



## 2021 Hospital Financial Survey

### Part A : General Information

#### 1. Identification

UID:HOSP327

**Facility Name:** Wellstar North Fulton Hospital

**County:** Fulton

**Street Address:** 3000 Hospital Boulevard

**City:** Roswell

**Zip:** 30076-9930

**Mailing Address:** 3000 Hospital Boulevard

**Mailing City:** Roswell

**Mailing Zip:** 30076-9930

#### 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	662,163,137
Total Inpatient Admissions accounting for Inpatient Revenue	9,300
Outpatient Gross Patient Revenue	424,599,209
Total Outpatient Visits accounting for Outpatient Revenue	86,042
Medicare Contractual Adjustments	421,614,963
Medicaid Contractual Adjustments	81,423,365
Other Contractual Adjustments:	226,543,391
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	31,640,328
Gross Indigent Care:	57,222,316
Gross Charity Care:	28,880,909
Uncompensated Indigent Care (net):	57,222,316
Uncompensated Charity Care (net):	28,880,909
Other Free Care:	4,106
Other Revenue/Gains:	2,921,086
Total Expenses:	215,908,590

### 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	4,106
<b>Total</b>	<b>4,106</b>

## 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.?

**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	31,015,072	16,841,617	47,856,689
Outpatient	26,207,244	12,039,292	38,246,536
<b>Total</b>	<b>57,222,316</b>	<b>28,880,909</b>	<b>86,103,225</b>

**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
<b>Total</b>	<b>0</b>

**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	31,015,072	16,841,617	47,856,689
Outpatient	26,207,244	12,039,292	38,246,536
<b>Total</b>	<b>57,222,316</b>	<b>28,880,909</b>	<b>86,103,225</b>

## 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
APPLING	1	44,551	1	5,716	0	0	0	0
BALDWIN	0	0	3	18,605	1	1,408	1	8
BANKS	0	0	2	13,956	0	0	1	8
BARROW	0	0	3	10,721	1	68,832	3	14,599
BARTOW	2	150,208	25	108,106	1	142,416	6	33,552
BERRIEN	1	175,825	8	95,290	0	0	0	0
BIBB	1	91,144	5	12,619	0	0	5	118
BULLOCH	1	27,225	10	17,800	0	0	0	0
BUTTS	3	417,321	3	23,495	0	0	0	0
CAMDEN	0	0	1	1,101	0	0	0	0
CARROLL	6	621,553	5	12,239	0	0	20	896
CHATHAM	0	0	3	3,553	0	0	2	18,520
CHEROKEE	35	1,791,545	398	2,296,508	14	887,569	263	738,499
CLARKE	1	23,048	2	16,612	0	0	3	4,609
CLAYTON	9	422,900	46	263,578	2	163,417	17	37,023
COBB	38	1,390,531	397	1,259,951	25	1,152,637	296	703,116
COLQUITT	0	0	2	6,803	0	0	0	0
COLUMBIA	1	19,959	1	120	0	0	0	0
COOK	1	60,391	0	0	0	0	0	0
COWETA	2	4,845	8	29,295	0	0	3	5,106
DAWSON	3	137,286	29	142,278	2	26,461	17	81,738
DEKALB	21	1,381,651	235	908,491	11	561,508	136	559,616
DOUGHERTY	1	117,920	4	4,480	0	0	0	0
DOUGLAS	4	177,030	39	150,980	2	83,408	11	20,405
ELBERT	0	0	1	1,364	0	0	0	0
FANNIN	0	0	5	17,221	0	0	4	24
FAYETTE	1	1,949	3	10,788	3	679,752	3	5,377
FLOYD	0	0	1	3,711	0	0	1	8
FORSYTH	23	1,059,726	261	1,131,940	11	592,396	231	720,506
FRANKLIN	0	0	0	0	0	0	1	129,302
FULTON	326	16,820,460	3,439	16,406,775	158	9,733,449	2,627	7,575,593
GILMER	2	36,635	6	3,897	1	136,736	3	839

GLYNN	0	0	1	1,798	0	0	0	0
GORDON	1	14,051	10	9,519	0	0	2	1,100
GREENE	0	0	0	0	0	0	1	1
GWINNETT	34	1,346,154	320	1,262,407	15	840,232	207	758,461
HABERSHAM	0	0	1	1,352	0	0	0	0
HALL	4	380,558	31	101,054	2	90,901	20	68,187
HARALSON	0	0	2	9,057	0	0	0	0
HARRIS	0	0	1	109	0	0	0	0
HART	0	0	0	0	0	0	1	17,252
HEARD	0	0	0	0	0	0	1	4,594
HENRY	1	29,058	39	121,803	2	134,806	11	53,520
HOUSTON	1	61,481	0	0	0	0	3	2,677
JACKSON	0	0	2	9,027	0	0	5	13,590
JASPER	0	0	2	3,305	0	0	0	0
JONES	0	0	1	2,782	0	0	0	0
LAMAR	0	0	1	1,410	1	10,293	1	5
LIBERTY	1	74,614	3	27,213	0	0	0	0
LINCOLN	0	0	1	2,613	0	0	0	0
LOWNDES	1	100,392	2	13,070	0	0	1	7,079
LUMPKIN	0	0	9	19,364	0	0	3	733
MADISON	0	0	0	0	0	0	1	7,639
MERIWETHER	1	34,229	0	0	0	0	0	0
MITCHELL	0	0	1	3,799	0	0	0	0
MONROE	1	3,551	3	2,953	0	0	0	0
MONTGOMERY	0	0	1	4,974	0	0	0	0
MORGAN	0	0	0	0	0	0	1	21,400
MURRAY	0	0	0	0	1	46,819	0	0
MUSCOGEE	0	0	12	19,343	0	0	0	0
NEWTON	1	4,844	10	97,663	1	765,858	7	19,091
OCONEE	0	0	2	1,921	0	0	1	10
OTHER OUT OF STAT	33	2,492,574	187	1,013,660	7	204,247	120	331,871
PAULDING	3	157,349	35	126,639	0	0	10	41,399
PEACH	1	95,903	1	138	0	0	0	0
PICKENS	2	13,163	14	80,083	1	13,506	5	6,750
PIKE	1	107,200	1	3,651	0	0	0	0
POLK	0	0	3	13,864	0	0	1	0
PUTNAM	0	0	1	6,739	0	0	2	1,502
RICHMOND	2	87,621	8	33,172	1	217,720	2	6,722
ROCKDALE	0	0	13	54,631	0	0	5	19,438
SCREVEN	0	0	1	300	0	0	0	0
SPALDING	2	320,521	12	66,344	1	234,583	1	5
STEPHENS	0	0	3	17,670	0	0	0	0
TERRELL	0	0	1	4,224	0	0	0	0
THOMAS	0	0	0	0	0	0	1	0

TROUP	4	125,886	9	25,794	0	0	2	4,246
UNION	0	0	2	8,037	0	0	0	0
UPSON	0	0	1	2,582	0	0	0	0
WALKER	1	51,791	0	0	0	0	1	988
WALTON	3	473,964	7	9,219	1	52,666	1	1,100
WHITE	1	17,427	2	22,752	0	0	1	10
WHITFIELD	1	49,035	4	23,212	0	0	1	464
<b>Total</b>	<b>583</b>	<b>31,015,069</b>	<b>5,706</b>	<b>26,207,240</b>	<b>265</b>	<b>16,841,620</b>	<b>4,073</b>	<b>12,039,296</b>



## 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	3,792,283
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	10,627

## 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



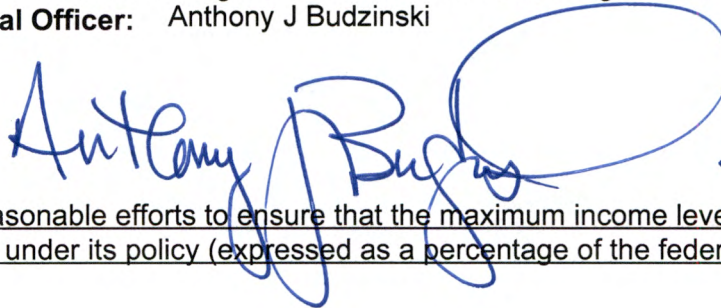
I hereby certify that I am the financial officer authorized to sign this form and that the information is true and accurate. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

**Signature of Financial Officer:** Anthony J Budzinski

**Date:** 7/22/2022

**Title:** EVP & CFO

**Comments:**



7/27/22

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%.