



2020 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 2020 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 9/1/2019 To:8/31/2020

Please indicate your cost report year.

From: 09/01/2019 To:08/31/2020

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	1,424,701,731
Total Inpatient Admissions accounting for Inpatient Revenue	28,488
Outpatient Gross Patient Revenue	1,776,206,138
Total Outpatient Visits accounting for Outpatient Revenue	275,350
Medicare Contractual Adjustments	1,118,511,427
Medicaid Contractual Adjustments	291,925,379
Other Contractual Adjustments:	557,290,916
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	55,594,302
Gross Indigent Care:	82,951,589
Gross Charity Care:	38,145,736
Uncompensated Indigent Care (net):	82,951,589
Uncompensated Charity Care (net):	36,305,736
Other Free Care:	1,396,978
Other Revenue/Gains:	155,975,040
Total Expenses:	1,099,105,967

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	816,110
Admin Discounts	580,868
Employee Discounts	0
	0
Total	1,396,978

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 2020? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2020?

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 2020? (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	37,328,215	16,784,124	54,112,339
Outpatient	45,623,374	21,361,612	66,984,986
Total	82,951,589	38,145,736	121,097,325

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	1,840,000
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	1,840,000

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	37,328,215	15,974,524	53,302,739
Outpatient	45,623,374	20,331,212	65,954,586
Total	82,951,589	36,305,736	119,257,325

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	17	726,250	159	416,596	3	10,241	87	84,551
Appling	2	2,625	1	229	0	0	0	0
Atkinson	0	0	4	3,732	0	0	0	0
Bacon	0	0	0	0	0	0	3	9,995
Baker	2	1,300	1	255	0	0	0	0
Baldwin	10	29,013	11	12,771	0	0	11	4,747
Banks	0	0	3	10,311	1	379,575	0	0
Barrow	0	0	83	302,400	4	104,632	32	19,189
Bartow	15	29,431	68	147,269	4	258,901	28	25,480
Ben Hill	2	28,030	16	2,197	0	0	4	282
Berrien	0	0	2	1,722	0	0	1	2,998
Bibb	11	121,386	94	362,556	3	119,866	38	55,279
Bleckley	0	0	4	5,982	0	0	0	0
Brooks	0	0	1	359	0	0	0	0
Bryan	1	526	1	1,583	0	0	0	0
Bulloch	1	395,106	7	9,109	0	0	2	3,726
Burke	0	0	2	1,291	0	0	0	0
Butts	13	13,359	77	146,983	4	16,149	23	45,879
Calhoun	1	0	6	4,550	0	0	0	0
Camden	0	0	0	0	0	0	1	1,856
Carroll	48	705,792	204	339,104	0	0	54	390,459
Catoosa	0	0	0	0	0	0	2	213
Charlton	0	0	0	0	0	0	4	1,821
Chatham	3	171,868	12	21,014	2	1,400	27	46,544
Chattahoochee	0	0	2	6,582	0	0	0	0
Chattooga	3	107,256	21	59,598	1	1,624	0	0
Cherokee	23	336,488	175	384,241	0	0	97	74,698
Clarke	2	42,363	46	313,330	2	2,925	11	3,863
Clayton	267	2,132,743	1,890	3,465,342	64	663,617	527	886,473
Clinch	0	0	1	265	0	0	0	0
Cobb	151	1,313,994	1,170	2,107,284	52	690,934	400	1,086,288
Coffee	0	0	15	13,675	0	0	2	193

Colquitt	0	0	11	7,746	0	0	6	6,251
Columbia	0	0	11	9,333	0	0	0	0
Cook	1	1,675	12	267,886	0	0	0	0
Coweta	29	270,345	140	210,999	6	156,402	39	82,507
Crawford	0	0	2	18,755	0	0	0	0
Crisp	2	3,014	12	9,513	2	57,360	7	8,892
Dade	0	0	1	376	0	0	0	0
Dawson	2	4,878	20	29,615	0	0	6	13,912
Decatur	1	12,810	6	1,373	0	0	0	0
DeKalb	565	5,150,038	4,090	6,970,454	178	2,093,050	1,345	3,194,293
Dodge	0	0	11	15,782	1	172,729	3	5,645
Dooly	1	0	19	297,120	0	0	1	14,756
Dougherty	5	383,614	41	74,687	2	47,802	10	35,811
Douglas	62	525,038	409	1,464,556	18	217,552	105	269,987
Early	0	0	7	5,023	0	0	1	193
Echols	1	1,470	0	0	0	0	0	0
Effingham	0	0	5	9,003	0	0	3	8,176
Elbert	2	138,907	10	51,702	0	0	3	1,492
Emanuel	0	0	1	466	0	0	0	0
Evans	0	0	4	5,413	0	0	0	0
Fannin	4	322,893	18	27,261	0	0	0	0
Fayette	20	105,474	155	147,516	7	78,570	59	74,689
Florida	6	67,551	117	294,223	4	27,535	40	68,183
Floyd	0	0	57	158,099	2	1,580	56	66,169
Forsyth	6	164,597	65	68,374	8	451,701	35	52,247
Franklin	3	74,617	24	243,028	0	0	14	107,923
Fulton	1,233	17,300,950	10,856	16,771,823	469	8,606,042	4,375	9,700,635
Gilmer	0	0	10	10,200	0	0	2	2,972
Glascocock	0	0	0	0	0	0	1	880
Glynn	0	0	4	5,730	0	0	2	7,749
Gordon	1	580	47	172,887	0	0	19	93,683
Grady	0	0	4	9,003	1	1,614	1	103
Greene	3	28,892	26	59,905	0	0	4	3,483
Gwinnett	112	2,117,515	1,175	2,731,339	46	522,807	589	1,516,486
Habersham	3	4,383	26	47,629	0	0	9	24,381
Hall	12	69,473	151	285,931	1	580	87	114,141
Hancock	1	1,713	2	3,313	0	0	2	418
Haralson	4	118,827	18	55,247	3	325,188	8	5,138
Harris	1	809	12	12,918	0	0	5	11,177
Hart	3	1,821	9	17,167	0	0	3	15,462
Heard	1	1,624	14	23,512	2	76,320	8	9,616
Henry	155	737,948	1,036	1,478,290	40	928,301	281	777,841
Houston	6	39,912	62	72,562	0	0	15	21,228
Jackson	5	67,959	81	228,538	0	0	33	17,531

Jasper	1	0	11	18,965	1	5,892	7	724
Jeff Davis	0	0	1	1,191	0	0	0	0
Jenkins	1	1,561	1	1,166	0	0	0	0
Johnson	0	0	2	939	0	0	0	0
Jones	0	0	3	3,643	0	0	11	94,796
Lamar	3	1,800	39	41,099	0	0	4	1,875
Lanier	0	0	4	10,947	0	0	0	0
Laurens	3	2,390	7	9,170	0	0	2	437
Lee	2	2,155	15	63,086	1	6,703	9	12,409
Liberty	2	24,031	3	2,478	0	0	0	0
Lincoln	0	0	0	0	0	0	1	394
Lowndes	2	23,774	22	72,809	0	0	9	2,782
Lumpkin	1	4,357	14	19,428	0	0	5	3,069
Macon	3	673	8	79,624	1	1,855	8	7,620
Madison	1	0	9	5,557	0	0	6	299
Marion	3	49,777	19	115,423	0	0	3	130
McDuffie	1	542	7	18,456	1	38,080	9	42,194
Meriwether	1	18,246	14	9,185	0	0	5	2,454
Mitchell	0	0	7	5,705	0	0	1	690
Monroe	2	2,463	13	9,552	0	0	3	210
Morgan	2	5,049	12	53,088	1	1,710	0	0
Murray	0	0	7	2,829	1	1,364	6	16,115
Muscogee	20	586,897	158	414,396	3	195,624	30	62,010
Newton	39	240,344	225	382,480	7	14,752	96	93,456
North Carolina	6	63,465	64	158,795	0	0	29	53,647
Oconee	1	5,052	6	3,637	1	67,843	2	643
Oglethorpe	1	0	2	7,518	0	0	0	0
Other Out of State	19	510,806	372	717,283	12	115,473	209	428,017
Paulding	9	7,087	99	156,741	8	32,524	35	216,649
Peach	2	21,700	26	93,324	0	0	6	11,599
Pickens	1	350	11	72,149	0	0	21	27,055
Pike	7	23,621	24	16,279	0	0	2	169
Polk	2	0	61	160,056	0	0	14	55,200
Pulaski	1	164,902	29	197,879	0	0	1	11,452
Putnam	1	14,150	9	8,692	0	0	13	5,394
Quitman	0	0	2	4,611	0	0	2	1,726
Rabun	0	0	3	1,417	0	0	0	0
Randolph	0	0	2	1,619	0	0	2	1,898
Richmond	4	142,267	50	130,082	1	21,574	9	18,353
Rockdale	31	260,567	246	399,921	0	0	66	162,900
Schley	0	0	5	7,318	0	0	0	0
Screven	1	641	0	0	0	0	0	0
Seminole	0	0	1	513	0	0	0	0
South Carolina	11	35,917	56	139,798	2	49,240	39	89,382

Spalding	21	16,432	138	228,323	4	2,476	38	90,611
Stephens	4	52,300	20	9,243	0	0	6	4,358
Stewart	0	0	2	742	0	0	0	0
Sumter	0	0	9	3,346	1	15,314	1	208
Talbot	0	0	4	3,407	0	0	0	0
Taylor	0	0	9	79,559	0	0	2	8,032
Telfair	1	2,079	6	1,674	0	0	10	27,292
Tennessee	5	173,596	60	96,348	1	1,850	16	15,757
Terrell	4	59,342	4	2,058	0	0	3	1,620
Thomas	0	0	30	2,715	0	0	6	2,279
Tift	2	29,020	14	23,942	0	0	44	957
Toombs	0	0	14	5,116	0	0	0	0
Towns	2	18,245	13	11,764	0	0	2	2,533
Treutlen	0	0	3	750	0	0	0	0
Troup	13	240,738	86	318,206	3	31,458	33	250,906
Turner	0	0	6	3,546	0	0	0	0
Twiggs	0	0	0	0	0	0	1	220
Union	1	0	8	12,950	0	0	2	3,792
Upson	2	1,833	25	25,851	1	25,757	8	16,255
Walker	0	0	34	62,440	0	0	9	9,398
Walton	21	598,302	149	323,036	4	138,274	99	101,582
Washington	1	0	7	10,949	0	0	0	0
Wayne	0	0	0	0	0	0	1	16
Webster	0	0	2	5,425	0	0	0	0
Wheeler	0	0	1	275	0	0	0	0
White	0	0	20	124,406	0	0	7	853
Whitfield	17	23,299	38	110,524	2	1,364	52	320,611
Wilcox	0	0	3	1,183	0	0	0	0
Wilkes	1	0	0	0	0	0	0	0
Wilkinson	0	0	11	19,127	0	0	0	0
Worth	1	21,588	3	2,994	0	0	0	0
Total	3,102	37,328,215	25,245	45,623,374	986	16,784,124	9,536	21,361,612

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 2020?
(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 2020.

Patient Category		SFY 2018	SFY2020	SFY2020
		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	1,008,939	201,788
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	4,573,550	914,710
C.	Other Patients in accordance with the department approved policy.	0	26,205,624	5,241,125

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2018	SFY2020	SFY2020
7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
0	32,391	6,478

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: 10/6/2021

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: 10/6/2021

Title: CFO

Comments: