



2021 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP615

Facility Name: Wellstar Kennestone Hospital

County: Cobb

Street Address: 677 Church Street NE

City: Marietta

Zip: 30060-1148

Mailing Address: 677 Church Street NE

Mailing City: Marietta

Mailing Zip: 30060-1148

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

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	3,521,990,430
Total Inpatient Admissions accounting for Inpatient Revenue	42,686
Outpatient Gross Patient Revenue	2,209,348,815
Total Outpatient Visits accounting for Outpatient Revenue	438,292
Medicare Contractual Adjustments	2,284,441,676
Medicaid Contractual Adjustments	467,562,512
Other Contractual Adjustments:	1,106,841,889
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	151,128,653
Gross Indigent Care:	302,808,020
Gross Charity Care:	129,461,199
Uncompensated Indigent Care (net):	302,808,020
Uncompensated Charity Care (net):	129,461,199
Other Free Care:	17,824
Other Revenue/Gains:	16,123,564
Total Expenses:	959,802,805

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	17,824
Employee Discounts	0
	0
Total	17,824

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	166,423,177	76,468,487	242,891,664
Outpatient	136,384,843	52,992,712	189,377,555
Total	302,808,020	129,461,199	432,269,219

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	166,423,177	76,468,487	242,891,664
Outpatient	136,384,843	52,992,712	189,377,555
Total	302,808,020	129,461,199	432,269,219

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	0	0	0	0	1	14,187
Baker	0	0	1	1,024	0	0	0	0
Baldwin	0	0	3	10,809	1	1,996	0	0
Banks	0	0	5	27,537	1	132,757	0	0
Barrow	2	29,636	13	69,630	0	0	8	40,772
Bartow	123	5,315,410	1,037	4,565,265	44	1,577,257	539	1,733,722
Ben Hill	0	0	1	1,316	0	0	0	0
Bibb	3	254,443	21	52,316	0	0	4	4,344
Bryan	0	0	1	1,111	0	0	0	0
Bulloch	0	0	1	1,889	0	0	1	5
Burke	1	71,239	0	0	0	0	0	0
Butts	9	1,015,788	15	66,039	1	1,408	4	21,838
Camden	0	0	2	9,716	0	0	0	0
Carroll	12	989,725	145	929,413	9	343,823	88	326,634
Catoosa	0	0	1	41	0	0	5	640
Chatham	2	219,323	7	29,386	0	0	3	45,522
Chattooga	2	74,891	11	13,865	1	18,560	3	8,705
Cherokee	278	14,027,520	2,587	12,344,533	161	10,043,888	2,066	5,698,138
Clarke	1	21,969	11	46,142	1	668	2	2,444
Clayton	25	2,047,362	176	1,317,548	4	836,510	51	140,828
Clinch	0	0	1	2,237	0	0	0	0
Cobb	1,767	90,182,201	20,714	92,173,087	805	41,871,916	11,221	34,525,849
Colquitt	0	0	1	1,057	0	0	0	0
Columbia	3	78,475	9	8,799	0	0	2	4,089
Coweta	3	492,571	25	71,867	3	475,542	17	94,178
Crawford	0	0	1	1,053	0	0	0	0
Crisp	0	0	2	22,124	0	0	0	0
Dade	0	0	0	0	0	0	1	280
Dawson	1	183,733	15	149,483	0	0	5	15,329
Decatur	0	0	3	7,237	0	0	0	0
DeKalb	39	3,343,414	332	1,680,219	19	953,487	147	818,176
Dodge	0	0	1	6,925	0	0	0	0

Dougherty	0	0	12	79,429	1	1,408	4	5,054
Douglas	64	5,610,360	561	2,488,912	22	992,575	247	541,985
Effingham	0	0	3	13,351	1	12,366	1	4
Elbert	0	0	1	741	0	0	1	0
Emanuel	0	0	1	36,170	0	0	1	4,594
Fannin	1	129,589	14	48,137	2	127,941	18	33,139
Fayette	0	0	28	60,300	0	0	10	37,058
Floyd	11	422,455	58	289,381	2	148,158	22	94,799
Forsyth	3	391,877	43	193,808	4	93,629	45	210,847
Franklin	0	0	6	16,285	0	0	0	0
Fulton	124	10,894,632	989	4,686,441	57	5,644,054	528	2,311,783
Gilmer	17	1,897,601	46	403,970	6	264,644	47	268,211
Glynn	0	0	5	20,153	0	0	3	5,280
Gordon	3	59,155	57	125,447	0	0	22	107,676
Greene	0	0	1	3,829	0	0	1	72
Gwinnett	31	1,980,632	241	1,159,647	8	915,239	135	908,220
Habersham	1	1,753	6	30,121	0	0	0	0
Hall	5	338,542	32	178,276	0	0	8	39,984
Hancock	0	0	1	25,046	0	0	0	0
Haralson	4	190,604	28	381,567	2	280,605	13	24,289
Harris	2	220,113	1	8,421	0	0	2	7,610
Heard	1	42,802	1	1,013	0	0	3	273
Henry	21	1,631,066	101	617,467	7	232,749	34	118,902
Houston	0	0	17	49,032	2	1,177,305	9	84,937
Irwin	0	0	0	0	0	0	1	4,558
Jackson	7	313,653	11	82,664	1	268,113	4	4,677
Jasper	2	135,899	6	32,074	0	0	1	7
Jeff Davis	0	0	1	12,646	0	0	0	0
Jones	0	0	0	0	0	0	1	5,794
Lamar	1	60,388	2	24,652	0	0	0	0
Laurens	0	0	2	13,418	0	0	0	0
Lee	1	33,659	7	39,149	0	0	5	2,379
Liberty	0	0	1	2,852	0	0	1	979
Lincoln	0	0	2	2,708	0	0	1	2
Long	0	0	3	675	0	0	0	0
Lowndes	0	0	7	30,207	0	0	1	14,962
Lumpkin	1	50,061	7	39,077	0	0	3	11,302
Macon	0	0	2	15,448	0	0	1	5
Madison	0	0	2	1,578	0	0	0	0
Marion	0	0	1	262	0	0	0	0
McDuffie	0	0	1	10,573	0	0	0	0
Meriwether	8	248,452	9	47,788	1	1,969	3	221
Mitchell	2	64,302	0	0	0	0	0	0
Monroe	3	262,171	3	31,232	2	12,502	3	3,046

Morgan	1	16,163	1	5,621	0	0	0	0
Murray	0	0	5	12,706	1	17,746	6	12,092
Muscogee	0	0	22	45,297	0	0	8	62,080
Newton	6	168,803	43	104,274	0	0	11	38,755
Oconee	0	0	3	16,004	0	0	0	0
Oglethorpe	1	159,289	1	3,063	0	0	0	0
Other Out of State	111	7,631,049	761	3,863,496	37	2,231,610	331	1,124,071
Paulding	149	6,356,460	1,445	5,315,564	89	5,130,049	967	2,676,987
Peach	0	0	3	24,731	0	0	0	0
Pickens	17	1,469,455	70	394,212	11	1,692,108	73	167,942
Pike	3	331,901	5	47,858	1	125,264	1	19
Polk	14	1,870,097	114	452,028	4	242,276	40	207,093
Pulaski	0	0	1	368	0	0	0	0
Putnam	1	1,328	4	13,581	0	0	1	0
Quitman	0	0	0	0	0	0	1	2,826
Rabun	0	0	1	66	0	0	2	51
Richmond	3	42,392	12	42,934	1	21,380	5	19,435
Rockdale	2	67,679	29	150,100	0	0	15	121,601
Schley	0	0	0	0	0	0	1	2
Screven	0	0	1	4,894	0	0	0	0
Seminole	0	0	1	9,747	0	0	0	0
Spalding	20	1,902,772	29	127,191	5	321,290	17	31,795
Stephens	1	505,605	3	67,047	0	0	1	248
Stewart	0	0	2	17,527	0	0	0	0
Sumter	0	0	3	15,191	0	0	1	5,647
Talbot	1	2,626	4	28,435	0	0	0	0
Taylor	0	0	3	32,020	0	0	0	0
Terrell	0	0	0	0	0	0	1	280
Thomas	0	0	2	57,640	0	0	0	0
Toombs	0	0	3	1,100	0	0	0	0
Towns	0	0	2	166	1	915	5	7,070
Treutlen	0	0	1	3,925	0	0	0	0
Troup	25	2,346,685	46	177,303	5	5,061	15	39,657
Twiggs	1	14,898	1	5,931	0	0	0	0
Union	2	20,891	1	81,941	1	85,048	11	21,667
Upson	2	164,478	6	31,336	0	0	4	108
Walker	0	0	4	3,348	0	0	2	3,028
Walton	1	23,140	12	41,751	2	21,715	4	25,132
Wayne	0	0	1	12,908	0	0	0	0
Webster	0	0	0	0	1	1,875	1	90
White	0	0	4	29,182	1	141,081	1	10
Whitfield	0	0	18	99,575	0	0	12	46,962
Wilcox	0	0	1	8,690	0	0	0	0
Wilkes	0	0	0	0	0	0	1	3,754

Wilkinson	0	0	0	0	0	0	1	25,706
Worth	0	0	8	120,476	0	0	1	276
Total	2,945	66,423,177	30,138	36,384,842	1,328	76,468,487	16,887	52,992,713

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	11,059,030
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	51,298

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



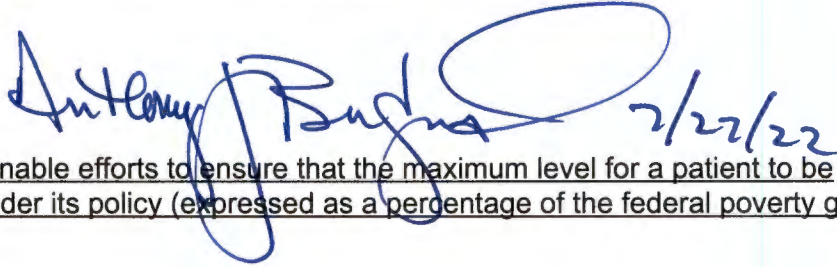
I hereby certify that I am the financial officer authorized to sign this form and that the information is true and accurate. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

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 level for a patient to be considered for charity under its policy (expressed as a percentage of the federal poverty guidelines) is 300%.