



2017 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 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: 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	1,060,358,678
Total Inpatient Admissions accounting for Inpatient Revenue	22,672
Outpatient Gross Patient Revenue	1,279,728,531
Total Outpatient Visits accounting for Outpatient Revenue	256,059
Medicare Contractual Adjustments	793,754,778
Medicaid Contractual Adjustments	197,011,801
Other Contractual Adjustments:	418,044,973
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	57,548,390
Gross Indigent Care:	23,859,338
Gross Charity Care:	41,376,312
Uncompensated Indigent Care (net):	23,859,338
Uncompensated Charity Care (net):	39,876,312
Other Free Care:	2,846,749
Other Revenue/Gains:	64,678,170
Total Expenses:	784,044,211

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	835,426
Admin Discounts	2,011,323
Employee Discounts	0
	0
Total	2,846,749

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	11,319,971	21,873,928	33,193,899
Outpatient	12,539,367	19,502,384	32,041,751
Total	23,859,338	41,376,312	65,235,650

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	1,500,000
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	1,500,000

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	11,319,971	21,080,948	32,400,919
Outpatient	12,539,367	18,795,364	31,334,731
Total	23,859,338	39,876,312	63,735,650

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	248,046	92	133,695	8	458,345	51	130,646
Appling	0	0	0	0	0	0	2	2,082
Atkinson	0	0	2	17,715	0	0	1	5,051
Baldwin	3	2,122	0	0	1	1,125	0	0
Banks	0	0	0	0	0	0	2	9,009
Barrow	3	31,616	15	56,049	2	6,365	10	14,478
Bartow	2	27,415	27	62,913	3	24,514	25	310,422
Ben Hill	0	0	1	328	0	0	1	377
Berrien	0	0	0	0	1	1,288	3	975
Bibb	2	258,003	12	19,405	1	23,546	20	70,585
Bleckley	2	38,335	0	0	0	0	0	0
Bulloch	0	0	1	2,034	0	0	0	0
Butts	3	62,130	13	20,331	3	111,079	15	29,154
Camden	0	0	0	0	0	0	1	928
Carroll	10	250,747	29	37,877	13	583,210	49	75,245
Catoosa	0	0	1	7,054	0	0	1	6,808
Chatham	1	2,926	4	3,551	2	131,697	18	45,866
Chattahoochee	0	0	3	80,354	2	6,629	2	1,171
Chattooga	0	0	9	152,891	0	0	0	0
Cherokee	4	55,358	20	48,533	8	99,127	58	146,834
Clarke	1	13,466	14	24,228	1	851	13	17,170
Clayton	33	262,704	308	730,369	83	1,873,536	470	868,225
Cobb	22	281,284	256	496,671	62	801,884	417	796,343
Coffee	1	116,514	2	1,948	1	154,309	2	1,545
Columbia	0	0	1	2,122	0	0	4	5,111
Cook	1	2,496	1	3,347	0	0	0	0
Coweta	2	123,540	23	38,390	4	25,993	43	80,520
Crawford	0	0	2	2,519	0	0	5	12,389
Crisp	0	0	1	2,295	0	0	0	0
Dawson	0	0	1	1,407	0	0	0	0
Decatur	0	0	2	9,393	0	0	0	0
DeKalb	103	1,802,704	864	1,901,512	170	2,545,813	1,497	2,928,083

Dodge	0	0	1	3,363	0	0	1	671
Dooly	0	0	3	9,880	0	0	5	53,953
Dougherty	0	0	3	8,096	0	0	5	11,512
Douglas	5	46,078	64	188,932	6	102,972	97	265,378
Effingham	0	0	1	972	0	0	3	6,420
Elbert	0	0	1	3,379	1	12,698	0	0
Emanuel	0	0	4	5,871	0	0	0	0
Evans	0	0	1	4,734	0	0	0	0
Fannin	0	0	5	31,384	0	0	1	4,525
Fayette	1	5,953	40	78,021	7	137,888	50	63,878
Florida	8	119,789	86	154,773	2	37,481	99	159,635
Floyd	0	0	11	94,610	1	295,470	18	46,318
Forsyth	3	27,545	8	73,098	2	126,536	24	17,291
Franklin	0	0	1	1,357	0	0	3	7,045
Fulton	255	4,405,473	2,997	5,533,837	499	8,911,078	5,060	9,758,629
Gilmer	0	0	2	817	0	0	5	13,707
Glynn	1	1,665	1	1,668	0	0	0	0
Gordon	2	2,370	11	12,741	2	5,344	8	12,295
Grady	0	0	1	817	1	2,331	2	6,856
Greene	1	1,288	4	11,940	0	0	3	10,523
Gwinnett	11	51,468	167	490,957	37	890,586	294	845,791
Habersham	0	0	7	8,533	3	202,160	8	25,899
Hall	2	5,255	36	74,201	3	734	37	110,546
Hancock	0	0	1	786	0	0	0	0
Haralson	6	450,523	3	6,708	2	68,833	4	3,638
Harris	1	1,005	3	3,851	2	28,306	3	3,072
Hart	1	51,508	0	0	0	0	3	17,014
Heard	1	1,480	8	4,783	1	514	8	10,943
Henry	20	284,568	137	418,019	31	1,539,892	288	714,995
Houston	2	18,032	10	11,041	1	3,111	9	26,291
Jackson	2	13,345	4	6,504	1	22,965	14	44,004
Jasper	1	5,422	2	7,296	0	0	10	10,271
Jeff Davis	0	0	2	391	0	0	1	1,239
Jefferson	0	0	0	0	0	0	1	348
Jones	0	0	0	0	0	0	1	600
Lamar	0	0	4	2,851	0	0	4	1,562
Lanier	0	0	0	0	0	0	2	2,296
Laurens	1	70,894	5	11,048	1	3,767	5	2,868
Lee	0	0	0	0	0	0	1	951
Liberty	0	0	0	0	0	0	1	904
Long	0	0	1	1,760	0	0	0	0
Lowndes	0	0	4	37,780	0	0	1	8,001
Lumpkin	0	0	1	1,110	0	0	4	25,630
Macon	0	0	1	782	0	0	0	0

Madison	2	12,535	1	846	0	0	1	2,065
McDuffie	0	0	0	0	0	0	1	4,893
Meriwether	1	135,804	3	15,801	2	147,757	10	43,225
Mitchell	1	127,448	2	3,598	0	0	1	242
Monroe	0	0	1	280	1	14,927	1	29,552
Morgan	0	0	1	184	0	0	4	1,451
Murray	0	0	3	10,588	1	644	5	6,165
Muscogee	2	31,739	32	81,693	4	114,851	14	52,482
Newton	6	42,676	31	55,303	13	290,554	42	64,343
North Carolina	5	79,765	38	46,476	0	0	42	59,441
Oconee	0	0	6	3,384	0	0	2	941
Oglethorpe	1	1,288	0	0	0	0	0	0
Other Out of State	17	573,394	186	334,630	19	365,379	278	435,418
Paulding	1	2,787	14	16,390	4	322,744	26	33,757
Peach	0	0	8	77,734	1	296,567	5	10,968
Pickens	1	1,737	1	1,950	1	18,195	2	4,780
Pike	0	0	6	8,310	3	23,067	15	47,155
Polk	1	16,909	3	3,914	1	14,496	8	4,467
Pulaski	0	0	0	0	0	0	2	9,811
Putnam	0	0	9	27,240	3	28,718	2	570
Rabun	0	0	0	0	0	0	2	2,276
Richmond	2	4,904	7	17,343	1	15,092	5	10,873
Rockdale	7	434,552	34	192,234	10	464,642	69	108,403
Seminole	0	0	1	944	0	0	0	0
South Carolina	4	51,502	28	48,767	2	45,865	28	99,326
Spalding	2	35,742	15	20,309	4	174,360	21	22,266
Stephens	0	0	6	2,848	2	141,989	12	27,557
Sumter	0	0	0	0	0	0	1	1,631
Talbot	1	105,069	1	948	0	0	0	0
Taylor	0	0	1	300	1	1,675	3	19,050
Tennessee	1	670	21	42,452	2	21,217	18	49,440
Thomas	0	0	0	0	1	69,729	5	13,268
Tift	1	32,185	3	9,585	1	2,829	7	47,233
Towns	0	0	3	1,040	1	335	1	823
Treutlen	1	28,913	0	0	0	0	1	1,659
Troup	6	118,677	36	74,432	3	11,467	32	185,805
Turner	1	318,828	1	8,587	0	0	0	0
Twiggs	0	0	1	865	0	0	0	0
Union	0	0	4	51,206	0	0	3	2,853
Upson	1	2,870	9	27,713	1	1,353	4	12,613
Walker	0	0	3	5,473	0	0	1	418
Walton	1	16,910	7	26,442	7	42,758	54	193,818
Ware	0	0	0	0	0	0	1	288
Washington	0	0	2	3,335	0	0	1	1,545

Wayne	0	0	0	0	0	0	1	9,553
Wheeler	0	0	1	874	1	741	0	0
White	0	0	2	638	0	0	5	6,023
Whitfield	0	0	17	67,070	0	0	9	15,040
Wilcox	0	0	5	75,832	0	0	0	0
Wilkinson	0	0	2	6,187	0	0	2	2,445
Worth	0	0	0	0	0	0	1	1,936
Total	590	11,319,971	5,900	12,539,367	1,058	21,873,928	9,541	19,502,384

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	19,882,782	3,976,556
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	18,434,564	3,686,913
C.	Other Patients in accordance with the department approved policy.	0	16,045,696	3,209,139

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	14,241	2,848

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: 7/27/2018

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: Greg Anderson

Date: 7/27/2018

Title: CFO

Comments: