



2020 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP709

Facility Name: Wellstar Atlanta Medical Center

County: Fulton

Street Address: 303 Parkway Drive

City: Atlanta

Zip: 30312-1212

Mailing Address: 303 Parkway Drive

Mailing City: Atlanta

Mailing Zip: 30312-1212

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: 7/1/2019 To:6/30/2020

Please indicate your cost report year.

From: 07/01/2019 To:06/30/2020

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: Ebenezer Erzuah

Contact Title: Executive Director Reimbursement

Phone: 470-956-4981

Fax: 770-999-2489

E-mail: Ebenezer.Erzuah@Wellstar.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	1,328,310,923
Total Inpatient Admissions accounting for Inpatient Revenue	18,429
Outpatient Gross Patient Revenue	769,169,299
Total Outpatient Visits accounting for Outpatient Revenue	162,477
Medicare Contractual Adjustments	621,685,014
Medicaid Contractual Adjustments	411,875,486
Other Contractual Adjustments:	361,166,226
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	67,523,344
Gross Indigent Care:	262,512,083
Gross Charity Care:	46,124,329
Uncompensated Indigent Care (net):	262,512,083
Uncompensated Charity Care (net):	46,124,329
Other Free Care:	31,131
Other Revenue/Gains:	2,380,403
Total Expenses:	383,477,005

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
Small Balance Write Off	31,131
Total	31,131

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?

07/01/2016

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.)?

300%

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	106,724,883	21,723,735	128,448,618
Outpatient	155,787,200	24,400,594	180,187,794
Total	262,512,083	46,124,329	308,636,412

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	106,724,883	21,723,735	128,448,618
Outpatient	155,787,200	24,400,594	180,187,794
Total	262,512,083	46,124,329	308,636,412

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
Bacon	0	0	2	46,953	0	0	0	0
Baker	0	0	1	4,312	0	0	0	0
Baldwin	2	41,535	6	6,908	0	0	0	0
Banks	0	0	3	21,824	0	0	0	0
Barrow	2	170,232	11	59,013	0	0	3	2,368
Bartow	3	283,346	31	167,843	1	114,548	3	20,711
Ben Hill	1	534,411	3	9,763	0	0	0	0
Berrien	0	0	1	1,802	0	0	0	0
Bibb	5	617,177	28	86,949	1	3,532	8	35,345
Bleckley	0	0	1	43,679	0	0	0	0
Bulloch	0	0	1	3,981	0	0	0	0
Burke	0	0	5	21,568	0	0	0	0
Butts	15	746,208	47	355,181	2	89,863	2	49,224
Calhoun	0	0	1	6,625	0	0	0	0
Carroll	38	2,938,652	76	564,031	4	194,472	10	212,351
Charlton	0	0	1	2,960	0	0	0	0
Chatham	2	87,042	13	50,715	1	28,435	5	30,388
Chattooga	0	0	7	25,351	0	0	0	0
Cherokee	9	608,937	67	270,526	3	15,372	12	61,256
Clarke	3	30,970	18	65,214	0	0	1	3,087
Clayton	200	7,842,958	3,675	12,881,293	34	1,444,440	426	1,641,790
Cobb	81	3,267,200	1,159	4,241,967	14	593,206	128	474,587
Coffee	2	25,870	3	2,272	0	0	0	0
Colquitt	0	0	3	4,368	1	15,217	1	3,938
Columbia	0	0	2	3,655	1	211	0	0
Cook	0	0	1	10,829	0	0	0	0
Coweta	23	1,538,029	192	1,145,806	3	46,731	29	118,483
Crisp	0	0	4	40,951	0	0	0	0
Dawson	0	0	2	10,567	0	0	0	0
DeKalb	311	14,453,293	4,160	18,083,561	78	3,940,676	645	3,245,634
Dodge	0	0	1	3,363	0	0	0	0
Dooly	0	0	1	1,290	0	0	0	0

