



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

2024 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

**Mailing Address:** 821 North Cobb Street

**Mailing City:** Milledgeville

**Mailing Zip:** 31061

**Medicaid Provider Number:** 000000129A

**Medicare Provider Number:** 110150

**2. Report Period**

Please report data for the hospital fiscal year ending during calendar year 2024 only.  
***Do not use a different report period.***

**Please indicate your hospital fiscal year.**

From: 1/1/2024 To:12/31/2024

**Please indicate your cost report year.**

From: 01/01/2024 To:12/31/2024

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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.

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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:** 704-649-9042

**Fax:** 704-512-6438

**E-mail:** Lisa.J.Morgan@advocatehealth.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	73,393,268
Total Inpatient Admissions accounting for Inpatient Revenue	3,144
Outpatient Gross Patient Revenue	146,376,088
Total Outpatient Visits accounting for Outpatient Revenue	68,251
Medicare Contractual Adjustments	79,733,818
Medicaid Contractual Adjustments	21,814,542
Other Contractual Adjustments:	39,997,491
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	9,538,982
Gross Indigent Care:	8,102,388
Gross Charity Care:	1,680,038
Uncompensated Indigent Care (net):	8,102,388
Uncompensated Charity Care (net ):	1,180,038
Other Free Care:	768,391
Other Revenue/Gains:	1,105,547
Total Expenses:	70,444,119

### 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	768,391
Employee Discounts	0
	0
<b>Total</b>	<b>768,391</b>

## 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 2024? (Check box if yes.) ☒

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2024?

10/01/2023

### 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 2024? (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	2,262,998	142,648	2,405,646
Outpatient	5,839,390	1,537,390	7,376,780
<b>Total</b>	<b>8,102,388</b>	<b>1,680,038</b>	<b>9,782,426</b>

#### **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
<b>Total</b>	<b>500,000</b>

#### **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	2,262,998	142,648	2,405,646
Outpatient	5,839,390	1,037,390	6,876,780
<b>Total</b>	<b>8,102,388</b>	<b>1,180,038</b>	<b>9,282,426</b>

## 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	2	308
Appling	0	0	2	10,483	0	0	0	0
Baldwin	78	1,333,420	2,046	4,020,203	103	67,650	1,221	978,850
Barrow	0	0	0	0	0	0	1	575
Bibb	8	227,671	46	101,255	12	17,290	30	548
Bleckley	0	0	1	9,558	0	0	0	0
Bulloch	0	0	1	3,796	0	0	0	0
Butts	0	0	3	18,956	1	2,373	0	0
Camden	0	0	0	0	0	0	2	1,193
Carroll	0	0	2	2,044	1	2,346	3	2,137
Chatham	0	0	1	1,482	0	0	3	1,901
Cherokee	0	0	0	0	0	0	2	383
Clarke	0	0	8	20,958	0	0	0	0
Clayton	0	0	1	1,833	0	0	1	449
Cobb	0	0	3	11,748	0	0	0	0
Columbia	0	0	1	255	0	0	2	1,722
Cook	0	0	1	923	0	0	0	0
Coweta	0	0	0	0	0	0	2	126
DeKalb	0	0	4	3,781	0	0	1	1,331
Dodge	0	0	0	0	0	0	1	2,386
Dougherty	0	0	6	8,342	0	0	1	1,516
Douglas	1	9,434	1	2,362	0	0	1	3,341
Emanuel	0	0	1	934	0	0	0	0
Fayette	0	0	0	0	0	0	1	2,394
Florida	0	0	0	0	0	0	6	6,857
Forsyth	0	0	1	280	0	0	3	3,195
Fulton	0	0	2	2,798	0	0	5	3,892
Glascocock	1	14,710	2	5,347	0	0	1	672
Glynn	0	0	2	5,752	0	0	1	222
Gordon	0	0	0	0	0	0	1	334
Grady	0	0	1	1,385	0	0	0	0
Greene	0	0	11	14,264	0	0	22	17,334

Gwinnett	0	0	2	3,836	0	0	7	10,154
Habersham	0	0	1	1,910	0	0	0	0
Hall	0	0	0	0	0	0	1	1,516
Hancock	9	124,507	180	302,343	0	0	90	103,312
Haralson	0	0	1	6,142	0	0	0	0
Henry	0	0	0	0	0	0	1	807
Houston	3	75,011	2	1,857	0	0	10	8,524
Jackson	0	0	0	0	0	0	1	2,075
Jasper	1	24,367	16	20,794	0	0	7	6,308
Jefferson	0	0	6	5,816	0	0	1	2,850
Jenkins	0	0	1	2,172	0	0	0	0
Johnson	0	0	2	426	0	0	0	0
Jones	5	112,374	74	201,547	0	0	41	18,361
Lamar	0	0	0	0	2	9,106	2	2,071
Laurens	0	0	7	10,809	0	0	6	3,416
Liberty	0	0	0	0	0	0	1	1,268
Lincoln	0	0	0	0	0	0	1	1,625
Macon	0	0	1	1,992	0	0	0	0
Madison	0	0	1	322	0	0	0	0
McDuffie	0	0	2	1,656	0	0	0	0
Monroe	0	0	1	4,455	0	0	2	574
Morgan	0	0	7	13,292	0	0	2	423
Newton	1	1,750	4	15,312	1	870	4	3,909
North Carolina	0	0	13	21,877	0	0	0	0
Oconee	0	0	0	0	0	0	1	367
Other Out of State	0	0	0	0	1	894	12	11,193
Paulding	0	0	1	2,070	0	0	5	8,308
Peach	0	0	3	1,560	0	0	0	0
Pike	0	0	1	668	0	0	0	0
Putnam	4	57,229	98	139,143	14	17,517	147	165,820
Richmond	1	17,141	2	4,783	0	0	1	5,242
Rockdale	0	0	2	7,612	0	0	0	0
Screven	0	0	0	0	0	0	1	2,404
South Carolina	0	0	2	1,872	0	0	1	961
Spalding	0	0	0	0	1	2,894	1	339
Sumter	0	0	0	0	0	0	1	535
Taliaferro	0	0	0	0	0	0	1	54
Telfair	0	0	1	161	0	0	0	0
Tennessee	0	0	0	0	0	0	2	4,578
Thomas	0	0	1	1,371	0	0	0	0
Toombs	0	0	1	102	0	0	2	717
Treutlen	0	0	1	1,559	0	0	0	0
Troup	0	0	2	1,417	0	0	0	0
Twiggs	1	2,759	8	5,807	0	0	0	0

Upton	0	0	1	1,231	0	0	1	1,316
Walton	0	0	0	0	0	0	7	12,224
Ware	0	0	0	0	0	0	1	134
Washington	4	214,163	59	111,623	0	0	22	7,847
Wayne	0	0	1	5,488	0	0	0	0
Wilkinson	7	48,462	280	687,626	7	21,708	118	116,492
<b>Total</b>	<b>124</b>	<b>2,262,998</b>	<b>2,932</b>	<b>5,839,390</b>	<b>143</b>	<b>142,648</b>	<b>1,814</b>	<b>1,537,390</b>



## 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 2024?  
(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 2024.

Patient Category		SFY 2022 7/1/21-6/30/22	SFY2024 7/1/22-6/30/23	SFY2024 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	3,590,243	4,512,144
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	983,470	696,568

### 3. Patients Served

Indicate the number of patients served by SFY.

SFY2022 7/1/21-6/30/22	SFY2024 7/1/22-6/30/23	SFY2024 7/1/23-6/30/24
0	2,709	2,304

## 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:** 7/24/2025

**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:** Philip Wheeler

**Date:** 7/24/2025

**Title:** Chief Financial Officer

**Comments:**