



2022 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: 31201-2155

Mailing Address: 777 Hemlock Street

Mailing City: Macon

Mailing Zip: 31201-2155

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	2,108,681,485
Total Inpatient Admissions accounting for Inpatient Revenue	28,421
Outpatient Gross Patient Revenue	1,258,302,168
Total Outpatient Visits accounting for Outpatient Revenue	327,030
Medicare Contractual Adjustments	1,261,336,627
Medicaid Contractual Adjustments	543,693,817
Other Contractual Adjustments:	622,869,975
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	67,220,549
Gross Indigent Care:	57,034,120
Gross Charity Care:	74,444,094
Uncompensated Indigent Care (net):	57,034,120
Uncompensated Charity Care (net):	74,444,094
Other Free Care:	15,770,616
Other Revenue/Gains:	25,073,647
Total Expenses:	698,429,272

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	15,770,616
Employee Discounts	0
	0
Total	15,770,616

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	25,585,621	57,226,521	82,812,142
Outpatient	31,448,499	17,217,573	48,666,072
Total	57,034,120	74,444,094	131,478,214

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	25,585,621	57,226,521	82,812,142
Outpatient	31,448,499	17,217,573	48,666,072
Total	57,034,120	74,444,094	131,478,214

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	3	7,810	5	229,035	29	56,193
Appling	0	0	0	0	0	0	1	511
Atkinson	0	0	1	715	0	0	1	41,516
Baker	2	14,975	0	0	0	0	0	0
Baldwin	40	706,352	214	717,797	83	3,102,597	441	667,473
Banks	0	0	0	0	0	0	1	837
Barrow	0	0	0	0	2	21,233	8	8,680
Bartow	0	0	2	7,258	0	0	1	11,631
Ben Hill	6	29,500	5	8,789	7	474,636	11	13,202
Berrien	2	36,384	4	7,915	0	0	0	0
Bibb	538	9,844,555	10,134	21,003,986	937	18,555,805	11,036	8,702,521
Bleckley	10	515,282	33	112,326	17	267,306	0	0
Brooks	2	218,853	0	0	0	0	3	31,105
Bryan	0	0	0	0	0	0	1	235
Bulloch	0	0	6	23,537	2	72,022	8	12,187
Butts	9	319,782	32	99,985	28	1,488,303	0	0
Calhoun	1	55,870	0	0	0	0	2	4,920
Camden	0	0	0	0	1	86,651	0	0
Candler	1	24,979	1	27,462	0	0	0	0
Carroll	0	0	7	36,344	0	0	0	0
Catoosa	0	0	0	0	0	0	1	5,258
Chatham	3	302,214	8	67,754	3	214,598	13	15,089
Cherokee	0	0	1	279	0	0	11	2,055
Clarke	0	0	0	0	0	0	4	1,770
Clayton	1	5,000	6	2,999	3	70,612	23	96,805
Clinch	0	0	0	0	0	0	2	10
Cobb	0	0	8	27,072	2	170,453	28	74,463
Coffee	4	86,551	9	80,864	4	265,495	15	136,548
Colquitt	2	319,708	3	45,785	4	12,550	7	23,546
Columbia	0	0	0	0	0	0	3	5,927
Cook	1	114,930	4	13,208	0	0	0	0
Coweta	0	0	1	5,216	1	39,495	6	3,919

Crawford	19	707,284	230	632,612	59	2,207,313	652	739,912
Crisp	0	0	11	38,799	23	424,227	40	52,825
Dawson	0	0	0	0	0	0	1	39,387
Decatur	0	0	0	0	0	0	2	5,320
Dekalb	0	0	15	82,261	7	15,532	58	52,845
Dodge	0	0	66	298,085	21	279,271	0	0
Dooly	5	81,554	20	39,795	11	557,662	0	0
Dougherty	8	29,699	18	125,300	14	1,681,944	26	136,182
Douglas	0	0	0	0	0	0	5	23,650
Early	0	0	0	0	0	0	1	15,285
Effingham	0	0	1	716	1	10,614	2	23,843
Elbert	0	0	0	0	1	92,528	0	0
Emanuel	0	0	3	36,528	3	96,266	0	0
Evans	1	38,012	1	2,074	0	0	3	32,325
Fayette	1	3,650	0	0	1	4,271	10	8,541
Florida	0	0	0	0	14	422,563	83	285,083
Floyd	0	0	1	797	0	0	11	29,746
Forsyth	1	41,392	1	1,597	0	0	5	6,838
Franklin	0	0	2	2,744	0	0	2	759
Fulton	0	0	13	20,758	4	498,377	59	94,809
Glynn	0	0	0	0	0	0	3	5,705
Grady	0	0	1	1,693	1	49,384	2	5,050
Greene	2	53,974	0	0	3	40,112	22	33,034
Gwinnett	0	0	10	10,830	2	229,374	26	75,128
Hall	0	0	1	490	0	0	1	9,373
Hancock	9	273,151	28	68,821	6	113,812	52	110,100
Haralson	0	0	2	4,417	1	1,311	0	0
Harris	1	176,818	0	0	1	5,319	0	0
Heard	1	27,852	0	0	0	0	0	0
Henry	1	67,611	19	31,776	17	713,460	84	36,537
Houston	75	1,816,169	320	1,260,490	191	4,472,532	1,177	167,616
Irwin	4	359,286	3	36,200	6	359,026	10	48,341
Jackson	0	0	1	10,117	1	37,309	3	4,801
Jasper	2	185,037	19	54,316	18	844,717	48	85,807
Jeff Davis	0	0	3	12,160	0	0	8	24,675
Jefferson	0	0	2	4,596	0	0	2	6,578
Johnson	4	74,387	8	4,790	0	0	14	4,977
Jones	26	894,465	227	745,716	63	1,403,409	643	283,059
Lamar	8	239,563	29	66,390	22	603,003	73	93,318
Lanier	0	0	0	0	1	8,107	2	3,842
Laurens	0	0	84	318,731	48	1,387,674	0	0
Lee	2	217,812	4	161,453	2	16,620	4	23,826
Liberty	0	0	1	1,020	0	0	0	0
Lowndes	4	398,715	8	123,722	8	214,897	20	42,214

Macon	9	110,642	52	277,770	15	545,846	60	257,718
Madison	0	0	0	0	0	0	2	15,708
Marion	1	43,754	2	826	0	0	4	8,516
McDuffie	1	198,296	0	0	0	0	2	2,561
McIntosh	0	0	0	0	1	155,031	0	0
Meriwether	1	96,888	0	0	3	304,522	0	0
Mitchell	0	0	4	15,936	4	181,495	0	0
Monroe	25	46,574	229	833,814	67	1,277,797	544	604,956
Montgomery	0	0	2	1,541	2	61,582	11	41,540
Morgan	1	30,248	3	7,796	2	107,771	9	2,944
Murray	0	0	0	0	0	0	1	201
Muscogee	0	0	3	1,859	3	113,438	10	129,784
North Carolina	10	469,105	93	402,173	13	432,047	178	348,158
Oconee	0	0	0	0	0	0	4	5,303
Oglethorpe	1	15,720	0	0	0	0	0	0
Other Out of State	4	7,698	12	49,447	21	386,792	0	0
Paulding	0	0	3	14,156	0	0	0	0
Peach	44	144,637	245	780,468	81	2,416,600	512	1,303,751
Pickens	0	0	0	0	1	7,000	0	0
Pierce	0	0	1	2,898	0	0	0	0
Pike	2	29,910	4	12,480	12	894,647	21	37,067
Polk	0	0	0	0	0	0	8	9,029
Pulaski	8	217,603	13	149,766	14	815,527	37	2,545
Putnam	9	5,925	38	130,674	24	461,263	112	149,970
Rabun	1	158,070	2	3,015	0	0	0	0
Richmond	0	0	2	15,669	2	103,482	13	13,661
Rockdale	0	0	3	2,613	3	99,745	11	13,265
Schley	2	166,444	8	82,542	4	145,273	0	0
Screven	0	0	2	1,018	0	0	0	0
South Carolina	1	43,019	15	69,629	5	415,580	16	26,618
Spalding	3	78,438	27	139,231	16	848,000	41	286,683
Stewart	1	28,904	0	0	0	0	1	899
Sumter	8	414,192	0	0	12	994,424	27	21,701
Talbot	1	40,146	2	4,746	1	10,400	3	32,176
Tattnall	0	0	5	10,393	1	23,024	0	0
Taylor	6	16,273	59	250,788	15	686,514	0	0
Telfair	5	626,558	11	38,845	0	0	13	27,339
Tennessee	0	0	1	1,010	3	146,067	19	63,552
Terrell	0	0	4	36,415	0	0	0	0
Thomas	0	0	5	14,501	1	78,892	5	35,998
Tift	10	528,821	14	59,862	15	241,802	25	155,281
Toombs	0	0	3	2,635	3	29,705	9	97,700
Treutlen	0	0	2	34,550	3	7,871	0	0
Troup	0	0	3	11,336	0	0	7	4,727

Turner	0	0	0	0	6	397,718	15	77,425
Twiggs	13	375,295	149	395,938	24	372,068	206	324,421
Upton	12	1,520,302	39	194,203	22	620,962	0	0
Walker	0	0	0	0	0	0	1	71
Walton	0	0	2	2,310	2	130,647	6	14,620
Ware	0	0	2	5,084	0	0	0	0
Washington	0	0	6	26,550	0	0	29	63,112
Webster	0	0	0	0	1	24,554	0	0
Wheeler	0	0	3	8,921	2	194,539	6	37,995
White	0	0	1	480	0	0	1	276
Whitfield	0	0	3	24,556	0	0	1	515
Wilcox	5	128,502	12	49,879	10	1,073,382	12	78,031
Wilkes	0	0	0	0	0	0	2	522
Wilkinson	24	1,762,291	210	733,847	51	382,726	235	393,502
Worth	0	0	6	49,434	5	176,363	0	0
Total	1,004	25,585,621	12,939	31,448,499	2,119	57,226,521	17,029	17,217,573

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.	56,191,964	71,770,150	90,621,626
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.	156,882,152	135,030,951	73,639,781

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
43,201	45,179	35,024

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: