



2021 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 2021 only.
Do not use a different report period.

Please indicate your hospital fiscal year.

From: 7/1/2020 To:6/30/2021

Please indicate your cost report year.

From: 07/01/20 To:06/30/21

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	1,343,664,985
Total Inpatient Admissions accounting for Inpatient Revenue	15,733
Outpatient Gross Patient Revenue	799,774,961
Total Outpatient Visits accounting for Outpatient Revenue	176,937
Medicare Contractual Adjustments	733,087,200
Medicaid Contractual Adjustments	431,908,187
Other Contractual Adjustments:	244,842,603
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	80,499,339
Gross Indigent Care:	248,183,451
Gross Charity Care:	62,413,300
Uncompensated Indigent Care (net):	248,183,451
Uncompensated Charity Care (net):	62,413,300
Other Free Care:	6,165
Other Revenue/Gains:	2,915,143
Total Expenses:	391,356,707

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 Writeoffs	6,165
Total	6,165

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 2021? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2021?

02/20/2020

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.?

Chief Financial Officer and VP Revenue Cycle Management

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 2021? (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	103,288,667	28,490,286	131,778,953
Outpatient	144,894,784	33,923,014	178,817,798
Total	248,183,451	62,413,300	310,596,751

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	103,288,667	28,490,286	131,778,953
Outpatient	144,894,784	33,923,014	178,817,798
Total	248,183,451	62,413,300	310,596,751

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
BAKER	1	2,030	0	0	0	0	0	0
BALDWIN	0	0	9	7,909	0	0	2	1,916
BANKS	0	0	1	4,521	0	0	1	19
BARROW	0	0	8	22,905	2	530,051	3	2,933
BARTOW	5	392,229	31	158,287	1	68,038	2	1,776
BERRIEN	0	0	0	0	0	0	2	12,343
BIBB	3	234,346	39	171,074	0	0	8	70,460
BLECKLEY	0	0	7	86,556	0	0	0	0
BROOKS	0	0	0	0	0	0	1	540
BULLOCH	0	0	4	13,439	0	0	0	0
BURKE	0	0	1	2,209	0	0	0	0
BUTTS	11	1,468,402	30	323,543	2	59,196	8	24,342
CAMDEN	0	0	2	5,197	0	0	0	0
CARROLL	15	1,160,236	51	340,637	5	192,085	19	136,076
CATOOSA	0	0	3	17,280	0	0	1	14
CHARLTON	0	0	2	10,889	0	0	0	0
CHATHAM	2	50,975	12	147,832	1	3,121	15	47,859
CHATTOOGA	0	0	8	30,838	0	0	0	0
CHEROKEE	11	1,326,449	51	261,658	3	558,972	13	39,681
CLARKE	0	0	15	102,826	0	0	5	12,687
CLAYTON	174	8,906,162	2,878	11,258,154	23	1,649,643	691	2,681,889
COBB	47	1,495,319	746	3,617,701	13	730,966	207	1,031,352
COFFEE	0	0	2	8,824	0	0	0	0
COLQUITT	1	19,528	6	22,277	0	0	0	0
COLUMBIA	0	0	4	5,456	0	0	0	0
COWETA	18	1,452,246	124	912,099	7	520,521	57	237,824
CRISP	0	0	1	1,448	0	0	3	27,827
DAWSON	2	994,294	3	59,113	0	0	0	0
DECATUR	0	0	3	10,058	0	0	1	1,794
DeKalb	248	16,787,165	3,645	18,690,678	89	6,473,929	1,148	5,300,948
DOUGHERTY	2	65,449	22	123,202	0	0	3	2,751
DOUGLAS	37	1,901,625	283	1,287,408	10	341,118	67	316,810

EARLY	0	0	0	0	0	0	2	7
EFFINGHAM	1	19,280	6	28,114	0	0	0	0
ELBERT	0	0	2	2,877	0	0	1	15
FANNIN	0	0	3	6,541	0	0	0	0
FAYETTE	14	693,614	100	451,159	9	487,810	39	244,056
FLOYD	2	75,416	4	12,360	0	0	4	45,601
FORSYTH	2	76,850	12	34,054	3	371,115	11	68,269
FRANKLIN	1	71,757	0	0	0	0	1	4,138
FULTON	1,138	45,796,402	23,353	90,258,740	288	11,253,368	7,067	18,777,345
GILMER	0	0	2	6,778	0	0	0	0
GLYNN	0	0	4	44,758	0	0	1	5,024
GORDON	0	0	6	19,896	0	0	0	0
GREENE	0	0	1	5,220	0	0	2	72,962
GWINNETT	46	2,937,523	324	1,867,204	10	1,228,479	140	1,044,993
HABERSHAM	1	28,217	4	16,486	0	0	2	20,551
HALL	3	61,790	34	186,705	0	0	4	45,575
HANCOCK	0	0	1	2,807	0	0	2	14,096
HARALSON	1	1,408	5	13,568	2	73,887	3	72,306
HARRIS	0	0	4	96,866	0	0	1	10
HEARD	1	80,264	4	47,441	0	0	1	2,426
HENRY	53	2,409,524	355	2,128,528	12	662,075	141	827,007
HOUSTON	1	466	12	26,898	0	0	7	65,632
JACKSON	0	0	3	8,758	0	0	2	5
JASPER	2	124,344	5	6,306	1	407,729	0	0
JEFFERSON	0	0	3	13,058	0	0	0	0
JONES	0	0	2	2,918	1	14,267	0	0
LAMAR	3	59,654	7	55,159	1	14,495	0	0
LAURENS	0	0	3	39,036	0	0	0	0
LEE	0	0	4	12,993	0	0	0	0
LIBERTY	1	17,355	2	11,671	0	0	0	0
LOWNDES	2	27,860	7	100,206	0	0	0	0
LUMPKIN	0	0	1	1	0	0	0	0
MACON	0	0	2	6,693	0	0	0	0
MADISON	0	0	2	1,163	0	0	1	3
MCDUFFIE	1	5,999	2	2,030	0	0	0	0
MCINTOSH	0	0	2	4,093	0	0	0	0
MERIWETHER	2	79,295	31	247,249	1	101,889	11	114,972
MITCHELL	0	0	1	1,823	0	0	0	0
MONROE	0	0	7	37,130	0	0	0	0
MONTGOMERY	0	0	0	0	0	0	1	2
MORGAN	0	0	3	16,608	0	0	0	0
MURRAY	1	7,943	5	42,091	0	0	1	160
MUSCOGEE	3	88,948	35	65,564	0	0	9	6,126
NEWTON	14	1,416,240	145	1,110,512	7	404,716	39	363,523

OCONEE	0	0	4	39,239	0	0	0	0
Other Out of State	115	5,299,134	1,244	6,006,213	27	713,634	370	1,377,973
PAULDING	13	357,846	67	459,892	10	448,589	20	92,632
PEACH	1	12,444	5	27,436	0	0	1	3
PICKENS	0	0	2	725	0	0	0	0
PIKE	2	143,541	8	54,579	4	338,306	3	8,876
POLK	2	143,269	12	56,005	0	0	5	38,818
PULASKI	2	3,376	1	3,768	0	0	0	0
PUTNAM	0	0	11	56,230	2	48,902	0	0
QUITMAN	0	0	0	0	0	0	1	1
RABUN	0	0	1	3,937	0	0	0	0
RANDOLPH	0	0	2	3,659	0	0	0	0
RICHMOND	5	147,027	31	143,797	0	0	5	13,057
ROCKDALE	15	1,029,197	119	861,558	3	267,568	40	259,425
SPALDING	43	2,303,741	124	1,061,666	7	143,312	17	171,559
STEPHENS	1	7,123	3	91,325	0	0	1	160
SUMTER	0	0	4	11,766	0	0	0	0
TALBOT	0	0	1	150	0	0	0	0
TATTNALL	1	8,478	2	6,932	0	0	0	0
TAYLOR	0	0	2	13,263	0	0	1	20,672
TELFAIR	1	52,883	2	29,037	0	0	0	0
THOMAS	0	0	2	12,254	0	0	0	0
TIFT	0	0	1	2,742	0	0	0	0
TOOMBS	0	0	4	40,032	0	0	0	0
TROUP	28	3,093,215	67	597,313	5	236,472	20	36,202
TWIGGS	1	84,077	0	0	0	0	0	0
UNION	0	0	2	7,514	0	0	1	10,984
UPSON	2	152,943	13	170,594	0	0	1	2
WALKER	1	3,365	1	5,385	1	99,094	0	0
WALTON	3	110,403	30	298,138	1	46,940	15	144,915
WARE	0	0	6	10,926	0	0	0	0
WASHINGTON	0	0	0	0	0	0	1	1,092
WHITE	0	0	3	37,711	0	0	0	0
WHITFIELD	0	0	5	23,159	0	0	0	0
WILKES	0	0	2	8,784	0	0	0	0
WORTH	0	0	1	2,973	0	0	0	0
Total	2,108	13,288,666	34,281	44,894,782	551	28,490,287	10,252	33,923,016

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 2021?
(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 2021.

Patient Category		SFY 2020	SFY2021	SFY2022
		7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	0	36,190,167
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 2020	SFY2021	SFY2022
7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
0	0	47,190

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: Candice Saunders

Date: 7/22/2022

Title: President & CEO

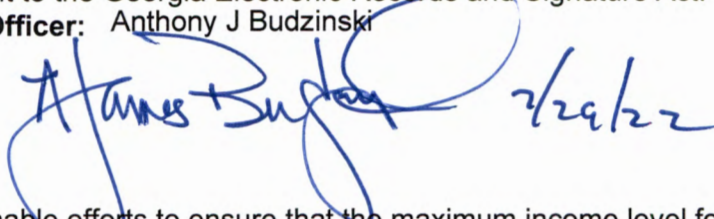


I hereby certify that I am the financial officer authorized to sign this form and that the information is true and accurate. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Signature of Financial Officer: Anthony J Budzinski

Date: 7/22/2022

Title: EVP & CFO



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%.