



2021 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 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	1,949,567,172
Total Inpatient Admissions accounting for Inpatient Revenue	27,128
Outpatient Gross Patient Revenue	1,175,870,206
Total Outpatient Visits accounting for Outpatient Revenue	362,359
Medicare Contractual Adjustments	1,143,167,319
Medicaid Contractual Adjustments	498,603,976
Other Contractual Adjustments:	495,229,569
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	118,878,917
Gross Indigent Care:	79,994,725
Gross Charity Care:	127,028,688
Uncompensated Indigent Care (net):	79,994,725
Uncompensated Charity Care (net):	127,028,688
Other Free Care:	2,798,471
Other Revenue/Gains:	25,993,648
Total Expenses:	657,705,274

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	2,798,471
Employee Discounts	0
	0
Total	2,798,471

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	58,270,367	80,619,685	138,890,052
Outpatient	21,724,358	46,409,003	68,133,361
Total	79,994,725	127,028,688	207,023,413

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	58,270,367	80,619,685	138,890,052
Outpatient	21,724,358	46,409,003	68,133,361
Total	79,994,725	127,028,688	207,023,413

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	1,542	2	15,670	15	12,569
Appling	2	24,192	6	15,232	1	17,603	11	5,674
Atkinson	1	37,404	2	6,952	0	0	3	12,112
Bacon	0	0	1	16,521	0	0	5	8,026
Baker	0	0	0	0	1	32,824	3	13,981
Baldwin	47	2,111,710	153	677,199	72	1,760,867	835	1,103,793
Barrow	0	0	1	1,018	0	0	20	21,556
Bartow	0	0	0	0	0	0	7	2,232
Ben Hill	5	265,420	9	101,887	7	103,545	17	55,049
Berrien	4	45,673	8	59,728	2	25,314	13	110,619
Bibb	574	26,213,159	7,045	13,449,603	996	32,935,623	23,348	27,101,406
Bleckley	7	347,130	23	90,097	10	1,277,446	112	241,397
Brantley	0	0	1	1,929	0	0	0	0
Brooks	0	0	0	0	1	31,386	1	50
Bryan	0	0	0	0	1	897	5	5,835
Bulloch	0	0	5	6,941	0	0	7	9,900
Burke	0	0	1	244	0	0	3	2,294
Butts	5	333,439	23	51,504	18	499,903	129	134,507
Calhoun	0	0	8	22,335	1	27,935	5	6,932
Camden	0	0	0	0	0	0	5	1,028
Candler	0	0	4	7,465	1	12,568	3	210
Carroll	0	0	6	9,814	2	93,312	11	6,373
Catoosa	0	0	0	0	0	0	1	70
Charlton	0	0	0	0	0	0	1	70
Chatham	0	0	8	8,063	4	818,269	32	24,114
Chattooga	0	0	3	3,900	0	0	0	0
Cherokee	1	116,406	5	14,435	0	0	40	23,451
Clarke	0	0	5	2,468	0	0	64	26,682
Clayton	4	338,922	8	10,785	6	786,402	112	112,694
Clinch	0	0	0	0	0	0	1	317
Cobb	0	0	5	3,733	1	46,398	358	73,587
Coffee	5	379,390	3	3,455	5	313,879	15	22,617

Colquitt	2	163,589	0	0	2	85,793	5	9,676
Columbia	1	7,437	1	2,668	0	0	3	8,890
Cook	2	80,771	6	50,640	4	162,256	9	43,527
Coweta	1	18,276	3	9,931	0	0	75	7,058
Crawford	13	390,841	116	247,188	45	1,216,692	633	758,276
Crisp	11	1,707,118	9	106,383	23	1,694,998	57	368,367
Dawson	0	0	0	0	0	0	1	1,820
Decatur	0	0	1	654	2	132,043	7	5,100
Dekalb	1	5,000	16	16,603	4	456,396	784	126,435
Dodge	11	827,496	37	324,111	27	2,044,944	85	290,781
Dooly	4	20,774	22	56,372	13	852,774	58	160,139
Dougherty	11	1,202,820	7	40,455	11	318,949	27	86,701
Douglas	0	0	3	3,980	0	0	5	2,183
Early	0	0	0	0	1	5,000	1	70
Effingham	0	0	0	0	0	0	6	23,405
Elbert	0	0	0	0	0	0	1	188
Emanuel	2	115,969	4	3,654	4	144,820	11	16,292
Evans	0	0	0	0	0	0	2	140
Fannin	0	0	0	0	0	0	1	50
Fayette	1	173,297	0	0	0	0	178	21,241
Florida	0	0	0	0	2	24,266	44	68,758
Floyd	0	0	0	0	1	8,277	1	17,074
Forsyth	0	0	0	0	0	0	55	16,608
Franklin	0	0	3	5,850	0	0	4	5,429
Fulton	1	127,946	15	43,245	3	54,986	1,109	196,367
Gilmer	1	43,792	0	0	0	0	0	0
Glascocock	0	0	0	0	0	0	1	361
Glynn	0	0	2	803	1	11,366	17	21,960
Gordon	0	0	0	0	0	0	1	748
Grady	1	58,633	0	0	1	18,261	1	30
Greene	0	0	3	4,930	0	0	39	36,346
Gwinnett	1	54,795	3	3,781	5	129,479	292	104,544
Hall	0	0	1	13,759	0	0	16	30,789
Hancock	5	544,677	27	64,782	5	170,579	64	131,406
Haralson	0	0	0	0	0	0	4	958
Harris	0	0	1	578	2	12,957	3	5,687
Henry	3	93,149	20	55,080	16	428,894	395	198,704
Houston	93	5,426,862	235	1,370,525	186	6,393,064	2,615	3,421,853
Irwin	4	757,644	4	67,524	0	0	9	68,400
Jackson	0	0	2	4,383	0	0	21	3,728
Jasper	5	283,332	5	13,712	15	361,854	91	233,304
Jeff Davis	0	0	2	1,441	0	0	8	30,591
Jefferson	0	0	2	1,066	1	7,799	8	4,140
Jenkins	0	0	0	0	0	0	2	2,121

