



2022 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 2022 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 7/1/2021 To:6/30/2022

Please indicate your cost report year.

From: 07/01/2021 To:06/30/2022

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: 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	1,253,846,644
Total Inpatient Admissions accounting for Inpatient Revenue	13,260
Outpatient Gross Patient Revenue	759,810,074
Total Outpatient Visits accounting for Outpatient Revenue	145,554
Medicare Contractual Adjustments	690,599,163
Medicaid Contractual Adjustments	384,313,666
Other Contractual Adjustments:	239,173,049
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	79,787,021
Gross Indigent Care:	210,623,037
Gross Charity Care:	88,474,655
Uncompensated Indigent Care (net):	210,623,037
Uncompensated Charity Care (net):	88,474,655
Other Free Care:	17,577
Other Revenue/Gains:	801,729
Total Expenses:	427,974,375

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	17,577
Employee Discounts	0
	0
Total	17,577

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?

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.?

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 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	100,160,280	39,603,275	139,763,555
Outpatient	110,462,757	48,871,380	159,334,137
Total	210,623,037	88,474,655	299,097,692

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	100,160,280	39,603,275	139,763,555
Outpatient	110,462,757	48,871,380	159,334,137
Total	210,623,037	88,474,655	299,097,692

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
Baldwin	0	0	3	6,426	0	0	3	2,567
Banks	0	0	0	0	1	18,970	0	0
Barrow	0	0	6	17,250	0	0	2	43,309
Bartow	1	151,457	25	183,473	2	176,249	8	31,745
Ben Hill	0	0	1	44,538	0	0	0	0
Berrien	0	0	0	0	0	0	1	12
Bibb	1	157,820	28	91,343	2	157,272	10	25,141
Bleckley	0	0	1	1,137	0	0	0	0
Brooks	0	0	1	750	0	0	0	0
Bulloch	1	182,406	6	35,810	0	0	1	4,261
Burke	1	14,335	1	1,203	0	0	1	480
Butts	8	683,663	35	302,220	4	160,961	8	89,599
Camden	0	0	1	20,898	0	0	0	0
Candler	0	0	1	2,329	0	0	0	0
Carroll	16	964,235	62	784,979	9	671,387	22	367,309
Catoosa	0	0	0	0	0	0	1	34,123
Charlton	1	20,114	6	6,925	0	0	1	6,146
Chatham	0	0	15	41,675	0	0	4	42,262
Cherokee	6	854,390	43	298,867	1	61,542	12	92,006
Clarke	3	27,479	14	34,641	0	0	5	12,765
Clayton	105	4,791,929	2,273	9,391,128	36	2,749,021	705	3,032,417
Cobb	59	3,499,320	684	3,319,490	13	837,102	237	1,125,121
Coffee	0	0	4	8,879	0	0	0	0
Colquitt	0	0	0	0	0	0	2	1,533
Columbia	0	0	2	61,990	0	0	2	3,988
Coweta	12	858,244	93	1,206,324	13	1,060,303	47	494,154
Crisp	0	0	1	4,034	0	0	0	0
Dawson	0	0	0	0	0	0	1	32,732
Decatur	0	0	12	58,021	0	0	3	7,298
DeKalb	176	10,983,483	2,742	14,665,089	80	5,112,034	1,417	8,705,412
Dodge	0	0	0	0	0	0	2	34,034
Dooly	0	0	2	4,400	0	0	0	0

