



2023 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP712

Facility Name: Medical Center, Navicent Health, The

County: Bibb

Street Address: 777 Hemlock Street

City: Macon

Zip: 31201

Mailing Address: 777 Hemlock Street

Mailing City: Macon

Mailing Zip: 31201

Medicaid Provider Number: 000001207A

Medicare Provider Number: 110107

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: 1/1/2023 To:12/31/2023

Please indicate your cost report year.

From: 01/01/2023 To:12/31/2023

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: Lisa J. Morgan

Contact Title: Director, Financial Services

Phone: 704-512-6444

Fax: 704-512-6485

E-mail: Lisa.J.Morgan@atriumhealth.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	2,341,600,166
Total Inpatient Admissions accounting for Inpatient Revenue	30,188
Outpatient Gross Patient Revenue	1,445,713,932
Total Outpatient Visits accounting for Outpatient Revenue	307,605
Medicare Contractual Adjustments	1,428,599,731
Medicaid Contractual Adjustments	527,761,693
Other Contractual Adjustments:	798,992,629
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	75,039,238
Gross Indigent Care:	97,375,555
Gross Charity Care:	56,363,993
Uncompensated Indigent Care (net):	97,375,555
Uncompensated Charity Care (net):	56,363,993
Other Free Care:	18,238,555
Other Revenue/Gains:	28,535,209
Total Expenses:	807,886,915

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	18,238,555
Employee Discounts	0
	0
Total	18,238,555

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?

07/01/2021

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.)?

400

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	55,430,917	37,698,405	93,129,322
Outpatient	41,944,638	18,665,588	60,610,226
Total	97,375,555	56,363,993	153,739,548

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	55,430,917	37,698,405	93,129,322
Outpatient	41,944,638	18,665,588	60,610,226
Total	97,375,555	56,363,993	153,739,548

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
Alabama	4	223,909	13	71,022	6	420,661	26	29
Appling	0	0	0	0	0	0	1	422
Atkinson	1	86,409	1	477	0	0	0	0
Bacon	1	43,949	1	7,562	0	0	0	0
Baldwin	42	2,348,969	323	788,567	120	756,747	678	677,738
Barrow	0	0	3	2,268	2	7,798	3	2,231
Bartow	0	0	1	79	0	0	5	12,836
Ben Hill	6	295,315	13	72,023	0	0	24	60,706
Berrien	1	789	3	53,692	3	418,533	0	0
Bibb	469	24,488,202	13,440	29,023,100	1,562	12,506,760	22,044	8,706,679
Bleckley	7	338,575	48	223,611	26	621,000	101	43,997
Bulloch	0	0	2	1,886	1	356,052	7	10,328
Butts	9	989,559	54	238,336	38	1,037,028	148	423,698
Calhoun	0	0	1	9,649	0	0	0	0
Candler	0	0	0	0	1	68,119	3	8,037
Chatham	0	0	2	22,957	1	98,200	15	73,432
Chattooga	0	0	3	3,492	1	23,900	3	574
Cherokee	1	32,688	1	906	3	67,210	12	27,437
Clarke	1	30,601	11	9,770	0	0	22	2,409
Clayton	1	30,963	10	44,497	0	0	30	5,120
Cobb	4	204,704	16	89,891	0	0	38	45,178
Coffee	1	141,121	15	54,730	8	378,891	22	27,598
Colquitt	0	0	8	33,532	12	587,748	12	10,995
Columbia	1	1,833	3	11,015	0	0	0	0
Cook	1	2,173	3	3,194	2	6,314	8	6,349
Coweta	0	0	2	5,341	0	0	6	7,415
Crawford	11	335,035	198	453,908	49	415,789	380	225,716
Crisp	7	756,745	16	136,061	38	515,123	58	206,163
Dawson	0	0	0	0	1	11,373	0	0
Decatur	1	14,221	2	10,983	0	0	0	0
DeKalb	4	140,767	16	31,555	9	5,099	58	106,289
Dodge	9	450,146	56	188,534	33	714,798	126	39,726

Dooly	4	462,153	19	274,558	11	294,777	32	21,554
Dougherty	6	458,396	27	176,615	13	236,661	56	29,688
Douglas	0	0	3	13,041	0	0	7	13,736
Effingham	1	49,700	1	480	0	0	4	1,908
Emanuel	0	0	8	118,465	0	0	14	8,306
Evans	0	0	3	16,049	0	0	0	0
Fayette	0	0	2	18,958	3	210,694	8	1,440
Florida	0	0	3	22,955	16	352,371	88	321,349
Floyd	0	0	9	31,508	1	9,240	0	0
Forsyth	0	0	0	0	1	113,041	9	16,833
Franklin	0	0	3	1,192	0	0	0	0
Fulton	4	187,577	33	135,831	6	6,210	75	88,817
Glascock	0	0	2	9,470	0	0	0	0
Glynn	0	0	3	6,390	0	0	6	3,098
Gordon	0	0	0	0	6	449,498	2	3,200
Grady	0	0	0	0	2	54,572	2	20,090
Greene	1	12,807	3	6,168	6	112,659	8	689
Gwinnett	3	309,347	15	95,600	11	407,270	41	88,979
Hall	0	0	0	0	3	305,748	7	35,852
Hancock	5	400,065	36	162,675	0	0	60	22,212
Haralson	1	129,707	0	0	0	0	0	0
Harris	0	0	0	0	0	0	1	381
Henry	5	191,831	14	12,975	27	381,023	110	183,282
Houston	73	4,016,012	517	1,580,852	306	2,894,978	1,703	2,384,132
Irwin	3	367,053	9	38,886	7	226,718	23	81,334
Jackson	0	0	2	132,853	0	0	0	0
Jasper	4	359,179	34	110,829	14	122,955	86	166,407
Jeff Davis	0	0	11	81,991	6	205,633	10	2,753
Jefferson	0	0	3	7,137	0	0	6	6
Johnson	4	206,883	14	48,829	7	332,960	32	261
Jones	27	306,538	411	533,848	71	373,828	898	347,306
Lamar	6	633,164	31	78,286	25	236,085	106	153,714
Lanier	0	0	1	7,493	0	0	0	0
Laurens	21	1,444,038	89	524,406	74	1,240,560	207	152,538
Lee	1	15,151	4	4,946	1	23,545	16	2,497
Liberty	0	0	0	0	0	0	5	11,725
Long	0	0	0	0	1	55,704	0	0
Lowndes	2	288,239	12	95,860	11	79,650	21	10,954
Lumpkin	0	0	0	0	1	27,043	1	19,049
Macon	5	234,883	91	341,083	38	438,791	147	107,544
Marion	0	0	3	1,926	2	25,508	7	112,214
McIntosh	0	0	1	3,330	0	0	0	0
Meriwether	0	0	3	1,668	0	0	8	9,539
Miller	0	0	1	3,638	0	0	0	0

Mitchell	2	76,621	6	49,212	6	56,379	7	1
Monroe	30	477,399	318	957,396	88	1,179,468	706	487,794
Montgomery	1	78,981	14	103	1	74,155	0	0
Morgan	1	31,643	2	38,607	1	25,314	3	16,255
Murray	0	0	0	0	0	0	2	4,579
Muscogee	0	0	5	12,752	7	469,548	13	27,364
Newton	3	83,167	10	74,023	2	18,331	33	11,865
North Carolina	6	450,424	191	696,516	24	278,419	315	277,091
Other Out of State	4	345,834	10	17,848	42	590,479	170	299,163
Paulding	0	0	0	0	0	0	4	1,822
Peach	54	2,574,236	304	1,121,663	143	132,038	712	479,474
Pike	8	802,980	11	65,039	12	488,590	24	11,375
Polk	0	0	2	1,783	0	0	6	5,768
Pulaski	7	637,665	17	30,009	21	431,726	66	32,631
Putnam	18	1,182,561	36	88,090	47	882,521	142	174,180
Rabun	1	948	0	0	0	0	0	0
Randolph	0	0	1	6,763	0	0	0	0
Richmond	1	156,762	4	15,881	3	33,732	6	14,218
Rockdale	0	0	0	0	0	0	4	15,934
Schley	0	0	1	1,343	0	0	0	0
Seminole	1	221,356	0	0	0	0	0	0
South Carolina	4	211,083	10	40,174	0	0	35	45,438
Spalding	11	606,033	60	203,721	15	258,533	97	111,471
Stewart	0	0	1	1,798	1	104,457	0	0
Sumter	12	1,785,566	18	59,125	0	0	37	205,683
Talbot	0	0	0	0	0	0	13	2,501
Tattnall	0	0	0	0	2	21,187	0	0
Taylor	11	883,479	53	222,274	28	48,282	93	287,221
Telfair	3	91,368	9	74,149	11	109,662	27	95,033
Tennessee	0	0	0	0	2	51,139	13	20,897
Terrell	0	0	0	0	0	0	3	3,054
Thomas	0	0	8	14,600	0	0	8	427
Tift	14	490,111	17	132,735	22	505,295	42	28,660
Toombs	2	60,900	7	9,934	5	928,331	12	14,334
Treutlen	0	0	3	53,779	3	56,657	0	0
Troup	2	25,358	2	17,333	4	120,699	6	511
Turner	5	118,715	6	20,276	7	176,864	0	0
Twiggs	7	458,441	219	487,217	42	909,296	374	333,022
Upton	10	523,227	59	253,361	32	251,953	123	73,718
Walton	0	0	1	543	3	26,166	7	5,511
Warren	0	0	0	0	0	0	1	3,267
Washington	7	502,032	19	42,802	0	0	56	56,677
Wayne	0	0	0	0	0	0	8	11,879
Wheeler	1	44,012	0	0	5	75,847	7	23,254

Whitfield	1	47,551	0	0	1	5,080	2	98
Wilcox	6	579,442	6	17,725	11	177,001	28	71,525
Wilkes	0	0	0	0	2	154,542	4	29,815
Wilkinson	32	655,046	267	778,884	65	803,922	462	203,106
Worth	4	198,580	6	43,751	3	17,927	10	24,483
Total	1,027	55,430,917	17,389	41,944,638	3,247	37,698,405	31,317	18,665,588

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	SFY2023	SFY2024
		7/1/21-6/30/22	7/1/22-6/30/23	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	0	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	SFY2023	SFY2024
7/1/21-6/30/22	7/1/22-6/30/23	7/1/23-6/30/24
0	0	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: Delvecchio Finley

Date: 7/29/2024

Title: President

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: Kimberly Shrewsbury

Date: 7/29/2024

Title: SVP and CFO

Comments: