



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2023 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP719

Facility Name: Wellstar MCG Health

County: Richmond

Street Address: 1120 15th Street

City: Augusta

Zip: 30912

Mailing Address: 1120 15th Street

Mailing City: Augusta

Mailing Zip: 30912

Medicaid Provider Number: 000000723A

Medicare Provider Number: 110034

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2023 only.
Do not use a different report period.

Please indicate your hospital fiscal year.

From: 7/1/2022 To:6/30/2023

Please indicate your cost report year.

From: 07/01/2022 To:06/30/2023

☐

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.

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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	1,775,982,567
Total Inpatient Admissions accounting for Inpatient Revenue	21,470
Outpatient Gross Patient Revenue	2,176,808,922
Total Outpatient Visits accounting for Outpatient Revenue	474,517
Medicare Contractual Adjustments	1,256,908,645
Medicaid Contractual Adjustments	469,434,507
Other Contractual Adjustments:	1,105,104,070
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	56,255,319
Gross Indigent Care:	38,292,573
Gross Charity Care:	192,792,306
Uncompensated Indigent Care (net):	38,292,573
Uncompensated Charity Care (net):	192,792,306
Other Free Care:	236,040
Other Revenue/Gains:	100,243,363
Total Expenses:	1,009,854,816

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	236,040
Employee Discounts	0
	0
Total	236,040

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 2023? (Check box if yes.) ☒

2. Effective Date

What was the effective date of the policy or policies in effect during 2023?

02/02/2023

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.)?

400%

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 2023? (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	20,716,457	112,668,601	133,385,058
Outpatient	17,576,116	80,123,705	97,699,821
Total	38,292,573	192,792,306	231,084,879

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	20,716,457	112,668,601	133,385,058
Outpatient	17,576,116	80,123,705	97,699,821
Total	38,292,573	192,792,306	231,084,879

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	11	22,768	0	0	2	31,365
Atkinson	0	0	0	0	1	95,114	3	1,707
Bacon	0	0	0	0	0	0	1	346
Baldwin	1	39,478	118	245,415	15	1,913,115	71	289,739
Banks	0	0	0	0	1	1,875	0	0
Barrow	0	0	0	0	0	0	8	16,623
Bartow	2	139,309	48	63,343	0	0	3	106,752
Ben Hill	0	0	0	0	2	258,293	4	2,016
Berrien	1	18,670	7	3,155	0	0	7	7,502
Bibb	3	164,757	0	0	12	555,623	68	129,830
Bleckley	0	0	19	49,691	2	6,239	14	86,173
Brantley	0	0	19	18,699	0	0	3	22,128
Brooks	1	21,521	4	4,445	1	378,256	0	0
Bryan	1	9,695	29	63,422	0	0	10	109,395
Bulloch	6	125,304	90	200,681	16	1,280,592	131	464,531
Burke	29	1,895,992	669	949,094	97	3,083,226	752	3,257,468
Butts	0	0	12	14,615	0	0	3	24,089
Calhoun	0	0	2	8,765	0	0	0	0
Camden	1	94,826	0	0	0	0	6	10,271
Candler	0	0	14	16,002	4	128,147	51	98,385
Carroll	0	0	0	0	0	0	6	15,947
Catoosa	0	0	3	7,671	0	0	0	0
Charlton	0	0	0	0	0	0	2	426
Chatham	1	13,218	43	73,619	6	261,856	50	71,282
Cherokee	1	24,398	5	5,502	2	48,972	5	14,194
Clarke	2	41,366	4	680	5	218,457	29	21,939
Clayton	0	0	0	0	0	0	6	48,222
Clinch	0	0	0	0	0	0	2	10,528
Cobb	2	32,870	12	23,418	0	0	62	42,689
Coffee	6	304,788	30	55,668	4	64,080	45	107,335
Colquitt	0	0	5	3,136	0	0	2	94
Columbia	79	3,131,291	2,066	2,266,699	304	10,409,810	4,330	9,148,193

Cook	0	0	0	0	1	46,161	7	561
Coweta	0	0	0	0	0	0	1	182
Crawford	2	73,168	8	3,194	0	0	0	0
Crisp	0	0	5	24,284	0	0	6	46,005
Dawson	0	0	0	0	0	0	1	15,277
Decatur	0	0	3	643	0	0	1	17,858
DeKalb	0	0	23	17,082	2	106,908	43	130,893
Dodge	0	0	2	2,842	5	107,861	7	11,477
Dooly	0	0	0	0	1	298	0	0
Dougherty	1	26,942	18	60,631	3	194,482	18	115,763
Douglas	2	58,492	8	2,677	1	127,448	8	20,329
Early	3	163,795	73	71,525	0	0	16	118,175
Echols	0	0	1	4,028	0	0	0	0
Effingham	0	0	21	29,955	0	0	23	154,783
Elbert	0	0	1	18,379	12	987,088	0	0
Emanuel	16	532,873	267	413,455	47	2,171,700	283	1,733,436
Evans	3	14,227	30	18,846	1	36,721	31	67,616
Fannin	0	0	0	0	0	0	4	655
Floyd	0	0	0	0	1	13,815	6	25,596
Forsyth	0	0	3	3,565	1	1,972	0	0
Franklin	1	22,219	25	21,464	1	26,572	6	36,898
Fulton	0	0	3	39,429	4	469,127	59	160,162
Gilmer	0	0	0	0	0	0	4	23,402
Glascock	2	45,295	131	105,096	10	21,733	124	228,752
Glynn	1	80,270	17	59,031	5	257,929	16	125,242
Grady	0	0	8	89,507	0	0	14	142,191
Greene	0	0	22	12,526	11	192,574	48	82,499
Gwinnett	0	0	11	12,714	6	732,932	0	0
Habersham	0	0	0	0	0	0	3	693
Hall	0	0	4	14,696	1	11,760	11	34,292
Hancock	0	0	86	134,592	5	574,104	49	243,750
Hart	0	0	0	0	1	38,768	5	7,412
Henry	0	0	1	1,972	2	19,297	18	44,572
Houston	3	271,409	33	35,471	3	665,813	28	153,497
Irwin	0	0	6	1,057	1	44,754	0	1,652
Jackson	0	0	0	0	1	7,625	16	6,964
Jasper	0	0	7	24,130	0	0	0	0
Jeff Davis	0	0	17	50,538	0	0	6	30,900
Jefferson	22	498,710	499	621,514	86	2,832,430	585	1,730,621
Jenkins	13	438,328	165	233,770	32	1,404,367	111	547,750
Johnson	2	59,945	52	49,001	0	0	25	161,186
Jones	0	0	9	5,246	1	16,396	22	204,673
Lamar	0	0	0	0	0	0	10	10,539
Lanier	0	0	2	190	0	0	3	9,218

Laurens	2	29,679	160	169,509	0	0	162	391,194
Lee	0	0	0	0	3	119,020	12	47,877
Liberty	0	0	5	4,568	2	198,980	10	18,955
Lincoln	6	191,548	171	148,227	19	18,682	167	404,317
Long	0	0	0	0	0	0	1	419
Lowndes	1	80,437	30	22,610	4	177,536	21	54,697
Lumpkin	0	0	0	0	0	0	1	9,131
Macon	6	117,801	15	20,090	1	196,715	1	51,416
Madison	0	0	22	6,598	0	0	0	0
Marion	2	10,839	0	0	0	0	0	0
McDuffie	21	932,490	376	449,705	70	2,720,077	601	1,621,936
McIntosh	0	0	1	1,053	0	0	1	1,828
Meriwether	0	0	0	0	0	0	1	158
Mitchell	0	0	10	5,734	4	311,735	0	0
Monroe	1	50,763	10	13,474	0	0	0	0
Montgomery	1	99,844	24	22,079	3	73,433	0	0
Morgan	0	0	5	5,017	11	32,428	0	0
Murray	0	0	2	8,140	0	0	0	0
Muscogee	0	0	1	1,129	3	325,036	9	12,502
Newton	2	111,265	17	20,384	4	123,152	34	56,844
Oconee	0	0	0	0	0	0	7	5,192
Oglethorpe	0	0	1	344	0	0	3	10,046
Other Out of State	39	1,015,791	711	971,483	783	29,704,891	10,880	20,314,668
Paulding	0	0	0	0	0	0	2	2,605
Peach	0	0	0	0	3	222,578	22	16,820
Pierce	0	0	1	690	2	79,017	1	1,085
Pike	0	0	5	9,197	3	60,041	2	13,438
Polk	0	0	0	0	0	0	1	182
Pulaski	0	0	0	0	1	6,726	4	1,026
Putnam	0	0	32	24,150	6	643,004	11	29,461
Rabun	0	0	0	0	0	0	2	2,494
Randolph	0	0	0	0	0	0	3	7,894
Richmond	266	8,010,939	6,555	7,937,091	1,131	42,774,669	14,154	33,108,405
Rockdale	0	0	0	0	2	46,572	19	13,302
Screven	2	60,356	74	59,245	21	902,222	96	188,717
Spalding	0	0	21	32,714	0	0	0	0
Stephens	0	0	0	0	0	0	4	28,646
Stewart	0	0	0	0	0	0	1	15,790
Sumter	1	16,118	0	0	1	43,285	0	0
Taliaferro	2	697,253	76	97,338	8	925,318	36	182,846
Tattnall	0	0	79	112,010	9	188,448	70	405,565
Taylor	0	0	0	0	1	33,134	1	199
Telfair	0	0	7	2,947	1	143,331	14	18,881
Terrell	0	0	0	0	0	0	1	182

Thomas	0	0	1	298	0	0	2	558
Tift	0	0	30	46,427	2	196,417	6	86,989
Toombs	4	111,213	72	75,353	4	280,046	96	222,800
Towns	0	0	0	0	1	10,995	1	376
Treutlen	1	37	42	128,328	1	17,130	0	0
Troup	0	0	0	0	2	47,350	0	0
Twiggs	0	0	0	0	1	1,875	3	1,780
Upson	0	0	3	30,762	0	0	2	52,893
Walker	0	0	0	0	0	0	1	362
Walton	0	0	1	744	4	127,243	17	14,409
Ware	0	0	0	0	1	52,166	11	25,058
Warren	3	129,874	95	106,622	0	0	89	162,654
Washington	10	378,465	333	483,169	47	788,673	306	1,323,938
Wayne	4	328,589	58	106,535	0	0	0	0
Wheeler	0	0	24	13,429	0	0	16	31,298
White	0	0	1	952	0	0	0	0
Whitfield	0	0	0	0	1	59,903	6	21,439
Wilcox	0	0	0	0	0	0	1	1,349
Wilkes	0	0	116	158,433	51	1,202,483	203	508,670
Wilkinson	0	0	0	0	0	0	30	45,752
Worth	0	0	0	0	0	0	1	22
Total	581	20,716,457	13,958	17,576,116	2,928	12,668,601	34,440	80,123,705

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 2023?
(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 2023.

Patient Category		SFY 2022 7/1/21-6/30/22	SFY2023 7/1/22-6/30/23	SFY2024 7/1/23-6/30/24
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	41,106,539	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.

SFY2022 7/1/21-6/30/22	SFY2023 7/1/22-6/30/23	SFY2024 7/1/23-6/30/24
0	51,907	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: 7/19/2024

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: Joe Reppert

Date: 7/19/2024

Title: Interim CFO

Comments: