



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2023 Hospital Financial Survey**

**Part A : General Information**

**1. Identification**

**UID:HOSP151**

**Facility Name:** Wellstar Paulding Medical Center

**County:** Paulding

**Street Address:** 2518 Jimmy Lee Smith Parkway

**City:** Hiram

**Zip:** 30141-1335

**Mailing Address:** 2518 Jimmy Lee Smith Parkway

**Mailing City:** Hiram

**Mailing Zip:** 30141-1335

**Medicaid Provider Number:** 000001438A

**Medicare Provider Number:** 110042

**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](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	683,840,454
Total Inpatient Admissions accounting for Inpatient Revenue	9,318
Outpatient Gross Patient Revenue	900,640,886
Total Outpatient Visits accounting for Outpatient Revenue	161,574
Medicare Contractual Adjustments	687,450,444
Medicaid Contractual Adjustments	140,809,351
Other Contractual Adjustments:	353,519,887
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	28,447,078
Gross Indigent Care:	70,895,238
Gross Charity Care:	34,681,942
Uncompensated Indigent Care (net):	70,895,238
Uncompensated Charity Care (net):	34,681,942
Other Free Care:	23,891
Other Revenue/Gains:	2,871,691
Total Expenses:	222,799,222

### 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	23,891
Employee Discounts	0
	0
<b>Total</b>	<b>23,891</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 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	27,451,119	14,264,793	41,715,912
Outpatient	43,444,119	20,417,149	63,861,268
<b>Total</b>	<b>70,895,238</b>	<b>34,681,942</b>	<b>105,577,180</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	27,451,119	14,264,793	41,715,912
Outpatient	43,444,119	20,417,149	63,861,268
<b>Total</b>	<b>70,895,238</b>	<b>34,681,942</b>	<b>105,577,180</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
Banks	0	0	0	0	0	0	1	6,151
Barrow	0	0	1	2,198	0	0	3	5,220
Bartow	8	203,694	109	557,407	0	0	64	146,412
Bibb	0	0	1	150	0	0	1	1,511
Butts	0	0	2	10,097	0	0	1	6,498
Carroll	22	684,099	434	2,040,740	10	277,289	235	646,894
Catoosa	2	42,360	1	8,567	0	0	1	424
Chatham	0	0	6	23,590	0	0	3	5,297
Chattooga	0	0	0	0	0	0	1	5,390
Cherokee	2	113,507	79	279,151	4	146,768	48	259,021
Clarke	1	843	3	1,945	1	55,357	2	9,148
Clayton	3	115,658	30	103,794	1	57,453	12	56,869
Cobb	173	6,034,238	2,282	8,966,177	74	2,881,854	1,827	5,212,304
Cook	4	11,626	0	0	0	0	0	0
Coweta	1	57,584	8	34,438	0	0	8	6,681
Dawson	0	0	0	0	0	0	1	7,562
DeKalb	1	35,606	50	263,628	3	349,480	20	94,118
Dodge	0	0	0	0	0	0	1	7
Douglas	50	4,150,534	996	3,866,271	49	1,871,218	627	1,549,836
Early	0	0	1	6,256	0	0	0	0
Fannin	0	0	1	7,472	0	0	0	0
Fayette	0	0	3	3,954	0	0	2	2,386
Floyd	0	0	27	84,249	1	12,576	23	48,846
Forsyth	0	0	0	0	0	0	3	12,925
Fulton	3	249,623	108	512,325	1	742	88	282,640
Gilmer	0	0	5	30,434	1	115,736	3	2,633
Glynn	0	0	0	0	0	0	5	2,273
Gordon	0	0	8	48,536	0	0	2	2,266
Greene	0	0	0	0	0	0	2	82
Gwinnett	0	0	16	68,626	1	45,191	13	47,551
Habersham	0	0	0	0	0	0	2	2,902
Hall	0	0	1	27,699	1	70,440	3	23,070

Hancock	0	0	0	0	0	0	1	651
Haralson	7	142,143	80	237,373	4	141,469	56	163,876
Heard	0	0	2	42,987	0	0	2	8,824
Henry	1	58,786	3	19,054	0	0	3	9,982
Houston	0	0	0	0	1	646	0	0
Jackson	0	0	1	2,710	1	94,500	0	0
Laurens	0	0	0	0	0	0	1	29
Liberty	0	0	3	2,000	0	0	1	2,329
Lowndes	0	0	2	5,391	0	0	2	13,548
Macon	0	0	1	856	0	0	0	0
Madison	0	0	1	1,554	0	0	0	0
Meriwether	0	0	0	0	0	0	2	1,750
Murray	0	0	5	26,349	0	0	2	1,963
Muscogee	0	0	1	2,651	0	0	2	3,284
Newton	0	0	6	18,719	0	0	2	2,187
Other Out of State	8	314,840	128	624,893	2	42,445	143	367,506
Paulding	376	13,309,061	6,430	23,462,381	201	7,812,243	4,241	10,595,788
Pickens	0	0	3	11,455	0	0	2	34,855
Polk	34	1,875,028	568	1,883,932	12	268,038	298	721,481
Richmond	0	0	3	18,154	0	0	1	4,858
Rockdale	0	0	4	16,566	0	0	6	22,608
Spalding	2	30,821	7	17,394	0	0	1	68
Taylor	1	21,068	0	0	0	0	0	0
Troup	0	0	6	38,509	1	21,348	2	1,985
Union	0	0	1	1,854	0	0	0	0
Upson	0	0	0	0	0	0	1	19
Walker	0	0	5	41,677	0	0	0	0
Walton	0	0	1	3,645	0	0	1	9,641
White	0	0	1	90	0	0	1	22
Whitfield	0	0	7	16,221	0	0	1	2,978
<b>Total</b>	<b>699</b>	<b>27,451,119</b>	<b>11,441</b>	<b>43,444,119</b>	<b>369</b>	<b>14,264,793</b>	<b>7,774</b>	<b>20,417,149</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 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	2,518,554	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	20,283	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%.