GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2022 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP312

Facility Name: Wellstar Douglas Hospital

County: Douglas

Street Address: 8954 Hospital Drive

City: Douglasville

Zip: 30134-2282

Mailing Address: 8954 Hospital Drive

Mailing City: Douglasville

Mailing Zip: 30134-2282

2. Report Period

Please report data for the hospital fiscal year ending during calender 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	508,401,872
Total Inpatient Admissions accounting for Inpatient Revenue	7,588
Outpatient Gross Patient Revenue	586,670,946
Total Outpatient Visits accounting for Outpatient Revenue	121,317
Medicare Contractual Adjustments	464,352,457
Medicaid Contractual Adjustments	127,341,697
Other Contractual Adjustments:	173,339,065
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	30,870,565
Gross Indigent Care:	73,741,124
Gross Charity Care:	25,674,469
Uncompensated Indigent Care (net):	73,741,124
Uncompensated Charity Care (net):	25,674,469
Other Free Care:	23,738
Other Revenue/Gains:	952,986
Total Expenses:	190,448,017

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	23,738
Employee Discounts	0
	0
Total	**23,738**

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	25,550,167	10,654,797	36,204,964
Outpatient	48,190,957	15,019,672	63,210,629
Total	**73,741,124**	**25,674,469**	**99,415,593**

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	25,550,167	10,654,797	36,204,964
Outpatient	48,190,957	15,019,672	63,210,629
Total	**73,741,124**	**25,674,469**	**99,415,593**

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	1	1,818	0	0	1	4,236
Barrow	1	81,522	3	15,120	0	0	0	0
Bartow	0	0	11	96,427	0	0	6	42,132
Ben Hill	0	0	2	625	0	0	0	0
Bibb	1	42,453	1	15,613	0	0	2	14,085
Butts	0	0	1	3,813	0	0	2	3,978
Carroll	25	993,417	573	2,012,180	14	802,517	273	609,612
Chatham	0	0	2	6,929	1	42,448	5	3,737
Cherokee	1	57,012	21	104,100	0	0	17	65,097
Clarke	0	0	2	10,380	0	0	1	17,507
Clayton	10	283,072	92	425,455	3	100,309	38	105,605
Cobb	35	1,264,856	738	3,033,913	12	329,828	233	835,663
Coffee	0	0	0	0	0	0	2	8,683
Colquitt	0	0	1	5,600	0	0	0	0
Columbia	0	0	3	8,059	0	0	1	4,308
Coweta	2	73,905	24	52,496	1	37,022	4	2,596
Decatur	0	0	2	4,345	0	0	0	0
DeKalb	9	201,076	105	400,761	2	38,436	52	198,256
Dougherty	0	0	4	6,260	0	0	3	65
Douglas	500	19,207,275	8,894	34,772,834	157	7,606,946	3,506	9,291,743
Fannin	0	0	1	2,352	0	0	0	0
Fayette	1	13,911	6	17,654	0	0	7	20,318
Floyd	0	0	3	20,840	0	0	3	8,456
Forsyth	0	0	3	8,537	0	0	3	36,500
Fulton	47	1,559,899	868	3,660,325	19	827,662	498	1,881,904
Gilmer	0	0	2	2,732	0	0	0	0
Glynn	0	0	1	25	0	0	0	0
Gordon	0	0	1	150	0	0	0	0
Gwinnett	2	53,862	38	187,498	7	217,998	19	133,415
Habersham	0	0	1	5,306	0	0	2	7,096
Hall	0	0	6	13,750	0	0	2	9,426
Haralson	6	92,106	100	275,615	2	5,436	31	70,015

County								
Heard	1	1,053	5	13,676	0	0	3	9,376
Henry	2	114,676	27	107,907	2	25	22	85,466
Houston	0	0	0	0	0	0	2	1,361
Jackson	0	0	1	11,057	0	0	1	5,811
Jasper	0	0	1	1,937	1	63,557	0	0
Lamar	1	2,480	1	36	0	0	1	2,726
Laurens	0	0	1	8,973	0	0	0	0
Lee	0	0	0	0	0	0	1	2,532
Liberty	0	0	0	0	0	0	2	3,982
Long	0	0	0	0	1	25,629	0	0
Lowndes	0	0	0	0	0	0	1	16,196
Madison	0	0	1	248	0	0	0	0
Marion	0	0	1	6,335	0	0	0	0
Meriwether	0	0	4	2,122	0	0	0	0
Miller	0	0	0	0	0	0	2	45
Montgomery	0	0	2	1,532	0	0	0	0
Murray	0	0	1	0	0	0	0	0
Muscogee	0	0	2	3,092	0	0	5	13,837
Newton	0	0	3	10,307	0	0	2	8,217
Other Out of State	18	595,278	206	916,741	9	439,403	187	787,052
Paulding	33	845,756	527	1,708,695	7	96,350	284	622,096
Pickens	1	65,553	4	6,287	0	0	0	0
Pike	0	0	1	6,958	0	0	0	0
Polk	0	0	20	42,700	0	0	9	16,852
Putnam	0	0	0	0	0	0	1	10
Quitman	0	0	1	8,729	0	0	0	0
Randolph	0	0	1	1,828	0	0	0	0
Richmond	0	0	2	8,938	0	0	1	1,268
Rockdale	2	1,006	6	27,386	0	0	6	29,181
Spalding	0	0	1	1,123	0	0	4	5,337
Tattnall	0	0	3	20,188	0	0	0	0
Tift	0	0	0	0	0	0	1	15,948
Troup	0	0	13	74,214	1	21,230	3	15,154
Turner	0	0	0	0	0	0	1	61
Walker	0	0	1	1,159	0	0	0	0
Walton	0	0	0	0	0	0	1	2,364
Warren	0	0	0	0	0	0	1	366
Washington	0	0	2	14,146	0	0	0	0
Wayne	0	0	1	8,843	0	0	0	0
Whitfield	0	0	1	4,289	0	0	0	0
Total	**698**	**25,550,168**	**12,350**	**48,190,958**	**239**	**10,654,796**	**5,252**	**15,019,671**

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 7/1/20-6/30/21	SFY2022 7/1/21-6/30/22	SFY2023 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	3,382,413	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 7/1/20-6/30/21	SFY2022 7/1/21-6/30/22	SFY2023 7/1/22-6/30/23
0	18,539	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 inccaurate 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%.