



2018 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP323

Facility Name: Medical Center of Peach County, Navicent Health

County: Peach

Street Address: 1960 Hwy 247 Connector

City: Byron

Zip: 31008

Mailing Address: 1960 Hwy 247 Connector

Mailing City: Byron

Mailing Zip: 31008

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2018 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 10/1/2017 To:9/30/2018

Please indicate your cost report year.

From: 10/01/2017 To:09/30/2018

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: H. Bryan Forlines

Contact Title: AVP Government Relations/Reimbursement

Phone: 478-633-6966

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	11,389,143
Total Inpatient Admissions accounting for Inpatient Revenue	758
Outpatient Gross Patient Revenue	49,101,636
Total Outpatient Visits accounting for Outpatient Revenue	38,582
Medicare Contractual Adjustments	17,109,426
Medicaid Contractual Adjustments	6,495,971
Other Contractual Adjustments:	12,789,365
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	2,369,431
Gross Indigent Care:	2,095,695
Gross Charity Care:	3,822,275
Uncompensated Indigent Care (net):	2,095,695
Uncompensated Charity Care (net):	3,822,275
Other Free Care:	313,934
Other Revenue/Gains:	72,927
Total Expenses:	17,432,672

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	313,934
Employee Discounts	0
	0
Total	313,934

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 2018? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2018?

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 2018? (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	260,821	645,966	906,787
Outpatient	1,834,874	3,176,309	5,011,183
Total	2,095,695	3,822,275	5,917,970

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	260,821	645,966	906,787
Outpatient	1,834,874	3,176,309	5,011,183
Total	2,095,695	3,822,275	5,917,970

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
Baldwin	0	0	1	3	0	0	5	1,676
Ben Hill	0	0	1	3,254	0	0	0	0
Bibb	5	73,652	110	123,637	5	32,312	269	194,684
Bleckley	0	0	1	1,680	0	0	1	98
Brooks	0	0	0	0	0	0	1	1,191
Bulloch	0	0	0	0	3	32,908	10	24,989
Burke	0	0	0	0	0	0	1	654
Butts	0	0	0	0	0	0	7	5,345
Chatham	0	0	7	7,186	0	0	5	1,842
Clarke	0	0	0	0	0	0	1	297
Clayton	0	0	2	2,044	0	0	4	1,818
Clinch	0	0	1	516	0	0	0	0
Cobb	0	0	4	3,486	0	0	1	74
Coffee	0	0	0	0	0	0	1	577
Cook	0	0	0	0	0	0	1	866
Crawford	3	29,454	140	162,997	8	34,917	185	119,764
Crisp	0	0	1	568	0	0	1	329
DeKalb	0	0	3	3,921	0	0	12	5,570
Dodge	0	0	1	715	0	0	1	76
Dooly	0	0	3	1,826	0	0	7	8,053
Dougherty	0	0	1	1,672	0	0	3	1,232
Douglas	0	0	0	0	0	0	4	4,207
Forsyth	0	0	1	538	0	0	0	0
Franklin	0	0	0	0	0	0	1	1,595
Fulton	0	0	8	8,497	0	0	13	4,082
Gilmer	0	0	0	0	0	0	1	385
Glynn	0	0	2	564	0	0	1	166
Grady	0	0	2	868	0	0	0	0
Gwinnett	0	0	2	2,052	0	0	5	1,444
Hall	0	0	0	0	0	0	1	339
Hancock	0	0	0	0	0	0	2	526
Harris	0	0	1	685	0	0	1	316

Henry	0	0	0	0	0	0	12	4,988
Houston	1	4,030	150	159,778	21	127,650	1,283	894,111
Irwin	0	0	0	0	0	0	1	421
Jackson	0	0	0	0	0	0	1	1,632
Johnson	0	0	0	0	0	0	1	2,390
Jones	0	0	5	5,734	1	2,923	4	3,071
Laurens	0	0	0	0	0	0	10	3,803
Lee	0	0	0	0	1	434	0	0
Lowndes	0	0	3	1,674	0	0	2	568
Macon	0	0	50	65,729	4	19,974	114	91,749
Mitchell	0	0	1	575	0	0	1	360
Monroe	0	0	4	4,965	0	0	5	7,073
Montgomery	0	0	1	840	0	0	5	4,492
Muscogee	0	0	0	0	0	0	7	3,495
Newton	0	0	0	0	0	0	3	2,314
Other Out of State	3	26,579	106	143,738	3	11,661	201	136,893
Paulding	0	0	4	3,225	0	0	0	0
Peach	19	89,508	694	761,768	53	358,534	2,129	1,443,205
Pierce	0	0	0	0	0	0	1	788
Pulaski	0	0	1	830	0	0	16	5,900
Putnam	0	0	1	1,913	0	0	3	2,463
Rabun	0	0	6	852	0	0	0	0
Randolph	1	30,778	2	2,970	0	0	0	0
Richmond	0	0	1	1,897	0	0	3	841
Rockdale	0	0	2	428	0	0	2	433
Seminole	0	0	0	0	2	4,122	12	11,838
Spalding	0	0	0	0	0	0	4	397
Sumter	0	0	3	5,927	0	0	2	2,550
Talbot	0	0	26	26,501	2	12,282	1	846
Taliaferro	0	0	1	861	0	0	0	0
Taylor	5	6,820	272	301,683	4	8,076	190	149,698
Telfair	0	0	2	6,500	0	0	0	0
Terrell	0	0	1	698	0	0	0	0
Thomas	0	0	0	0	0	0	4	1,099
Twiggs	0	0	1	2,424	1	173	8	10,372
Upson	0	0	0	0	0	0	1	2,305
Walker	0	0	2	2,842	0	0	0	0
Washington	0	0	1	2,563	0	0	1	184
Wayne	0	0	0	0	0	0	1	92
Wilcox	0	0	1	413	0	0	1	2,137
Wilkinson	0	0	2	835	0	0	2	1,608
Total	37	260,821	1,635	1,834,872	108	645,966	4,576	3,176,311

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 2018?
(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 2018.

Patient Category		SFY 2017	SFY2018	SFY2019
		7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	1,571,771	523,924
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	2,866,706	955,569

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2017	SFY2018	SFY2019
7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
0	4,767	1,589

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: Laura Gentry, RN

Date: 7/25/2019

Title: Administrator

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: Judy Ware, CPA

Date: 7/25/2019

Title: Chief Financial Officer

Comments: