



## 2021 Hospital Financial Survey

### Part A : General Information

#### 1. Identification

UID:HOSP508

**Facility Name:** Wellstar Spalding Regional Hospital

**County:** Spalding

**Street Address:** 601 S. 8th Street

**City:** Griffin

**Zip:** 30224

**Mailing Address:** PO Box V

**Mailing City:** Griffin

**Mailing Zip:** 30224-0047

#### 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](mailto: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	466,438,632
Total Inpatient Admissions accounting for Inpatient Revenue	7,510
Outpatient Gross Patient Revenue	413,194,319
Total Outpatient Visits accounting for Outpatient Revenue	97,443
Medicare Contractual Adjustments	403,736,438
Medicaid Contractual Adjustments	137,927,845
Other Contractual Adjustments:	90,166,016
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	18,714,379
Gross Indigent Care:	69,977,604
Gross Charity Care:	11,456,602
Uncompensated Indigent Care (net):	69,977,604
Uncompensated Charity Care (net):	11,456,602
Other Free Care:	4,568
Other Revenue/Gains:	618,728
Total Expenses:	139,816,365

### 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	4,568
Employee Discounts	0
	0
<b>Total</b>	<b>4,568</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	20,970,470	4,995,830	25,966,300
Outpatient	49,007,134	6,460,772	55,467,906
<b>Total</b>	<b>69,977,604</b>	<b>11,456,602</b>	<b>81,434,206</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	20,970,469	4,995,830	25,966,299
Outpatient	49,007,135	6,460,772	55,467,907
<b>Total</b>	<b>69,977,604</b>	<b>11,456,602</b>	<b>81,434,206</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
Baldwin	0	0	2	7,490	0	0	0	0
Barrow	3	149,737	7	7,940	0	0	1	2
Bartow	0	0	3	13,777	0	0	2	9,370
Ben Hill	0	0	0	0	0	0	1	0
Bibb	3	59,951	34	182,537	0	0	8	12,454
Bleckley	0	0	2	17,111	0	0	0	0
Brooks	0	0	0	0	0	0	1	956
Butts	75	2,711,740	571	2,226,677	34	1,020,959	311	503,303
Carroll	1	1,370	5	12,750	0	0	2	117
Charlton	0	0	4	10,002	0	0	0	0
Chatham	0	0	1	2,146	0	0	0	0
Chattooga	0	0	2	4,125	0	0	0	0
Cherokee	0	0	5	17,818	0	0	2	604
Clarke	0	0	4	3,888	0	0	1	1,408
Clayton	6	225,146	212	682,405	5	40,368	59	154,178
Cobb	2	74,669	48	170,714	1	1,300	17	16,178
Coffee	0	0	1	4,850	0	0	0	0
Columbia	0	0	0	0	0	0	1	1,085
Cook	0	0	0	0	1	119,818	0	0
Coweta	1	3,115	44	122,009	1	139,144	12	23,866
Crisp	0	0	1	9,039	0	0	0	0
DeKalb	0	0	45	148,026	0	0	21	47,555
Dougherty	0	0	9	99,903	0	0	2	1,462
Douglas	0	0	10	41,955	0	0	5	11,701
Effingham	0	0	1	691	0	0	0	0
Fannin	0	0	2	5,592	0	0	1	50
Fayette	1	2,000	64	205,218	3	46,768	50	76,077
Floyd	2	2,601	1	986	0	0	0	0
Forsyth	0	0	0	0	0	0	3	5,960
Franklin	0	0	1	2,878	0	0	0	0
Fulton	2	50,438	100	395,403	2	25,687	36	77,560
Gilmer	0	0	0	0	0	0	3	9,930

Glascock	0	0	2	4,048	0	0	0	0
Greene	1	25,503	0	0	0	0	0	0
Gwinnett	0	0	11	31,097	0	0	8	11,211
Habersham	0	0	3	8,054	0	0	0	0
Hall	1	328,951	2	6,234	0	0	0	0
Haralson	0	0	9	19,543	0	0	0	0
Harris	0	0	8	34,120	0	0	0	0
Heard	0	0	2	593	0	0	0	0
Henry	48	1,548,275	1,011	3,580,910	15	490,563	407	744,200
Houston	0	0	8	57,570	0	0	5	32,845
Jackson	0	0	1	5,947	0	0	0	0
Jasper	2	81,468	11	65,486	1	13,875	14	9,710
Jenkins	0	0	1	5,589	0	0	0	0
Jones	0	0	3	3,950	0	0	0	0
Lamar	48	1,447,589	859	2,785,462	16	308,113	334	461,914
Laurens	0	0	9	36,703	0	0	0	0
Liberty	0	0	3	9,412	0	0	0	0
Lumpkin	0	0	1	5,484	0	0	0	0
Marion	0	0	0	0	0	0	1	14
McIntosh	0	0	0	0	0	0	1	2
Meriwether	5	142,945	68	194,111	0	0	20	12,309
Monroe	11	439,027	66	241,622	1	28,267	46	61,605
Montgomery	0	0	1	5,545	0	0	0	0
Morgan	0	0	4	8,867	0	0	0	0
Muscogee	0	0	12	20,646	0	0	3	49
Newton	2	58,357	42	156,207	0	0	6	13,426
Oconee	0	0	1	5,726	0	0	0	0
Other Out of State	7	74,595	223	651,475	0	0	43	136,365
Paulding	1	33,038	6	15,072	0	0	1	12
Peach	0	0	1	770	0	0	2	455
Pickens	0	0	1	3,821	0	0	0	0
Pike	52	1,776,284	757	2,674,580	18	490,457	391	613,051
Polk	0	0	4	37,716	0	0	0	0
Putnam	0	0	2	9,974	0	0	1	1
Richmond	0	0	1	11,239	0	0	3	27,153
Rockdale	0	0	5	11,747	0	0	0	0
Screven	0	0	0	0	0	0	1	20
Spalding	390	11,171,269	10,455	32,853,051	131	2,237,635	2,840	3,281,966
Stephens	1	9,305	1	1,490	0	0	0	0
Sumter	0	0	2	1,596	0	0	0	0
Talbot	0	0	5	43,063	0	0	0	0
Taylor	0	0	2	5,886	0	0	0	0
Tift	0	0	1	11,320	0	0	0	0
Toombs	0	0	1	575	0	0	0	0

Treutlen	0	0	1	8,329	0	0	0	0
Troup	3	79,632	36	100,614	0	0	12	36,548
Turner	0	0	0	0	0	0	1	40
Twiggs	0	0	1	15,493	0	0	0	0
Upson	14	447,082	219	654,316	5	2,801	116	56,598
Walker	2	558	6	8,670	0	0	0	0
Walton	2	25,824	8	52,613	1	30,076	2	7,462
Washington	0	0	4	12,112	0	0	0	0
Wayne	0	0	2	3,170	0	0	0	0
White	0	0	1	2,094	0	0	0	0
Whitfield	0	0	39	127,402	0	0	0	0
Wilcox	0	0	1	90	0	0	0	0
<b>Total</b>	<b>686</b>	<b>20,970,469</b>	<b>15,102</b>	<b>49,007,134</b>	<b>235</b>	<b>4,995,831</b>	<b>4,797</b>	<b>6,460,772</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	3,157,968
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	20,820

## 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

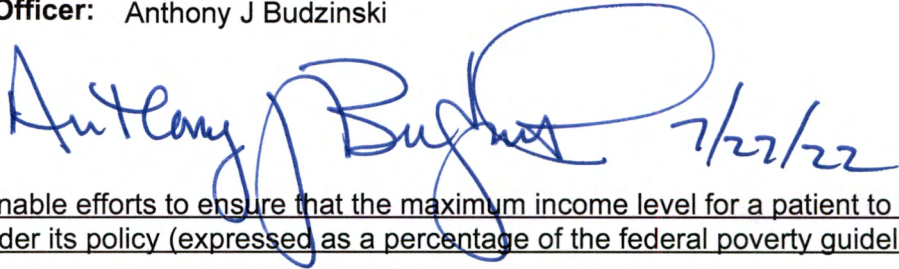


I hereby certify that I am the financial officer authorized to sign this form and that the information is true and accurate. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

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

**Date:** 7/22/2022

**Title:** EVP & CFO



**Comments:**

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%.