



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2023 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP546

Facility Name: Wellstar Cobb Hospital

County: Cobb

Street Address: 3590 Austell Road

City: Austell

Zip: 30106-1174

Mailing Address: 3950 Austell Road

Mailing City: Austell

Mailing Zip: 30106-1174

Medicaid Provider Number: 000000723A

Medicare Provider Number: 110034

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2023 only.
Do not use a different report period.

Please indicate your hospital fiscal year.

From: 7/1/2022 To:6/30/2023

Please indicate your cost report year.

From: 07/01/2022 To:06/30/2023

☐

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

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	1,884,689,395
Total Inpatient Admissions accounting for Inpatient Revenue	21,871
Outpatient Gross Patient Revenue	3,010,724,960
Total Outpatient Visits accounting for Outpatient Revenue	391,922
Medicare Contractual Adjustments	1,882,503,544
Medicaid Contractual Adjustments	580,466,040
Other Contractual Adjustments:	1,137,890,021
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	86,040,399
Gross Indigent Care:	196,134,912
Gross Charity Care:	97,915,742
Uncompensated Indigent Care (net):	196,134,912
Uncompensated Charity Care (net):	97,915,742
Other Free Care:	81,120
Other Revenue/Gains:	7,095,165
Total Expenses:	742,915,282

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	81,120
Employee Discounts	0
	0
Total	81,120

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 2023? (Check box if yes.) ☒

2. Effective Date

What was the effective date of the policy or policies in effect during 2023?

10/25/2022

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 2023? (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	86,745,667	43,804,372	130,550,039
Outpatient	109,389,245	54,111,370	163,500,615
Total	196,134,912	97,915,742	294,050,654

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	86,745,667	43,804,372	130,550,039
Outpatient	109,389,245	54,111,370	163,500,615
Total	196,134,912	97,915,742	294,050,654

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
Atkinson	0	0	0	0	0	0	1	16
Baldwin	1	18,295	3	25,951	0	0	0	0
Banks	0	0	0	0	1	16,347	0	0
Barrow	2	106,020	7	23,398	1	26,063	5	22,459
Bartow	7	105,664	260	1,433,517	5	142,926	351	871,045
Ben Hill	0	0	3	863	0	0	0	0
Berrien	0	0	2	18,826	0	0	0	0
Bibb	2	120,889	11	125,949	0	0	7	25,212
Bleckley	0	0	0	0	0	0	1	7,202
Brantley	0	0	3	14,720	0	0	0	0
Bryan	0	0	1	6,195	0	0	0	0
Bulloch	0	0	3	12,757	0	0	3	33,696
Butts	0	0	12	31,836	2	45,650	7	20,503
Calhoun	0	0	0	0	0	0	1	2,600
Camden	0	0	1	15,129	0	0	0	0
Candler	0	0	0	0	0	0	2	1,029
Carroll	33	1,871,799	189	744,723	9	634,636	138	536,017
Catoosa	0	0	2	32,572	0	0	0	0
Chatham	1	114,054	4	20,060	1	41,799	6	14,240
Chattooga	0	0	1	4,767	0	0	3	48,007
Cherokee	14	488,281	275	1,313,043	11	551,310	349	1,507,696
Clarke	0	0	7	41,235	0	0	5	8,076
Clayton	19	622,437	249	1,320,928	5	237,630	133	1,159,754
Clinch	0	0	1	5,351	0	0	0	0
Cobb	1,139	51,584,717	16,198	73,739,553	516	24,541,909	9,376	31,604,155
Coffee	0	0	1	20,430	0	0	0	0
Colquitt	0	0	2	3,327	0	0	2	249
Columbia	0	0	5	14,247	0	0	2	4,506
Coweta	2	28,165	34	90,434	2	98,801	10	20,257
Crisp	0	0	1	150	1	2,065	0	0
Dawson	0	0	2	3,321	1	41,831	7	39,700
Decatur	0	0	1	4,516	1	21,018	1	1,484

DeKalb	20	1,153,004	311	1,766,265	15	495,229	184	698,773
Dodge	0	0	1	59	0	0	0	0
Dougherty	1	61,590	3	6,555	0	0	3	4,958
Douglas	180	7,780,299	2,168	8,916,285	73	5,028,421	1,219	3,632,399
Early	0	0	1	3,421	0	0	0	0
Effingham	0	0	1	7,291	0	0	1	2,647
Fannin	0	0	2	495	0	0	4	12,819
Fayette	0	0	11	53,034	1	5,008	18	117,966
Floyd	6	782,112	27	91,467	4	266,246	34	97,748
Forsyth	2	95,407	20	329,406	1	15,914	25	163,972
Franklin	0	0	3	3,680	0	0	14	81,351
Fulton	148	7,768,821	2,213	10,431,700	66	4,912,098	1,464	5,222,209
Gilmer	0	0	10	55,460	3	190,816	13	330,124
Glynn	0	0	1	2,940	0	0	0	0
Gordon	0	0	12	32,444	2	8,197	26	9,426
Grady	0	0	0	0	0	0	1	477
Greene	0	0	1	590	0	0	0	0
Gwinnett	10	396,190	144	519,717	5	333,252	104	426,192
Habersham	0	0	2	25,770	1	6,675	2	35,640
Hall	0	0	16	86,126	2	63,593	16	69,258
Haralson	3	79,834	55	289,650	0	0	29	60,274
Harris	0	0	1	379	0	0	3	15
Hart	0	0	1	40	0	0	0	0
Heard	1	17,677	7	52,129	0	0	4	4,519
Henry	5	503,091	62	249,200	5	279,069	55	321,814
Houston	0	0	5	13,323	0	0	6	46,606
Jackson	3	83,523	11	23,635	0	0	3	15,379
Jasper	0	0	1	296	0	0	0	0
Jeff Davis	0	0	0	0	0	0	1	1,239
Jefferson	0	0	1	2,081	0	0	0	0
Jones	0	0	0	0	0	0	2	15
Lamar	0	0	5	19,461	0	0	3	4,008
Laurens	0	0	3	23,243	0	0	4	24,492
Lee	0	0	1	3,155	0	0	0	0
Liberty	0	0	0	0	0	0	1	784
Lincoln	0	0	0	0	0	0	4	34,386
Long	0	0	0	0	0	0	1	8,569
Lowndes	0	0	1	4,687	0	0	3	13,749
Lumpkin	0	0	1	2,986	1	1,225,495	0	0
Macon	0	0	2	21,787	0	0	0	0
Meriwether	0	0	10	62,496	0	0	2	29,270
Monroe	1	38,518	5	35,267	0	0	0	0
Murray	0	0	8	43,728	0	0	8	6,628
Muscogee	7	502,887	11	42,681	0	0	10	141,240

Newton	0	0	17	50,370	1	21,407	22	52,044
Oconee	0	0	0	0	0	0	1	643
Oglethorpe	0	0	1	39,691	0	0	0	0
Other Out of State	43	3,687,656	353	1,698,136	28	2,174,384	390	1,464,573
Paulding	110	5,995,931	1,026	4,237,432	41	1,673,239	1,003	4,443,955
Pickens	1	35,698	16	51,919	0	0	32	176,581
Pike	0	0	1	50	0	0	2	425
Polk	7	61,334	77	387,379	0	0	59	84,700
Pulaski	0	0	2	14,436	0	0	0	0
Putnam	0	0	1	1,630	0	0	0	0
Rabun	0	0	0	0	0	0	2	1
Richmond	1	84,554	8	18,502	0	0	3	14,977
Rockdale	7	1,488,064	18	64,488	0	0	11	26,862
Spalding	7	704,745	38	235,593	1	88,118	5	11,755
Stephens	0	0	1	606	0	0	0	0
Sumter	0	0	1	3,047	0	0	0	0
Talbot	0	0	1	82	0	0	1	5
Telfair	0	0	0	0	0	0	1	12,544
Tift	1	30,945	2	11,127	0	0	1	6
Towns	0	0	11	24,598	0	0	1	54
Troup	2	17,019	17	70,942	1	21,648	5	105,203
Turner	0	0	1	2,704	0	0	0	0
Twiggs	0	0	0	0	1	110,932	0	0
Union	0	0	0	0	0	0	6	29,979
Upson	0	0	2	11,162	1	1,408	0	0
Walker	3	124,499	10	29,868	0	0	1	1,430
Walton	1	165,873	17	30,230	3	79,878	5	15,313
Ware	0	0	1	1,421	0	0	1	96,854
Warren	0	0	0	0	0	0	1	21
Washington	0	0	0	0	0	0	1	4,396
White	0	0	2	14,005	0	0	1	6,023
Whitfield	1	26,075	6	95,920	1	401,360	13	16,162
Wilkes	0	0	0	0	0	0	1	16
Worth	0	0	1	3,179	0	0	0	0
Total	1,791	86,745,667	24,047	109,389,244	813	43,804,372	15,246	54,111,371

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 2023?
(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 2023.

Patient Category		SFY 2022 7/1/21-6/30/22	SFY2023 7/1/22-6/30/23	SFY2024 7/1/23-6/30/24
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	24,123,048	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.

SFY2022 7/1/21-6/30/22	SFY2023 7/1/22-6/30/23	SFY2024 7/1/23-6/30/24
0	41,897	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: Candice Saunders

Date: 7/19/2024

Title: President and 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: Joe Reppert

Date: 7/19/2024

Title: Interim CFO

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 percentage of the federal poverty guidelines) is 300%