



2022 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 2022 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 1/1/2022 To:12/31/2022

Please indicate your cost report year.

From: 01/01/2022 To:12/31/2022

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	79,301,802
Total Inpatient Admissions accounting for Inpatient Revenue	12,042
Outpatient Gross Patient Revenue	130,553,811
Total Outpatient Visits accounting for Outpatient Revenue	83,332
Medicare Contractual Adjustments	76,220,916
Medicaid Contractual Adjustments	28,293,593
Other Contractual Adjustments:	36,415,949
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	6,144,158
Gross Indigent Care:	7,250,231
Gross Charity Care:	5,038,081
Uncompensated Indigent Care (net):	7,250,231
Uncompensated Charity Care (net):	4,538,081
Other Free Care:	2,173,919
Other Revenue/Gains:	1,105,506
Total Expenses:	61,128,402

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	2,173,919
Employee Discounts	0
	0
Total	2,173,919

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 2022? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2022?

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 2022? (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	1,722,599	1,955,496	3,678,095
Outpatient	5,527,632	3,082,585	8,610,217
Total	7,250,231	5,038,081	12,288,312

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	1,722,599	1,705,496	3,428,095
Outpatient	5,527,632	2,832,585	8,360,217
Total	7,250,231	4,538,081	11,788,312

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	2	10,480	0	0	7	5,688
Bacon	0	0	2	3,359	0	0	1	284
Baldwin	69	1,202,092	1,951	3,866,586	160	1,202,195	2,403	1,979,774
Banks	0	0	1	864	0	0	0	0
Barrow	0	0	0	0	0	0	2	991
Berrien	0	0	1	1,728	0	0	0	0
Bibb	1	18,136	68	150,051	4	12,652	74	71,012
Brooks	0	0	0	0	0	0	1	732
Bryan	0	0	0	0	0	0	3	780
Bulloch	0	0	1	3,550	0	0	1	38
Burke	0	0	1	703	0	0	0	0
Butts	0	0	1	377	0	0	1	292
Chatham	0	0	1	2,934	1	7,742	3	1,303
Cherokee	0	0	0	0	0	0	4	2,872
Clarke	0	0	2	2,173	0	0	0	0
Clayton	0	0	0	0	0	0	2	823
Clinch	0	0	1	273	0	0	0	0
Cobb	0	0	0	0	0	0	9	3,468
Coffee	0	0	1	1,563	0	0	0	0
Colquitt	0	0	0	0	0	0	1	76
Columbia	0	0	0	0	0	0	1	147
Cook	0	0	1	265	0	0	0	0
Coweta	0	0	1	280	0	0	6	3,997
Crawford	0	0	1	265	0	0	0	0
Dawson	0	0	0	0	0	0	1	1,306
Decatur	0	0	1	5,859	0	0	0	0
Dekalb	1	7,464	4	8,786	0	0	8	10,096
Dodge	0	0	1	265	1	4,763	2	4,632
Dougherty	0	0	3	5,554	0	0	0	0
Douglas	0	0	0	0	0	0	2	374
Echols	0	0	0	0	0	0	1	284
Effingham	0	0	2	2,357	0	0	1	50

Emanuel	0	0	1	1,143	0	0	0	0
Fayette	0	0	0	0	0	0	7	5,223
Florida	0	0	0	0	0	0	6	3,203
Floyd	0	0	0	0	0	0	1	1,770
Fulton	0	0	2	4,503	0	0	16	9,905
Glascock	0	0	1	2,172	0	0	1	286
Grady	0	0	0	0	0	0	1	439
Greene	0	0	10	24,445	3	4,464	39	14,096
Gwinnett	0	0	1	2,493	0	0	13	4,962
Habersham	0	0	0	0	0	0	1	2,008
Hall	0	0	0	0	0	0	2	340
Hancock	11	178,799	224	445,254	21	117,383	197	190,235
Haralson	0	0	0	0	0	0	3	2,008
Harris	0	0	0	0	0	0	1	928
Hart	0	0	1	3,011	0	0	0	0
Henry	0	0	0	0	0	0	9	4,963
Houston	0	0	3	4,380	0	0	15	21,711
Jackson	0	0	2	2,883	0	0	1	284
Jasper	0	0	9	11,569	2	18,737	12	6,153
Jefferson	0	0	2	11,720	0	0	2	1,510
Johnson	0	0	2	3,856	0	0	0	0
Jones	0	0	37	72,072	9	66,852	109	118,222
Lamar	0	0	1	129	0	0	1	284
Laurens	0	0	8	16,003	1	6,941	12	9,380
Lee	0	0	0	0	0	0	1	2,397
Lowndes	0	0	0	0	0	0	1	4,312
Macon	0	0	0	0	0	0	2	1,772
Madison	0	0	0	0	0	0	1	1,284
McDuffie	0	0	1	723	0	0	0	0
McIntosh	0	0	0	0	0	0	2	155
Monroe	0	0	0	0	1	0	2	75
Montgomery	0	0	1	2,115	0	0	1	16,350
Morgan	0	0	3	4,917	1	1,171	9	23,024
Murray	0	0	1	4,511	0	0	0	0
Muscogee	0	0	0	0	0	0	2	766
Newton	0	0	4	7,057	0	0	6	4,276
North Carolina	1	16,065	6	14,659	0	0	8	3,416
Oconee	0	0	0	0	0	0	4	5,505
Other Out of State	0	0	0	0	3	33,644	39	21,066
Paulding	0	0	0	0	0	0	1	398
Peach	0	0	1	132	1	6,928	5	7,605
Polk	0	0	0	0	0	0	1	188
Pulaski	0	0	1	807	0	0	0	0
Putnam	3	82,754	88	131,964	26	140,291	208	207,515

Rabun	0	0	1	1,664	0	0	0	0
Richmond	0	0	4	2,569	0	0	5	921
Rockdale	0	0	4	8,938	0	0	2	837
Schley	0	0	0	0	0	0	1	467
South Carolina	0	0	8	7,777	1	4,661	0	0
Stephens	0	0	1	265	0	0	0	0
Sumter	0	0	0	0	0	0	1	333
Tennessee	0	0	0	0	0	0	1	1,226
Thomas	0	0	1	2,392	0	0	0	0
Treutlen	0	0	3	8,970	0	0	1	1,790
Turner	0	0	0	0	1	16,044	1	109
Twiggs	0	0	2	11,230	1	6,971	0	0
Upson	0	0	1	4,274	0	0	2	568
Walton	0	0	2	12,165	0	0	7	1,318
Ware	0	0	0	0	0	0	2	568
Warren	0	0	1	8,997	0	0	0	0
Washington	2	17,232	49	89,398	12	175,695	71	56,399
Wayne	0	0	0	0	0	0	1	133
Whitfield	0	0	1	578	0	0	0	0
Wilkes	0	0	0	0	0	0	3	10,550
Wilkinson	11	200,057	254	527,625	15	128,362	224	220,333
Total	99	1,722,599	2,789	5,527,632	264	1,955,496	3,598	3,082,585

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 2022?
(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 2022.

Patient Category		SFY 2021	SFY2022	SFY2023
		7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	3,128,014	5,630,658	7,945,180
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.	588,043	0	0
C.	Other Patients in accordance with the department approved policy.	0	5,044,657	4,236,223

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2021	SFY2022	SFY2023
7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
1,548	6,771	7,823

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: 7/27/2023

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: 7/27/2023

Title: SVP and CFO

Comments: