GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2020 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 2020 only.
Do not use a different report period.

Please indicate your hospital fiscal year.
 From: 7/1/2019 To:6/30/2020

Please indicate your cost report year.
 From: 07/01/2019 To:06/30/2020

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	384,003,050
Total Inpatient Admissions accounting for Inpatient Revenue	7,577
Outpatient Gross Patient Revenue	517,531,314
Total Outpatient Visits accounting for Outpatient Revenue	112,120
Medicare Contractual Adjustments	354,770,225
Medicaid Contractual Adjustments	90,554,157
Other Contractual Adjustments:	166,694,367
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	16,301,529
Gross Indigent Care:	97,243,354
Gross Charity Care:	15,995,400
Uncompensated Indigent Care (net):	97,243,354
Uncompensated Charity Care (net):	15,995,400
Other Free Care:	30,004
Other Revenue/Gains:	877,815
Total Expenses:	152,517,962

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	7,986
Employee Discounts	8,847
small balance write offs	13,171
Total	**30,004**

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 2020? (Check box if yes.) ☑

2. Effective Date
What was the effective date of the policy or policies in effect during 2020?

07/01/2016

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.?

revenue cycle vp

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 2020? (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	26,251,951	5,330,792	31,582,743
Outpatient	70,991,403	10,664,608	81,656,011
Total	**97,243,354**	**15,995,400**	**113,238,754**

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	26,251,951	5,330,792	31,582,743
Outpatient	70,991,403	10,664,608	81,656,011
Total	**97,243,354**	**15,995,400**	**113,238,754**

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	0	0	1	11,793	0	0
Barrow	0	0	4	25,049	0	0	1	5,328
Bartow	1	2,003	20	62,728	1	1,364	8	909
Bibb	0	0	5	20,021	0	0	0	0
Brantley	0	0	1	8,479	0	0	0	0
Bulloch	0	0	1	1,290	0	0	0	0
Butts	1	23,950	2	6,088	0	0	3	14,810
Camden	0	0	1	8,128	0	0	0	0
Carroll	67	1,742,466	1,009	3,760,598	9	25,717	209	425,657
Charlton	0	0	1	712	0	0	0	0
Chatham	0	0	9	47,967	0	0	0	0
Cherokee	1	17,108	25	85,830	0	0	3	21,516
Clarke	0	0	4	16,925	0	0	5	4,106
Clayton	4	93,975	139	485,209	1	24,081	13	42,744
Cobb	40	1,035,481	1,120	4,248,471	8	212,414	179	766,788
Coffee	0	0	2	8,020	0	0	0	0
Coweta	2	39,160	31	93,034	0	0	4	6,726
Dawson	0	0	2	3,364	0	0	0	0
DeKalb	9	327,930	125	461,012	1	1,995	16	64,337
Dougherty	0	0	4	91,712	0	0	0	0
Douglas	643	18,127,381	14,564	52,011,414	287	4,167,189	2,783	7,325,427
Effingham	1	3,529	1	5,526	0	0	0	0
Elbert	0	0	2	10,532	0	0	0	0
Emanuel	0	0	3	6,339	0	0	0	0
Fannin	0	0	1	4,404	0	0	0	0
Fayette	0	0	19	65,544	0	0	2	8,547
Floyd	2	14,811	8	31,716	0	0	2	6,701
Forsyth	0	0	7	22,236	0	0	1	2,371
Franklin	0	0	1	3,888	0	0	0	0
Fulton	73	2,479,647	1,332	4,562,710	16	285,593	249	739,106
Gilmer	0	0	1	5,971	0	0	0	0
Glynn	0	0	2	4,404	0	0	0	0

Gordon	0	0	1	9,729	0	0	0	0
Gwinnett	5	105,369	49	127,830	1	66,178	7	5,419
Habersham	0	0	1	646	0	0	0	0
Hall	0	0	9	72,104	0	0	1	7,660
Haralson	3	79,858	101	383,836	0	0	25	99,010
Heard	0	0	9	36,225	0	0	1	4,594
Henry	4	75,149	33	154,476	0	0	11	37,899
Houston	1	10,107	6	20,827	0	0	0	0
Jackson	1	114,722	0	0	0	0	0	0
Jasper	0	0	1	2,704	0	0	0	0
Lamar	0	0	1	11,002	0	0	0	0
Lee	0	0	1	3,949	0	0	1	1,997
Liberty	0	0	3	6,327	0	0	1	2,344
Lowndes	0	0	3	16,544	0	0	1	2,774
Macon	0	0	1	640	0	0	0	0
Morgan	0	0	2	6,036	2	2,624	29	4,906
Muscogee	1	24,663	4	9,158	0	0	4	7,556
Newton	0	0	8	22,917	0	0	4	18,535
Oglethorpe	0	0	2	6,349	0	0	0	0
Other Out of State	23	870,038	285	1,025,361	9	341,356	66	234,608
Paulding	30	710,905	805	2,452,985	13	133,525	194	759,580
Pickens	0	0	3	5,203	0	0	0	0
Pike	0	0	3	17,175	0	0	0	0
Polk	1	38,280	27	76,710	0	0	5	12,552
Quitman	1	17,915	0	0	0	0	0	0
Randolph	0	0	1	13,512	0	0	0	0
Richmond	1	52,087	6	14,133	0	0	0	0
Rockdale	0	0	9	46,055	0	0	3	17,018
Spalding	2	200,265	10	70,871	1	22,376	0	0
Taliaferro	0	0	1	1,637	0	0	0	0
Thomas	0	0	1	7,671	0	0	0	0
Toombs	0	0	1	2,655	3	32,536	1	1,404
Treutlen	0	0	1	590	0	0	0	0
Troup	1	45,152	21	103,186	3	2,051	5	5,973
Union	0	0	1	2,721	0	0	0	0
Upson	0	0	7	25,459	0	0	1	4,563
Walker	0	0	1	101	0	0	0	0
Walton	0	0	8	22,223	0	0	0	0
Warren	0	0	1	2,665	0	0	0	0
Washington	0	0	2	2,105	0	0	0	0
White	0	0	1	27,995	0	0	0	0
Wilcox	0	0	2	8,472	0	0	0	0
Wilkinson	0	0	1	1,298	0	0	0	0
Worth	0	0	0	0	0	0	1	1,143

Total		918	26,251,951	19,879	70,991,403	356	5,330,792	3,839	10,664,608

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 2020? (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 2020.

	Patient Category	SFY 2018 7/1/17-6/30/18	SFY2020 7/1/18-6/30/19	SFY2020 7/1/19-6/30/20
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	2,955,718	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 2018 7/1/17-6/30/18	SFY2020 7/1/18-6/30/19	SFY2020 7/1/19-6/30/20
0	20,489	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 inccacurate 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:

Date: 7/20/2021

Title:

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:

Date: 7/20/2021

Title:

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%