



## 2020 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 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: 07/2019 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:** 470-999-2489

**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	1,191,361,720
Total Inpatient Admissions accounting for Inpatient Revenue	21,353
Outpatient Gross Patient Revenue	2,031,076,142
Total Outpatient Visits accounting for Outpatient Revenue	302,593
Medicare Contractual Adjustments	1,211,951,650
Medicaid Contractual Adjustments	337,411,910
Other Contractual Adjustments:	640,029,546
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	57,675,337
Gross Indigent Care:	240,679,319
Gross Charity Care:	45,497,721
Uncompensated Indigent Care (net):	240,679,319
Uncompensated Charity Care (net):	45,497,721
Other Free Care:	47,518
Other Revenue/Gains:	4,498,777
Total Expenses:	552,365,511

### 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	19,501
Employee Discounts	2
Prompt Pay Disc	28,015
<b>Total</b>	<b>47,518</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	87,601,478	16,258,292	103,859,770
Outpatient	153,077,841	29,239,429	182,317,270
<b>Total</b>	<b>240,679,319</b>	<b>45,497,721</b>	<b>286,177,040</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	87,601,478	16,258,292	103,859,770
Outpatient	153,077,841	29,239,429	182,317,270
<b>Total</b>	<b>240,679,319</b>	<b>45,497,721</b>	<b>286,177,040</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	906	1	80,476	1	1,579
Baker	0	0	1	200	0	0	0	0
Baldwin	0	0	3	31,968	0	0	0	0
Banks	0	0	4	63,265	0	0	2	897
Barrow	1	164,491	10	25,717	0	0	1	1,458
Bartow	10	416,454	334	1,657,954	2	12,089	97	335,571
Ben Hill	1	30,325	0	0	0	0	0	0
Berrien	0	0	1	4,239	0	0	0	0
Bibb	3	107,789	13	78,254	0	0	2	8,339
Brantley	0	0	1	2,012	0	0	0	0
Bryan	0	0	2	4,524	0	0	0	0
Butts	4	111,711	10	60,119	0	0	0	0
Camden	0	0	1	2,109	0	0	1	4,876
Candler	0	0	3	480	0	0	0	0
Carroll	39	1,583,437	302	1,519,315	9	107,693	43	190,157
Catoosa	1	43,245	5	31,976	0	0	3	11,461
Chatham	1	1,069	17	60,795	0	0	2	7,719
Chattooga	0	0	11	21,164	0	0	1	1,709
Cherokee	17	470,139	316	2,625,983	10	505,957	105	391,964
Clarke	0	0	5	8,347	0	0	2	10,242
Clay	0	0	1	499	0	0	0	0
Clayton	25	998,081	267	971,985	4	81,728	43	173,672
Clinch	0	0	1	300	0	0	0	0
Cobb	1,531	52,509,664	23,619	107,112,564	476	10,322,856	4,777	20,362,544
Colquitt	0	0	1	25	0	0	0	0
Columbia	1	37,539	8	26,263	0	0	1	8,339
Cook	0	0	1	339	0	0	3	1,489
Coweta	3	41,405	20	52,514	3	2,648	4	7,837
Crawford	0	0	1	1,562	0	0	0	0
Crisp	1	38,380	2	4,191	0	0	0	0
Dade	1	25,895	1	1,391	0	0	0	0
Dawson	0	0	4	8,973	0	0	1	283

Decatur	0	0	2	13,281	0	0	0	0
DeKalb	27	841,840	360	1,558,447	17	552,728	102	421,484
Dougherty	0	0	5	14,020	0	0	1	2,503
Douglas	226	7,144,227	3,065	13,676,688	76	1,160,657	626	2,404,700
Effingham	0	0	0	0	0	0	1	299
Fannin	2	40,201	10	105,219	1	1,005	3	98
Fayette	3	9,474	18	59,864	0	0	11	13,509
Floyd	4	155,900	49	279,305	3	3,298	6	11,486
Forsyth	4	30,608	14	71,633	1	20,729	14	49,706
Franklin	0	0	4	75,036	0	0	1	4,172
Fulton	147	4,911,477	2,332	9,328,944	44	943,916	509	1,782,499
Gilmer	4	153,269	21	134,250	0	0	6	26,075
Gordon	2	132,497	42	352,398	0	0	12	60
Grady	0	0	1	2,238	0	0	0	0
Greene	0	0	0	0	0	0	1	7,597
Gwinnett	15	566,162	195	891,473	0	0	40	177,705
Habersham	0	0	6	6,429	0	0	1	3,001
Hall	0	0	5	5,708	0	0	0	0
Haralson	16	770,204	64	231,996	3	23,993	5	25,115
Harris	1	27,794	3	10,400	0	0	0	0
Hart	0	0	0	0	0	0	1	5,358
Heard	4	350,153	7	14,670	2	269,416	5	5,899
Henry	9	720,939	99	613,819	2	3,208	22	99,703
Houston	1	117,617	12	57,281	0	0	2	3,157
Irwin	0	0	3	15,227	0	0	0	0
Jackson	1	2,280	6	5,627	0	0	0	0
Jasper	2	46,474	13	203,557	0	0	0	0
Jefferson	0	0	0	0	0	0	2	1,865
Lamar	2	39,390	8	62,526	0	0	0	0
Laurens	1	32,449	0	0	0	0	1	4,354
Liberty	0	0	2	22,835	0	0	0	0
Lowndes	0	0	3	11,140	0	0	1	12,331
Lumpkin	0	0	2	56,903	0	0	2	13,250
Macon	1	25,114	5	16,533	0	0	0	0
Madison	0	0	3	10,876	0	0	0	0
Marion	2	73,388	0	0	0	0	0	0
Meriwether	1	3,600	3	13,206	0	0	0	0
Monroe	0	0	4	47,375	0	0	0	0
Morgan	0	0	1	2,763	0	0	1	2,135
Murray	1	3,555	11	75,070	0	0	1	503
Muscogee	7	778,175	22	78,728	0	0	8	52,824
Newton	4	203,058	40	166,083	0	0	3	7,308
Other Out of State	87	7,415,343	633	2,866,007	12	1,425,355	141	631,329
Paulding	117	3,103,357	1,297	5,519,522	66	582,014	527	1,793,629

Peach	0	0	2	17,140	0	0	0	0
Pickens	1	30,162	13	45,693	2	63,887	6	39,913
Pike	3	331,669	15	612,274	0	0	0	0
Polk	12	800,602	72	158,508	1	14,354	7	17,004
Putnam	0	0	1	2,127	0	0	0	0
Rabun	0	0	2	145	1	23,083	3	3,234
Randolph	1	56,969	8	42,457	0	0	0	0
Richmond	1	44,379	6	27,559	0	0	1	7,667
Rockdale	5	487,952	36	127,606	0	0	5	10,249
Seminole	0	0	0	0	2	48,960	1	16,066
Spalding	11	413,238	38	225,361	0	0	2	1,746
Stephens	1	99,740	4	4,006	0	0	1	14,144
Stewart	1	317,280	2	2,800	0	0	0	0
Sumter	0	0	3	13,930	0	0	0	0
Talbot	1	39,218	0	0	0	0	1	4,372
Tift	0	0	2	4,466	0	0	0	0
Toombs	0	0	1	61	0	0	0	0
Towns	0	0	1	4,534	0	0	0	0
Troup	5	223,582	26	152,837	2	2,620	5	13,974
Union	0	0	3	4,343	0	0	3	2,269
Upson	1	47,327	6	48,533	0	0	0	0
Walker	5	246,805	32	219,540	0	0	0	0
Walton	1	30,910	20	141,395	0	0	1	22,678
Ware	0	0	2	1,890	0	0	0	0
Warren	0	0	1	434	0	0	0	0
Webster	0	0	3	825	0	0	0	0
White	1	2,729	2	4,749	0	0	0	0
Whitfield	4	150,747	23	157,618	2	5,622	6	2,323
<b>Total</b>	<b>2,384</b>	<b>87,601,478</b>	<b>33,660</b>	<b>53,077,841</b>	<b>742</b>	<b>16,258,292</b>	<b>7,187</b>	<b>29,239,429</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	8,340,526	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	35,324	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%