



2020 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 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: Charlie Lawson

Contact Title: Assistant Controller

Phone: 404-686-6018

Fax: 404-686-6049

E-mail: charlie.lawson@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	2,148,155,857
Total Inpatient Admissions accounting for Inpatient Revenue	24,128
Outpatient Gross Patient Revenue	835,892,025
Total Outpatient Visits accounting for Outpatient Revenue	164,093
Medicare Contractual Adjustments	996,982,569
Medicaid Contractual Adjustments	208,292,519
Other Contractual Adjustments:	577,418,057
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	68,130,881
Gross Indigent Care:	71,689,443
Gross Charity Care:	43,708,717
Uncompensated Indigent Care (net):	71,689,443
Uncompensated Charity Care (net):	43,708,717
Other Free Care:	6,672,677
Other Revenue/Gains:	12,457,747
Total Expenses:	937,531,779

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	1,130,676
Admin Discounts	3,782,438
Employee Discounts	6,572
Small Balance W/Os, Medicare Non-Covered Charges, Inst	1,752,991
Total	6,672,677

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	48,667,033	33,463,792	82,130,825
Outpatient	23,022,410	10,244,925	33,267,335
Total	71,689,443	43,708,717	115,398,160

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	48,667,033	33,463,792	82,130,825
Outpatient	23,022,410	10,244,925	33,267,335
Total	71,689,443	43,708,717	115,398,160

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	24	422,334	147	292,931	9	509,370	45	119,485
Appling	0	0	2	18,379	0	0	0	0
Atkinson	0	0	1	370	0	0	0	0
Bacon	1	963,532	4	2,345	2	12,764	2	3,814
Baker	0	0	1	1,395	0	0	0	0
Baldwin	1	335	12	12,532	0	0	0	0
Banks	2	55,392	0	0	0	0	0	0
Barrow	8	367,222	39	30,527	4	105,689	12	2,047
Bartow	20	539,961	46	102,772	3	15,908	4	56,247
Ben Hill	3	92,036	10	52,105	1	128,504	0	0
Berrien	2	31,858	3	9,694	2	2,003	1	452
Bibb	22	640,759	41	58,998	1	1,340	25	80,182
Bleckley	0	0	2	1,803	0	0	1	1,432
Brooks	0	0	1	694	0	0	0	0
Bryan	0	0	3	2,139	0	0	1	1,027
Bulloch	1	4,290	12	9,866	1	6,707	20	16,775
Burke	1	6,840	4	5,850	0	0	1	992
Butts	10	469,473	50	111,793	7	87,449	32	37,260
Camden	1	2,400	0	0	1	51,054	1	12,431
Candler	0	0	4	2,050	0	0	2	9,301
Carroll	28	102,761	107	384,493	5	340,110	25	87,427
Catoosa	0	0	8	23,145	0	0	1	5,863
Charlton	0	0	0	0	0	0	3	4,118
Chatham	2	208,284	16	23,468	0	0	7	12,672
Chattahoochee	1	398,365	5	22,470	0	0	0	0
Chattooga	1	2,030	13	17,479	0	0	2	221
Cherokee	10	248,649	80	139,027	5	202,121	39	144,769
Clarke	4	24,607	33	49,246	0	0	13	10,429
Clay	0	0	2	5,200	0	0	0	0
Clayton	104	4,406,503	531	831,814	26	891,406	145	312,136
Clinch	1	1,364	2	429	0	0	0	0
Cobb	70	1,289,614	516	805,431	20	1,755,403	168	419,030

Coffee	2	331,998	10	50,921	0	0	5	5,566
Colquitt	2	6,177	4	2,210	2	65,560	7	48,356
Columbia	1	200	12	14,116	0	0	1	1,363
Cook	2	155,923	7	72,691	0	0	6	55,899
Coweta	22	1,064,665	56	144,139	0	0	13	42,888
Crawford	0	0	1	345	0	0	0	0
Crisp	4	112,383	8	12,690	0	0	5	39,539
Dade	0	0	1	4,363	0	0	0	0
Dawson	3	412,803	14	20,424	2	9,707	8	22,806
Decatur	1	10,360	9	42,836	0	0	0	0
DeKalb	669	11,341,171	4,781	8,912,853	209	10,582,767	1,402	3,365,596
Dodge	1	790	6	10,941	4	398,859	9	15,695
Dooly	4	2,493	11	51,305	1	94,758	3	239
Dougherty	13	194,712	29	67,015	0	0	8	13,753
Douglas	13	241,388	172	362,241	12	60,621	70	26,477
Early	3	135,173	12	100,304	0	0	0	0
Effingham	2	28,540	0	0	0	0	2	12,332
Elbert	1	28,088	5	1,971	0	0	4	3,886
Emanuel	1	225	5	4,210	0	0	0	0
Evans	0	0	2	652	0	0	0	0
Fannin	7	51,063	14	46,786	0	0	0	0
Fayette	5	21,796	76	124,994	0	0	28	41,729
Florida	9	150,770	49	98,922	2	28,428	25	27,316
Floyd	5	278,504	45	127,715	6	131,325	14	100,513
Forsyth	8	37,447	45	102,660	7	394,329	31	114,967
Franklin	1	31,462	13	23,917	0	0	2	14,098
Fulton	231	6,584,116	1,598	3,136,330	121	4,044,404	830	2,007,018
Gilmer	0	0	7	3,733	1	114,679	1	265
Glascocock	0	0	0	0	0	0	1	2,183
Glynn	1	282,131	3	2,426	0	0	0	0
Gordon	12	129,923	34	106,246	3	157,661	13	72,713
Grady	0	0	6	4,749	0	0	0	0
Greene	2	2,320	8	26,346	0	0	2	13,551
Gwinnett	140	1,791,440	822	1,579,965	45	1,972,516	376	810,259
Habersham	10	910,945	18	13,293	0	0	11	40,807
Hall	25	1,059,099	111	359,428	8	1,262,980	46	166,369
Hancock	2	60,752	5	2,779	1	26,404	3	5,909
Haralson	9	277,741	17	58,271	1	13,835	5	10,685
Harris	6	78,609	4	7,477	3	1,150,055	3	4,113
Hart	1	35,330	13	15,518	0	0	3	21,720
Heard	4	138,067	2	4,755	1	53,571	1	3,783
Henry	72	1,693,562	416	782,829	25	1,040,933	122	319,397
Houston	19	729,601	43	133,207	5	738,794	21	39,521
Irwin	1	1,995	4	9,284	1	1,800	1	414

Jackson	8	252,671	67	118,480	1	85,537	12	14,367
Jasper	3	11,980	6	7,919	2	69,711	4	3,718
Jeff Davis	0	0	1	440	0	0	0	0
Jefferson	0	0	0	0	0	0	1	29,870
Johnson	1	140,855	0	0	0	0	1	1,336
Jones	0	0	3	25,741	0	0	0	0
Lamar	6	148,209	17	19,869	1	1,197	0	0
Lanier	1	140,989	0	0	0	0	1	1,728
Laurens	6	72,504	14	17,383	2	586,646	4	6,235
Lee	2	1,716	18	12,476	2	74,176	1	1,547
Lincoln	0	0	1	10,383	0	0	0	0
Long	0	0	1	250	0	0	0	0
Lowndes	1	3,517	21	34,722	0	0	2	1,736
Lumpkin	0	0	9	38,459	1	1,800	10	16,619
Macon	0	0	1	3,781	0	0	1	1,187
Madison	2	125,977	9	23,048	1	55,917	17	923
Marion	0	0	6	19,760	0	0	3	2,276
McDuffie	0	0	1	7,306	0	0	0	0
Meriwether	3	36,920	17	34,659	1	372,974	7	18,819
Miller	0	0	1	1,857	0	0	0	0
Mitchell	2	107,360	7	62,021	0	0	0	0
Monroe	4	1,832	4	2,026	0	0	4	978
Montgomery	0	0	1	3,038	0	0	0	0
Morgan	4	6,648	21	29,283	1	27,079	2	2,564
Murray	0	0	7	7,627	1	6,462	6	28,034
Muscogee	22	210,632	84	138,413	5	418,666	20	28,276
Newton	33	965,941	203	335,854	10	877,407	59	162,886
North Carolina	8	243,082	28	59,545	1	16,883	4	25,715
Oconee	0	0	6	13,173	0	0	3	2,649
Oglethorpe	2	620	4	21,563	0	0	0	0
Other Out of State	15	1,485,300	148	239,373	4	135,320	91	246,571
Paulding	9	35,938	60	70,513	1	151,258	18	42,663
Peach	4	64,977	16	17,356	1	20,905	7	31,520
Pickens	3	74,370	3	2,079	0	0	2	4,977
Pierce	1	467	1	5,149	0	0	0	0
Pike	5	91,296	13	15,164	1	73,855	1	2,507
Polk	5	12,943	25	104,201	3	141,517	7	2,578
Pulaski	0	0	5	2,183	0	0	0	0
Putnam	2	3,386	8	24,489	0	0	4	2,050
Quitman	0	0	1	1,038	0	0	0	0
Rabun	1	1,490	8	5,738	0	0	0	0
Randolph	2	3,750	0	0	0	0	0	0
Richmond	1	675	41	134,644	1	512,207	4	13,069
Rockdale	31	350,517	198	337,799	11	1,542,907	54	196,293

Schley	1	66,374	1	2,749	0	0	0	0
Screven	1	1,243	1	138	0	0	0	0
Seminole	2	3,149	1	137	0	0	0	0
South Carolina	7	1,514,129	54	125,970	2	38,422	24	60,548
Spalding	27	906,112	67	215,718	3	96,056	10	23,185
Stephens	8	176,395	19	44,667	2	490,109	6	19,801
Sumter	3	62,674	12	32,783	5	240,469	10	17,218
Talbot	3	317,052	16	12,316	1	15,067	1	1,728
Taliaferro	0	0	1	4,728	0	0	0	0
Tattnall	0	0	1	385	0	0	0	0
Taylor	1	66,205	5	4,946	0	0	0	0
Telfair	0	0	0	0	0	0	1	1,398
Tennessee	5	19,676	28	47,746	3	12,156	12	10,635
Terrell	2	531,488	3	2,197	1	60,493	2	446
Thomas	2	2,676	12	12,458	0	0	2	22,980
Tift	10	106,504	19	51,368	2	243,150	12	21,840
Toombs	2	8,447	11	4,730	1	62,790	2	12,615
Towns	3	85,718	3	28,198	0	0	1	7,866
Treutlen	0	0	2	9,150	0	0	1	4,109
Troup	11	172,396	71	160,611	2	242,135	14	13,576
Turner	1	102	1	5,133	0	0	0	0
Twiggs	2	397	3	6,483	0	0	0	0
Union	2	24,537	7	4,598	0	0	1	239
Upson	20	556,458	17	28,441	1	1,300	0	0
Walker	2	3,350	18	50,636	1	1,675	0	0
Walton	28	627,176	147	255,373	6	132,160	59	192,283
Ware	2	3,490	3	1,670	0	0	0	0
Warren	0	0	4	6,610	0	0	2	7,579
Washington	4	6,261	8	8,994	0	0	3	13,719
Wayne	1	1,842	8	16,737	0	0	2	1,902
Webster	0	0	2	1,511	0	0	0	0
Wheeler	0	0	1	6,692	0	0	0	0
White	0	0	17	107,167	1	299	0	0
Whitfield	8	86,012	24	34,698	2	63,699	14	55,927
Wilcox	0	0	1	150	0	0	0	0
Wilkes	1	1,800	5	665	0	0	0	0
Wilkinson	0	0	6	7,823	1	137,574	0	0
Worth	3	26,437	8	42,930	0	0	5	51,805
Total	1,980	48,667,033	11,885	23,022,410	632	33,463,792	4,166	10,244,925

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	64,840,451	78,833,748
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	58,174,674	32,721,983
C.	Other Patients in accordance with the department approved policy.	0	582,774	989,792

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	22,037	12,662

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 Wain

Date: 7/21/2021

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: Carla Chandler

Date: 7/21/2021

Title: CFO

Comments: