



2013 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 2013 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 7/1/2012 To:6/30/2013

Please indicate your cost report year.

From: 07/01/2012 To:06/30/2013

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	1,414,487,117
Total Inpatient Admissions accounting for Inpatient Revenue	41,313
Outpatient Gross Patient Revenue	1,361,784,487
Total Outpatient Visits accounting for Outpatient Revenue	415,243
Medicare Contractual Adjustments	914,097,787
Medicaid Contractual Adjustments	216,956,763
Other Contractual Adjustments:	637,980,968
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	120,758,547
Uncompensated Indigent Care (net):	132,726,709
Uncompensated Charity Care (net):	23,783,432
Other Free Care:	21,871,447
Other Revenue/Gains:	10,112,205
Total Expenses:	612,002,702

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	17,710,654
Employee Discounts	0
Immaterial Balance Prompt Pay Discount	4,160,793
Total	21,871,447

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 2013? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2013?

05/01/2013

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.?

Interim VP 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 2013? (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	64,189,192	14,497,679	78,686,871
Outpatient	68,537,517	9,285,753	77,823,270
Total	132,726,709	23,783,432	156,510,141

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	64,189,192	14,497,679	78,686,871
Outpatient	68,537,517	9,285,753	77,823,270
Total	132,726,709	23,783,432	156,510,141

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	2	0
Baker	0	0	1	2,012	0	0	0	0
Baldwin	0	0	0	0	0	0	6	0
Barrow	1	55,419	9	39,185	0	0	4	1,177
Bartow	83	4,605,133	701	2,437,926	103	318,847	459	415,360
Bibb	0	0	4	5,663	1	56	0	0
Bulloch	0	0	1	339	0	0	0	0
Burke	0	0	0	0	0	0	2	0
Butts	0	0	3	14,965	0	0	0	0
Carroll	7	153,404	56	104,354	20	140,870	46	33,025
Catoosa	0	0	3	6,785	0	0	1	207
Chatham	0	0	2	8,289	0	0	0	0
Chattooga	0	0	2	7,479	0	0	1	5,921
Cherokee	318	9,065,714	2,435	8,241,354	461	1,988,902	2,033	1,206,776
Clarke	0	0	1	2,225	2	185	0	0
Clay	2	56,090	2	3,917	0	0	0	0
Clayton	4	79,552	12	67,306	4	1,156	8	9,617
Cobb	1,490	38,625,288	18,240	47,796,127	1,638	9,268,064	7,945	5,605,948
Columbia	2	56,261	9	20,823	0	0	0	0
Coweta	0	0	7	15,510	1	87	0	0
Dawson	0	0	4	35,238	0	0	2	125
Decatur	0	0	1	4,868	0	0	0	0
DeKalb	15	475,055	111	433,642	15	112,978	63	41,695
Douglas	53	1,849,278	515	1,619,564	55	720,993	252	389,994
Early	0	0	0	0	1	20,639	0	0
Elbert	0	0	4	20,295	0	0	0	0
Fannin	0	0	17	84,645	4	38,823	32	69,913
Fayette	0	0	8	45,073	4	35,121	2	0
Floyd	5	213,533	29	144,323	0	0	6	0
Forsyth	3	86,572	14	46,490	7	1,315	10	34,508
Franklin	0	0	3	5,355	0	0	0	0
Fulton	27	863,386	450	1,490,001	37	341,472	267	128,163

Gilmer	12	782,684	41	324,633	17	125,435	50	9,255
Glynn	0	0	1	457	0	0	0	0
Gordon	6	148,045	23	228,611	10	1,715	25	10,193
Gwinnett	15	412,141	72	190,870	14	76,739	69	64,479
Habersham	0	0	0	0	1	21,981	2	0
Hall	2	101,464	18	79,595	0	0	2	2,059
Haralson	1	15,275	19	188,308	2	25,680	8	47,735
Henry	3	10,215	21	61,970	7	56,930	11	28,244
Houston	0	0	0	0	0	0	3	23,476
Jackson	0	0	1	14,438	0	0	0	0
Johnson	0	0	1	8,499	0	0	2	0
Lamar	0	0	1	2,152	0	0	0	0
Laurens	0	0	1	1,776	0	0	0	0
Liberty	0	0	1	2,397	0	0	0	0
Lowndes	0	0	0	0	1	251	0	0
Lumpkin	0	0	8	20,478	0	0	0	0
Macon	1	35	0	0	0	0	2	0
Morgan	0	0	0	0	1	868	0	0
Murray	0	0	2	2,022	0	0	0	0
Muscogee	2	35,956	3	3,448	0	0	0	0
Newton	0	0	6	9,505	3	200	0	0
Other Out of State	30	1,219,328	357	1,125,292	0	0	164	201,657
Paulding	147	4,731,135	951	2,812,370	245	1,097,934	1,023	714,918
Pickens	8	139,256	53	200,964	20	90,119	92	192,300
Polk	9	133,817	70	337,668	5	8,421	23	18,893
Putnam	2	233,666	1	20,802	0	0	0	0
Richmond	0	0	2	6,589	0	0	0	0
Rockdale	0	0	4	4,349	0	0	3	87
Spalding	2	21,312	3	8,241	0	0	0	0
Stephens	0	0	1	8,097	1	116	0	0
Sumter	0	0	2	3,056	0	0	0	0
Thomas	0	0	0	0	0	0	2	0
Tift	0	0	4	6,255	0	0	0	0
Towns	0	0	1	21,203	0	0	2	0
Troup	0	0	0	0	1	147	0	0
Union	0	0	17	59,084	2	322	0	0
Walker	0	0	2	16,196	0	0	3	16,349
Walton	1	5,094	17	55,136	1	1,253	0	0
Ware	1	15,084	0	0	1	60	0	0
Washington	0	0	3	5,600	0	0	0	0
Wayne	0	0	0	0	0	0	1	3,286
White	0	0	0	0	0	0	1	6,659
Whitfield	0	0	4	3,703	0	0	4	3,734
Total	2,252	64,189,192	24,355	68,537,517	2,685	14,497,679	12,633	9,285,753

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 2013?
(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 2013.

Patient Category		SFY 2012	SFY2013	SFY2014
		7/1/11-6/30/12	7/1/12-6/30/13	7/1/13-6/30/14
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	0	6,352,797
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 2012	SFY2013	SFY2014
7/1/11-6/30/12	7/1/12-6/30/13	7/1/13-6/30/14
0	0	1,171

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: 7/31/2014

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: A. James Budzinski

Date: 7/31/2014

Title: EVP/CFO

Comments:

Section D.2. The most current policy effective date within the period is listed. In addition, there is a policy that was effective April 1, 2012 through April 30, 2013. Both policies will be available upon request.