



## 2020 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 2020 only.

**Do not use a different report period.**

**Please indicate your hospital fiscal year.**

From: 7/1/2019 To:6/30/2020

**Please indicate your cost report year.**

From: 07/01/2019 To:06/30/2020

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](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	3,146,553,490
Total Inpatient Admissions accounting for Inpatient Revenue	43,904
Outpatient Gross Patient Revenue	2,006,297,296
Total Outpatient Visits accounting for Outpatient Revenue	403,195
Medicare Contractual Adjustments	1,985,706,241
Medicaid Contractual Adjustments	417,767,541
Other Contractual Adjustments:	1,049,362,130
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	96,940,670
Gross Indigent Care:	389,434,010
Gross Charity Care:	95,291,109
Uncompensated Indigent Care (net):	389,434,010
Uncompensated Charity Care (net):	95,291,109
Other Free Care:	44,277
Other Revenue/Gains:	12,759,720
Total Expenses:	881,344,993

### 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	3,791
Admin Discounts	15,016
Employee Discounts	0
small balance write offs	25,470
<b>Total</b>	<b>44,277</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 2020? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2020?

07/01/2016

### 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 2020? (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	207,643,050	49,501,989	257,145,039
Outpatient	181,790,960	45,789,120	227,580,080
<b>Total</b>	<b>389,434,010</b>	<b>95,291,109</b>	<b>484,725,119</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	207,643,050	49,501,989	257,145,039
Outpatient	181,790,960	45,789,120	227,580,080
<b>Total</b>	<b>389,434,010</b>	<b>95,291,109</b>	<b>484,725,119</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
Appling	0	0	1	640	0	0	2	13,025
Baldwin	0	0	2	17,383	0	0	0	0
Banks	0	0	3	10,377	0	0	0	0
Barrow	2	135,980	13	94,296	0	0	2	4,819
Bartow	197	10,648,451	1,180	5,742,587	63	2,067,139	441	1,552,398
Ben Hill	0	0	1	10,604	0	0	0	0
Berrien	0	0	1	1,461	0	0	0	0
Bibb	2	32,184	25	126,057	2	22,907	2	3,094
Bleckley	0	0	1	1,286	0	0	1	9,712
Brantley	0	0	1	33,041	0	0	0	0
Bulloch	1	7,641	5	58,507	0	0	0	0
Butts	7	775,354	4	15,403	0	0	0	0
Calhoun	0	0	2	6,071	0	0	0	0
Camden	0	0	3	22,346	0	0	0	0
Carroll	34	3,561,201	141	687,254	12	260,837	47	171,296
Catoosa	2	57,371	5	4,497	0	0	1	2,958
Chatham	3	34,785	17	92,575	1	1,596	4	9,956
Chattooga	3	44,944	14	111,185	0	0	1	4,594
Cherokee	433	22,482,084	3,895	19,230,946	178	4,366,320	1,227	5,760,193
Clarke	3	141,007	12	62,982	0	0	2	16,742
Clay	0	0	1	4,437	0	0	0	0
Clayton	26	1,603,157	209	918,937	5	215,049	35	202,187
Cobb	2,590	11,354,957	29,911	24,131,427	962	28,732,401	8,130	29,964,193
Coffee	0	0	1	4,122	0	0	0	0
Colquitt	0	0	4	27,512	0	0	0	0
Columbia	0	0	5	26,318	0	0	2	4,601
Cook	0	0	2	12,877	0	0	0	0
Coweta	2	28,668	27	81,905	0	0	9	30,288
Crawford	0	0	2	14,064	0	0	0	0
Crisp	1	23,047	0	0	0	0	0	0
Dawson	4	406,937	13	155,418	2	34,751	3	7,526
Decatur	0	0	3	18,614	0	0	0	0

DeKalb	42	2,510,226	436	2,034,896	17	1,006,045	130	642,411
Dodge	0	0	2	2,186	0	0	0	0
Dooly	0	0	1	3,939	0	0	0	0
Dougherty	1	24,410	6	23,055	0	0	3	8,056
Douglas	101	7,863,600	803	2,664,212	41	1,048,124	232	831,000
Effingham	0	0	2	9,015	0	0	1	595
Elbert	0	0	1	25,392	0	0	0	0
Emanuel	0	0	1	1,087	0	0	0	0
Fannin	7	646,404	20	196,948	3	49,024	6	22,601
Fayette	2	28,796	35	231,246	2	322,479	9	40,222
Floyd	13	407,465	52	281,062	1	1,264	13	86,797
Forsyth	3	114,861	55	620,957	5	385,064	20	100,644
Franklin	0	0	5	20,485	0	0	3	11,099
Fulton	180	13,826,358	1,324	5,710,914	63	5,755,247	371	1,807,912
Gilmer	10	415,647	64	383,521	12	445,532	25	109,012
Glynn	0	0	1	10,622	0	0	0	0
Gordon	11	415,626	59	377,391	2	25,973	13	117,640
Greene	0	0	1	1,340	0	0	0	0
Gwinnett	43	2,322,049	299	1,576,589	7	184,895	121	512,483
Habersham	2	40,798	16	56,034	0	0	0	0
Hall	4	411,655	33	281,784	1	47,360	6	56,501
Haralson	9	570,656	16	86,666	0	0	11	29,275
Harris	0	0	3	12,931	1	1,340	0	0
Hart	0	0	1	1,301	0	0	0	0
Heard	1	114,691	5	42,752	0	0	1	4,594
Henry	7	675,779	108	483,051	5	213,566	36	199,796
Houston	8	316,711	14	57,123	1	47,933	3	18,628
Jackson	2	31,401	14	37,561	0	0	1	9,128
Jasper	1	129,672	11	63,898	0	0	0	0
Jefferson	0	0	2	33,975	0	0	0	0
Jenkins	1	382,818	0	0	0	0	0	0
Johnson	0	0	1	7,912	0	0	0	0
Lamar	1	100,516	3	20,703	0	0	0	0
Laurens	0	0	3	20,889	0	0	0	0
Lee	0	0	3	19,139	0	0	0	0
Liberty	1	81,077	3	13,967	0	0	0	0
Lincoln	0	0	2	6,955	0	0	0	0
Long	0	0	0	0	0	0	1	21,985
Lowndes	0	0	8	27,488	1	45,554	1	1,511
Lumpkin	4	235,916	11	105,974	0	0	2	7,708
Macon	0	0	1	4,870	0	0	0	0
Madison	0	0	1	3,825	0	0	0	0
Meriwether	1	205,228	5	9,344	0	0	0	0
Mitchell	0	0	1	2,741	0	0	0	0

Monroe	0	0	5	38,051	0	0	0	0
Morgan	0	0	1	1,169	0	0	0	0
Murray	2	3,309	13	56,119	1	6,187	1	20,587
Muscogee	0	0	24	109,059	1	580	2	96,192
Newton	3	274,221	34	193,335	0	0	6	32,001
Oconee	0	0	1	814	0	0	1	2,773
Oglethorpe	0	0	2	4,621	0	0	0	0
Other Out of State	99	4,699,237	804	4,482,604	39	1,152,885	197	868,279
Paulding	220	9,714,782	1,588	6,935,511	102	1,554,524	566	1,632,452
Peach	1	1,832	2	22,771	0	0	0	0
Pickens	31	2,023,084	114	634,692	6	271,533	26	227,485
Pike	4	287,912	6	44,741	1	67,953	1	1,746
Polk	16	686,061	120	878,517	3	44,141	11	96,343
Putnam	0	0	3	11,383	0	0	1	4,594
Rabun	0	0	0	0	0	0	1	658
Randolph	0	0	2	438	0	0	0	0
Richmond	2	32,824	5	56,872	0	0	2	7,208
Rockdale	4	192,775	28	97,832	0	0	8	32,743
Schley	1	7,969	2	9,762	0	0	0	0
Screven	0	0	2	10,727	0	0	0	0
Seminole	0	0	1	7,240	0	0	0	0
Spalding	17	2,984,502	28	151,028	7	947,634	3	90,434
Stewart	2	46,976	2	5,271	0	0	0	0
Sumter	1	24,080	7	49,079	0	0	1	6,397
Talbot	0	0	1	14,488	0	0	0	0
Tattnall	0	0	3	11,675	0	0	0	0
Taylor	0	0	1	8,491	0	0	0	0
Telfair	0	0	2	6,575	0	0	0	0
Terrell	1	189,776	1	4,731	0	0	0	0
Thomas	0	0	1	9,793	0	0	1	965
Tift	0	0	1	3,501	0	0	0	0
Toombs	0	0	1	23,413	0	0	0	0
Towns	1	42,697	7	44,955	0	0	3	23,779
Troup	29	2,098,715	46	267,263	5	144,134	13	84,161
Turner	0	0	1	9,030	0	0	0	0
Union	2	268,784	4	18,530	1	18,818	2	29,949
Upton	1	41,205	1	5,660	1	1,850	1	10
Walker	2	47,955	2	1,113	0	0	4	23,281
Walton	2	177,928	30	108,087	1	4,602	3	19,687
Ware	0	0	2	1,757	0	0	0	0
Wayne	2	53,967	0	0	0	0	0	0
White	1	39,930	0	0	0	0	0	0
Whitfield	6	418,311	26	144,521	5	6,748	11	85,622
Wilcox	0	0	1	2,033	0	0	0	0



Wilkes	1	74,090	0	0	0	0	1	4,594
Wilkinson	0	0	1	2,839	0	0	0	0
<b>Total</b>	<b>4,216</b>	<b>207,643,050</b>	<b>41,862</b>	<b>81,790,960</b>	<b>1,560</b>	<b>49,501,989</b>	<b>11,784</b>	<b>45,789,120</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 2020?  
(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 2020.

Patient Category		SFY 2018	SFY2020	SFY2020
		7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	9,372,960	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 2018	SFY2020	SFY2020
7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
0	45,175	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:**

**Date:** 7/20/2021

**Title:**

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:**

**Date:** 7/20/2021

**Title:**

### **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%