



2022 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 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	3,716,117,259
Total Inpatient Admissions accounting for Inpatient Revenue	42,319
Outpatient Gross Patient Revenue	2,228,488,718
Total Outpatient Visits accounting for Outpatient Revenue	428,888
Medicare Contractual Adjustments	2,406,564,944
Medicaid Contractual Adjustments	496,303,120
Other Contractual Adjustments:	1,061,084,504
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	147,510,983
Gross Indigent Care:	308,350,222
Gross Charity Care:	137,372,222
Uncompensated Indigent Care (net):	308,350,222
Uncompensated Charity Care (net):	137,372,222
Other Free Care:	87,196
Other Revenue/Gains:	17,235,636
Total Expenses:	1,055,812,629

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	87,196
Employee Discounts	0
	0
Total	87,196

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	188,355,553	77,960,678	266,316,231
Outpatient	119,994,669	59,411,544	179,406,213
Total	308,350,222	137,372,222	445,722,444

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	188,355,553	77,960,678	266,316,231
Outpatient	119,994,669	59,411,544	179,406,213
Total	308,350,222	137,372,222	445,722,444

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	3	2,337	0	0	0	0
Bacon	0	0	1	8,269	0	0	0	0
Baldwin	2	74,886	0	0	1	17,410	2	5,530
Barrow	1	194,952	8	37,829	1	31,173	13	44,265
Bartow	96	7,289,739	874	3,197,723	27	997,752	453	1,618,161
Ben Hill	0	0	1	6,638	0	0	0	0
Berrien	1	19,260	0	0	0	0	0	0
Bibb	0	0	16	78,058	1	30,431	4	12,310
Bryan	0	0	1	7,136	0	0	1	4,251
Bulloch	1	64,039	3	24,653	0	0	1	2,528
Burke	0	0	3	4,886	0	0	0	0
Butts	4	257,887	11	72,784	3	222,031	1	7,744
Calhoun	1	500	0	0	0	0	0	0
Camden	0	0	2	3,570	0	0	0	0
Carroll	29	3,298,396	95	533,321	8	591,449	48	271,414
Catoosa	3	796,305	6	26,767	0	0	2	8,368
Chatham	1	8,041	4	11,575	0	0	8	21,474
Chattahoochee	0	0	0	0	0	0	1	701
Chattooga	0	0	12	72,571	0	0	2	51,376
Cherokee	267	19,025,056	2,330	12,427,399	140	7,483,856	1,892	7,116,985
Clarke	0	0	5	19,018	1	1,058	4	12,712
Clayton	16	1,585,050	196	1,176,599	3	85,980	63	383,752
Cobb	1,620	88,980,616	16,014	78,208,109	730	42,003,711	9,445	36,937,732
Colquitt	0	0	1	6,194	0	0	0	0
Columbia	0	0	1	9,023	0	0	2	14,703
Cook	1	32,036	1	1,159	0	0	0	0
Coweta	6	262,198	23	54,032	3	267,196	9	77,134
Crisp	0	0	0	0	1	27,992	0	0
Dade	0	0	1	485	0	0	0	0
Dawson	0	0	9	85,075	1	66,426	1	605
Decatur	0	0	1	2,762	0	0	0	0
DeKalb	29	1,687,368	252	1,605,223	19	1,926,317	127	695,308

Dodge	0	0	1	102	0	0	1	2,138
Dougherty	0	0	6	24,385	1	136,598	1	4,327
Douglas	66	6,334,679	503	2,765,532	30	2,293,941	270	957,810
Effingham	0	0	2	12,007	0	0	2	1,728
Elbert	0	0	0	0	0	0	2	6,891
Emanuel	0	0	0	0	0	0	1	2
Fannin	0	0	10	26,744	1	23	17	75,732
Fayette	3	259,532	23	72,170	1	44,575	11	83,964
Floyd	9	1,011,526	58	349,900	1	1,675	17	41,407
Forsyth	3	235,526	27	88,692	5	341,113	23	160,616
Franklin	8	282,914	5	65,646	1	66,552	7	26,100
Fulton	111	10,972,053	826	4,491,743	54	2,637,753	525	2,566,693
Gilmer	18	2,464,425	44	283,321	4	230,613	28	124,056
Glynn	0	0	1	279	0	0	1	1,860
Gordon	6	2,550,307	46	285,410	2	71,700	24	133,184
Greene	0	0	1	4,684	0	0	1	96
Gwinnett	23	2,168,373	161	1,015,646	13	901,692	127	1,018,337
Habersham	1	30	5	17,360	0	0	0	0
Hall	5	436,666	24	79,907	1	8,456	8	82,397
Hancock	0	0	1	12,089	0	0	1	1,434
Haralson	4	263,279	23	114,664	0	0	11	159,283
Harris	3	968,235	2	17,999	2	37,155	0	0
Hart	0	0	2	91	0	0	2	19,783
Heard	1	109,957	1	379	2	820,417	1	379
Henry	12	484,859	116	801,937	5	547,820	42	184,661
Houston	2	351,950	25	125,585	1	1,726	13	49,917
Irwin	0	0	0	0	0	0	1	347
Jackson	0	0	9	43,106	0	0	6	10,938
Jasper	1	107,672	1	3,226	1	43,740	3	163,703
Jefferson	0	0	2	4,058	0	0	0	0
Jenkins	0	0	2	8,673	0	0	0	0
Lamar	2	42,181	1	10,976	1	131,566	2	4,529
Laurens	0	0	2	17,278	0	0	0	0
Lee	0	0	1	291	0	0	2	23,357
Liberty	0	0	6	13,806	0	0	1	2,333
Long	0	0	1	24,943	0	0	1	53
Lowndes	0	0	11	59,680	1	201,254	1	1,610
Lumpkin	0	0	2	1,180	0	0	3	11,511
Macon	0	0	1	65	0	0	0	0
Madison	0	0	2	6,958	0	0	1	8,542
McDuffie	0	0	2	5,807	0	0	0	0
Meriwether	1	57,576	7	92,861	1	2,065	2	486
Mitchell	0	0	2	6,646	0	0	1	0
Monroe	1	61,916	5	71,990	0	0	1	10

Murray	2	387,448	17	131,888	2	189,951	5	18,283
Muscogee	0	0	18	138,772	0	0	4	17,650
Newton	1	35,022	19	139,243	2	248,780	15	41,589
Oconee	0	0	1	46,439	0	0	1	1,968
Oglethorpe	0	0	1	4,182	0	0	0	0
Other Out of State	94	6,649,758	553	3,130,457	25	3,117,693	393	1,778,874
Paulding	185	13,427,163	1,373	5,976,497	93	6,770,351	970	3,354,077
Peach	1	256,642	1	4,517	0	0	6	30,589
Pickens	20	3,969,680	58	220,552	10	870,976	67	483,950
Pike	5	665,095	6	144,702	1	65,548	2	63
Polk	11	1,474,567	76	327,852	4	240,719	31	141,494
Pulaski	0	0	1	60	0	0	0	0
Putnam	0	0	3	44,100	1	650	2	6,178
Quitman	0	0	1	1,624	0	0	0	0
Richmond	1	79,137	10	34,729	0	0	8	13,103
Rockdale	3	985,272	37	175,949	1	32,494	14	42,818
Spalding	17	2,002,112	31	193,917	5	2,319,718	13	56,244
Stephens	0	0	3	16,178	0	0	0	0
Talbot	0	0	0	0	0	0	1	5,387
Tattnall	0	0	1	6,881	0	0	1	13,460
Telfair	0	0	0	0	0	0	1	4
Thomas	0	0	4	26,625	0	0	0	0
Toombs	0	0	0	0	0	0	1	10,225
Towns	1	31,058	1	5,161	0	0	1	4,565
Treutlen	4	554,559	12	73,150	0	0	0	0
Troup	19	2,827,835	40	209,860	13	1,099,014	12	31,951
Turner	0	0	1	1,676	0	0	2	4,931
Union	1	31,532	3	29,458	0	0	4	485
Upson	1	15,090	0	0	0	0	2	4,556
Walker	1	1,556,045	1	6,686	0	0	2	2,531
Walton	2	81,612	18	101,380	2	219,963	12	46,745
Ware	0	0	1	1,159	1	20,956	2	4,082
Washington	0	0	2	14,993	0	0	0	0
Wayne	1	31,528	1	59	0	0	1	2,352
White	0	0	0	0	0	0	2	14,314
Whitfield	2	554,410	12	69,067	3	490,652	15	61,809
Worth	0	0	3	5,845	0	0	0	0
Total	2,730	88,355,550	24,153	19,994,669	1,230	77,960,681	14,830	59,411,544

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	10,402,110	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	42,943	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%.