



2021 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP528

Facility Name: Navicent Health Baldwin

County: Baldwin

Street Address: 821 North Cobb Street

City: Milledgeville

Zip: 31061-0690

Mailing Address: 821 North Cobb Street

Mailing City: Milledgeville

Mailing Zip: 31061-0690

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2021 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 1/1/2021 To:12/31/2021

Please indicate your cost report year.

From: 01/01/2021 To:12/31/2021

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: 704-512-6438

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	76,868,284
Total Inpatient Admissions accounting for Inpatient Revenue	2,891
Outpatient Gross Patient Revenue	114,082,027
Total Outpatient Visits accounting for Outpatient Revenue	72,688
Medicare Contractual Adjustments	55,933,025
Medicaid Contractual Adjustments	23,340,933
Other Contractual Adjustments:	36,684,582
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	11,486,208
Gross Indigent Care:	4,186,922
Gross Charity Care:	5,437,130
Uncompensated Indigent Care (net):	3,686,922
Uncompensated Charity Care (net):	5,437,130
Other Free Care:	267,329
Other Revenue/Gains:	947,323
Total Expenses:	60,711,089

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	267,329
Employee Discounts	0
	0
Total	267,329

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 2021? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2021?

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 2021? (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	1,223,223	1,553,064	2,776,287
Outpatient	2,963,699	3,884,066	6,847,765
Total	4,186,922	5,437,130	9,624,052

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	500,000
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	500,000

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	1,223,223	1,553,064	2,776,287
Outpatient	2,463,699	3,884,066	6,347,765
Total	3,686,922	5,437,130	9,124,052

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	0	0	0	0	0	0	4	6,655
Baldwin	45	823,060	986	1,925,942	129	973,218	2,955	2,448,651
Barrow	0	0	0	0	0	0	3	1,432
Bartow	0	0	0	0	0	0	2	98
Berrien	0	0	0	0	0	0	1	184
Bibb	1	14,855	24	41,306	1	8,306	90	53,734
Bleckley	0	0	0	0	0	0	2	423
Bryan	0	0	0	0	0	0	1	81
Bulloch	0	0	0	0	0	0	3	3,726
Burke	0	0	0	0	0	0	3	837
Butts	0	0	0	0	0	0	1	276
Camden	0	0	0	0	0	0	3	2,741
Chatham	0	0	0	0	0	0	5	2,835
Cherokee	0	0	0	0	0	0	4	1,441
Clarke	0	0	0	0	0	0	2	1,778
Clinch	0	0	1	2,085	0	0	0	0
Cobb	0	0	0	0	0	0	8	5,676
Coffee	0	0	1	3,082	0	0	0	0
Columbia	0	0	0	0	0	0	3	3,427
Cook	0	0	0	0	0	0	1	1,935
Coweta	0	0	0	0	0	0	5	1,468
Crawford	0	0	0	0	0	0	1	78
Crisp	0	0	0	0	0	0	2	1,794
DeKalb	0	0	0	0	0	0	5	1,987
Dodge	0	0	0	0	0	0	1	183
Dougherty	0	0	1	436	0	0	2	1,331
Effingham	0	0	0	0	0	0	1	353
Emanuel	0	0	0	0	0	0	2	1,809
Evans	0	0	0	0	0	0	1	545
Fayette	0	0	1	551	0	0	2	494
Florida	0	0	0	0	3	85,962	11	9,571
Forsyth	0	0	0	0	0	0	6	2,205

Fulton	0	0	0	0	0	0	17	20,395
Glascocock	0	0	0	0	0	0	2	3,397
Glynn	0	0	0	0	0	0	2	101
Greene	0	0	11	28,975	0	0	64	57,705
Gwinnett	0	0	3	7,618	0	0	10	4,487
Hall	0	0	0	0	1	10,772	2	796
Hancock	4	86,834	103	236,011	18	118,803	261	284,330
Henry	0	0	0	0	0	0	5	2,964
Houston	0	0	4	6,749	0	0	9	8,268
Jackson	0	0	1	5,174	0	0	2	2,840
Jasper	1	21,217	7	9,734	2	-2,873	23	43,784
Jefferson	0	0	1	75	0	0	5	6,400
Jenkins	0	0	1	4,545	0	0	0	0
Jones	4	59,981	13	17,816	1	765	114	126,177
Lamar	0	0	1	2,646	0	0	0	0
Laurens	0	0	4	2,382	0	0	15	19,528
Lincoln	0	0	0	0	0	0	2	2,753
Lowndes	0	0	1	1,546	0	0	2	2,395
Macon	0	0	0	0	0	0	1	305
Marion	0	0	0	0	0	0	1	3,022
McIntosh	0	0	0	0	0	0	1	6,190
Monroe	0	0	2	1,574	1	5,846	2	698
Morgan	0	0	6	4,758	0	0	15	7,193
Muscogee	0	0	0	0	0	0	3	2,882
Newton	0	0	1	4,951	0	0	8	8,556
North Carolina	0	0	4	21,755	0	0	8	3,517
Other Out of State	0	0	1	551	2	12,549	40	42,386
Paulding	0	0	0	0	0	0	1	1,078
Peach	0	0	2	3,534	0	0	4	1,400
Pike	0	0	0	0	0	0	1	1,257
Pulaski	0	0	0	0	0	0	1	23
Putnam	5	32,096	63	174,696	16	113,358	237	278,158
Richmond	0	0	0	0	0	0	6	3,073
Rockdale	0	0	1	358	0	0	2	325
South Carolina	0	0	5	7,110	0	0	14	11,483
Stephens	0	0	0	0	0	0	1	1,778
Sumter	0	0	2	5,165	0	0	1	256
Taliaferro	0	0	0	0	0	0	1	102
Telfair	0	0	0	0	0	0	2	1,874
Thomas	0	0	0	0	0	0	2	1,232
Toombs	0	0	0	0	0	0	2	476
Treutlen	0	0	0	0	0	0	5	3,652
Troup	0	0	0	0	0	0	1	347
Twiggs	0	0	2	5,094	0	0	4	3,859

Upton	0	0	0	0	0	0	1	670
Walker	0	0	0	0	0	0	2	639
Walton	0	0	0	0	0	0	6	6,576
Ware	0	0	1	3,489	0	0	2	1,085
Warren	0	0	1	2,369	0	0	0	0
Washington	1	31,577	22	41,332	5	58,401	76	58,893
Wilkinson	8	153,603	150	390,290	22	167,957	259	287,013
Total	69	1,223,223	1,427	2,963,699	201	1,553,064	4,375	3,884,066

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 2021?
(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 2021.

Patient Category		SFY 2020	SFY2021	SFY2022
		7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	1,746,757	3,128,041	5,630,658
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.	388,300	588,043	0
C.	Other Patients in accordance with the department approved policy.	0	0	5,044,657

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2020	SFY2021	SFY2022
7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
980	1,548	6,771

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: 8/23/2022

Title: Chief Executive Officer

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: 8/23/2022

Title: CFO

Comments: