



## 2022 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 2022 only.

***Do not use a different report period.***

**Please indicate your hospital fiscal year.**

From: 9/1/2021 To:8/31/2022

**Please indicate your cost report year.**

From: 09/01/2021 To:08/31/2022

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	1,614,307,348
Total Inpatient Admissions accounting for Inpatient Revenue	26,894
Outpatient Gross Patient Revenue	2,216,864,770
Total Outpatient Visits accounting for Outpatient Revenue	271,254
Medicare Contractual Adjustments	1,375,868,523
Medicaid Contractual Adjustments	332,976,244
Other Contractual Adjustments:	726,162,446
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	51,983,332
Gross Indigent Care:	80,545,092
Gross Charity Care:	48,833,023
Uncompensated Indigent Care (net):	80,545,092
Uncompensated Charity Care (net):	46,859,690
Other Free Care:	1,791,800
Other Revenue/Gains:	284,217,656
Total Expenses:	1,442,114,621

### 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	964,172
Admin Discounts	527,837
Employee Discounts	0
Bankruptcy Adjustment	299,791
<b>Total</b>	<b>1,791,800</b>

## 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 2022? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2022?

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 2022? (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	46,646,267	28,181,918	74,828,185
Outpatient	33,898,825	20,651,105	54,549,930
<b>Total</b>	<b>80,545,092</b>	<b>48,833,023</b>	<b>129,378,115</b>

#### 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	1,973,333
Trust Fund From Sale Of Public Hospital	0
All Other	0
<b>Total</b>	<b>1,973,333</b>

#### 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	46,646,267	27,178,620	73,824,887
Outpatient	33,898,825	19,681,070	53,579,895
<b>Total</b>	<b>80,545,092</b>	<b>46,859,690</b>	<b>127,404,782</b>

## 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	4	207,859	18	53,129	2	333,909	2	573
Bacon	0	0	1	1,509	0	0	0	0
Baldwin	3	5,092	21	78,019	1	53,548	6	15,997
Banks	0	0	1	685	0	0	0	0
Barrow	9	63,582	52	85,349	1	36,780	13	31,916
Bartow	7	491,879	57	200,882	7	59,910	17	79,392
Ben Hill	0	0	9	45,489	0	0	0	0
Berrien	1	4,833	1	278	0	0	5	1,871
Bibb	6	569,073	96	146,684	0	0	22	94,889
Bleckley	1	1,300	4	2,973	0	0	0	0
Brantley	1	1,850	7	7,564	0	0	0	0
Brooks	1	1,580	3	1,621	0	0	1	3,322
Bulloch	0	0	8	6,170	0	0	0	0
Burke	0	0	1	135	0	0	1	2,563
Butts	6	179,408	38	75,727	0	0	9	44,720
Calhoun	0	0	7	1,755	0	0	1	1,550
Camden	0	0	3	20,536	0	0	2	24,799
Candler	0	0	3	50,520	0	0	0	0
Carroll	22	700,902	124	366,521	1	248,033	32	95,318
Catoosa	0	0	1	222	0	0	0	0
Chatham	0	0	15	15,842	0	0	11	13,492
Chattahoochee	1	1,490	3	18,521	0	0	0	0
Chattooga	2	1,900	7	44,832	1	7,931	4	6,073
Cherokee	13	290,462	104	218,409	2	75,723	32	110,396
Clarke	4	123,977	34	178,582	0	0	2	11,113
Clay	179	1,871,417	935	2,004,231	0	0	0	0
Clayton	0	0	0	0	40	1,722,292	283	1,547,209
Clinch	1	1,480	0	0	0	0	0	0
Cobb	60	919,279	680	1,435,324	32	1,682,457	252	1,610,255
Coffee	0	0	16	16,615	0	0	1	68,674
Colquitt	0	0	2	1,949	0	0	3	6,418
Columbia	0	0	6	46,335	0	0	6	10,805

Cook	1	1,950	7	9,339	1	673,469	2	54,083
Coweta	6	230,712	112	249,794	3	52,943	26	127,176
Crawford	0	0	1	318	0	0	0	0
Crisp	0	0	18	201,716	0	0	0	0
Dawson	2	1,800	12	39,763	0	0	2	3,692
Decatur	1	1,675	1	4,940	0	0	0	0
DeKalb	290	6,362,589	2,488	5,951,310	74	3,474,629	695	2,650,417
Dodge	0	0	8	8,786	0	0	2	3,060
Dougherty	4	3,987	25	36,695	0	0	11	71,826
Douglas	33	630,538	236	754,473	8	493,670	75	309,912
Early	0	0	1	5,089	0	0	0	0
Effingham	0	0	13	15,920	0	0	0	0
Elbert	0	0	4	4,282	0	0	0	0
Fannin	0	0	4	6,458	0	0	4	1,493
Fayette	7	59,093	96	266,899	2	45,810	27	81,485
Florida	1	13,954	20	57,617	0	0	16	42,887
Floyd	9	228,596	47	278,841	1	26,555	10	98,069
Forsyth	1	9,907	40	106,545	1	1,005	31	399,895
Franklin	2	750	5	6,370	0	0	0	0
Fulton	991	26,794,635	5,909	11,172,967	253	13,136,412	2,404	7,177,077
Gilmer	1	1,875	3	18,337	1	70,740	1	934
Glacocock	0	0	1	1,502	0	0	0	0
Glynn	1	94,119	5	8,440	0	0	0	0
Gordon	4	16,015	10	21,657	1	55,448	17	225,969
Grady	0	0	1	1,770	0	0	4	7,612
Greene	0	0	5	6,866	0	0	2	30,026
Gwinnett	48	525,182	660	2,830,775	20	685,966	302	1,971,250
Habersham	4	139,632	14	34,323	0	0	3	15,543
Hall	13	387,958	150	590,322	2	3,055	52	623,470
Hancock	0	0	2	655	0	0	0	0
Haralson	5	124,919	12	27,731	2	307,718	5	13,264
Harris	0	0	7	21,899	0	0	0	0
Hart	0	0	4	1,712	0	0	2	18,373
Heard	1	1,950	8	5,429	0	0	2	467
Henry	67	1,392,885	487	1,266,214	12	470,596	196	841,317
Houston	2	50,321	34	54,784	0	0	13	65,782
Irwin	0	0	2	940	0	0	2	9,667
Jackson	4	218,029	75	325,585	3	300,889	17	88,784
Jasper	1	1,140	4	17,765	0	0	0	0
Jeff Davis	0	0	0	0	1	120,742	1	6,644
Jefferson	0	0	2	3,882	0	0	0	0
Jenkins	1	1,400	1	2,912	0	0	0	0
Johnson	1	1,338	5	1,737	0	0	0	0
Jones	0	0	13	3,157	0	0	2	8,416

Lamar	1	16,802	21	19,679	1	32,648	1	3,041
Lanier	0	0	6	65,652	0	0	0	0
Laurens	0	0	4	5,731	0	0	1	2,214
Lee	0	0	4	4,543	1	634	4	4,167
Liberty	0	0	11	3,371	0	0	1	5,104
Lincoln	1	96,076	0	0	0	0	0	0
Lowndes	0	0	12	22,225	0	0	1	5,064
Lumpkin	0	0	4	9,252	1	22,863	2	1,289
Macon	0	0	0	0	1	29,215	0	0
Madison	0	0	6	4,640	0	0	0	0
Marion	1	35,063	7	22,167	1	36,840	0	0
McDuffie	0	0	4	65,080	0	0	0	0
Meriwether	3	402,731	18	53,095	0	0	11	23,134
Mitchell	1	3,084	0	0	0	0	0	0
Monroe	2	1,783	3	88,048	1	35,349	6	12,666
Montgomery	0	0	2	2,484	0	0	0	0
Morgan	2	38,744	12	38,736	0	0	0	0
Murray	1	286,477	4	8,598	0	0	0	0
Muscogee	5	216,932	39	110,908	5	1,369,657	19	81,989
Newton	12	491,845	122	286,957	3	113,924	39	82,717
North Carolina	2	197,645	27	115,281	0	0	3	5,912
Oconee	0	0	6	7,768	0	0	4	1,830
Oglethorpe	0	0	4	1,274	0	0	0	0
Other Out of State	4	105,447	42	148,849	10	240,383	28	43,643
Paulding	6	22,096	94	187,015	0	0	30	84,141
Peach	1	1,500	11	12,757	1	17,198	2	2,785
Pickens	2	70,953	14	44,586	1	65,789	0	0
Pierce	1	10,750	1	6,756	0	0	0	0
Pike	0	0	9	261,526	0	0	4	8,020
Polk	3	37,844	52	707,163	0	0	9	38,490
Pulaski	0	0	3	828	0	0	0	0
Putnam	0	0	5	9,552	0	0	2	571
Quitman	0	0	2	3,062	0	0	0	0
Rabun	0	0	13	206,549	0	0	1	11,241
Randolph	1	28,368	1	161	0	0	0	0
Richmond	1	22,545	17	37,259	1	263,749	4	5,784
Rockdale	23	1,035,930	128	612,528	4	188,342	53	345,812
Schley	1	20,699	0	0	0	0	0	0
Screven	0	0	2	15,532	0	0	0	0
South Carolina	2	34,989	7	17,540	0	0	0	0
Spalding	19	381,621	82	138,518	3	705,280	33	165,672
Stephens	1	950	7	53,058	0	0	9	3,635
Stewart	0	0	1	3,041	0	0	0	0
Sumter	0	0	8	11,291	0	0	2	2,404



Talbot	0	0	2	3,195	0	0	1	356
Taylor	1	1,340	2	981	0	0	0	0
Tennessee	1	1,480	7	19,572	3	502,352	3	2,340
Terrell	1	1,475	3	2,278	1	46,456	2	86,782
Thomas	0	0	7	19,634	0	0	4	5,029
Tift	1	2,299	6	5,200	0	0	6	195,354
Toombs	0	0	3	501	0	0	2	8,782
Towns	1	1,675	0	0	0	0	0	0
Treutlen	0	0	2	569	0	0	0	0
Troup	2	161,733	74	495,506	1	221,501	38	94,955
Turner	1	846	4	8,275	0	0	0	0
Twiggs	0	0	1	1,033	0	0	0	0
Union	1	4,102	0	0	0	0	1	930
Upson	1	1,875	16	28,486	0	0	9	8,542
Walker	1	1,750	11	8,630	0	0	3	10,719
Walton	5	25,160	81	122,546	2	115,138	33	108,685
Ware	0	0	2	7,659	0	0	0	0
Washington	0	0	2	6,411	0	0	0	0
Webster	0	0	1	300	0	0	0	0
White	0	0	10	22,715	0	0	2	27,378
Whitfield	4	144,333	33	60,704	0	0	27	239,512
Wilcox	0	0	2	833	0	0	0	0
Wilkinson	2	3,013	2	111,926	0	0	4	190,481
Worth	0	0	2	5,887	1	34,370	0	0
<b>Total</b>	<b>1,940</b>	<b>46,646,267</b>	<b>13,897</b>	<b>33,898,825</b>	<b>514</b>	<b>28,181,918</b>	<b>5,035</b>	<b>20,651,105</b>

## 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 2022?  
(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 2022.

Patient Category		SFY 2021	SFY2022	SFY2023
		7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	1,290,001	258,006
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	5,855,871	1,171,201
C.	Other Patients in accordance with the department approved policy.	0	33,548,155	6,709,789

### 3. Patients Served

Indicate the number of patients served by SFY.

SFY 2021	SFY2022	SFY2023
7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
0	26,894	6,724

## 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:** 7/24/2023

**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:** 7/24/2023

**Title:** CFO

**Comments:**