Dougherty	2	143,529	13	100,494	0	0	7	15,282
Douglas	22	2,439,100	238	1,081,782	5	300,124	94	456,088
Early	0	0	1	1,159	0	0	0	0
Effingham	0	0	1	1,104	0	0	2	9,627
Elbert	2	32,017	4	15,124	0	0	0	0
Emanuel	0	0	1	4,270	0	0	1	3,462
Fayette	5	268,875	79	493,301	4	95,842	44	212,889
Floyd	1	273,081	9	129,425	1	23,666	3	3,612
Forsyth	1	24,278	5	37,391	0	0	18	79,858
Franklin	0	0	4	16,165	0	0	0	0
Fulton	872	46,793,138	17,231	63,500,119	318	17,018,453	7,232	24,095,189
Gilmer	0	0	1	3,038	1	79,408	4	105,006
Glascock	0	0	1	5,736	0	0	0	0
Glynn	0	0	1	1,624	0	0	3	10,531
Gordon	0	0	3	8,206	0	0	0	0
Greene	0	0	1	4,681	0	0	0	0
Gwinnett	31	2,930,044	273	2,426,637	16	1,276,888	205	1,839,325
Habersham	2	165,942	1	5,590	0	0	0	0
Hall	3	330,121	18	173,704	2	416,584	7	89,939
Haralson	3	82,691	9	107,993	3	251,038	3	44,670
Harris	0	0	2	4,886	0	0	1	4
Heard	3	213,116	2	11,808	0	0	8	79,483
Henry	48	3,398,782	292	1,867,024	16	1,237,871	162	1,441,724
Houston	7	828,412	7	22,771	0	0	3	20,588
Irwin	0	0	4	27,232	0	0	0	0
Jackson	1	2,524	6	107,741	0	0	8	39,366
Jasper	4	480,319	5	10,026	0	0	2	18,668
Jefferson	0	0	4	4,921	0	0	0	0
Jones	0	0	1	48,367	0	0	1	2
Lamar	6	729,447	9	117,484	0	0	2	32,309
Laurens	0	0	2	8,328	0	0	0	0
Liberty	0	0	4	6,688	0	0	2	6,339
Lowndes	0	0	4	48,882	0	0	2	14,888
Lumpkin	0	0	2	9,066	0	0	0	0
Macon	0	0	1	101	0	0	1	2
Madison	0	0	1	5,558	0	0	0	0
Marion	1	28,404	1	1,452	1	209,184	0	0
Meriwether	10	1,092,702	17	190,774	1	364,679	4	57,516
Mitchell	0	0	2	5,317	0	0	0	0
Monroe	1	192,450	10	49,164	0	0	1	6,434
Montgomery	0	0	1	757	0	0	0	0
Morgan	0	0	7	9,839	0	0	1	3,235
Murray	0	0	1	4,050	0	0	0	0
Muscogee	2	171,831	19	98,414	1	75,034	17	99,763

Newton	17	2,369,639	101	574,045	14	2,280,047	50	705,390
Oconee	1	19,585	2	6,007	0	0	2	23,759
Other Out of State	75	5,100,725	826	4,391,539	24	1,407,919	548	3,213,817
Paulding	6	378,889	76	555,389	6	632,369	18	135,658
Peach	0	0	2	1,837	0	0	0	0
Pickens	0	0	5	8,518	0	0	0	0
Pike	3	453,805	8	40,617	4	240,165	6	154,127
Polk	3	319,339	14	88,903	0	0	2	17,139
Putnam	2	167,232	2	45,048	0	0	2	17,919
Quitman	0	0	1	1,159	0	0	0	0
Rabun	0	0	1	69,755	0	0	0	0
Richmond	0	0	23	37,582	1	89,407	9	45,487
Rockdale	9	636,120	86	596,262	6	332,787	61	411,411
Screven	0	0	2	3,112	0	0	1	738
Spalding	28	3,512,397	106	1,248,995	5	254,909	49	673,410
Stephens	0	0	5	18,550	0	0	0	0
Sumter	0	0	0	0	0	0	2	2,885
Talbot	0	0	2	58,813	0	0	0	0
Telfair	0	0	5	36,635	0	0	0	0
Terrell	0	0	1	2,730	0	0	0	0
Thomas	1	53,338	9	68,593	1	36,339	2	1,747
Tift	0	0	2	410	0	0	0	0
Toombs	0	0	3	6,936	0	0	0	0
Towns	0	0	2	2,699	0	0	0	0
Treutlen	0	0	1	615	0	0	0	0
Troup	14	2,195,013	56	602,993	5	453,523	18	131,795
Union	1	30,610	1	2,338	0	0	0	0
Upson	1	33,049	24	210,591	5	588,532	6	62,819
Walker	0	0	6	76,330	0	0	0	0
Walton	11	899,945	44	282,388	3	933,666	18	273,441
Ware	0	0	3	5,475	0	0	0	0
Warren	0	0	2	1,890	0	0	0	0
Washington	1	180,916	1	5,930	0	0	0	0
Wayne	0	0	1	1,803	0	0	0	0
Webster	0	0	1	577	0	0	0	0
White	0	0	1	577	0	0	1	10
Whitfield	0	0	5	18,099	0	0	3	22,653
Wilcox	0	0	0	0	0	0	2	2,961
Wilkinson	0	0	6	17,006	0	0	0	0
Total	1,590	10,160,280	25,796	10,462,758	604	39,603,275	11,133	48,871,379

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	31,291,522	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 2021	SFY2022	SFY2023
7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
0	39,123	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: Candice Saunders

Date: 7/21/2023

Title: President and 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: 7/21/2023

Title: EVP

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%.