



2017 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 2017 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 9/1/2016 To:8/31/2017

Please indicate your cost report year.

From: 09/01/2016 To:08/31/2017

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	1,605,941,757
Total Inpatient Admissions accounting for Inpatient Revenue	23,658
Outpatient Gross Patient Revenue	720,729,909
Total Outpatient Visits accounting for Outpatient Revenue	178,404
Medicare Contractual Adjustments	726,440,844
Medicaid Contractual Adjustments	143,615,526
Other Contractual Adjustments:	478,157,837
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	42,973,429
Gross Indigent Care:	24,081,583
Gross Charity Care:	46,765,617
Uncompensated Indigent Care (net):	24,081,583
Uncompensated Charity Care (net):	46,765,617
Other Free Care:	4,223,451
Other Revenue/Gains:	12,524,846
Total Expenses:	755,981,591

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	767,728
Admin Discounts	1,880,974
Employee Discounts	19,045
Small Balance Write-Offs, Medicare Non-Covered Charges	1,555,704
Total	4,223,451

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 2017? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2017?

07/01/2017

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 2017? (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	18,318,773	36,822,688	55,141,461
Outpatient	5,762,810	9,942,929	15,705,739
Total	24,081,583	46,765,617	70,847,200

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	18,318,773	36,822,688	55,141,461
Outpatient	5,762,810	9,942,929	15,705,739
Total	24,081,583	46,765,617	70,847,200

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	7	82,597	23	63,838	13	1,170,439	23	55,190
Appling	0	0	0	0	0	0	1	1,928
Baldwin	0	0	5	2,222	0	0	2	6,714
Banks	0	0	3	5,038	0	0	1	4,540
Barrow	0	0	8	64,591	8	42,464	14	26,191
Bartow	3	164,074	9	13,549	6	283,060	13	21,777
Ben Hill	0	0	1	1,085	3	2,500	3	5,441
Berrien	3	256,353	1	5,991	8	113,014	1	8,738
Bibb	12	753,358	8	26,128	7	260,038	17	52,866
Bleckley	0	0	0	0	2	9,282	4	2,095
Brantley	0	0	0	0	1	146,577	0	0
Bryan	0	0	0	0	1	527	0	0
Bulloch	0	0	0	0	1	53,788	0	0
Burke	1	209,448	0	0	0	0	1	2,717
Butts	1	21,002	5	17,168	3	39,767	5	21,205
Calhoun	0	0	0	0	0	0	1	233
Camden	0	0	1	441	0	0	0	0
Carroll	17	918,938	27	35,606	12	1,197,348	27	65,758
Catoosa	0	0	2	5,082	0	0	0	0
Chatham	3	110,534	5	56,292	5	182,098	22	18,809
Chattooga	2	193,145	2	1,838	0	0	1	2,251
Cherokee	9	457,469	22	36,678	33	521,931	60	104,218
Clarke	4	174,472	5	13,319	4	981,005	11	23,107
Clayton	27	573,147	93	240,945	43	1,697,952	148	269,691
Clinch	0	0	1	2,506	0	0	0	0
Cobb	57	1,733,882	96	209,649	38	455,241	213	407,992
Coffee	1	28,232	4	4,891	1	60,466	2	941
Colquitt	0	0	4	879	1	700	6	24,161
Columbia	0	0	4	3,877	1	4,152	3	2,017
Cook	0	0	1	606	3	842	5	4,642
Coweta	8	231,144	15	56,474	8	671,513	28	64,632
Crawford	0	0	2	6,351	0	0	0	0

Crisp	1	114,947	2	5,629	0	0	1	1,891
Dawson	1	114,186	0	0	2	101,994	6	8,664
Decatur	2	70,744	2	3,861	0	0	0	0
DeKalb	182	2,243,906	955	1,965,681	373	9,043,341	1,846	3,699,622
Dodge	0	0	0	0	0	0	1	4,536
Dooly	0	0	1	9,279	7	355,741	28	63,305
Dougherty	5	81,659	6	11,288	3	66,772	10	50,176
Douglas	0	0	22	34,426	8	114,292	39	91,667
Effingham	1	60,755	6	25,422	1	56,609	4	1,434
Elbert	0	0	0	0	2	145,613	3	14,903
Emanuel	2	2,880	2	655	0	0	2	244
Evans	0	0	0	0	1	5,270	4	810
Fannin	5	473,838	4	20,035	1	791,360	4	7,428
Fayette	1	1,316	19	14,393	4	120,475	31	73,581
Florida	6	571,784	24	69,574	5	71,812	38	58,054
Floyd	3	103,079	10	42,556	7	164,251	7	23,843
Forsyth	2	29,132	2	3,102	2	95,963	22	21,826
Franklin	0	0	3	10,785	6	185,946	8	9,628
Fulton	44	1,489,004	367	772,551	148	3,501,237	859	1,628,823
Gilmer	1	6,375	4	7,875	1	30,280	6	23,654
Glynn	0	0	1	7,924	0	0	3	4,952
Gordon	2	19,073	3	5,874	3	191,209	17	81,394
Grady	0	0	1	1,302	1	54,702	1	3,478
Greene	0	0	1	503	1	3,235	7	11,234
Gwinnett	43	616,384	160	246,680	93	3,449,617	346	694,331
Habersham	0	0	2	4,944	2	17,704	2	12,973
Hall	13	943,901	24	165,411	21	746,326	44	125,188
Hancock	0	0	1	205	2	44,097	0	0
Haralson	2	26,122	7	27,246	0	0	6	60,668
Harris	0	0	5	14,388	0	0	5	7,081
Hart	0	0	10	11,828	0	0	23	47,728
Heard	0	0	2	2,751	4	5,660	2	3,494
Henry	11	99,426	44	89,448	42	1,694,210	129	304,190
Houston	2	311,841	10	14,655	5	216,691	21	41,966
Irwin	1	14,987	0	0	0	0	0	0
Jackson	5	355,373	6	13,665	10	25,827	9	15,188
Jasper	1	58,362	1	1,655	0	0	2	1,657
Jenkins	0	0	0	0	1	109,965	0	0
Jones	0	0	4	5,736	2	220,222	1	906
Lamar	1	20,975	2	206	0	0	0	0
Lanier	0	0	0	0	2	182,690	0	0
Laurens	2	131,813	6	8,506	0	0	9	5,698
Lee	0	0	0	0	2	6,868	2	3,479
Liberty	0	0	0	0	0	0	1	4,703

Lincoln	0	0	0	0	0	0	1	18,462
Lowndes	2	3,117	1	4,623	4	135,387	4	7,127
Lumpkin	1	939	1	7,164	0	0	7	24,406
Macon	0	0	1	1,396	0	0	0	0
Madison	0	0	2	2,913	1	24,958	3	16,899
McDuffie	0	0	1	2,390	1	862	0	0
McIntosh	0	0	0	0	1	1,288	0	0
Meriwether	4	557,676	1	1,341	1	20,649	5	7,669
Miller	0	0	3	52,676	0	0	2	18,045
Mitchell	0	0	2	3,241	0	0	1	3,462
Monroe	0	0	4	62,154	1	1,288	1	609
Montgomery	0	0	0	0	0	0	1	1,446
Morgan	0	0	2	9,424	6	76,381	1	3,307
Murray	2	60,554	3	8,133	2	81,638	3	35,537
Muscogee	11	113,098	17	39,047	0	0	25	29,993
Newton	0	0	83	201,405	21	1,183,899	92	112,439
North Carolina	3	93,118	15	57,337	0	0	26	65,604
Oconee	0	0	4	2,889	0	0	6	7,591
Oglethorpe	1	9,628	0	0	0	0	0	0
Other Out of State	8	479,215	67	182,755	16	1,282,077	106	264,086
Paulding	7	258,629	11	61,485	4	235,209	28	49,943
Peach	4	134,623	4	6,399	0	0	5	9,691
Pickens	1	21,810	0	0	1	21,669	9	3,280
Pierce	0	0	1	5,973	0	0	1	13,160
Pike	0	0	0	0	1	1,005	3	3,158
Polk	0	0	3	15,878	1	1,110	5	5,562
Pulaski	0	0	1	552	0	0	0	0
Putnam	1	1,288	4	1,092	0	0	6	27,250
Rabun	0	0	0	0	1	1,288	3	6,743
Randolph	0	0	1	3,954	0	0	0	0
Richmond	2	51,275	6	8,507	1	81,064	10	8,620
Rockdale	4	183,816	32	89,844	21	1,622,047	62	180,736
Schley	0	0	1	1,441	0	0	0	0
South Carolina	5	334,194	24	76,189	9	225,882	34	52,227
Spalding	0	0	30	84,912	15	264,920	15	29,899
Stephens	1	44,380	0	0	2	3,350	11	18,054
Sumter	3	302,351	3	3,209	3	189,385	4	5,370
Talbot	0	0	0	0	1	84,650	0	0
Tattnall	0	0	0	0	1	39,811	0	0
Taylor	0	0	1	1,415	0	0	0	0
Telfair	0	0	1	2,899	0	0	1	2,087
Tennessee	2	3,494	9	31,863	2	72,451	16	24,317
Thomas	3	589,900	0	0	1	5,798	1	659
Tift	0	0	5	25,635	1	35,359	5	4,952

Toombs	1	86,415	2	10,613	0	0	2	10,877
Towns	0	0	1	8,021	1	14,025	2	2,607
Troup	0	0	0	0	15	384,193	34	39,937
Turner	0	0	1	1,232	0	0	3	134,973
Twiggs	0	0	0	0	0	0	2	10,719
Union	2	812	9	9,269	0	0	5	1,689
Upson	2	696,037	2	1,179	0	0	8	23,007
Walker	0	0	1	2,426	0	0	2	2,000
Walton	0	0	25	58,503	12	358,320	59	126,190
Ware	0	0	3	1,104	1	424,697	0	0
Warren	2	79,818	2	6,518	1	166,765	0	0
Washington	0	0	0	0	2	362	4	49,394
Wayne	1	41,308	3	10,581	0	0	2	1,179
Wheeler	2	165,090	1	6,104	0	0	0	0
White	0	0	3	10,409	1	1,126	3	61,180
Whitfield	0	0	5	48,837	0	0	7	3,874
Wilcox	1	133,169	5	24,076	0	0	0	0
Wilkinson	0	0	2	8,720	1	1,119	0	0
Worth	1	3,362	0	0	1	63,973	1	662
Total	571	18,318,773	2,475	5,762,810	1,118	36,822,688	4,798	9,942,929

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 2017?
(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 2017.

Patient Category		SFY 2016	SFY2017	SFY2018
		7/1/15-6/30/16	7/1/16-6/30/17	7/1/17-6/30/18
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	20,399,617	54,970,847
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	37,203,954	31,117,375
C.	Other Patients in accordance with the department approved policy.	0	10,922,217	7,380,493

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2016	SFY2017	SFY2018
7/1/15-6/30/16	7/1/16-6/30/17	7/1/17-6/30/18
0	9,103	12,715

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: 7/18/2018

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: 7/18/2018

Title: CFO

Comments: