



2019 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: 31201-2155

Mailing Address: 777 Hemlock Street

Mailing City: Macon

Mailing Zip: 31201-2155

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2019 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 1/1/2019 To:12/31/2019

Please indicate your cost report year.

From: 10/01/2019 To:12/31/2019

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: Bryan Forlines

Contact Title: AVP Government Relations and Reimbursement

Phone: 904-735-3736

Fax: 478-633-5381

E-mail: forlines.bryan@navicenthealth.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	1,760,297,284
Total Inpatient Admissions accounting for Inpatient Revenue	32,538
Outpatient Gross Patient Revenue	1,062,840,912
Total Outpatient Visits accounting for Outpatient Revenue	401,973
Medicare Contractual Adjustments	1,099,431,752
Medicaid Contractual Adjustments	404,839,861
Other Contractual Adjustments:	383,113,535
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	50,657,273
Gross Indigent Care:	125,380,351
Gross Charity Care:	90,570,383
Uncompensated Indigent Care (net):	125,380,351
Uncompensated Charity Care (net):	90,570,383
Other Free Care:	7,108,362
Other Revenue/Gains:	171,679,518
Total Expenses:	638,321,267

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	7,108,362
Employee Discounts	0
	0
Total	7,108,362

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 2019? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2019?

10/01/2016

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.)?

270%

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 2019? (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	93,027,729	53,136,012	146,163,741
Outpatient	32,352,622	37,434,371	69,786,993
Total	125,380,351	90,570,383	215,950,734

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	93,027,729	53,136,012	146,163,741
Outpatient	32,352,622	37,434,371	69,786,993
Total	125,380,351	90,570,383	215,950,734

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	1	32,900	3	2,348	1	13,182	8	18,478
Atkinson	0	0	0	0	0	0	1	270
Bacon	0	0	1	1,831	0	0	1	41,686
Baker	3	130,843	6	51,649	1	120,363	1	5,000
Baldwin	67	4,911,402	129	689,304	75	2,304,845	452	957,606
Barrow	0	0	1	309	0	0	1	46
Bartow	0	0	0	0	1	16,471	4	7,629
Ben Hill	20	1,564,725	16	268,078	10	431,324	16	82,788
Berrien	1	4,674	1	8,349	0	0	10	20,776
Bibb	899	40,390,625	9,444	20,742,918	723	18,161,117	14,179	20,506,108
Bleckley	19	654,995	49	226,304	20	379,819	77	166,161
Brooks	0	0	0	0	0	0	3	6,864
Bryan	0	0	0	0	0	0	7	7,133
Bulloch	0	0	0	0	1	70,557	3	13,837
Burke	0	0	0	0	1	10,689	0	0
Butts	5	242,297	11	175,158	10	121,563	63	182,665
Camden	0	0	2	2,142	0	0	1	258
Candler	5	122,092	3	8,172	2	10,000	0	0
Carroll	0	0	1	3,987	0	0	2	6,855
Chatham	1	19,643	2	3,419	0	0	11	16,217
Chattooga	0	0	0	0	0	0	1	1,080
Clarke	0	0	4	6,740	0	0	2	1,267
Clay	0	0	0	0	0	0	2	1,669
Clayton	0	0	5	46,194	2	107,696	25	67,877
Clinch	0	0	0	0	0	0	1	5,433
Cobb	2	84,567	4	7,585	2	26,144	31	43,475
Coffee	7	202,663	5	87,062	7	545,937	5	7,244
Colquitt	2	772,104	8	40,693	7	301,560	8	30,173
Columbia	0	0	0	0	1	63,339	3	8,756
Cook	4	178,503	4	15,697	2	7,158	10	13,052
Coweta	0	0	0	0	0	0	11	14,832
Crawford	26	633,136	139	367,155	30	799,752	232	300,004

Crisp	17	967,484	33	216,448	18	887,607	37	159,212
Dawson	0	0	0	0	1	7,318	1	10
Decatur	0	0	1	1,378	0	0	1	3,986
DeKalb	3	208,124	13	96,916	0	0	29	76,772
Dodge	21	863,132	48	277,848	24	450,346	68	148,218
Dooly	6	141,269	30	210,791	5	148,390	55	140,510
Dougherty	14	220,351	15	66,809	8	181,505	37	42,022
Douglas	2	13,730	3	8,719	2	384,004	8	9,011
Early	3	284,148	1	63,961	0	0	3	1,358
Effingham	0	0	0	0	0	0	2	832
Elbert	1	36,019	1	1,474	0	0	0	0
Emanuel	2	90,140	3	28,201	1	21,979	16	101,610
Fayette	0	0	0	0	1	20,615	6	28,326
Floyd	0	0	1	1,730	0	0	7	9,259
Forsyth	0	0	0	0	0	0	8	35,166
Franklin	0	0	0	0	0	0	2	1,103
Fulton	3	52,269	41	116,436	5	114,453	50	50,716
Glynn	0	0	0	0	0	0	3	5,006
Gordon	0	0	0	0	0	0	3	1,740
Grady	0	0	1	711	0	0	0	0
Greene	1	141,707	5	3,937	1	5,000	9	15,429
Gwinnett	1	3,441	4	5,019	3	72,020	41	85,309
Habersham	0	0	0	0	1	57,735	0	0
Hall	0	0	2	3,231	0	0	6	6,827
Hancock	9	303,434	27	101,063	6	124,612	26	36,369
Haralson	1	25,012	1	1,820	0	0	0	0
Harris	0	0	0	0	0	0	2	747
Henry	7	239,702	8	11,913	4	352,247	55	97,611
Houston	117	7,024,435	385	1,508,293	139	4,164,796	1,210	2,773,878
Irwin	5	342,392	0	0	5	179,617	11	31,003
Jackson	1	7,295	1	138	0	0	3	4,904
Jasper	12	1,226,822	19	207,809	10	480,190	55	247,598
Jeff Davis	0	0	2	4,075	2	4,231	4	33,545
Jefferson	0	0	1	2,040	2	75,964	8	6,758
Jenkins	1	21,151	1	472	0	0	1	1,234
Johnson	5	243,978	10	47,634	7	246,070	19	41,076
Jones	20	1,073,526	137	504,071	41	743,909	898	1,248,141
Lamar	8	498,931	20	102,261	19	315,608	50	212,390
Lanier	1	40,189	0	0	1	46,018	0	0
Laurens	33	1,797,259	52	477,217	28	670,048	168	560,024
Lee	2	103,018	5	58,021	4	18,063	5	6,212
Liberty	0	0	0	0	0	0	4	3,465
Long	0	0	1	955	0	0	0	0
Lowndes	1	17,675	10	31,898	4	148,500	16	103,028

