



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2023 Hospital Financial Survey**

**Part A : General Information**

**1. Identification**

**UID:HOSP615**

**Facility Name:** Wellstar Kennestone Regional Medical Center

**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

**Medicaid Provider Number:** 000001119A

**Medicare Provider Number:** 110035

**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.

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**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	4,564,988,608
Total Inpatient Admissions accounting for Inpatient Revenue	46,314
Outpatient Gross Patient Revenue	2,741,766,260
Total Outpatient Visits accounting for Outpatient Revenue	483,268
Medicare Contractual Adjustments	2,858,729,477
Medicaid Contractual Adjustments	635,549,978
Other Contractual Adjustments:	1,652,217,569
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	137,162,217
Gross Indigent Care:	287,159,615
Gross Charity Care:	183,718,423
Uncompensated Indigent Care (net):	287,159,615
Uncompensated Charity Care (net):	183,718,423
Other Free Care:	157,793
Other Revenue/Gains:	33,945,239
Total Expenses:	1,141,353,144

### 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	157,793
Employee Discounts	0
	0
<b>Total</b>	<b>157,793</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 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	173,893,585	112,453,437	286,347,022
Outpatient	113,266,030	71,264,986	184,531,016
<b>Total</b>	<b>287,159,615</b>	<b>183,718,423</b>	<b>470,878,038</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	173,893,585	112,453,437	286,347,022
Outpatient	113,266,030	71,264,986	184,531,016
<b>Total</b>	<b>287,159,615</b>	<b>183,718,423</b>	<b>470,878,038</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	1,525	0	0	0	0
Baldwin	1	71,227	2	6,219	1	131,827	2	4,925
Banks	1	4,672	4	56,315	0	0	0	0
Barrow	2	2,980	15	75,094	3	213,872	9	39,824
Bartow	87	5,501,880	701	3,071,753	57	4,173,881	609	2,459,223
Ben Hill	0	0	0	0	0	0	3	101
Berrien	0	0	2	5,296	0	0	0	0
Bibb	1	2,296	12	20,023	0	0	6	8,342
Bleckley	0	0	0	0	0	0	1	94
Brantley	1	20,238	0	0	0	0	0	0
Brooks	0	0	0	0	0	0	1	1,459
Bryan	0	0	1	6,635	0	0	1	1,824
Bulloch	0	0	2	3,790	0	0	1	12,772
Butts	6	231,015	7	35,466	1	45,719	9	42,342
Camden	0	0	2	5,785	0	0	0	0
Carroll	25	1,590,270	99	404,392	10	982,033	78	493,590
Catoosa	1	107,735	5	21,193	0	0	0	0
Chatham	1	29,050	20	86,195	0	0	10	45,385
Chattooga	1	21,834	6	4,867	1	35,180	4	20,360
Cherokee	240	14,763,791	1,971	9,513,684	157	9,043,826	2,223	8,152,403
Clarke	2	30,850	3	14,578	1	57,025	7	15,613
Clayton	13	2,076,356	159	847,132	10	1,675,819	109	448,607
Cobb	1,675	95,984,617	16,596	79,496,300	972	54,954,409	12,641	44,302,771
Coffee	0	0	1	9,509	0	0	0	0
Colquitt	0	0	4	30,954	0	0	2	6,080
Columbia	0	0	16	81,432	0	0	4	11,149
Coweta	3	620,298	22	157,101	2	191,465	10	71,665
Crisp	0	0	1	1	0	0	0	0
Dade	0	0	2	39,076	0	0	0	0
Dawson	0	0	3	26,401	0	0	2	4,677
Decatur	0	0	2	5,991	0	0	1	13,039
DeKalb	47	3,282,907	250	1,642,120	14	1,099,321	203	1,183,415

Dodge	0	0	2	3,284	0	0	0	0
Dougherty	1	149,588	2	6,801	1	25,092	1	15,458
Douglas	75	2,749,765	483	1,833,109	54	6,531,114	311	970,231
Early	0	0	1	351	0	0	0	0
Effingham	0	0	0	0	0	0	1	4
Elbert	1	50,568	0	0	0	0	0	0
Evans	0	0	1	1,233	0	0	0	0
Fannin	0	0	11	14,367	0	0	20	61,010
Fayette	2	282,769	19	75,450	1	379,653	14	162,519
Floyd	5	168,269	30	270,609	9	619,948	37	179,159
Forsyth	7	418,969	22	122,853	4	515,490	25	77,170
Franklin	0	0	5	6,989	0	0	6	46,288
Fulton	90	6,579,288	936	4,551,560	49	3,343,227	761	3,373,525
Gilmer	7	982,263	40	338,903	14	1,959,160	33	217,009
Glynn	0	0	1	18,510	0	0	2	10,741
Gordon	6	202,073	33	89,191	2	243,558	33	98,444
Greene	1	227,094	0	0	0	0	0	0
Gwinnett	28	2,754,412	142	775,640	12	1,398,789	141	952,234
Habersham	0	0	3	25,263	0	0	1	6,395
Hall	2	37,994	8	25,725	2	771,505	18	202,366
Hancock	0	0	0	0	0	0	1	4,123
Haralson	4	290,211	22	166,880	1	340	20	79,935
Harris	3	46,003	3	4,512	1	44,086	3	35,350
Hart	0	0	1	6,520	0	0	2	868
Heard	2	419,516	4	93,893	4	311,615	2	100
Henry	4	279,984	69	340,840	5	752,583	43	173,474
Houston	0	0	8	25,630	1	21,338	4	4,503
Jackson	0	0	6	34,671	0	0	4	28,644
Jasper	0	0	1	29,360	0	0	1	7,971
Johnson	0	0	0	0	0	0	1	2,010
Jones	0	0	0	0	0	0	1	4,124
Lamar	6	657,436	6	26,020	3	231,423	3	1,351
Laurens	0	0	1	1,806	1	65,753	2	4,036
Lee	0	0	1	1,675	0	0	0	0
Liberty	0	0	2	102	0	0	1	4,681
Lowndes	0	0	7	40,091	0	0	2	11,088
Lumpkin	0	0	3	16,356	0	0	4	6,900
Macon	0	0	0	0	0	0	1	6,897
Marion	0	0	2	1,241	1	5,599	0	0
McIntosh	0	0	0	0	0	0	1	4,396
Meriwether	0	0	2	22,340	2	233,609	4	2,956
Mitchell	0	0	2	2,111	0	0	0	0
Monroe	2	77,540	4	13,854	1	26,311	0	0
Montgomery	0	0	0	0	0	0	1	5,106

Morgan	0	0	0	0	1	1,408	1	451
Murray	1	98,135	4	9,498	0	0	10	27,139
Muscogee	2	454,435	11	72,871	3	1,760,705	7	43,703
Newton	3	331,112	9	42,422	2	108,838	22	135,070
Oconee	0	0	2	9,247	1	40,375	3	2,945
Oglethorpe	0	0	0	0	0	0	1	1,913
Other Out of State	72	7,658,793	400	2,539,124	35	5,469,836	456	1,967,341
Paulding	196	11,680,745	1,206	4,267,612	97	10,140,250	1,121	3,928,829
Peach	0	0	1	429	0	0	0	0
Pickens	13	1,530,223	65	415,852	8	493,095	82	457,775
Pike	2	294,301	3	96,914	0	0	4	4,438
Polk	10	2,065,654	58	225,600	3	7,308	44	208,147
Pulaski	0	0	1	2,425	0	0	0	0
Putnam	0	0	1	200	0	0	0	0
Rabun	0	0	0	0	0	0	2	1,884
Richmond	1	1,186,287	14	96,151	0	0	7	24,863
Rockdale	0	0	15	73,651	0	0	14	57,122
Spalding	12	2,395,571	26	108,809	10	1,268,957	17	31,870
Stephens	0	0	0	0	1	67,717	1	4,415
Sumter	0	0	5	16,231	0	0	0	0
Tattnall	0	0	0	0	0	0	1	1,159
Taylor	1	98,766	1	596	0	0	0	0
Telfair	0	0	1	2,716	1	212,785	1	2,244
Terrell	0	0	1	3,668	0	0	0	0
Thomas	1	38,232	6	8	0	0	0	0
Tift	0	0	0	0	0	0	2	3,281
Toombs	0	0	0	0	2	99,311	2	111
Towns	1	1,364	5	2,684	0	0	3	953
Troup	35	4,730,871	39	286,525	23	2,377,874	30	166,189
Twiggs	0	0	1	7,148	0	0	1	431
Union	0	0	0	0	0	0	7	25,381
Upson	1	159,347	1	2,620	2	197,878	0	0
Walker	0	0	5	17,597	0	0	0	0
Walton	2	20,036	9	45,590	1	1,480	7	21,996
Ware	0	0	1	6,257	0	0	0	0
Wayne	0	0	0	0	0	0	2	14,764
White	0	0	2	9,690	1	121,050	5	9,668
Whitfield	2	433,955	26	241,447	0	0	5	20,178
Wilcox	0	0	1	1,943	0	0	0	0
Wilkinson	0	0	1	3,938	0	0	0	0
<b>Total</b>	<b>2,708</b>	<b>73,893,585</b>	<b>23,713</b>	<b>13,266,030</b>	<b>1,588</b>	<b>12,453,437</b>	<b>19,299</b>	<b>71,264,986</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 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	11,872,777	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	47,308	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%.