



## 2023 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

**Medicaid Provider Number:** 000000503A

**Medicare Provider Number:** 110078

#### 2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2023 only.  
**Do not use a different report period.**

**Please indicate your hospital fiscal year.**

From: 9/1/2022 To:8/31/2023

**Please indicate your cost report year.**

From: 09/01/2022 To:08/31/2023

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:** Dawn Stone

**Contact Title:** Director of Reimbursement

**Phone:** 404-501-5686

**Fax:** 404-501-2891

**E-mail:** dawn.stone@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	1,691,585,311
Total Inpatient Admissions accounting for Inpatient Revenue	25,744
Outpatient Gross Patient Revenue	2,522,955,437
Total Outpatient Visits accounting for Outpatient Revenue	403,884
Medicare Contractual Adjustments	1,540,411,242
Medicaid Contractual Adjustments	296,236,978
Other Contractual Adjustments:	760,085,878
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	84,208,238
Gross Indigent Care:	86,290,405
Gross Charity Care:	71,627,131
Uncompensated Indigent Care (net):	86,290,405
Uncompensated Charity Care (net):	67,560,464
Other Free Care:	489,574
Other Revenue/Gains:	21,942,502
Total Expenses:	1,275,603,837

### 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	0
Admin Discounts	0
Employee Discounts	0
Prompt Pay/Small Balance Writeoffs	489,574
<b>Total</b>	<b>489,574</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 2023? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2023?

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 2023? (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	40,686,310	38,799,832	79,486,142
Outpatient	45,604,095	32,827,299	78,431,394
<b>Total</b>	<b>86,290,405</b>	<b>71,627,131</b>	<b>157,917,536</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	4,066,667
Trust Fund From Sale Of Public Hospital	0
All Other	0
<b>Total</b>	<b>4,066,667</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	40,686,310	37,167,598	77,853,908
Outpatient	45,604,095	30,392,866	75,996,961
<b>Total</b>	<b>86,290,405</b>	<b>67,560,464</b>	<b>153,850,869</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	2	69,704	20	29,301	7	155,728	142	121,473
BALDWIN	3	5,092	39	51,603	2	17,137	14	15,049
BANKS	0	0	13	78,151	7	60,992	22	17,248
BARROW	1	5,656	122	654,445	4	24,922	70	57,821
BARTOW	0	0	90	550,911	8	122,899	74	92,459
BEN HILL	0	0	16	9,610	0	0	0	0
BERRIEN	0	0	2	440	0	0	8	15,329
BIBB	8	595,652	110	187,647	4	15,417	69	54,160
BLECKLEY	1	1,300	3	1,050	0	0	3	1,961
BRANTLEY	0	0	0	0	0	0	1	6,584
BROOKS	1	1,580	1	0	1	125,851	4	38
BRYAN	0	0	4	48,228	0	0	6	14,292
BULLOCH	1	1,556	4	1,751	0	0	1	0
BURKE	0	0	2	1,296	0	0	0	0
BUTTS	4	34,841	62	110,791	3	37,215	41	48,649
CALHOUN	1	16,687	6	3,243	1	0	3	2,862
CAMDEN	0	0	3	5,010	0	0	1	2,359
CARROLL	21	394,970	144	673,291	19	602,261	126	196,538
CATOOSA	0	0	4	6,942	2	126,390	8	3,716
CHATHAM	0	0	12	7,398	3	260,868	33	44,880
CHATTAHOOCHEE	2	4,014	4	10,461	0	0	3	250
CHATTOOGA	0	0	15	11,372	1	7,931	11	89,323
CHEROKEE	11	534,200	157	289,679	15	354,657	173	645,608
CLARKE	4	149,266	44	194,559	3	0	32	24,763
CLAYTON	150	2,608,308	1,125	2,076,374	354	3,604,075	920	1,513,516
CLINCH	0	0	3	8,904	0	0	0	0
COBB	71	794,380	981	1,665,269	175	1,731,346	902	1,529,764
COFFEE	0	0	0	0	0	0	9	226,217
COLQUITT	1	2	7	12,253	0	0	13	75,632
COLUMBIA	0	0	30	50,702	2	106,025	15	2,665
COOK	0	0	3	304	0	0	0	0
COWETA	10	20,866	172	342,847	26	342,358	187	481,110

CRAWFORD	1	1,556	3	280	0	0	1	0
CRISP	0	0	19	19,071	0	0	16	5,339
DADE	0	0	3	2,669	1	0	4	0
DAWSON	1	580	13	31,430	0	0	16	20,314
DECATUR	2	3,900	5	5,880	0	0	2	0
DEKALB	416	7,789,910	4,007	6,220,868	724	6,336,564	3,298	4,602,787
DODGE	0	0	5	489	0	0	0	0
DOOLY	0	0	5	8,631	0	0	6	1,598
DOUGHERTY	1	762	40	23,790	1	83,021	29	37,258
DOUGLAS	39	552,158	319	943,600	58	487,840	283	412,566
EARLY	1	975	1	1,800	0	0	2	0
EFFINGHAM	0	0	12	15,323	0	0	3	0
ELBERT	0	0	5	2,692	0	0	3	0
EMANUEL	0	0	1	783	0	0	1	0
EVANS	0	0	2	344	0	0	0	0
FANNIN	0	0	14	12,020	0	0	4	129
FAYETTE	17	114,932	189	395,416	48	344,072	177	177,483
FLORIDA	0	0	19	39,557	12	128,780	196	147,909
FLOYD	5	13,765	56	225,656	1	146,430	31	58,361
FORSYTH	4	1,128	113	350,363	10	80,637	96	224,770
FRANKLIN	2	1,644	7	38,540	0	0	3	0
FULTON	1,443	22,254,485	11,058	17,440,169	2,106	16,654,812	11,925	12,893,978
GILMER	0	0	3	225	0	0	1	934
GLYNN	0	0	0	0	0	0	4	38
GORDON	1	1,600	19	35,049	2	192,015	18	21,618
GRADY	0	0	2	3,651	0	0	1	0
GREENE	0	0	9	3,208	1	1,480	1	0
GWINNETT	58	103,552	1,252	4,583,232	139	913,795	1,128	2,751,834
HABERSHAM	4	141,876	22	14,407	1	19,706	2	487
HALL	3	48,046	158	554,484	9	400,309	185	434,603
HANCOCK	0	0	0	0	0	0	2	0
HARALSON	2	3,061	27	20,898	3	27,849	30	50,557
HARRIS	0	0	16	11,143	2	11,655	11	14,466
HART	0	0	14	5,537	0	0	6	24,145
HEARD	0	0	6	1,866	0	0	2	1,700
HENRY	93	636,182	889	1,239,669	172	494,273	666	799,453
HOUSTON	2	111,908	63	208,501	5	22,509	86	97,807
JACKSON	1	44,493	63	197,254	3	212,110	53	39,150
JASPER	0	0	15	36,251	3	246,131	12	2,157
JEFF DAVIS	0	0	5	22,800	1	120,742	5	5,292
JEFFERSON	0	0	6	2,977	0	0	0	0
JENKINS	0	0	1	544	0	0	2	13
JOHNSON	0	0	0	0	0	0	2	8,313
JONES	1	345	14	7,977	0	0	5	6,992

LAMAR	4	109,699	43	84,026	5	0	15	18,401
LANIER	2	191,930	2	19,969	0	0	0	0
LAURENS	1	13,391	18	25,237	0	0	10	5,770
LEE	1	450,995	5	2,895	1	0	7	4,933
LIBERTY	0	0	0	0	0	0	2	673
LINCOLN	0	0	0	0	1	0	0	0
LONG	0	0	0	0	0	0	2	0
LOWNDES	0	0	14	37,694	2	69,578	13	2,189
LUMPKIN	0	0	27	76,582	0	0	19	6,321
MACON	0	0	0	0	1	29,215	4	627
MADISON	1	1,955	15	10,234	0	0	5	2,220
MARION	1	69,208	12	13,876	3	49,290	3	0
MCDUFFIE	0	0	4	4,393	0	0	1	182
MERIWETHER	4	238,864	44	39,258	3	0	21	10,797
MITCHELL	1	3,084	0	0	0	0	4	617
MONROE	1	1,800	9	2,515	0	0	12	37,238
MONTGOMERY	0	0	1	115	0	0	3	929
MORGAN	3	6,416	29	9,371	0	0	6	1,563
MURRAY	1	1,338	12	67,582	0	0	0	0
MUSCOGEE	6	19,755	103	181,876	12	1,430,996	80	49,525
NEWTON	20	103,615	166	168,171	36	453,305	126	129,934
NORTH CAROLINA	0	0	33	943,367	9	82,985	115	71,915
OCONEE	0	0	9	9,527	1	0	10	22,296
OGLETHORPE	0	0	10	6,245	0	0	3	9,831
OTHER OUT OF STAT	3	9,037	48	81,723	44	652,178	778	945,289
PAULDING	4	18,673	0	0	7	81,079	69	53,791
PEACH	1	1,500	21	18,863	0	0	14	7,416
PICKENS	3	14,080	17	6,109	0	0	12	16,684
PIERCE	1	10,750	1	6,756	0	0	0	0
PIKE	1	1,988	28	266,804	2	0	11	22,961
POLK	6	6,035	74	1,279,478	5	16,333	59	387,838
PULASKI	0	0	3	882	0	0	1	0
PUTNAM	0	0	10	8,705	1	0	5	6,957
RABUN	0	0	0	0	0	0	4	627
RANDOLPH	0	0	1	284	1	4,771	1	130
RICHMOND	0	0	21	19,680	2	46,680	28	47,680
ROCKDALE	17	325,380	198	492,344	29	217,957	161	219,218
SCHLEY	0	0	1	4,434	0	0	1	141
SCREVEN	0	0	2	7,203	0	0	3	0
SEMINOLE	0	0	2	1,676	0	0	1	0
SOUTH CAROLINA	0	0	16	37,845	7	114,314	98	96,353
SPALDING	15	380,774	177	735,859	23	42,390	112	308,766
STEPHENS	1	228,177	21	10,161	1	0	15	1,624
STEWART	0	0	1	872	0	0	0	0



SUMTER	0	0	12	15,656	1	0	8	4,357
TALBOT	0	0	0	0	0	0	1	0
TALIAFERRO	0	0	1	38	0	0	2	1,261
TATTNALL	0	0	2	539	0	0	1	0
TAYLOR	0	0	2	4,650	0	0	2	0
TELFAIR	0	0	1	298	0	0	0	0
TENNESSEE	1	1,480	5	9,134	11	368,458	88	108,522
TERRELL	2	14,956	12	6,200	3	77,733	12	41,561
THOMAS	0	0	7	9,190	0	0	8	7,755
TIFT	4	592,681	20	48,752	3	8,433	33	1,144,637
TOOMBS	1	1,500	4	303	0	0	0	0
TOWNS	0	0	9	5,812	0	0	0	0
TREUTLEN	0	0	1	253	0	0	1	2,767
TROUP	11	135,707	80	266,066	11	63,944	80	145,639
TURNER	1	846	9	89,872	0	0	5	154
TWIGGS	0	0	5	3,070	0	0	2	13
UNION	1	404	4	401	0	0	8	11,913
UPSON	0	0	30	35,372	3	19,496	39	233,327
WALKER	1	102	14	24,771	0	0	12	21,999
WALTON	5	122,322	141	158,060	18	24,266	81	98,924
WARE	1	375	4	10,245	1	0	2	0
WARREN	0	0	4	8,976	0	0	2	0
WASHINGTON	0	0	1	4,869	0	0	2	17,847
WAYNE	0	0	1	120	0	0	0	0
WEBSTER	0	0	9	2,956	0	0	0	0
WHEELER	0	0	0	0	0	0	1	728
WHITE	4	540,495	17	4,647	1	0	12	1,103
WHITFIELD	1	2,066	68	130,282	3	230,205	70	194,263
WILCOX	0	0	2	561	1	0	1	100
WILKINSON	0	0	9	240,733	1	95,424	15	170,474
WORTH	0	0	7	26,784	0	0	8	2,200
<b>Total</b>	<b>2,520</b>	<b>40,686,310</b>	<b>23,357</b>	<b>45,604,097</b>	<b>4,192</b>	<b>38,799,832</b>	<b>23,539</b>	<b>32,827,297</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 2023?  
(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 2023.

Patient Category		SFY 2022	SFY2023	SFY2024
		7/1/21-6/30/22	7/1/22-6/30/23	7/1/23-6/30/24
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	0	0
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	0	0
C.	Other Patients in accordance with the department approved policy.	0	0	0

### 3. Patients Served

Indicate the number of patients served by SFY.

SFY2022	SFY2023	SFY2024
7/1/21-6/30/22	7/1/22-6/30/23	7/1/23-6/30/24
0	0	0

## 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 Wayne

**Date:** 7/25/2024

**Title:** Chief Executive Officer

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:** 7/25/2024

**Title:** Chief Financial Officer

**Comments:**