Lumpkin	0	0	0	0	0	0	5	7,865
Macon	17	1,736,996	20	146,256	16	280,170	62	517,024
Madison	1	26,941	11	10,665	0	0	2	84
Marion	9	555,608	8	6,619	1	5,000	2	6,007
McDuffie	0	0	0	0	0	0	1	295
McIntosh	0	0	0	0	0	0	1	549
Meriwether	9	485,062	2	1,061	3	18,482	3	18,274
Miller	0	0	1	5,058	1	9,223	2	12,135
Mitchell	0	0	3	5,384	1	4,567	16	21,563
Monroe	42	1,741,459	104	281,534	60	1,666,485	623	1,212,277
Montgomery	0	0	0	0	0	0	7	10,526
Morgan	0	0	2	1,189	3	95,449	5	17,433
Murray	0	0	1	2,035	0	0	0	0
Muscogee	0	0	10	12,774	2	475,107	11	19,104
Newton	2	170,065	5	16,750	3	75,843	13	42,543
Oconee	0	0	1	4,279	0	0	2	2,911
Other Out of State	66	4,921,501	603	1,424,430	97	3,157,531	1,705	2,437,223
Paulding	0	0	0	0	0	0	2	1,506
Peach	76	3,876,990	178	849,024	100	2,979,208	630	1,479,798
Pierce	0	0	0	0	0	0	2	1,367
Pike	2	228,073	4	29,271	1	24,947	13	16,262
Polk	0	0	0	0	0	0	1	158
Pulaski	12	382,507	12	45,172	13	1,569,521	54	115,087
Putnam	20	842,349	19	117,323	26	601,600	103	346,472
Randolph	0	0	1	606	0	0	1	1,214
Richmond	2	45,782	2	26,136	1	5,000	7	10,682
Rockdale	1	93,990	2	8,685	2	329,350	7	5,157
Schley	3	285,619	2	8,406	3	117,033	8	31,532
Seminole	1	12,314	4	11,726	1	5,000	11	35,917
Spalding	1	9,473	14	33,526	12	550,250	36	124,135
Sumter	15	1,370,905	42	265,514	19	2,393,070	63	149,524
Talbot	2	78,033	6	31,246	2	10,000	6	66,183
Tattnall	0	0	0	0	1	120,037	0	0
Taylor	18	903,459	48	240,689	22	766,602	79	159,161
Telfair	9	739,083	5	12,007	5	60,700	10	9,523
Terrell	3	155,338	0	0	1	5,000	1	1,293
Thomas	1	49,109	2	1,823	0	0	5	1,658
Tift	15	1,236,190	7	34,766	9	512,904	33	115,595
Toombs	5	285,644	8	48,062	1	5,000	10	9,705
Treutlen	1	21,122	40	79,327	7	333,345	61	82,797
Troup	0	0	1	28,398	1	85,344	1	5,000
Turner	3	827,399	4	12,234	2	140,196	1	17,154
Twiggs	31	1,362,641	169	451,486	25	447,216	363	505,575
Upton	25	1,121,875	45	298,370	23	503,618	66	212,487

Walton	0	0	0	0	1	8,983	7	7,176
Ware	1	14,036	1	9,801	0	0	2	11,625
Warren	0	0	1	2,626	0	0	0	0
Washington	7	250,253	11	84,651	10	1,224,728	23	42,105
Wayne	0	0	0	0	2	133,856	1	461
Webster	0	0	0	0	0	0	1	1,243
Wheeler	3	168,469	5	14,552	2	9,048	5	6,367
White	0	0	0	0	0	0	1	144
Wilcox	5	818,884	11	94,752	8	268,607	24	60,603
Wilkes	0	0	3	37,993	0	0	5	5,553
Wilkinson	32	1,440,013	150	493,747	30	534,793	298	532,296
Worth	6	838,742	6	144,284	4	190,841	9	70,401
Total	1,805	93,027,726	12,294	32,352,620	1,759	53,136,015	22,508	37,434,373

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 2019?
(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 2019.

Patient Category		SFY 2018	SFY2019	SFY2019
		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	62,690,175	62,690,175
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	45,285,192	45,285,192

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2018	SFY2019	SFY2019
7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
0	19,183	19,183

Reconciliation Addendum

This section is printed in landscape format on a separate PDF file.

Nurse Employment Addendum

This section is printed 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: Ninfa M. Saunders

Date: 11/30/2020

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: Chris Wilde

Date: 11/30/2020

Title: EVP and CFO

Comments: