



2021 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 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: 07/01/2020 To:06/30/2021

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	450,187,489
Total Inpatient Admissions accounting for Inpatient Revenue	7,427
Outpatient Gross Patient Revenue	560,576,217
Total Outpatient Visits accounting for Outpatient Revenue	116,021
Medicare Contractual Adjustments	430,043,437
Medicaid Contractual Adjustments	103,310,838
Other Contractual Adjustments:	154,484,627
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	28,913,169
Gross Indigent Care:	78,526,256
Gross Charity Care:	21,754,577
Uncompensated Indigent Care (net):	78,526,256
Uncompensated Charity Care (net):	21,754,577
Other Free Care:	5,611
Other Revenue/Gains:	734,170
Total Expenses:	169,516,123

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	5,611
Employee Discounts	0
	0
Total	5,611

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	22,267,170	7,921,433	30,188,603
Outpatient	56,259,086	13,833,144	70,092,230
Total	78,526,256	21,754,577	100,280,833

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	22,267,170	7,921,433	30,188,603
Outpatient	56,259,086	13,833,144	70,092,230
Total	78,526,256	21,754,577	100,280,833

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
Banks	0	0	0	0	0	0	1	17
Barrow	0	0	2	9,681	0	0	2	13
Bartow	1	290	18	84,324	1	105,417	10	22,644
Berrien	0	0	2	13,309	0	0	0	0
Bibb	0	0	3	10,485	0	0	1	566
Brooks	1	523	0	0	0	0	0	0
Bulloch	0	0	1	547	0	0	0	0
Burke	0	0	1	720	0	0	0	0
Butts	0	0	5	22,885	2	57,912	0	0
Carroll	50	1,527,930	755	2,703,333	12	312,731	269	426,708
Catoosa	0	0	0	0	0	0	1	498
Chatham	1	2,562	17	123,794	0	0	1	1,816
Cherokee	1	338,966	13	137,929	3	117,424	11	7,609
Clarke	1	21,003	3	9,989	0	0	0	0
Clayton	3	93,227	104	435,146	1	64,565	26	115,848
Cobb	38	828,851	960	3,975,937	14	369,699	269	867,787
Coffee	0	0	2	4,656	0	0	1	7,196
Colquitt	0	0	2	7,313	0	0	0	0
Columbia	0	0	2	4,208	0	0	0	0
Coweta	1	37,898	25	133,168	0	0	5	35,957
Crisp	0	0	3	2,454	0	0	1	27
Dawson	0	0	0	0	0	0	1	16
DeKalb	6	462,935	78	327,674	1	1,110	36	99,073
Dougherty	0	0	1	1,849	0	0	2	49
Douglas	545	16,407,449	10,230	40,155,502	220	6,138,299	4,059	9,290,936
Elbert	0	0	1	5,318	0	0	0	0
Emanuel	0	0	1	4,667	0	0	0	0
Fannin	0	0	1	500	0	0	0	0
Fayette	0	0	8	45,643	0	0	1	2
Floyd	0	0	12	59,217	0	0	3	2,241
Forsyth	0	0	2	3,484	0	0	0	0
Fulton	47	1,251,556	941	3,333,693	20	455,744	397	1,013,887

Gilmer	0	0	1	7,613	0	0	0	0
Glynn	0	0	1	5,165	0	0	0	0
Gordon	0	0	3	6,233	0	0	0	0
Gwinnett	1	6,169	29	162,691	0	0	16	47,061
Habersham	0	0	1	7	0	0	0	0
Hall	0	0	0	0	0	0	1	1,289
Hancock	0	0	1	52	0	0	0	0
Haralson	7	256,152	90	371,249	5	65,314	35	88,685
Harris	0	0	0	0	0	0	2	12,707
Heard	0	0	8	28,505	0	0	1	4
Henry	0	0	25	69,233	0	0	6	22,075
Houston	1	15,605	3	15,743	0	0	0	0
Jackson	0	0	1	4,378	0	0	0	0
Jasper	0	0	1	4,454	0	0	0	0
Jones	0	0	0	0	0	0	1	10,099
Laurens	0	0	1	3,928	0	0	0	0
Liberty	0	0	1	4,178	0	0	0	0
Lowndes	0	0	2	13,883	0	0	0	0
Lumpkin	0	0	1	621	0	0	0	0
McIntosh	0	0	2	1,043	0	0	0	0
Meriwether	1	31,000	1	4,268	0	0	0	0
Monroe	0	0	2	25,193	0	0	1	3,388
Morgan	0	0	1	1,518	0	0	0	0
Murray	0	0	0	0	0	0	1	309
Muscogee	1	36,736	6	35,714	0	0	0	0
Newton	0	0	5	27,576	0	0	2	108
Other Out of State	11	320,707	327	1,461,622	4	80,091	129	540,512
Paulding	27	528,154	558	1,958,673	11	150,298	328	1,160,139
Peach	0	0	1	3,485	0	0	1	1,981
Pickens	0	0	5	13,916	0	0	0	0
Pike	0	0	2	6,026	0	0	1	4,594
Polk	2	15,326	27	79,367	0	0	8	22,991
Richmond	0	0	2	11,205	0	0	1	2,998
Rockdale	0	0	8	18,549	0	0	3	643
Seminole	0	0	1	616	0	0	0	0
Spalding	1	55,255	19	115,029	0	0	2	17,248
Sumter	0	0	0	0	0	0	1	7
Taylor	0	0	1	1,447	0	0	0	0
Troup	0	0	24	122,172	1	12	3	2,616
Union	0	0	1	5	0	0	0	0
Upson	0	0	0	0	2	2,816	5	791
Walker	0	0	2	20,669	0	0	0	0
Walton	1	28,877	7	20,232	0	0	1	10
Washington	0	0	2	2,367	0	0	0	0

Whitfield	0	0	5	10,199	0	0	0	0
Worth	0	0	1	2,836	0	0	0	0
Total	748	22,267,171	14,372	56,259,085	297	7,921,432	5,646	13,833,145

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	3,384,731
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	21,063

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: 7/26/2022

Title: President & CEO



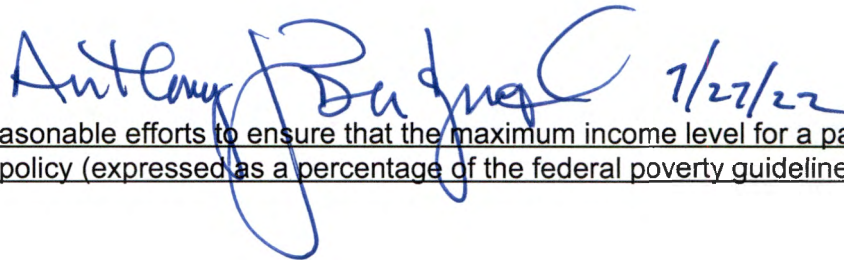
I hereby certify that I am the financial officer authorized to sign this form and that the information is true and accurate. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Signature of Financial Officer: Anthony J Budzinski

Date: 7/26/2022

Title: EVP & CFO

Comments:



Wellstar makes all reasonable efforts to ensure that the maximum income level for a patient to be considered under its policy (expressed as a percentage of the federal poverty guidelines) is 300%.