



2022 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP546

Facility Name: Wellstar Cobb Hospital

County: Cobb

Street Address: 3950 Austell Road

City: Austell

Zip: 30106-1174

Mailing Address: 3950 Austell Road

Mailing City: Austell

Mailing Zip: 30106-1174

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2022 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 7/1/2021 To:6/30/2022

Please indicate your cost report year.

From: 07/01/2021 To:06/30/2022

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	1,484,998,542
Total Inpatient Admissions accounting for Inpatient Revenue	21,010
Outpatient Gross Patient Revenue	2,506,218,588
Total Outpatient Visits accounting for Outpatient Revenue	334,927
Medicare Contractual Adjustments	1,681,688,936
Medicaid Contractual Adjustments	427,566,660
Other Contractual Adjustments:	729,896,545
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	84,310,249
Gross Indigent Care:	208,650,394
Gross Charity Care:	75,932,179
Uncompensated Indigent Care (net):	208,650,394
Uncompensated Charity Care (net):	75,932,179
Other Free Care:	25,830
Other Revenue/Gains:	7,132,803
Total Expenses:	669,910,112

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	25,830
Employee Discounts	0
	0
Total	25,830

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 2022? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2022?

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 2022? (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	92,899,006	32,808,984	125,707,990
Outpatient	115,751,388	43,123,195	158,874,583
Total	208,650,394	75,932,179	284,582,573

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	92,899,006	32,808,984	125,707,990
Outpatient	115,751,388	43,123,195	158,874,583
Total	208,650,394	75,932,179	284,582,573

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	1	97,084	0	0	0	0	3	1,413
Banks	1	21,879	1	782	1	23,089	0	0
Barrow	0	0	5	31,971	1	78,775	4	15,399
Bartow	14	396,557	303	1,808,784	3	146,919	208	488,917
Ben Hill	0	0	0	0	0	0	2	11,559
Berrien	0	0	0	0	0	0	1	10,500
Bibb	2	100,961	18	74,705	0	0	5	12,965
Brantley	0	0	1	2,753	0	0	0	0
Brooks	0	0	0	0	0	0	1	2,770
Bryan	0	0	2	9,608	0	0	2	2,363
Burke	0	0	0	0	0	0	1	91
Butts	2	226,858	15	222,831	1	785,593	2	3,949
Camden	0	0	1	10,366	0	0	0	0
Carroll	30	1,277,672	203	771,445	6	543,077	83	261,069
Catoosa	0	0	3	3,994	0	0	0	0
Chatham	1	21,968	2	9,573	0	0	4	35,071
Chattooga	0	0	2	15,066	0	0	1	386
Cherokee	17	569,086	290	1,840,615	4	90,593	239	1,424,028
Clarke	1	30,772	6	30,195	0	0	3	14,509
Clayton	24	1,280,263	259	996,753	6	129,995	90	402,550
Cobb	1,242	55,163,528	16,786	78,535,811	487	20,774,156	7,009	25,525,137
Coffee	0	0	2	5,634	0	0	0	0
Colquitt	1	25,885	2	4,452	0	0	0	0
Columbia	0	0	1	120	0	0	0	0
Coweta	0	0	22	49,996	0	0	15	159,605
Crawford	0	0	1	399	0	0	1	2,096
Crisp	0	0	1	2,038	0	0	0	0
Dawson	0	0	6	15,293	0	0	2	11,151
Decatur	0	0	1	1	0	0	0	0
DeKalb	32	1,118,124	336	1,592,676	7	353,529	173	620,606
Dodge	1	56,411	1	379	0	0	0	0
Dougherty	0	0	9	33,859	0	0	2	390

Douglas	196	7,572,572	2,235	8,908,145	77	1,930,514	991	3,578,629
Early	0	0	2	21,163	0	0	1	26,621
Elbert	0	0	0	0	0	0	1	805
Emanuel	0	0	0	0	0	0	1	8
Fannin	0	0	4	26,970	0	0	5	4,156
Fayette	1	67,166	40	351,144	2	118,082	12	59,075
Floyd	4	402,716	81	398,438	1	7,671	21	61,212
Forsyth	0	0	39	177,053	0	0	18	74,820
Franklin	4	219,160	6	23,866	1	60,592	23	433,993
Fulton	111	4,623,941	1,942	8,463,872	39	1,426,941	1,076	4,591,476
Gilmer	1	12,197	9	64,931	1	5,195	6	23,217
Glynn	0	0	2	3,748	0	0	0	0
Gordon	3	18,102	14	43,091	0	0	14	26,558
Grady	0	0	2	1,944	0	0	17	190
Greene	0	0	0	0	0	0	1	2,406
Gwinnett	13	431,874	118	538,656	9	339,368	110	497,560
Habersham	1	25,397	7	28,040	0	0	3	1,898
Hall	1	13,736	25	76,573	3	875,370	5	28,961
Hancock	0	0	1	13,557	0	0	0	0
Haralson	6	84,124	57	185,659	1	1,192	28	27,419
Harris	2	283,561	6	16,753	0	0	6	19,821
Hart	0	0	2	1,945	0	0	2	299
Heard	0	0	1	95	0	0	8	13,238
Henry	7	157,580	66	302,448	0	0	39	171,977
Houston	1	27,197	7	33,982	3	79,125	5	5,321
Irwin	0	0	1	3,557	0	0	0	0
Jackson	1	3,726	8	27,621	0	0	1	12,085
Jeff Davis	0	0	0	0	0	0	1	2,928
Jenkins	1	62,618	3	19,284	0	0	0	0
Jones	0	0	0	0	0	0	1	1,164
Lamar	3	194,793	2	8,305	0	0	0	0
Lee	0	0	1	399	0	0	0	0
Liberty	1	22,572	1	1,177	0	0	0	0
Lowndes	0	0	2	6,626	0	0	5	37,841
Lumpkin	0	0	1	5	0	0	1	3,755
Macon	0	0	0	0	0	0	1	10,337
McDuffie	0	0	1	114	0	0	0	0
Meriwether	0	0	6	10,215	0	0	2	56
Monroe	1	10,564	3	11,936	0	0	6	29,762
Morgan	1	25,121	3	62,885	0	0	0	0
Murray	0	0	16	54,647	0	0	6	5,880
Muscogee	1	72,626	19	155,169	1	894	11	48,860
Newton	1	16,801	34	269,145	2	178,321	15	36,572
Oglethorpe	0	0	1	7,283	0	0	0	0

Other Out of State	56	5,956,841	537	2,646,218	28	1,018,031	363	1,513,412
Paulding	138	6,112,280	1,277	5,715,749	52	3,607,102	693	2,451,924
Peach	0	0	2	24,285	0	0	5	10,752
Pickens	2	260,574	8	27,348	1	402	11	37,308
Polk	11	240,354	64	230,137	0	0	24	44,272
Pulaski	0	0	2	5,949	0	0	0	0
Putnam	0	0	1	73	0	0	0	0
Rabun	1	62,132	0	0	0	0	1	31
Randolph	0	0	1	418	0	0	1	101
Richmond	5	67,000	8	47,745	7	84,153	6	14,643
Rockdale	1	52,558	16	110,219	1	26,626	13	19,728
Screven	0	0	1	2,095	0	0	0	0
Spalding	8	1,340,955	27	136,964	2	75,198	8	32,079
Stephens	0	0	2	9,638	0	0	0	0
Sumter	0	0	4	14,805	0	0	0	0
Talbot	0	0	0	0	0	0	1	2,242
Taylor	0	0	1	142	0	0	0	0
Thomas	0	0	3	6,849	0	0	1	3,161
Tift	0	0	1	546	0	0	1	0
Toombs	0	0	2	762	0	0	1	1,623
Towns	0	0	1	7,169	0	0	3	20,455
Treutlen	0	0	1	26,147	0	0	0	0
Troup	6	500,673	16	59,095	2	12,714	5	14,168
Turner	0	0	0	0	0	0	1	6,349
Twiggs	0	0	2	3,091	0	0	0	0
Union	0	0	3	15,945	1	35,766	3	7,177
Upson	1	26,138	2	4,565	0	0	1	14
Walker	2	3,495,459	12	54,553	0	0	0	0
Walton	1	9,795	16	134,714	0	0	5	50,843
Ware	0	0	0	0	0	0	1	536
White	0	0	1	2,163	0	0	0	0
Whitfield	2	39,056	15	49,640	0	0	5	44,418
Wilcox	0	0	0	0	0	0	1	1,880
Wilkes	0	0	1	250	0	0	0	0
Wilkinson	0	0	0	0	0	0	1	654
Worth	0	0	3	23,575	0	0	0	0
Total	1,964	92,899,007	25,077	15,751,389	750	32,808,983	11,449	43,123,194

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 2022?
(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 2022.

Patient Category		SFY 2021	SFY2022	SFY2023
		7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	10,927,560	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.

SFY 2021	SFY2022	SFY2023
7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
0	39,240	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: 7/21/2023

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: Anthony J. Budzinski

Date: 7/21/2023

Title: EVP

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 a percentage of the federal poverty guidelines) is 300%.