



2022 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 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	791,419,893
Total Inpatient Admissions accounting for Inpatient Revenue	9,638
Outpatient Gross Patient Revenue	462,335,034
Total Outpatient Visits accounting for Outpatient Revenue	98,735
Medicare Contractual Adjustments	506,748,915
Medicaid Contractual Adjustments	93,775,916
Other Contractual Adjustments:	249,540,421
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	31,891,556
Gross Indigent Care:	60,203,556
Gross Charity Care:	34,034,078
Uncompensated Indigent Care (net):	60,203,556
Uncompensated Charity Care (net):	34,034,078
Other Free Care:	30,705
Other Revenue/Gains:	2,529,985
Total Expenses:	256,162,022

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	30,705
Employee Discounts	0
	0
Total	30,705

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	33,736,139	20,105,385	53,841,524
Outpatient	26,467,417	13,928,693	40,396,110
Total	60,203,556	34,034,078	94,237,634

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	33,736,139	20,105,385	53,841,524
Outpatient	26,467,417	13,928,693	40,396,110
Total	60,203,556	34,034,078	94,237,634

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	0	0	1	2,084	0	0	1	4,201
Bacon	0	0	1	1,510	0	0	0	0
Baldwin	0	0	9	43,330	0	0	0	0
Banks	0	0	2	1,419	0	0	0	0
Barrow	0	0	14	24,222	0	0	4	6,983
Bartow	6	402,190	33	82,036	0	0	7	25,311
Ben Hill	1	15,639	0	0	0	0	0	0
Berrien	0	0	1	2,361	0	0	0	0
Bibb	1	10,663	4	11,986	1	193,664	1	5,528
Bulloch	0	0	3	4,311	0	0	0	0
Butts	4	360,518	4	59,639	0	0	0	0
Camden	0	0	1	999	0	0	0	0
Carroll	2	107,935	8	11,284	0	0	13	57,521
Catoosa	1	1,358	0	0	0	0	0	0
Chatham	0	0	10	80,273	0	0	2	4,441
Cherokee	19	2,093,524	274	949,823	19	1,542,746	236	726,193
Clarke	1	10,001	1	2,083	0	0	2	6,902
Clayton	0	0	65	352,428	4	392,842	12	56,549
Cobb	49	3,124,900	450	2,391,920	24	1,294,292	261	988,758
Coffee	0	0	0	0	0	0	1	1,320
Columbia	0	0	7	24,948	0	0	0	0
Coweta	1	153,927	4	23,017	2	223,342	8	36,153
Crawford	2	605,404	0	0	0	0	0	0
Crisp	1	77,515	2	9,478	0	0	0	0
Dawson	4	88,691	22	87,265	0	0	20	81,414
DeKalb	27	3,180,391	217	824,896	13	1,200,346	150	634,753
Dodge	0	0	0	0	1	148,465	0	0
Dougherty	0	0	5	10,832	0	0	1	550
Douglas	1	1,010	52	212,829	0	0	10	8,680
Fannin	1	50,305	2	12,036	0	0	1	0
Fayette	0	0	3	6,337	0	0	3	6,016
Floyd	0	0	4	15,887	0	0	2	7,437

Forsyth	26	1,104,773	220	893,258	31	1,727,608	253	825,887
Fulton	287	15,305,359	3,470	17,660,032	198	10,685,554	2,478	8,143,779
Gilmer	2	56,485	4	9,917	0	0	6	11,908
Gordon	0	0	3	8,037	0	0	5	6,065
Gwinnett	34	2,007,606	262	1,039,722	15	1,216,582	321	1,231,005
Habersham	0	0	2	15,267	0	0	1	23,096
Hall	0	0	33	133,089	2	48,818	23	93,878
Hancock	0	0	2	300	0	0	0	0
Haralson	0	0	0	0	0	0	1	5
Henry	8	542,393	24	62,293	1	815,761	15	47,929
Houston	0	0	4	147,214	0	0	4	2,021
Irwin	0	0	0	0	1	19,796	1	49,622
Jackson	0	0	5	6,636	0	0	6	19,261
Jasper	0	0	2	3,430	0	0	1	2,740
Jones	0	0	1	5,080	0	0	0	0
Lamar	2	108,284	3	6,222	0	0	1	2,303
Laurens	0	0	2	10,148	0	0	0	0
Lee	0	0	0	0	0	0	1	10
Lowndes	0	0	1	2,027	0	0	1	4,498
Lumpkin	2	35,281	6	27,049	0	0	6	49,394
Macon	0	0	0	0	0	0	1	2
Meriwether	0	0	1	244	0	0	2	13,529
Monroe	2	187,288	3	2,709	0	0	0	0
Montgomery	0	0	0	0	0	0	1	14,079
Morgan	0	0	0	0	1	13,210	1	3,403
Murray	0	0	0	0	1	23,413	0	0
Muscogee	0	0	6	17,941	1	120	3	4,867
Newton	2	223,067	7	18,372	1	32,095	1	2,753
Oglethorpe	0	0	0	0	0	0	2	2,164
Other Out of State	21	1,220,443	184	726,375	4	160,851	155	449,052
Paulding	2	179,242	44	286,764	1	19,561	33	155,500
Peach	0	0	2	3,530	1	15,658	1	3,937
Pickens	2	90,636	11	16,010	2	28,476	8	11,931
Pierce	0	0	1	742	0	0	0	0
Pike	2	291,791	3	1,719	1	19,739	1	18,109
Polk	2	171,172	4	6,702	0	0	1	8
Putnam	0	0	1	720	0	0	0	0
Rabun	1	48,206	0	0	0	0	0	0
Richmond	0	0	4	8,126	0	0	2	4,775
Rockdale	4	347,139	8	59,817	0	0	7	26,804
Spalding	6	744,127	3	5,855	1	164,799	2	19,836
Towns	0	0	1	2,829	0	0	0	0
Troup	2	228,788	14	13,664	0	0	0	0
Turner	1	257,227	0	0	0	0	0	0

Union	0	0	0	0	0	0	1	9
Upson	0	0	2	520	0	0	1	220
Walker	0	0	0	0	0	0	1	3,948
Walton	1	100,454	5	15,247	2	94,929	3	18,374
Wayne	0	0	0	0	0	0	1	2,703
Whitfield	1	202,408	1	577	1	22,717	1	122
Wilkes	0	0	0	0	0	0	1	457
Total	531	33,736,140	5,548	26,467,417	329	20,105,384	4,089	13,928,693

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	3,675,072	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	10,497	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%.