



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2023 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

Medicaid Provider Number: 000000624A

Medicare Provider Number: 110184

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	616,086,603
Total Inpatient Admissions accounting for Inpatient Revenue	7,754
Outpatient Gross Patient Revenue	705,567,879
Total Outpatient Visits accounting for Outpatient Revenue	133,937
Medicare Contractual Adjustments	523,532,700
Medicaid Contractual Adjustments	175,415,215
Other Contractual Adjustments:	277,224,796
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	25,840,999
Gross Indigent Care:	70,841,183
Gross Charity Care:	28,651,552
Uncompensated Indigent Care (net):	70,841,183
Uncompensated Charity Care (net):	28,651,552
Other Free Care:	81,120
Other Revenue/Gains:	2,418,107
Total Expenses:	200,360,095

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	81,120
Employee Discounts	0
	0
Total	81,120

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?

10/25/2022

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 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	22,673,824	9,855,849	32,529,673
Outpatient	48,167,359	18,795,703	66,963,062
Total	70,841,183	28,651,552	99,492,735

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	22,673,824	9,855,849	32,529,673
Outpatient	48,167,359	18,795,703	66,963,062
Total	70,841,183	28,651,552	99,492,735

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	0	0	0	0	2	349
Banks	1	37,902	4	29,112	1	1,556	2	216
Barrow	0	0	3	10,300	0	0	1	9,644
Bartow	0	0	16	41,133	1	77,445	9	22,174
Ben Hill	0	0	1	606	0	0	0	0
Bibb	2	71,053	5	6,866	0	0	1	183
Brooks	0	0	1	3,227	0	0	0	0
Bryan	0	0	1	5	0	0	0	0
Butts	2	200,701	4	46,284	1	68,441	1	7,839
Carroll	36	908,434	621	2,284,184	8	189,379	445	976,953
Chatham	0	0	5	39,619	0	0	4	318
Chattooga	0	0	0	0	0	0	2	333
Cherokee	1	77,551	22	75,854	0	0	12	30,103
Clarke	1	92,219	10	87,295	0	0	0	0
Clay	0	0	1	250	0	0	0	0
Clayton	9	159,655	120	618,744	0	0	33	113,225
Cobb	34	1,345,392	913	3,650,774	14	249,197	393	1,196,196
Columbia	0	0	2	6,564	0	0	0	0
Cook	0	0	1	13,429	0	0	0	0
Coweta	2	87,405	24	92,186	0	0	12	23,030
Dawson	0	0	2	15,346	0	0	0	0
DeKalb	7	331,113	104	390,422	5	301,627	78	316,891
Dougherty	0	0	2	12,815	0	0	1	1
Douglas	441	15,633,683	8,895	34,434,721	230	7,049,765	4,486	11,928,407
Effingham	0	0	1	1,239	0	0	0	0
Fayette	0	0	8	26,553	0	0	14	37,632
Floyd	0	0	1	3,280	1	30,009	3	12,107
Forsyth	0	0	4	20,517	1	45,680	1	9,858
Fulton	50	2,217,622	951	3,684,144	23	1,142,386	702	2,464,811
Glynn	0	0	3	1,948	0	0	1	2,416
Gordon	0	0	1	4,048	0	0	2	4,774
Grady	0	0	1	1,233	0	0	0	0

Gwinnett	3	75,962	40	155,279	0	0	16	84,849
Habersham	1	3,321	0	0	0	0	0	0
Hall	1	54,356	3	8,280	0	0	0	0
Haralson	2	207,944	53	165,614	1	40,147	36	99,922
Harris	0	0	0	0	0	0	1	6,138
Hart	0	0	1	7,912	0	0	1	4,665
Heard	2	87,160	7	30,856	0	0	0	0
Henry	0	0	34	105,653	0	0	17	63,686
Houston	0	0	4	6,237	0	0	3	4,719
Jones	0	0	1	6	0	0	0	0
Lamar	0	0	5	32,044	0	0	1	10,852
Laurens	0	0	1	829	0	0	0	0
Liberty	0	0	1	910	0	0	0	0
Lowndes	0	0	1	1,183	0	0	0	0
Madison	0	0	0	0	1	52,169	0	0
McDuffie	0	0	1	653	0	0	0	0
McIntosh	0	0	0	0	0	0	1	3,664
Meriwether	0	0	3	6,655	0	0	1	4,595
Monroe	0	0	0	0	0	0	2	815
Murray	0	0	1	5,008	0	0	3	886
Muscogee	0	0	7	24,693	0	0	1	8,816
Newton	0	0	1	6,973	0	0	8	28,378
Other Out of State	9	552,850	161	804,032	8	335,750	194	630,904
Paulding	9	413,295	243	794,659	12	167,936	171	535,274
Peach	0	0	0	0	0	0	2	16,807
Pickens	1	27,603	1	17,028	0	0	0	0
Pike	0	0	0	0	0	0	1	17
Polk	0	0	24	82,283	2	77,779	19	23,397
Putnam	0	0	2	22,578	0	0	0	0
Randolph	0	0	0	0	0	0	1	49
Richmond	1	46,443	2	1,794	0	0	3	5,618
Rockdale	0	0	7	26,474	0	0	8	24,448
Spalding	1	42,160	10	94,024	0	0	5	13,934
Sumter	0	0	1	1,164	0	0	0	0
Talbot	0	0	1	128	0	0	0	0
Thomas	0	0	0	0	0	0	1	5,289
Toombs	0	0	0	0	1	26,583	0	0
Troup	0	0	13	148,000	0	0	6	23,572
Upson	0	0	1	551	0	0	1	6,635
Walton	0	0	1	8,538	0	0	3	18,929
Ware	0	0	1	2,499	0	0	0	0
Washington	0	0	0	0	0	0	1	6,584
White	0	0	1	2,097	0	0	1	32
Whitfield	0	0	1	27	0	0	0	0

Wilkes	0	0	0	0	0	0	1	4,632
Worth	0	0	0	0	0	0	1	137
Total	616	22,673,824	12,361	48,167,359	310	9,855,849	6,715	18,795,703

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	6,969,075	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	20,002	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:

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 percentage of the federal poverty guidelines) is 300%.