



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2012 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 2012 only.

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

**Please indicate your hospital fiscal year.**

From: 7/1/2011 To:6/30/2012

**Please indicate your cost report year.**

From: 07/01/2011 To:06/30/2012

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.

**Part B : Survey Contact Information**

*Person authorized to respond to inquiries about the responses to this survey.*

**Contact Name:** Ebenezer Erzuah

**Contact Title:** Director - Reimbursement

**Phone:** 770-792-5080

**Fax:** 770-792-5272

**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	1,281,752,485
Total Inpatient Admissions accounting for Inpatient Revenue	40,959
Outpatient Gross Patient Revenue	1,162,078,265
Total Outpatient Visits accounting for Outpatient Revenue	406,529
Medicare Contractual Adjustments	764,994,423
Medicaid Contractual Adjustments	179,262,567
Other Contractual Adjustments:	552,095,571
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	80,449,548
Uncompensated Indigent Care (net):	146,429,028
Uncompensated Charity Care (net ):	31,718,900
Other Free Care:	23,072,717
Other Revenue/Gains:	9,960,439
Total Expenses:	569,725,939

### 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	0
Employee Discounts	0
	0
<b>Total</b>	<b>0</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 2012? (Check box if yes.) ☒

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2012?

05/03/2011

### 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.?

Vice President - Revenue Cycle

#### **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 2012? (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	75,560,422	19,693,083	95,253,505
Outpatient	70,868,606	12,025,817	82,894,423
<b>Total</b>	<b>146,429,028</b>	<b>31,718,900</b>	<b>178,147,928</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	75,560,422	19,693,083	95,253,505
Outpatient	70,868,606	12,025,817	82,894,423
<b>Total</b>	<b>146,429,028</b>	<b>31,718,900</b>	<b>178,147,928</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	0	0	0	0	1	4,972
Baldwin	0	0	1	2,150	0	0	28	5,210
Banks	1	11,577	0	0	0	0	0	0
Barrow	5	211,271	22	34,872	0	0	0	0
Bartow	151	2,244,092	1,139	2,457,223	136	275,141	478	268,295
Ben Hill	0	0	0	0	0	0	6	0
Bibb	0	0	0	0	1	7,946	3	995
Butts	1	200	3	7,134	0	0	0	0
Calhoun	1	15,509	0	0	0	0	0	0
Carroll	32	881,002	99	137,481	16	165,786	27	29,896
Catoosa	0	0	3	19,853	0	0	8	1,044
Charlton	0	0	0	0	1	90	1	100
Chatham	0	0	8	6,636	0	0	0	0
Chattooga	0	0	2	2,250	0	0	0	0
Cherokee	682	9,037,907	4,530	9,836,566	628	1,992,422	2,509	2,114,991
Clarke	8	164,148	15	45,499	0	0	4	19,884
Clay	0	0	0	0	0	0	3	2,403
Clayton	7	152,098	50	110,809	8	175	16	5,347
Cobb	3,043	50,020,808	24,863	48,758,642	2,200	13,179,401	9,896	7,173,952
Colquitt	0	0	0	0	0	0	2	0
Columbia	0	0	29	157,108	0	0	0	0
Coweta	0	0	13	18,603	11	40,472	17	17,419
Crisp	0	0	1	3,498	0	0	0	0
Dawson	0	0	5	7,559	0	0	5	5,062
Decatur	0	0	1	175	1	0	2	1,974
DeKalb	20	233,671	192	449,829	24	210,740	91	158,015
Dooly	0	0	2	1,053	0	0	0	0
Dougherty	0	0	0	0	4	286,202	1	189
Douglas	116	2,490,176	603	913,843	59	455,749	347	450,286
Echols	0	0	1	150	0	0	0	0
Elbert	0	0	2	2,992	0	0	0	0
Emanuel	0	0	0	0	0	0	1	2,381

Fannin	8	211,575	25	135,196	5	848	41	90,109
Fayette	0	0	7	39,291	0	0	2	975
Floyd	5	200,727	53	145,421	7	110,447	24	5,923
Forsyth	3	22,348	29	198,540	4	2,465	26	9,214
Fulton	101	1,401,456	749	1,700,539	51	419,277	249	267,936
Gilmer	12	228,166	85	346,929	15	51,621	30	254,171
Glynn	0	0	1	575	0	0	0	0
Gordon	12	160,205	22	47,186	10	12,604	48	31,038
Gwinnett	21	242,097	147	495,729	15	18,463	63	32,445
Habersham	0	0	1	928	2	270	1	181
Hall	4	65,823	34	100,008	0	0	9	7,100
Hancock	0	0	0	0	0	0	1	1,780
Haralson	5	87,665	45	69,539	7	2,578	8	26,022
Harris	0	0	2	2,422	0	0	0	0
Hart	0	0	4	9,081	0	0	0	0
Henry	6	86,407	74	315,533	3	14,868	9	739
Houston	1	91,289	4	10,151	1	30	1	8,117
Jackson	3	39,671	32	77,061	0	0	2	1,386
Lamar	0	0	1	1,550	1	13,468	2	277
Laurens	0	0	2	15	0	0	0	0
Lowndes	0	0	5	4,785	0	0	0	0
Lumpkin	2	2,802	14	37,856	0	0	0	0
Macon	0	0	0	0	0	0	2	0
Madison	0	0	1	490	0	0	0	0
McDuffie	1	2,173	0	0	0	0	0	0
McIntosh	0	0	1	1,987	0	0	0	0
Monroe	0	0	0	0	0	0	1	50
Murray	2	2,501	3	349	0	0	4	7,780
Muscogee	1	17,115	1	24	0	0	0	0
Newton	0	0	8	13,907	0	0	0	0
Oconee	0	0	0	0	1	1,220	1	2,041
Oglethorpe	0	0	1	7,588	0	0	0	0
Other Out of State	84	1,096,674	386	803,835	76	379,533	316	203,567
Paulding	344	5,479,096	1,656	2,823,810	331	1,262,668	1,290	603,766
Peach	0	0	1	790	0	0	0	0
Pickens	29	416,445	57	155,250	29	90,558	119	144,109
Pike	1	90	0	0	0	0	0	0
Polk	7	44,367	76	104,216	7	58,115	18	3,463
Putnam	0	0	1	11,487	0	0	0	0
Rabun	0	0	1	263	0	0	0	0
Richmond	0	0	4	10,698	2	624,011	0	0
Rockdale	5	81,517	10	35,133	0	0	4	4,732
Seminole	0	0	0	0	0	0	1	16,231
Spalding	0	0	2	0	0	0	0	0

Stephens	0	0	8	6,765	0	0	0	0
Sumter	0	0	0	0	0	0	1	93
Telfair	0	0	1	2,606	0	0	0	0
Tift	1	53,108	0	0	0	0	0	0
Towns	3	7,644	17	56,256	0	0	0	0
Troup	0	0	6	12,432	0	0	0	0
Union	1	55,470	11	47,717	2	4,602	7	27,644
Walker	0	0	0	0	0	0	2	0
Walton	0	0	15	36,382	1	7,270	0	0
Ware	0	0	0	0	2	165	0	0
Wayne	0	0	1	300	0	0	0	0
Wheeler	0	0	0	0	0	0	1	425
White	0	0	1	175	1	4	0	0
Whitfield	6	1,532	8	23,886	6	3,874	26	12,088
<b>Total</b>	<b>4,735</b>	<b>75,560,422</b>	<b>35,197</b>	<b>70,868,606</b>	<b>3,668</b>	<b>19,693,083</b>	<b>15,755</b>	<b>12,025,817</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 2012?  
(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 2012.

Patient Category		SFY 2011 7/1/10-6/30/11	SFY2012 7/1/11-6/30/12	SFY2013 7/1/12-6/30/13
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	3,916,012	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 2011 7/1/10-6/30/11	SFY2012 7/1/11-6/30/12	SFY2013 7/1/12-6/30/13
0	956	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:** Reynold Jennings

**Date:** 7/24/2013

**Title:** President & Chief Executive Officer

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:** A. James Budzinski

**Date:** 7/24/2013

**Title:** Executive Vice President & CFO

**Comments:**