Dougherty	3	77,921	22	112,725	0	0	3	4,886
Douglas	39	2,097,887	376	1,570,743	7	406,100	40	152,773
Effingham	0	0	8	30,881	0	0	1	964
Emanuel	1	30,329	1	2,467	0	0	0	0
Fannin	2	366,891	0	0	0	0	0	0
Fayette	10	567,692	134	593,912	5	136,792	27	150,536
Floyd	4	270,892	12	42,554	0	0	0	0
Forsyth	3	110,973	12	34,933	0	0	2	5,277
Franklin	0	0	1	12,060	0	0	0	0
Fulton	1,255	44,369,386	29,114	99,798,605	280	10,448,178	4,540	14,636,931
Gilmer	1	1,351	4	12,195	0	0	0	0
Glynn	1	447,571	1	4,334	0	0	0	0
Gordon	2	7,079	3	7,014	0	0	0	0
Greene	0	0	2	6,105	0	0	0	0
Gwinnett	49	2,343,584	492	2,345,016	14	558,035	112	653,412
Habersham	1	21,083	4	16,532	0	0	0	0
Hall	1	171,207	42	189,616	0	0	4	33,726
Hancock	0	0	3	10,280	0	0	0	0
Haralson	7	532,822	11	67,967	1	662	0	0
Hart	0	0	3	25,985	0	0	0	0
Heard	4	188,206	4	17,147	0	0	2	16,892
Henry	46	3,606,873	520	2,499,251	9	594,580	85	546,211
Houston	6	382,801	14	54,969	1	1,489	5	3,698
Irwin	1	139,600	0	0	0	0	1	8,073
Jackson	2	63,238	6	20,197	0	0	2	3,988
Jasper	3	106,924	7	25,447	0	0	0	0
Jeff Davis	0	0	1	3,945	0	0	0	0
Jones	0	0	3	4,502	0	0	1	964
Lamar	10	324,871	21	88,172	1	40,482	1	849
Laurens	2	244,179	6	35,250	0	0	1	2,438
Lee	0	0	2	5,777	0	0	0	0
Liberty	1	51,596	8	34,921	0	0	3	12,251
Lincoln	0	0	0	0	0	0	1	8,107
Lowndes	2	96,705	7	30,351	1	19,451	1	808
Lumpkin	0	0	1	3,253	0	0	1	8,173
Macon	1	23,300	4	11,408	0	0	1	4,292
Madison	0	0	10	29,614	0	0	0	0
Marion	0	0	2	50,854	0	0	0	0
McDuffie	0	0	1	7,312	0	0	0	0
McIntosh	0	0	2	2,251	0	0	0	0
Meriwether	8	675,829	25	188,633	1	31,072	1	2,147
Mitchell	0	0	1	2,449	0	0	0	0
Monroe	1	225,503	9	21,151	0	0	2	36,215
Morgan	0	0	5	28,953	1	72,131	0	0

Murray	1	6,451	4	17,512	0	0	0	0
Muscogee	3	193,379	22	66,445	0	0	2	3,915
Newton	35	2,254,901	160	824,736	2	203,755	31	227,882
Oconee	0	0	1	36,459	0	0	0	0
Other Out of State	116	5,686,257	1,166	4,785,755	30	771,998	247	1,292,685
Paulding	19	1,140,825	82	271,479	5	197,505	8	29,635
Peach	1	81,726	1	8,393	1	27,661	0	0
Pickens	0	0	9	33,671	0	0	0	0
Pierce	0	0	1	5,580	0	0	0	0
Pike	2	125,884	10	82,934	0	0	3	13,622
Polk	3	85,146	10	62,021	0	0	0	0
Pulaski	1	5,659	7	53,976	0	0	0	0
Putnam	2	59,359	3	9,682	0	0	0	0
Rabun	0	0	2	4,342	0	0	0	0
Richmond	2	20,267	27	84,878	0	0	2	6,111
Rockdale	35	2,169,120	167	1,045,676	8	354,596	36	224,990
Schley	0	0	1	502	0	0	0	0
Spalding	29	1,888,559	135	1,031,118	7	617,854	15	83,877
Stephens	1	100,838	3	72,261	0	0	0	0
Stewart	0	0	2	7,431	0	0	0	0
Sumter	0	0	7	19,350	0	0	0	0
Talbot	1	48,278	0	0	0	0	0	0
Tattnall	0	0	4	5,589	0	0	0	0
Taylor	0	0	1	1,405	0	0	0	0
Telfair	0	0	1	1,297	0	0	0	0
Terrell	0	0	1	1,286	0	0	0	0
Thomas	0	0	5	9,344	0	0	0	0
Tift	0	0	0	0	1	9,982	1	25,199
Toombs	1	28,098	5	15,605	0	0	1	5,779
Towns	0	0	3	7,968	0	0	0	0
Troup	26	1,793,256	71	583,666	3	46,325	9	135,559
Union	0	0	1	3,310	0	0	0	0
Upson	2	222,261	8	98,045	1	89,849	1	2,084
Walker	0	0	7	25,970	0	0	0	0
Walton	2	60,197	27	143,978	2	608,535	15	156,483
Ware	0	0	2	3,745	0	0	0	0
Washington	0	0	1	150	0	0	0	0
Wayne	0	0	1	480	0	0	0	0
White	4	13,049	5	8,016	0	0	0	0
Whitfield	1	6,596	12	35,441	0	0	0	0
Wilkes	2	2,624	1	6,989	0	0	0	0
Wilkinson	0	0	4	6,517	0	0	0	0
Worth	0	0	2	9,347	0	0	0	0
Total	2,452	10,724,883	42,412	55,787,200	524	21,723,735	6,481	24,400,594

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	36,353,041	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.

SFY 2018	SFY2020	SFY2020
7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
0	43,582	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:

Date: 7/20/2021

Title:

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:

Date: 7/20/2021

Title:

Comments:

WellStar makes all reasonable efforts to ensure that the maximum income level for a patient to be considered for charity under its policy (expressed as a percentage of the federal poverty guidelines) is 300%.