



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2024 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

Mailing Address: 777 Hemlock Street

Mailing City: Macon

Mailing Zip: 31201

Medicaid Provider Number: 000001207A

Medicare Provider Number: 110107

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

☐

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: 704-512-6485

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	2,565,347,791
Total Inpatient Admissions accounting for Inpatient Revenue	31,113
Outpatient Gross Patient Revenue	1,635,814,973
Total Outpatient Visits accounting for Outpatient Revenue	343,756
Medicare Contractual Adjustments	1,571,435,978
Medicaid Contractual Adjustments	568,237,777
Other Contractual Adjustments:	937,029,439
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	88,504,232
Gross Indigent Care:	105,426,127
Gross Charity Care:	41,462,585
Uncompensated Indigent Care (net):	105,426,127
Uncompensated Charity Care (net):	41,462,585
Other Free Care:	14,995,545
Other Revenue/Gains:	38,833,378
Total Expenses:	878,264,646

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	14,995,545
Employee Discounts	0
	0
Total	14,995,545

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	67,581,413	24,805,459	92,386,872
Outpatient	37,844,714	16,657,126	54,501,840
Total	105,426,127	41,462,585	146,888,712

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	67,581,413	24,805,459	92,386,872
Outpatient	37,844,714	16,657,126	54,501,840
Total	105,426,127	41,462,585	146,888,712

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	2	512,819	9	39,191	0	0	10	50,917
Appling	0	0	1	713	1	52,985	1	7,735
Atkinson	0	0	3	15,587	1	51,607	1	106
Bacon	0	0	0	0	0	0	1	2,993
Baldwin	45	2,415,312	271	1,173,340	60	1,549,503	219	411,096
Barrow	0	0	1	4,343	0	0	4	1,474
Bartow	0	0	3	11,569	0	0	2	4,082
Ben Hill	11	704,457	7	24,696	3	8,628	7	72,138
Berrien	1	22,616	0	0	5	547,015	3	18,158
Bibb	482	27,098,469	10,361	24,656,939	659	4,691,394	6,532	8,376,245
Bleckley	14	599,365	35	150,780	8	387,807	27	141,091
Brantley	0	0	2	10,121	0	0	3	1,544
Brooks	0	0	2	1,391	1	67,172	0	0
Bryan	0	0	1	5,144	0	0	1	23,324
Bulloch	0	0	3	37,825	2	117,780	0	0
Burke	0	0	0	0	1	22,270	0	0
Butts	16	1,518,118	49	342,693	13	45,188	70	155,391
Calhoun	0	0	0	0	0	0	1	492
Carroll	1	189,324	2	10,423	1	105,626	4	6,267
Chatham	0	0	3	11,428	2	50,200	14	24,363
Chattooga	0	0	1	4,477	1	7,378	0	0
Cherokee	0	0	1	599	0	0	2	5,816
Clarke	0	0	7	11,424	0	0	4	32,217
Clayton	2	154,648	2	2,342	4	233,661	17	56,111
Clinch	0	0	0	0	0	0	2	10,832
Cobb	1	119,855	3	9,147	4	156,740	13	22,717
Coffee	2	72,631	13	135,775	0	0	0	0
Colquitt	5	297,458	4	11,631	0	0	0	0
Columbia	0	0	0	0	2	59,014	1	197
Cook	3	115,235	6	90,379	2	233,229	0	0
Coweta	0	0	7	8,261	0	0	3	18,682
Crawford	12	592,804	129	273,776	15	422,519	83	146,585

Crisp	7	369,910	31	313,387	18	47,379	25	11,778
Dawson	1	22,746	0	0	1	83,048	2	35,336
Decatur	0	0	2	7,699	0	0	0	0
DeKalb	1	97,266	9	18,080	6	199,113	23	67,466
Dodge	10	667,909	33	172,966	0	0	28	46,635
Dooly	11	1,536,869	20	135,438	0	0	17	56,816
Dougherty	6	753,612	23	92,299	7	607,605	16	10,237
Douglas	0	0	2	2,524	0	0	3	13,573
Effingham	0	0	0	0	0	0	3	3,511
Emanuel	1	73,422	3	17,880	1	85,619	1	5,867
Fayette	0	0	1	2,430	0	0	3	3,079
Florida	0	0	7	33,475	9	511,194	72	304,459
Floyd	0	0	3	15,542	0	0	0	0
Forsyth	3	232,674	2	62,302	0	0	0	0
Fulton	0	0	17	83,201	3	87,911	39	97,951
Glynn	3	124,263	3	43,013	0	0	0	0
Gordon	1	14,019	0	0	2	16,159	3	7,083
Grady	0	0	0	0	1	79,677	1	703
Greene	2	170,608	8	64,014	0	0	7	37,771
Gwinnett	4	591,023	3	11,436	0	0	24	81,469
Habersham	0	0	0	0	0	0	2	10,558
Hall	2	611,497	2	66,695	0	0	0	0
Hancock	7	422,466	31	329,095	4	232,318	12	10,456
Harris	0	0	0	0	0	0	1	372
Heard	0	0	0	0	1	30,023	0	0
Henry	5	504,310	11	117,492	10	222,024	60	170,460
Houston	97	5,880,256	511	2,038,462	146	3,202,786	793	1,647,890
Irwin	2	233,016	4	71,485	3	77,852	14	52,378
Jackson	0	0	1	11,820	1	17,345	3	12,553
Jasper	8	460,470	37	291,547	8	68,499	0	0
Jeff Davis	0	0	5	20,932	8	678,697	3	50,816
Jefferson	0	0	2	6,037	1	25,099	1	47,784
Johnson	2	139,693	7	81,116	1	256,723	7	6,690
Jones	28	890,895	358	734,086	33	1,145,184	465	556,903
Lamar	10	580,457	52	368,962	13	179,982	26	25,658
Laurens	20	1,299,301	84	321,249	26	256,200	78	249,498
Lee	2	51,792	2	836	0	0	15	52,912
Liberty	0	0	3	1,755	0	0	2	12,728
Lowndes	2	110,527	15	206,650	3	70,316	7	13,230
Lumpkin	0	0	1	38,098	0	0	0	0
Macon	16	1,246,365	95	287,963	0	0	93	187,095
Marion	1	32,089	4	26,776	0	0	3	1,881
Meriwether	0	0	0	0	4	260,929	0	0
Miller	0	0	0	0	0	0	1	18,222

Mitchell	2	300,599	1	1,366	0	0	2	6,309
Monroe	28	1,106,736	305	853,485	45	1,603,633	297	552,304
Montgomery	2	91,245	3	14,105	0	0	0	0
Morgan	1	1,950	6	8,590	0	0	1	2,290
Murray	0	0	1	8,519	0	0	0	0
Muscogee	2	333,211	3	22,423	0	0	12	212,581
Newton	1	87,630	7	79,718	3	169,076	22	83,774
North Carolina	8	681,022	62	234,145	0	0	39	33,419
Oglethorpe	0	0	1	414	0	0	0	0
Other Out of State	1	2,125	6	4,695	16	487,851	133	245,095
Paulding	0	0	0	0	0	0	3	2,483
Peach	44	1,603,180	251	827,189	61	1,145,017	330	473,215
Pierce	1	17,937	1	5,579	0	0	0	0
Pike	7	1,117,576	29	124,376	0	0	26	68,491
Polk	0	0	1	4,700	0	0	4	8,969
Pulaski	11	509,404	16	38,804	8	246,819	26	93,138
Putnam	18	1,512,141	28	142,999	0	0	51	274,083
Randolph	0	0	0	0	2	378,170	1	11,722
Richmond	0	0	3	62,892	1	31,268	0	0
Rockdale	0	0	7	59,899	2	68,485	0	0
Schley	0	0	0	0	2	69,489	1	983
South Carolina	0	0	4	30,695	0	0	10	20,979
Spalding	9	336,411	23	165,037	10	273,711	21	52,516
Sumter	6	356,300	26	101,055	0	0	0	0
Talbot	0	0	2	10,280	0	0	1	52
Tattnall	1	42,373	5	23,154	1	38,960	2	15,717
Taylor	8	286,543	41	269,461	11	283,797	20	39,421
Telfair	4	288,842	10	19,351	5	114,324	10	78,857
Tennessee	1	88,986	2	70,311	0	0	19	30,443
Terrell	0	0	2	2,481	0	0	1	5,730
Thomas	1	162,321	0	0	1	87,910	3	2,680
Tift	10	1,194,130	22	150,766	15	157,764	9	19,238
Toombs	2	209,903	4	17,760	1	21,380	2	7,851
Towns	0	0	0	0	0	0	2	23,208
Treutlen	2	82,084	1	1,316	2	42,789	3	19,391
Troup	0	0	3	3,552	3	126,051	2	723
Turner	4	239,671	4	14,506	2	456,764	5	18,724
Twiggs	10	706,064	181	420,886	26	621,390	100	176,475
Union	0	0	2	32,154	0	0	0	0
Upson	13	803,169	35	109,679	17	798,282	40	160,740
Walker	0	0	1	2,675	0	0	0	0
Walton	2	295,404	1	422	1	105,011	3	15,949
Ware	0	0	1	2,530	0	0	3	16,491
Warren	0	0	1	4,939	0	0	0	0

Washington	7	789,426	16	88,678	0	0	19	64,419
Wayne	0	0	0	0	0	0	2	4,165
Wheeler	2	27,153	9	108,059	3	223,585	2	7,813
Whitfield	0	0	2	8,267	1	2,535	0	0
Wilcox	11	1,849,048	6	9,914	0	0	14	55,713
Wilkes	0	0	3	2,387	0	0	1	229
Wilkinson	22	928,263	178	537,835	0	0	127	232,979
Worth	0	0	2	1,930	0	0	7	15,376
Total	1,090	67,581,413	13,636	37,844,714	1,334	24,805,459	10,254	16,657,126

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	40,726,331	64,699,796
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	22,798,966	18,663,618

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	14,082	12,232

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: