



## 2021 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 2021 only.  
**Do not use a different report period.**

**Please indicate your hospital fiscal year.**

From: 7/1/2020 To:6/30/2021

**Please indicate your cost report year.**

From: 07/01/2020 To:06/30/2021

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	1,353,354,019
Total Inpatient Admissions accounting for Inpatient Revenue	21,043
Outpatient Gross Patient Revenue	2,333,283,458
Total Outpatient Visits accounting for Outpatient Revenue	313,312
Medicare Contractual Adjustments	1,494,090,898
Medicaid Contractual Adjustments	398,634,668
Other Contractual Adjustments:	662,390,316
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	101,618,988
Gross Indigent Care:	226,626,430
Gross Charity Care:	64,902,187
Uncompensated Indigent Care (net):	226,626,430
Uncompensated Charity Care (net):	64,902,187
Other Free Care:	16,130
Other Revenue/Gains:	4,486,208
Total Expenses:	615,655,118

### 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	16,130
Employee Discounts	0
	0
<b>Total</b>	<b>16,130</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 2021? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2021?

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 2021? (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	91,506,520	27,223,504	118,730,024
Outpatient	135,119,910	37,678,683	172,798,593
<b>Total</b>	<b>226,626,430</b>	<b>64,902,187</b>	<b>291,528,617</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	91,506,520	27,223,504	118,730,024
Outpatient	135,119,910	37,678,683	172,798,593
<b>Total</b>	<b>226,626,430</b>	<b>64,902,187</b>	<b>291,528,617</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	2	7,686	0	0	0	0
Baldwin	0	0	0	0	0	0	1	19
Banks	0	0	6	48,593	0	0	1	303
Barrow	0	0	11	38,465	0	0	3	4,243
Bartow	18	2,299,377	321	1,177,309	2	81,979	228	625,077
Bibb	3	4,810	17	72,390	0	0	6	20,519
Bryan	1	1,465	2	1,866	0	0	0	0
Bulloch	1	30,862	1	3,222	0	0	0	0
Burke	0	0	1	1	0	0	1	87
Butts	6	209,557	13	54,631	0	0	6	47,088
Calhoun	0	0	1	7,850	0	0	2	42,206
Carroll	32	1,749,155	324	1,545,756	8	379,704	94	175,393
Catoosa	0	0	10	90,956	0	0	3	17
Chatham	1	26,538	7	28,944	1	131,680	8	41,894
Chattooga	2	26,467	8	56,972	0	0	0	0
Cherokee	13	1,060,616	303	2,110,974	3	248,480	293	1,007,638
Clarke	1	14,062	12	52,728	0	0	2	4,665
Clayton	25	979,049	293	1,871,427	1	48,671	58	197,919
Cobb	1,400	58,213,203	18,592	88,910,078	490	17,995,003	7,629	23,841,583
Coffee	0	0	3	9,849	0	0	2	1
Colquitt	0	0	2	4,759	0	0	0	0
Columbia	2	2,195	0	0	0	0	3	9,242
Coweta	3	195,221	25	92,383	0	0	18	29,984
Crawford	0	0	2	4,756	0	0	0	0
Crisp	1	56,108	5	35,327	0	0	0	0
Dawson	0	0	6	3,545	0	0	1	5,187
DeKalb	25	841,218	399	2,539,513	9	305,224	127	387,716
Dodge	0	0	0	0	0	0	2	926
Dougherty	4	155,685	2	1,562	1	61,683	0	0
Douglas	206	5,735,147	2,181	11,458,865	47	1,097,061	919	2,324,130
Early	0	0	1	1,394	0	0	0	0
Effingham	0	0	1	9,333	0	0	0	0



Fannin	1	52,242	18	49,779	0	0	3	61,616
Fayette	0	0	20	153,236	2	436,947	10	63,877
Floyd	6	204,367	54	195,235	0	0	33	7,459
Forsyth	2	63,470	22	114,527	4	160,868	18	68,160
Fulton	151	6,290,525	2,174	9,881,586	52	2,594,059	910	3,345,803
Gilmer	1	2,932	14	79,064	0	0	15	143,867
Glynn	0	0	1	6,935	0	0	1	11
Gordon	1	68,140	27	53,709	0	0	25	12,010
Grady	0	0	0	0	0	0	2	170
Greene	0	0	3	38,317	1	3,867	2	299
Gwinnett	8	318,805	170	1,073,322	1	1,373	74	341,965
Habersham	1	119,368	8	26,774	0	0	0	0
Hall	4	180,200	23	137,724	1	5,201	10	89,116
Hancock	0	0	2	35,950	0	0	0	0
Haralson	12	174,732	60	240,177	2	2,640	18	40,943
Harris	0	0	5	18,273	0	0	4	258
Heard	0	0	5	59,221	0	0	2	13
Henry	6	160,004	87	356,886	1	10,796	26	62,850
Houston	1	1,675	10	58,949	0	0	5	38,746
Jackson	1	26,377	5	25,736	0	0	1	50
Jasper	0	0	10	118,513	0	0	2	737
Jenkins	0	0	3	2,485	0	0	0	0
Lamar	2	131,156	4	2,505	0	0	0	0
Lee	0	0	2	4,852	0	0	0	0
Liberty	0	0	5	18,217	0	0	1	3,958
Long	0	0	0	0	0	0	2	2,697
Lowndes	0	0	3	13,618	0	0	1	9
Lumpkin	0	0	0	0	0	0	4	8,307
Macon	0	0	5	14,963	0	0	0	0
Marion	1	28,620	4	19,297	0	0	0	0
McDuffie	1	4,994	0	0	0	0	0	0
McIntosh	0	0	1	5,880	0	0	0	0
Meriwether	0	0	6	31,192	0	0	2	3,019
Miller	0	0	1	3,988	0	0	0	0
Monroe	2	39,033	2	2,863	1	64,820	8	82,145
Morgan	0	0	3	6,739	0	0	1	242
Murray	4	233,906	7	43,545	0	0	13	5
Muscogee	5	1,054,767	35	210,042	0	0	13	104,686
Newton	4	251,163	42	181,895	0	0	15	39,556
Oconee	0	0	0	0	0	0	1	0
Other Out of State	73	4,413,436	712	3,337,219	23	2,052,561	282	882,552
Paulding	127	3,455,145	1,291	5,716,222	49	949,628	809	3,142,529
Peach	0	0	1	5,054	0	0	1	13
Pickens	0	0	14	765,003	0	0	9	10,308

Pike	1	36,403	1	113,134	0	0	1	280
Polk	17	1,344,014	102	482,070	4	76,878	36	48,113
Pulaski	0	0	1	2,067	0	0	0	0
Putnam	1	4,992	0	0	0	0	2	8,203
Rabun	0	0	0	0	0	0	1	701
Richmond	0	0	8	57,503	0	0	0	0
Rockdale	3	40,911	26	123,680	0	0	20	54,618
Screven	0	0	0	0	0	0	1	299
Seminole	0	0	0	0	0	0	1	1
Spalding	9	278,622	25	118,509	3	42,844	8	78,739
Stephens	0	0	3	19,041	0	0	1	752
Stewart	0	0	9	67,192	0	0	0	0
Sumter	0	0	7	44,240	0	0	0	0
Talbot	1	1,364	1	4,933	0	0	0	0
Tattnall	1	16,576	0	0	0	0	0	0
Taylor	0	0	5	231,971	0	0	0	0
Thomas	0	0	0	0	0	0	1	3,957
Tift	0	0	1	1,535	0	0	1	2,551
Toombs	1	20,005	0	0	0	0	3	675
Treuten	0	0	3	6,231	0	0	0	0
Troup	8	873,987	30	99,910	0	0	10	63,327
Turner	0	0	0	0	0	0	1	1,811
Union	0	0	1	1,744	0	0	1	2
Upson	0	0	2	3,909	1	1,340	1	27
Walker	0	0	0	0	0	0	8	46,750
Walton	0	0	24	255,930	1	374	10	22,698
Ware	0	0	0	0	0	0	1	2,322
Warren	0	0	0	0	1	138,434	0	0
Washington	0	0	3	13,812	0	0	0	0
White	0	0	5	6,145	0	0	0	0
Whitfield	2	13,854	21	90,717	1	330,215	5	19,044
Wilkes	0	0	1	10,735	1	1,174	0	0
Worth	0	0	3	14,276	0	0	0	0
<b>Total</b>	<b>2,202</b>	<b>91,506,520</b>	<b>27,692</b>	<b>35,119,910</b>	<b>711</b>	<b>27,223,504</b>	<b>11,843</b>	<b>37,678,683</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 2021?  
 (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 2021.

Patient Category		SFY 2020	SFY2021	SFY2022
		7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	0	11,233,164
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 2020	SFY2021	SFY2022
7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
0	0	42,448

## 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:** 7/26/2022

**Title:** President & CEO

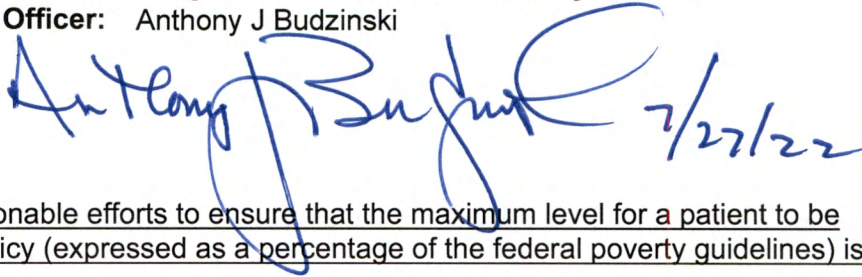


I hereby certify that I am the financial officer authorized to sign this form and that the information is true and accurate. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

**Signature of Financial Officer:** Anthony J Budzinski

**Date:** 7/26/2022

**Title:** EVP & CFO



**Comments:**

Wellstar makes all reasonable efforts to ensure that the maximum level for a patient to be considered under its policy (expressed as a percentage of the federal poverty guidelines) is 300%.