Johnson	1	220,784	4	8,019	2	27,620	12	61,369
Jones	43	1,564,870	199	679,358	54	1,317,623	1,217	1,365,916
Lamar	6	420,851	33	101,069	22	756,546	110	233,831
Lanier	0	0	0	0	0	0	1	9,195
Laurens	21	755,793	70	243,963	37	1,253,365	195	735,274
Lee	1	3,477	2	5,428	4	1,066,987	18	99,581
Liberty	1	7,107	2	5,794	1	28,249	3	3,303
Lowndes	4	67,209	5	104,536	3	62,584	24	143,835
Lumpkin	0	0	0	0	1	66,948	0	0
Macon	10	355,028	22	112,809	12	391,368	102	288,026
Madison	0	0	0	0	1	8,378	0	0
Marion	1	90,853	0	0	0	0	2	15,865
McDuffie	0	0	1	464	0	0	5	2,013
Mcintosh	0	0	3	7,370	0	0	6	3,089
Meriwether	2	15,141	0	0	2	122,344	4	1,083
Miller	0	0	1	521	1	46,077	0	0
Mitchell	1	5,000	0	0	1	32,520	9	12,996
Monroe	35	1,985,269	214	614,974	70	2,897,004	934	1,172,022
Montgomery	1	51,021	0	0	0	0	13	9,965
Morgan	0	0	0	0	0	0	17	16,589
Murray	0	0	0	0	1	19,943	0	0
Muscogee	1	67,223	6	9,745	3	39,353	37	31,468
Newton	1	215,731	4	21,633	1	68,097	74	119,813
North Carolina	1	27,702	6	10,102	1	39,518	20	23,373
Oconee	0	0	0	0	0	0	26	27,578
Oglethorpe	0	0	1	480	0	0	1	70
Other Out of State	23	993,850	83	301,496	58	2,336,304	668	1,282,887
Paulding	0	0	2	1,122	4	361,903	13	19,078
Peach	56	2,405,769	136	548,769	103	3,466,698	948	1,574,813
Pierce	1	14,659	0	0	1	0	1	1,474
Pike	4	124,171	5	15,907	5	77,301	28	51,672
Polk	0	0	0	0	0	0	3	10,750
Pulaski	8	377,981	18	41,824	21	499,037	67	80,353
Putnam	12	755,505	34	254,787	19	485,807	153	284,974
Rabun	0	0	0	0	0	0	1	333
Randolph	1	5,000	0	0	0	0	2	140
Richmond	0	0	5	10,996	3	95,854	15	28,149
Rockdale	2	163,607	3	13,251	0	0	56	40,867
Schley	0	0	1	684	0	0	4	28,812
Screven	0	0	0	0	1	1,675	0	0
Seminole	1	105,110	0	0	1	257,870	5	4,312
South Carolina	0	0	8	9,773	2	10,752	7	6,189
Spalding	3	88,284	37	261,216	16	839,585	126	214,554
Stephens	0	0	1	1,739	0	0	2	4,128

Sumter	6	353,235	20	109,864	17	859,907	48	271,030
Talbot	0	0	1	497	2	24,252	6	738
Tattnall	0	0	1	620	1	2,796	4	5,080
Taylor	2	57,492	23	132,076	13	349,700	65	84,971
Telfair	5	503,417	13	112,783	15	2,913,450	22	109,969
Terrell	0	0	1	1,200	0	0	0	0
Thomas	0	0	4	11,220	0	0	8	3,369
Tift	9	356,151	15	42,737	18	606,449	44	146,535
Toombs	1	7,019	4	8,291	0	0	13	11,308
Towns	0	0	0	0	0	0	1	70
Treutlen	0	0	41	30,425	0	0	85	170,148
Troup	0	0	1	855	3	45,235	5	6,107
Turner	1	18,829	4	20,102	1	14,743	6	47,255
Twiggs	21	800,548	94	175,901	20	601,648	478	598,868
Union	0	0	0	0	0	0	3	210
Upson	17	982,722	41	162,642	22	781,346	118	370,487
Walker	1	4,827	0	0	1	12,192	10	2,017
Walton	1	28,028	1	330	0	0	28	23,974
Ware	1	46,883	0	0	2	1,139,829	1	1,511
Warren	1	59,637	0	0	0	0	2	102
Washington	5	164,904	19	46,136	11	625,458	51	90,061
Wayne	0	0	2	3,338	0	0	2	7,825
Webster	0	0	1	492	0	0	1	1,147
Wheeler	3	33,304	1	558	4	144,375	11	19,251
White	0	0	2	6,356	0	0	0	0
Whitfield	1	5,000	0	0	1	89,576	3	194
Wilcox	7	421,979	11	48,468	6	217,775	27	73,173
Wilkes	0	0	0	0	2	47,804	3	10,526
Wilkinson	29	1,094,514	154	313,048	46	1,829,896	365	550,915
Worth	3	127,820	3	27,642	4	99,656	13	123,033
Total	1,184	58,270,367	9,248	21,724,358	2,145	80,619,685	38,283	46,409,003

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.	90,786,158	56,191,964	71,770,150
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.	123,726,268	156,882,152	135,030,951

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
40,784	43,201	45,179

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: