



2023 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

Mailing Address: 1364 Clifton Road, NE

Mailing City: Atlanta

Mailing Zip: 30322-1061

Medicaid Provider Number: 000000712A

Medicare Provider Number: 11-0010

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: 404-782-2224

Fax: 404-686-5876

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	2,788,088,062
Total Inpatient Admissions accounting for Inpatient Revenue	24,344
Outpatient Gross Patient Revenue	1,408,749,642
Total Outpatient Visits accounting for Outpatient Revenue	207,125
Medicare Contractual Adjustments	1,432,809,794
Medicaid Contractual Adjustments	240,622,352
Other Contractual Adjustments:	986,869,076
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	94,430,344
Gross Indigent Care:	65,993,965
Gross Charity Care:	77,087,119
Uncompensated Indigent Care (net):	65,993,965
Uncompensated Charity Care (net):	77,087,119
Other Free Care:	502,556
Other Revenue/Gains:	16,507,727
Total Expenses:	1,198,295,054

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	502,556
Employee Discounts	0
	0
Total	502,556

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	49,947,196	63,271,335	113,218,531
Outpatient	16,046,769	13,815,784	29,862,553
Total	65,993,965	77,087,119	143,081,084

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	49,947,196	63,271,335	113,218,531
Outpatient	16,046,769	13,815,784	29,862,553
Total	65,993,965	77,087,119	143,081,084

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	3	3,715	20	39,544	74	1,047,249	313	110,952
Appling	0	0	1	139	0	0	3	438
Atkinson	1	459	0	0	0	0	0	0
Bacon	0	0	0	0	0	0	1	190
Baker	0	0	0	0	0	0	3	327
Baldwin	6	52,684	31	32,200	0	0	33	9,035
Banks	11	384,782	22	48,121	32	245,496	28	7,989
Barrow	18	474,139	79	220,626	23	182,225	128	26,308
Bartow	24	348,810	74	155,969	12	0	109	26,239
Ben Hill	4	14,364	17	21,739	3	51,368	7	0
Berrien	2	0	2	9,706	0	0	1	2,293
Bibb	33	1,043,209	81	116,057	31	758,732	93	58,380
Bleckley	1	1,480	3	398	1	63,762	7	864
Brantley	0	0	0	0	1	13,450	0	0
Brooks	3	3,639	1	2,296	20	18,334	9	138
Bryan	1	408,937	6	84,606	6	0	8	0
Bulloch	0	0	6	3,696	0	0	15	141
Burke	2	0	3	2,224	0	0	6	492
Butts	6	14,227	47	56,761	23	348,002	71	81,109
Calhoun	0	0	3	1,345	0	0	3	6,128
Camden	0	0	0	0	0	0	6	0
Carroll	24	394,424	127	310,721	53	875,766	167	91,001
Catoosa	0	0	1	2,493	2	14,042	13	2,734
Chatham	4	94,152	19	24,011	10	25,129	23	34,294
Chattahoochee	1	2,562	2	346	0	0	8	2,673
Chattooga	2	3,322	12	12,093	5	29,953	2	400
Cherokee	0	0	148	138,771	49	344,820	254	171,695
Clarke	5	37,411	43	32,919	5	177,967	33	3,014
Clayton	80	3,019,989	622	736,784	172	2,343,382	870	812,823
Clinch	0	0	0	0	0	0	2	1,132
Cobb	0	0	995	918,896	180	1,422,902	1,580	661,155
Coffee	3	215,259	8	12,275	6	1,290,194	7	3,383

Colquitt	3	5,185	10	10,587	2	15,603	8	4,300
Columbia	3	6,740	11	84,651	2	0	40	12,249
Cook	1	2,129	0	0	2	27,461	18	19,061
Coweta	16	521,474	182	81,859	42	357,086	251	125,255
Crawford	0	0	1	1,350	0	0	0	0
Crisp	7	199,556	7	7,543	14	95,430	10	4,652
Dawson	4	42,607	11	9,225	4	0	27	9,720
Decatur	3	4,131	10	29,596	0	0	18	24,048
DeKalb	1,037	12,024,248	5,677	5,378,726	1,665	17,878,617	7,858	4,415,712
Dodge	0	0	15	10,050	0	0	2	0
Dooly	1	154	2	195	0	0	2	0
Dougherty	0	0	47	41,152	15	79,798	74	96,359
Douglas	19	1,620,820	193	165,335	59	686,696	219	112,946
Early	1	295	0	0	0	0	0	0
Effingham	2	1,093	18	6,283	0	0	3	4,741
Elbert	3	4,714	11	3,063	0	0	10	0
Emanuel	0	0	2	19,515	0	0	13	0
Fannin	8	164,082	12	25,973	10	311,794	5	421
Fayette	3	5,950	138	72,616	12	591,493	151	33,870
Florida	5	3,262,118	49	49,166	28	385,640	38	11,263
Floyd	6	336,506	11	28,606	47	1,141,752	388	161,283
Forsyth	9	126,136	77	84,971	32	95,317	117	105,510
Franklin	1	1,625	11	23,969	5	12,517	2	392
Fulton	332	5,630,133	2,537	2,472,652	586	7,158,823	4,403	2,284,742
Gilmer	1	1,875	6	3,499	1	198,740	10	3,123
Glynn	4	7,760	9	17,816	1	59,392	3	30
Gordon	11	228,621	28	60,391	20	175,707	40	8,062
Grady	1	4,984	1	502	0	0	4	0
Greene	1	1,875	8	1,756	1	3,153	26	7,687
Gwinnett	172	4,141,096	1,543	1,406,561	311	4,231,666	2,428	1,308,160
Habersham	1	1,877	12	12,393	7	30,241	14	56,917
Hall	22	419,034	83	72,284	64	1,839,224	191	123,992
Hancock	4	0	0	0	2	0	2	0
Haralson	5	12,480	16	4,900	12	204,977	13	46,716
Harris	2	2,103	16	11,148	0	0	26	8,967
Hart	0	0	5	1,061	24	407,325	10	9,888
Heard	0	0	7	1,126	0	0	1	6,372
Henry	92	1,797,436	767	718,617	149	4,588,609	1,071	615,778
Houston	26	556,033	57	46,297	58	1,360,607	88	94,361
Irwin	1	81,203	5	6,955	14	235,642	11	1,797
Jackson	0	0	41	51,618	31	305,078	84	30,205
Jasper	7	1,095,137	16	46,230	12	0	23	2,646
Jeff Davis	2	3,825	5	9,338	2	0	6	0
Jefferson	0	0	1	17,546	0	0	5	1,875

