,670	25	66,750	0	0	3	8,467
Calhoun	0	0	1	175	0	0	0	0
Camden	3	7,775	0	0	0	0	0	0
Candler	1	1,300	1	1,280	0	0	0	0
Carroll	38	1,398,322	90	193,163	13	574,620	16	136,301
Catoosa	0	0	6	15,823	0	0	0	0
Chatham	1	180	18	56,110	0	0	29	19,070
Chattahoochee	0	0	5	3,573	0	0	0	0
Chattooga	2	263,933	10	12,276	0	0	0	0
Cherokee	17	705,447	60	71,303	7	764,473	29	165,708
Clarke	11	105,648	42	124,308	0	0	4	9,295
Clay	0	0	4	3,243	0	0	0	0
Clayton	68	1,710,571	382	795,971	16	637,956	95	363,132
Cobb	59	1,808,089	356	764,947	28	983,793	106	241,583
Coffee	0	0	16	57,819	1	1,005	3	1,639

Colquitt	0	0	12	65,006	3	60,411	4	14,472
Columbia	0	0	7	39,356	0	0	0	0
Cook	4	97,054	4	19,114	0	0	0	0
Coweta	5	2,341	51	85,405	9	474,005	15	106,249
Crawford	0	0	1	390	1	81,136	2	1,138
Crisp	0	0	6	19,615	0	0	1	2,325
Dawson	2	4,372	8	17,301	1	81,888	5	50,315
Decatur	1	1,756	7	36,461	0	0	0	0
DeKalb	643	13,389,709	3,456	6,817,738	247	8,533,066	1,017	3,646,686
Dodge	1	17,551	6	30,624	0	0	0	0
Dooly	3	1,180	12	17,683	0	0	0	0
Dougherty	8	269,433	23	68,400	1	101,576	8	6,275
Douglas	23	659,902	129	354,527	5	430,762	28	92,900
Early	0	0	1	262	0	0	0	0
Effingham	1	1,580	1	2,791	0	0	2	4,351
Elbert	4	7,513	3	7,014	0	0	0	0
Emanuel	0	0	1	7,977	0	0	0	0
Fannin	1	2,103	6	5,728	0	0	2	3,192
Fayette	19	641,867	76	89,056	3	151,772	29	71,469
Florida	6	273,566	28	80,751	1	34,015	20	41,585
Floyd	11	469,080	57	190,205	0	0	6	16,933
Forsyth	12	540,455	22	79,153	1	320,230	16	75,992
Franklin	2	2,684	2	35,165	1	112,691	0	0
Fulton	188	6,595,436	1,187	2,411,188	72	4,450,826	598	1,440,397
Gilmer	4	112,937	0	0	0	0	8	137,621
Glynn	0	0	3	5,234	0	0	0	0
Gordon	5	227,026	16	29,677	2	73,137	9	41,237
Grady	1	26,766	2	719	1	32,048	0	0
Greene	4	56,774	4	3,722	0	0	0	0
Gwinnett	137	5,287,927	677	1,904,038	51	2,089,091	216	614,259
Habersham	3	239,863	16	21,305	0	0	3	48,286
Hall	17	52,157	56	120,146	7	1,058,953	20	169,585
Hancock	1	17,176	2	2,028	1	15,277	3	38,584
Haralson	4	3,507	15	17,298	0	0	1	1,289
Harris	2	10,433	5	15,806	4	196,860	2	9,722
Hart	2	8,847	12	2,443	0	0	1	343
Heard	1	80,013	11	106,152	0	0	1	7,445
Henry	55	1,583,747	312	655,564	15	594,348	82	316,550
Houston	13	410,602	33	30,011	8	891,240	8	11,708
Irwin	1	3,239	5	9,450	0	0	0	0
Jackson	0	0	26	72,583	2	249,057	19	20,229
Jasper	2	1,518	3	36,990	0	0	0	0
Jeff Davis	1	63,805	2	10,461	0	0	0	0
Jefferson	0	0	1	1,513	0	0	0	0

Jones	2	925	3	2,858	0	0	0	0
Lamar	2	230,035	7	11,323	0	0	1	944
Lanier	1	2,616	0	0	0	0	1	322
Laurens	2	51,671	9	18,553	0	0	5	497
Lee	0	0	10	5,853	1	15,162	3	4,806
Liberty	0	0	2	1,475	0	0	1	2,444
Lincoln	0	0	2	561	1	104,105	0	0
Long	0	0	3	11,926	0	0	0	0
Lowndes	5	525,715	16	48,810	0	0	0	0
Lumpkin	3	171,457	6	3,638	1	136,309	2	4,704
Macon	3	143,131	4	2,415	0	0	0	0
Madison	6	96,258	0	0	0	0	0	0
Marion	2	2,384	5	5,452	0	0	0	0
McDuffie	1	1,408	1	1,967	1	3,539	0	0
McIntosh	1	2,086	0	0	1	1,995	3	3,936
Meriwether	5	9,159	9	49,374	2	107,028	10	79,224
Miller	0	0	1	476	0	0	3	1,260
Mitchell	1	1,174,928	8	25,047	1	11,222	1	9,629
Monroe	1	3,366	4	14,523	0	0	3	11,952
Montgomery	1	1,847	2	544	0	0	0	0
Morgan	1	3,245	14	21,768	0	0	0	0
Murray	3	43,581	3	2,301	0	0	0	0
Muscogee	25	1,551,550	57	10,320	0	0	13	9,600
Newton	35	1,080,321	136	329,498	9	540,626	56	107,084
North Carolina	8	83,184	27	88,605	1	10,324	14	39,679
Oconee	0	0	8	4,575	0	0	3	4,654
Oglethorpe	0	0	0	0	0	0	1	1,498
Other Out of State	14	296,575	102	222,624	5	199,477	66	120,338
Paulding	5	4,244	41	33,783	0	0	6	15,392
Peach	2	125,881	13	9,862	2	150,740	1	322
Pickens	1	1,711	5	16,069	0	0	0	0
Pierce	0	0	1	309	0	0	0	0
Pike	0	0	9	10,883	0	0	0	0
Polk	5	117,285	21	29,809	1	14,888	2	1,979
Pulaski	2	250,950	3	4,175	0	0	2	41,703
Putnam	2	2,600	11	6,946	1	38,376	3	9,019
Rabun	0	0	3	1,044	3	15,891	0	0
Randolph	2	6,320	2	325	1	171,431	0	0
Richmond	5	59,278	19	14,937	0	0	3	10,165
Rockdale	25	574,979	191	580,123	7	109,942	51	171,399
Screven	0	0	3	4,743	0	0	0	0
South Carolina	5	59,719	37	144,535	0	0	4	17,111
Spalding	14	466,489	34	61,493	3	100,866	9	19,570
Stephens	4	148,579	9	8,631	0	0	4	7,492

Stewart	1	509	1	1,732	0	0	0	0
Sumter	3	713,680	16	64,520	3	233,115	12	37,402
Talbot	1	1,062	2	23,481	7	588,332	1	1,289
Taliaferro	0	0	1	188	0	0	0	0
Tattnall	0	0	5	42,654	1	65,832	2	2,050
Taylor	1	99,911	6	815	0	0	0	0
Telfair	0	0	2	6,038	0	0	1	7,900
Tennessee	4	382,201	16	139,751	0	0	8	5,006
Terrell	4	255,421	1	2,272	0	0	0	0
Thomas	5	442,251	0	0	0	0	3	11,920
Tift	4	54,695	8	88,936	3	1,477,116	1	322
Toombs	1	1,080	0	0	1	99,759	0	0
Towns	4	169,167	5	7,070	0	0	0	0
Treutlen	2	349,408	0	0	0	0	0	0
Troup	10	312,151	36	62,865	2	65,446	0	0
Turner	0	0	0	0	0	0	1	19,959
Twiggs	0	0	3	14,227	0	0	0	0
Union	2	208,087	6	15,780	0	0	5	6,725
Upton	9	841,128	18	61,352	0	0	4	13,383
Walker	2	10,725	8	150,651	0	0	0	0
Walton	26	839,156	90	230,698	7	248,778	23	31,354
Ware	0	0	1	785	1	45,146	2	2,615
Warren	0	0	3	2,676	0	0	1	9,508
Washington	0	0	11	4,506	1	161,786	0	0
Wayne	0	0	1	544	0	0	0	0
Webster	1	796	0	0	0	0	0	0
White	3	109,880	12	28,837	0	0	1	260
Whitfield	6	619,428	24	99,906	0	0	2	6,749
Wilcox	0	0	1	110	0	0	0	0
Wilkes	0	0	0	0	2	172,427	13	6,764
Wilkinson	5	405,658	6	899	0	0	0	0
Worth	2	508,086	2	7,857	0	0	1	596
Total	1,745	54,632,243	8,669	19,048,089	593	29,544,771	2,839	9,000,264

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	61,025,093	12,668,975
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	31,388,645	5,366,001
C.	Other Patients in accordance with the department approved policy.	0	316,443	560,664

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	10,679	2,430

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: Matt Wain

Date: 7/27/2022

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: Liz Daunt-Samford

Date: 7/27/2022

Title: CFO

Comments: