



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2023 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

Medicaid Provider Number: 000000866A

Medicare Provider Number: 110031

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	588,793,364
Total Inpatient Admissions accounting for Inpatient Revenue	7,967
Outpatient Gross Patient Revenue	462,997,348
Total Outpatient Visits accounting for Outpatient Revenue	104,486
Medicare Contractual Adjustments	469,414,505
Medicaid Contractual Adjustments	167,963,161
Other Contractual Adjustments:	164,646,462
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	22,026,423
Gross Indigent Care:	57,054,185
Gross Charity Care:	17,479,397
Uncompensated Indigent Care (net):	57,054,185
Uncompensated Charity Care (net):	17,479,397
Other Free Care:	9,676
Other Revenue/Gains:	1,556,688
Total Expenses:	159,701,414

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	9,676
Employee Discounts	0
	0
Total	9,676

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	21,166,762	6,905,071	28,071,833
Outpatient	35,887,423	10,574,326	46,461,749
Total	57,054,185	17,479,397	74,533,582

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	21,166,762	6,905,071	28,071,833
Outpatient	35,887,423	10,574,326	46,461,749
Total	57,054,185	17,479,397	74,533,582

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	3,176	0	0	1	424
Barrow	0	0	3	7,275	0	0	1	9,138
Bartow	0	0	2	3,739	0	0	3	18,361
Berrien	0	0	1	419	0	0	0	0
Bibb	2	101,688	12	76,418	1	31,069	11	35,335
Bleckley	0	0	0	0	0	0	1	1,520
Bulloch	0	0	0	0	0	0	2	2,794
Butts	55	2,841,485	438	2,154,412	15	313,905	316	578,742
Camden	0	0	2	10,458	0	0	0	0
Carroll	2	98,926	9	38,773	0	0	5	8,793
Chatham	0	0	0	0	0	0	1	2,106
Cherokee	0	0	7	24,838	0	0	3	17,309
Clayton	3	102,333	118	436,742	2	84,894	75	207,241
Cobb	0	0	39	141,592	0	0	15	48,639
Columbia	0	0	0	0	0	0	1	4
Cook	0	0	1	1,755	0	0	0	0
Coweta	2	115,655	48	151,605	2	54,358	30	132,086
Crawford	0	0	2	16,585	0	0	0	0
Crisp	0	0	1	4,664	0	0	0	0
DeKalb	6	295,887	37	181,749	1	16,557	35	111,296
Dodge	0	0	0	0	0	0	1	8,925
Dougherty	0	0	17	68,953	0	0	2	7,580
Douglas	1	32,229	13	46,095	0	0	2	24,515
Effingham	0	0	2	2,927	0	0	0	0
Fannin	0	0	0	0	0	0	3	3,950
Fayette	1	5,794	55	198,201	4	176,940	69	205,131
Floyd	0	0	1	2,897	0	0	0	0
Forsyth	0	0	2	11,912	0	0	1	429
Franklin	0	0	0	0	0	0	1	1,239
Fulton	2	14,488	78	341,429	1	96,739	49	170,909
Gilmer	0	0	5	32,380	0	0	2	5,144
Glascocock	0	0	3	14,197	0	0	0	0

Glynn	0	0	1	1,217	0	0	0	0
Gordon	0	0	2	46,575	0	0	0	0
Greene	3	137,812	8	19,272	0	0	0	0
Gwinnett	0	0	2	13,929	1	19,544	13	35,780
Hall	0	0	4	8,025	0	0	0	0
Hancock	0	0	1	8,224	0	0	2	45
Harris	0	0	3	1,973	0	0	0	0
Heard	0	0	2	5,958	0	0	1	16,480
Henry	46	1,996,682	883	2,811,106	21	534,508	543	1,313,416
Houston	0	0	5	15,306	0	0	4	36,275
Irwin	0	0	0	0	0	0	1	4,823
Jasper	1	28,214	10	29,457	3	6,948	8	43,425
Johnson	0	0	1	91	0	0	0	0
Jones	0	0	2	9,449	0	0	0	0
Lamar	26	1,050,455	526	2,055,455	21	1,636,113	325	667,303
Laurens	0	0	0	0	0	0	2	9,540
Liberty	0	0	0	0	0	0	1	1,737
Lowndes	0	0	1	1,859	0	0	2	2,396
Macon	0	0	2	5,778	0	0	0	0
Marion	0	0	1	5	0	0	0	0
Meriwether	1	52,270	42	167,073	1	41,997	22	32,147
Monroe	3	205,747	43	191,123	2	53,799	24	59,425
Morgan	0	0	3	5,959	0	0	0	0
Murray	0	0	0	0	0	0	1	199
Muscogee	0	0	4	6,939	0	0	1	16,360
Newton	1	18,519	14	32,565	1	17,954	9	18,758
Oglethorpe	0	0	0	0	0	0	1	1,610
Other Out of State	3	36,415	70	225,247	4	221,786	68	290,284
Paulding	3	101,527	26	30,965	0	0	2	2,152
Peach	0	0	1	1,012	0	0	4	13,857
Pike	19	593,205	474	2,216,336	35	656,019	350	660,786
Polk	0	0	1	3,463	0	0	2	156
Putnam	0	0	2	1,121	0	0	0	0
Quitman	0	0	8	26,724	0	0	0	0
Richmond	0	0	3	3,295	0	0	1	10,000
Rockdale	0	0	7	16,059	0	0	4	3,891
Spalding	310	12,765,266	7,765	23,352,839	97	2,920,142	2,876	5,391,846
Talbot	0	0	1	585	0	0	0	0
Taylor	0	0	0	0	0	0	1	1,114
Telfair	0	0	0	0	0	0	1	7,359
Tift	0	0	1	1,606	0	0	0	0
Troup	0	0	11	24,714	0	0	9	19,892
Upson	12	572,165	151	568,760	2	21,799	85	301,439
Walton	0	0	1	1,783	0	0	0	0

Washington	0	0	1	2,385	0	0	0	0
Whitfield	0	0	0	0	0	0	2	7,351
Wilkinson	0	0	0	0	0	0	1	2,870
Total	502	21,166,762	10,981	35,887,423	214	6,905,071	4,996	10,574,326

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	3,592,096	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	16,693	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%.