Jenkins	0	0	1	15	0	0	1	189
Johnson	2	2,850	0	0	0	0	1	370
Jones	1	1,500	9	6,643	1	22,235	7	245
Lamar	0	0	17	8,530	6	41,391	19	18,406
Lanier	1	1,716	1	30	0	0	3	851
Laurens	2	15,640	17	15,006	2	143,752	23	44,512
Lee	1	168	7	3,193	4	34,172	14	9,708
Liberty	1	511	3	2,545	0	0	4	0
Lincoln	1	2,238	1	194	0	0	0	0
Long	0	0	0	0	0	0	2	170
Lowndes	6	327,806	18	83,954	7	18,423	18	6,736
Lumpkin	2	6,836	17	81,200	8	168,477	23	10,015
Macon	1	1,875	12	4,291	1	45,178	3	2,700
Madison	0	0	6	1,410	0	0	7	3,278
Marion	2	317,231	8	8,791	9	231,663	15	0
McDuffie	0	0	3	502	0	0	0	0
McIntosh	0	0	2	600	0	0	2	9,050
Meriwether	6	77,201	31	51,717	15	263,393	30	15,474
Miller	1	64	0	0	0	0	0	0
Mitchell	1	5,433	3	12,738	1	53,878	5	9,008
Monroe	2	52,990	10	2,245	8	227,464	23	3,403
Montgomery	0	0	1	120	0	0	0	0
Morgan	4	165,138	10	3,683	2	0	17	4,087
Murray	6	2,975	13	32,331	30	309,783	22	6,118
Muscogee	30	1,364,057	51	43,503	38	785,029	94	99,665
Newton	36	901,498	170	148,075	45	556,986	266	221,699
North Carolina	6	69,545	21	113,999	45	152,967	362	155,033
Oconee	0	0	11	2,560	0	0	48	11,263
Oglethorpe	0	0	6	1,381	0	0	3	231
Other Out of State	0	0	2	47,410	0	0	1,155	232,771
Paulding	8	55,717	78	36,931	22	731,829	106	105,346
Peach	6	183,674	18	25,251	6	3,839	24	14,724
Pickens	0	0	10	1,173	7	18,288	12	3,309
Pike	6	182,676	20	15,259	16	110,813	7	1,557
Polk	16	158,774	57	89,612	67	1,425,724	131	129,869
Pulaski	3	1,876	3	902	0	0	4	2,759
Putnam	15	86,262	12	26,963	17	240,352	15	59,809
Quitman	0	0	0	0	0	0	3	532
Rabun	0	0	8	4,763	1	653,249	18	5,501
Richmond	0	0	19	14,298	10	466,962	32	22,277
Rockdale	39	749,681	202	150,897	56	1,182,322	259	148,440
Schley	1	111,664	1	15	0	0	3	827
Seminole	0	0	1	35	0	0	2	3,708
South Carolina	3	50,562	10	31,748	5	433,300	108	26,057

Spalding	27	290,177	85	100,577	36	162,585	81	31,768
Stephens	10	90,279	24	13,848	7	8,123	13	4,870
Stewart	0	0	2	0	0	0	0	0
Sumter	3	8,071	17	6,127	5	111,622	18	48,077
Talbot	1	1,490	7	6,360	0	0	1	784
Taliaferro	4	367,848	4	11,257	10	40,835	8	0
Tattnall	1	1,620	0	0	0	0	0	0
Taylor	2	2,485	4	4,950	3	12,735	3	37
Telfair	1	1,917	2	197	0	0	2	0
Tennessee	10	597,807	7	3,144	14	0	2	0
Terrell	5	2,204,092	22	28,230	42	878,925	193	62,687
Thomas	1	1,020	9	4,394	11	465,125	19	6,005
Tift	9	106,922	16	93,741	24	448,300	36	31,849
Toombs	0	0	9	2,588	0	0	6	0
Towns	6	276,756	5	16,176	4	0	7	2,084
Treutlen	0	0	0	0	2	0	0	0
Troup	11	822,965	43	67,914	27	254,414	50	30,865
Turner	7	145,003	10	115,579	6	176,558	21	105
Twiggs	0	0	1	873	1	60,533	7	56,000
Union	3	41,034	7	3,925	0	0	17	397
Upson	12	326,889	29	102,481	51	385,034	28	37,556
Walker	0	0	7	9,329	1	10,720	15	1,106
Walton	15	25,735	221	144,092	21	154,590	318	193,017
Ware	0	0	9	1,264	0	0	9	14,475
Washington	0	0	0	0	0	0	8	4,270
Wayne	0	0	3	1,394	5	7,171	5	1,603
Webster	0	0	5	4,204	0	0	2	0
White	0	0	7	11,033	6	41,430	10	1,398
Whitfield	27	881,579	42	108,788	0	0	61	26,151
Wilcox	0	0	2	2,677	0	0	0	0
Wilkes	0	0	5	2,714	0	0	3	80
Wilkinson	7	20,710	10	13,838	0	0	13	2,336
Worth	2	2,045	7	8,700	0	0	9	145
Total	2,423	49,947,201	15,542	16,046,764	4,647	63,271,330	25,372	13,815,789

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	48,718,067	17,275,898
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	53,796,080	23,291,039

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	19,353	4,854

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: 7/25/2024

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: 7/25/2024

Title: VP & CFO

Comments: