



2022 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 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: 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	2,625,927,267
Total Inpatient Admissions accounting for Inpatient Revenue	23,980
Outpatient Gross Patient Revenue	972,808,881
Total Outpatient Visits accounting for Outpatient Revenue	175,053
Medicare Contractual Adjustments	1,152,048,768
Medicaid Contractual Adjustments	295,467,280
Other Contractual Adjustments:	749,865,964
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	53,978,860
Gross Indigent Care:	80,866,361
Gross Charity Care:	49,744,108
Uncompensated Indigent Care (net):	80,866,361
Uncompensated Charity Care (net):	49,744,108
Other Free Care:	5,056,262
Other Revenue/Gains:	12,867,708
Total Expenses:	1,163,735,952

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	780,579
Admin Discounts	2,302,051
Employee Discounts	6,275
Small Balance W/Os, Medicare Non-Covered Charges	1,967,357
Total	5,056,262

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	65,012,695	39,539,043	104,551,738
Outpatient	15,853,666	10,205,065	26,058,731
Total	80,866,361	49,744,108	130,610,469

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	65,012,695	39,539,043	104,551,738
Outpatient	15,853,666	10,205,065	26,058,731
Total	80,866,361	49,744,108	130,610,469

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	12	1,764,692	35	81,650	9	1,020,877	6	93,978
Appling	2	5,617	1	1,350	0	0	0	0
Atkinson	0	0	3	6,033	0	0	0	0
Bacon	0	0	3	3,986	0	0	0	0
Baldwin	14	211,009	21	101,233	2	439,789	0	0
Banks	1	1,950	3	2,102	0	0	0	0
Barrow	3	1,900	35	50,217	1	17,445	7	26,176
Bartow	9	669,595	36	170,336	2	44,521	13	51,331
Ben Hill	2	381,719	7	65,668	0	0	1	370
Berrien	0	0	2	9,788	0	0	0	0
Bibb	24	987,595	43	76,418	12	324,735	15	106,631
Bleckley	2	95,421	5	28,343	0	0	2	22,660
Brantley	1	174,529	3	35,708	0	0	0	0
Brooks	1	40,531	1	1,289	0	0	3	5,757
Bulloch	4	4,058	6	3,090	0	0	4	9,536
Burke	0	0	0	0	1	1,480	1	934
Butts	1	56,648	19	32,412	3	200,396	15	89,681
Calhoun	1	594	1	878	0	0	1	934
Camden	0	0	0	0	0	0	2	32,595
Candler	1	185,662	2	1,836	0	0	0	0
Carroll	28	610,792	88	233,112	6	525,342	12	21,508
Catoosa	1	928	0	0	0	0	2	1,674
Chatham	8	1,197,029	12	6,280	0	0	5	9,352
Chattahoochee	0	0	2	1,813	0	0	0	0
Chattooga	0	0	15	9,650	1	28,552	1	3,320
Cherokee	12	432,013	52	107,733	11	246,998	30	74,199
Clarke	7	29,124	20	55,430	4	350,954	5	14,751
Clayton	92	2,369,295	344	506,696	44	2,238,915	108	335,940
Clinch	0	0	1	181	0	0	0	0
Cobb	58	3,498,819	377	747,756	33	1,758,732	202	799,463
Coffee	1	409,691	17	36,009	0	0	3	5,790
Colquitt	5	57,002	10	9,554	2	329,707	3	8,019

Columbia	2	3,380	3	8,046	2	804,321	0	0
Cook	0	0	0	0	1	99,293	2	28,579
Coweta	10	137,696	35	72,703	0	0	28	153,242
Crawford	0	0	1	122	0	0	0	0
Crisp	6	232,251	8	21,050	0	0	0	0
Dade	0	0	1	204	0	0	0	0
Dawson	5	279,204	6	3,725	1	34,710	0	0
Decatur	0	0	4	17,778	0	0	0	0
DeKalb	718	18,644,489	3,193	5,842,236	281	11,751,795	1,225	3,748,113
Dodge	2	705,924	8	3,344	0	0	1	370
Dooly	1	16,914	5	4,821	0	0	1	1,128
Dougherty	16	776,799	26	62,367	1	27,630	6	11,337
Douglas	30	1,120,671	157	275,996	4	115,023	28	37,240
Early	0	0	3	18,390	0	0	3	55,953
Effingham	1	1,750	3	629	1	414,699	0	0
Elbert	6	4,082	6	2,889	0	0	1	3,491
Emanuel	0	0	3	1,186	0	0	0	0
Evans	0	0	3	3,359	0	0	1	959
Fannin	3	80,110	6	11,847	1	26,413	1	8,928
Fayette	14	720,956	28	44,133	4	110,973	13	18,957
Florida	3	34,361	20	21,321	3	523,369	19	44,679
Floyd	16	295,242	32	45,334	3	319,408	6	11,796
Forsyth	4	6,582	18	55,226	1	123	11	96,508
Franklin	6	450,959	6	12,436	8	37,571	1	5,555
Fulton	224	7,441,461	1,184	2,220,732	100	3,936,592	579	1,503,432
Gilmer	0	0	1	113	1	60,163	1	1,419
Glascocock	0	0	2	446	0	0	0	0
Glynn	2	292,476	5	4,207	0	0	0	0
Gordon	13	360,448	12	25,143	5	44,586	11	24,880
Grady	0	0	2	6,978	11	565,630	1	14,097
Greene	0	0	5	14,421	0	0	1	18,245
Gwinnett	167	4,510,490	591	1,640,512	86	4,739,612	283	985,926
Habersham	0	0	14	28,531	0	0	5	5,015
Hall	21	48,435	66	94,125	0	0	31	126,434
Hancock	0	0	2	593	0	0	1	54
Haralson	5	306,720	11	20,639	4	59,676	0	0
Harris	1	83,412	3	3,792	0	0	1	1,158
Hart	1	86,363	3	4,959	0	0	1	1,247
Heard	1	673	5	2,194	0	0	1	17,883
Henry	44	2,561,391	243	504,175	33	658,684	87	282,926
Houston	16	331,860	32	153,721	4	239,808	5	21,075
Irwin	1	24,486	2	4,350	1	40,450	3	101,872
Jackson	12	555,322	28	97,349	10	159,779	15	105,159
Jasper	4	3,475	11	9,758	0	0	1	12,726

Jeff Davis	0	0	3	12	0	0	0	0
Jefferson	1	36,575	0	0	0	0	1	4,336
Johnson	1	575	1	251	0	0	0	0
Jones	2	3,140	3	4,726	0	0	0	0
Lamar	5	236,856	7	47,605	0	0	0	0
Lanier	1	234,954	2	4,094	0	0	0	0
Laurens	6	105,454	7	7,385	0	0	2	2,098
Lee	1	103,630	9	15,078	1	83,422	1	1,825
Liberty	1	15,093	0	0	0	0	2	1,663
Lincoln	2	24,215	9	29,883	0	0	0	0
Lowndes	1	357,514	18	23,017	1	1,580	3	3,978
Lumpkin	1	755	10	34,311	5	16,123	0	0
Macon	0	0	2	324	2	74,889	1	1,289
Madison	0	0	4	10,020	0	0	2	750
Marion	6	693,160	2	12,860	0	0	0	0
McDuffie	1	22,508	0	0	0	0	0	0
Meriwether	3	42,624	18	30,064	2	36,915	4	4,800
Mitchell	2	1,665	4	58,559	0	0	0	0
Monroe	12	345,449	5	22,339	2	208,613	4	914
Montgomery	0	0	2	863	0	0	1	2,714
Morgan	5	603,986	22	13,740	0	0	4	5,202
Murray	12	1,447,221	5	8,799	2	159,426	2	9,255
Muscogee	20	756,475	48	37,759	6	833,513	12	11,251
Newton	37	854,325	128	132,526	6	981,413	38	129,963
North Carolina	1	18,920	17	35,049	3	340,942	6	31,325
Oconee	2	21,910	7	13,316	0	0	1	35,186
Oglethorpe	1	750	2	480	0	0	3	24,480
Other Out of State	9	231,067	63	127,276	10	217,005	36	72,269
Paulding	11	114,386	59	97,241	5	162,519	16	85,939
Peach	5	35,575	18	60,710	2	570,957	3	3,925
Pickens	2	5,571	3	17,450	1	369,661	3	19,193
Pierce	0	0	1	116	0	0	1	28,970
Pike	2	9,849	14	76,833	2	2,581	0	0
Polk	8	112,290	30	121,287	0	0	10	18,431
Pulaski	0	0	0	0	0	0	1	370
Putnam	6	291,602	5	11,350	0	0	0	0
Quitman	1	306	0	0	0	0	1	4,572
Rabun	1	37,386	4	28,684	0	0	3	9,685
Randolph	2	2,600	1	4,627	0	0	1	111
Richmond	3	142,460	13	53,660	0	0	10	4,461
Rockdale	33	740,388	132	177,859	10	467,404	48	203,567
Screven	0	0	0	0	0	0	1	5,156
South Carolina	0	0	14	41,611	1	99,340	5	4,488
Spalding	14	242,477	44	60,177	4	177,554	8	26,468

Stephens	6	264,381	14	24,289	0	0	3	4,790
Stewart	1	1,993	1	1,261	0	0	0	0
Sumter	12	694,099	17	62,710	1	25,965	7	13,317
Talbot	2	29,562	3	20,035	0	0	7	17,272
Tattnall	0	0	0	0	0	0	1	1,987
Taylor	0	0	7	6,653	0	0	0	0
Telfair	2	2,800	0	0	0	0	0	0
Tennessee	2	44,411	8	489	1	206,830	2	1,947
Terrell	1	38,983	3	5,280	3	170,906	0	0
Thomas	5	947,672	11	21,715	0	0	5	30,899
Tift	4	250,924	12	9,481	0	0	4	15,651
Toombs	0	0	5	2,144	3	293,334	0	0
Towns	1	247,048	1	276	0	0	1	370
Treutlen	0	0	2	634	0	0	0	0
Troup	8	172,616	48	202,210	3	583,260	6	55,546
Turner	0	0	3	1,400	0	0	2	19,959
Twiggs	2	131,914	2	17,394	0	0	0	0
Union	2	23,360	0	0	0	0	3	11,940
Upson	8	58,324	24	41,896	1	1,408	4	2,641
Walker	0	0	5	5,402	0	0	0	0
Walton	18	444,405	94	144,357	18	108,793	24	52,394
Ware	0	0	0	0	3	224,869	1	251
Warren	0	0	3	884	0	0	0	0
Washington	2	54,420	11	33,313	0	0	0	0
Wayne	1	126	0	0	0	0	0	0
White	6	91,799	12	15,384	2	24,483	1	314
Whitfield	23	225,062	32	50,122	9	794,604	11	45,696
Wilcox	2	89,080	0	0	1	1,983	0	0
Wilkes	0	0	1	1,600	0	0	0	0
Wilkinson	0	0	5	10,232	0	0	9	6,019
Worth	1	1,410	1	133	0	0	2	456
Total	1,975	65,012,695	8,022	15,853,666	807	39,539,043	3,142	10,205,065

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	69,175,404	11,709,319
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	41,841,029	6,339,336
C.	Other Patients in accordance with the department approved policy.	0	381,493	486,357

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	9,860	1,699

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: 7/19/2023

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: Liz Daunt-Samford

Date: 7/19/2023

Title: VP & CFO

Comments: