



## 2018 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 2018 only.

**Do not use a different report period.**

**Please indicate your hospital fiscal year.**

From: 10/1/2017 To:9/30/2018

**Please indicate your cost report year.**

From: 10/01/2017 To:09/30/2018

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:** H. Bryan Forlines

**Contact Title:** AVP Government Relations/Reimbursement

**Phone:** 478-633-6966

**Fax:** 478-633-5381

**E-mail:** forlines.bryan@navicenthealth.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	1,637,358,965
Total Inpatient Admissions accounting for Inpatient Revenue	30,084
Outpatient Gross Patient Revenue	963,853,211
Total Outpatient Visits accounting for Outpatient Revenue	300,604
Medicare Contractual Adjustments	1,040,780,964
Medicaid Contractual Adjustments	360,618,036
Other Contractual Adjustments:	379,328,702
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	21,036,708
Gross Indigent Care:	85,609,472
Gross Charity Care:	98,152,598
Uncompensated Indigent Care (net):	85,451,681
Uncompensated Charity Care (net):	97,971,689
Other Free Care:	7,670,014
Other Revenue/Gains:	51,885,826
Total Expenses:	642,734,975

### 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	7,670,014
Employee Discounts	0
	0
<b>Total</b>	<b>7,670,014</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 2018? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2018?

10/01/2016

### 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.)?

270%

## 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 2018? (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	58,866,547	62,075,652	120,942,199
Outpatient	26,742,925	36,076,946	62,819,871
<b>Total</b>	<b>85,609,472</b>	<b>98,152,598</b>	<b>183,762,070</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	338,700
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>338,700</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	58,758,047	61,961,238	120,719,285
Outpatient	26,693,634	36,010,451	62,704,085
<b>Total</b>	<b>85,451,681</b>	<b>97,971,689</b>	<b>183,423,370</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
Appling	0	0	4	3,738	0	0	6	5,958
Atkinson	1	26,950	1	2,415	2	47,245	2	26,374
Bacon	0	0	1	3	0	0	3	15,752
Baker	1	2,826	0	0	0	0	0	0
Baldwin	63	3,131,133	164	487,669	77	2,198,452	382	1,396,005
Barrow	0	0	0	0	0	0	4	841
Bartow	0	0	0	0	1	405,295	4	3,412
Ben Hill	18	1,503,123	17	204,749	10	325,397	5	30,976
Berrien	1	59,525	4	11,712	2	153,343	9	55,619
Bibb	695	23,428,293	12,519	19,399,715	655	17,392,979	14,995	17,881,108
Bleckley	4	434,630	17	78,711	24	520,201	81	186,735
Bryan	0	0	0	0	0	0	2	3,290
Bulloch	1	24,602	1	2,212	0	0	2	1,932
Butts	3	106,938	10	42,586	16	513,061	80	328,579
Calhoun	0	0	1	315	0	0	1	734
Camden	0	0	1	1,591	0	0	4	3,472
Candler	7	96,640	1	2,137	2	22,345	1	1,352
Carroll	0	0	0	0	2	238,258	1	712
Charlton	0	0	1	998	0	0	1	432
Chatham	1	28,316	5	7,751	1	2,906	13	9,803
Chattooga	0	0	0	0	1	7,651	1	22
Cherokee	0	0	2	593	1	21,546	1	500
Clarke	2	323,222	6	15,094	1	33,216	11	36,189
Clayton	2	430,609	3	17,782	2	60,221	18	21,492
Cobb	0	0	5	28,270	6	226,325	17	47,733
Coffee	3	159,652	6	67,586	5	1,030,637	14	106,241
Colquitt	2	1,317,133	4	8,139	2	16,107	6	4,831
Columbia	1	5,979	0	0	0	0	2	694
Cook	2	231,434	2	1,600	4	81,293	10	35,574
Coweta	1	13,664	1	594	1	18,490	7	23,066
Crawford	27	1,381,352	198	284,354	28	798,180	259	335,726
Crisp	16	1,194,787	13	333,050	16	941,284	35	143,638

Dade	0	0	2	6,217	0	0	1	988
Decatur	0	0	0	0	0	0	1	25
DeKalb	0	0	4	2,184	3	58,249	28	68,186
Dodge	24	1,551,528	67	153,692	27	1,183,737	75	392,420
Dooly	9	586,856	20	117,697	10	484,895	28	104,598
Dougherty	7	263,282	14	145,594	8	1,003,036	33	129,869
Douglas	0	0	3	352	0	0	11	37,765
Effingham	0	0	0	0	0	0	6	25,959
Emanuel	0	0	0	0	8	324,841	15	58,845
Fannin	0	0	0	0	0	0	1	125
Fayette	0	0	2	23,628	1	22,483	6	31,197
Floyd	0	0	0	0	0	0	1	1,134
Forsyth	0	0	1	103	1	19,896	5	4,278
Franklin	0	0	0	0	1	22,482	0	0
Fulton	5	244,677	32	106,483	4	106,117	51	124,274
Glascocock	0	0	0	0	0	0	3	55
Glynn	0	0	3	35,881	0	0	8	4,658
Gordon	0	0	1	2,417	0	0	1	125
Grady	0	0	2	18,047	0	0	1	1,338
Greene	0	0	3	56,381	0	0	6	2,286
Gwinnett	1	1,519	1	874	3	85,169	44	63,374
Hall	0	0	0	0	2	11,657	4	3,836
Hancock	12	452,835	19	114,802	7	221,371	45	66,687
Harris	0	0	1	2,302	1	118,056	7	3,831
Heard	0	0	0	0	0	0	1	610
Henry	3	34,599	15	11,011	13	1,002,397	78	115,100
Houston	66	2,620,979	247	732,232	186	7,631,086	1,217	3,038,482
Irwin	2	131,497	3	2,850	4	173,586	10	41,178
Jackson	0	0	2	4,396	1	24,475	3	4,717
Jasper	11	385,484	32	37,805	10	380,178	41	72,388
Jeff Davis	0	0	2	3,707	1	56,018	1	90
Jefferson	4	203,226	6	12,180	1	4,278	8	6,207
Jenkins	0	0	0	0	0	0	1	16,837
Johnson	3	164,234	10	8,368	1	108,201	4	28,977
Jones	15	837,834	184	240,229	65	2,220,753	905	1,394,397
Lamar	11	580,889	43	312,975	10	80,519	70	248,936
Laurens	13	781,387	45	204,412	42	2,204,843	212	602,423
Lee	2	5,760	0	0	2	66,863	12	13,389
Liberty	0	0	3	9	0	0	1	3,262
Lowndes	0	0	7	7,478	2	8,365	12	23,813
Macon	3	587,788	24	117,734	18	1,539,283	50	145,925
Madison	0	0	0	0	0	0	1	331
Marion	1	44,018	1	1,029	1	2,254	18	20,987
McDuffie	0	0	0	0	1	44,319	0	0

McIntosh	0	0	1	3	0	0	4	14,957
Meriwether	1	61,721	1	376	3	27,087	4	33,841
Mitchell	0	0	1	11	1	88,024	2	1,611
Monroe	29	1,129,881	179	230,067	69	1,578,158	610	1,276,459
Montgomery	5	1,066,780	5	37,682	3	118,556	18	14,159
Morgan	0	0	1	204	1	5,000	0	0
Muscogee	0	0	7	2,085	2	46,881	20	112,602
Newton	0	0	0	0	5	280,910	13	37,491
Oglethorpe	0	0	0	0	0	0	1	244
Other Out of State	57	2,261,021	363	532,439	88	2,434,261	1,205	1,878,447
Paulding	0	0	1	13,997	1	23,494	0	0
Peach	41	2,422,114	210	641,313	91	3,116,322	627	1,547,350
Pickens	0	0	0	0	0	0	1	3,566
Pierce	0	0	1	2,621	0	0	0	0
Pike	4	509,349	4	3,263	9	678,207	25	66,155
Pulaski	10	859,379	16	18,315	14	367,889	53	259,972
Putnam	16	749,286	30	86,838	45	1,382,282	118	465,232
Rabun	1	86,674	0	0	0	0	0	0
Randolph	2	308,639	0	0	1	53,142	6	4,278
Richmond	2	127,076	6	16,509	1	13,877	9	27,301
Rockdale	0	0	0	0	1	18,726	2	19,645
Schley	1	315,916	0	0	3	308,219	11	17,388
Screven	0	0	0	0	0	0	1	188
Seminole	0	0	0	0	2	56,152	4	3,966
Spalding	5	221,683	4	7,808	3	67,338	31	49,306
Stewart	0	0	0	0	0	0	1	3,358
Sumter	5	342,074	18	109,228	14	246,106	23	74,635
Talbot	2	64,025	2	4,383	2	173,168	4	1,044
Tattnell	1	131,290	1	7,500	0	0	2	2,922
Taylor	21	1,066,728	81	279,098	23	848,538	68	269,552
Telfair	1	136,030	4	11,397	4	216,666	18	103,342
Terrell	0	0	3	6,863	0	0	3	5,201
Thomas	0	0	0	0	3	58,358	8	24,575
Tift	8	471,047	13	35,501	8	263,989	21	176,756
Toombs	0	0	0	0	0	0	2	3,244
Treutlen	2	2,640	38	69,227	2	149,546	54	80,484
Turner	1	13,881	3	3,175	4	789,381	8	57,854
Twiggs	21	1,043,169	229	365,024	18	1,387,835	358	523,748
Union	0	0	0	0	0	0	1	896
Upson	8	448,987	34	203,021	19	682,553	64	398,397
Walker	1	60,175	3	2,502	1	8,718	0	0
Walton	1	133,798	19	32,925	2	2,656	6	12,876
Ware	1	13,962	3	8,941	0	0	0	0
Washington	3	347,317	21	49,033	8	565,474	30	139,188



Wayne	0	0	0	0	0	0	3	581
Webster	0	0	1	-4,367	1	5,550	0	0
Wheeler	0	0	5	25,504	2	6,653	12	5,522
White	0	0	0	0	0	0	1	440
Whitfield	0	0	0	0	0	0	1	3
Wilcox	14	690,189	9	31,026	7	716,708	23	84,755
Wilkes	0	0	8	14,307	0	0	9	6,539
Wilkinson	21	399,620	219	386,044	24	840,946	291	571,875
Worth	2	2,896	5	22,629	4	184,443	11	82,307
<b>Total</b>	<b>1,330</b>	<b>58,866,547</b>	<b>15,335</b>	<b>26,742,925</b>	<b>1,782</b>	<b>62,075,652</b>	<b>22,790</b>	<b>36,076,946</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 2018?  
(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 2018.

Patient Category		SFY 2017	SFY2018	SFY2019
		7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	64,207,104	21,402,368
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	73,614,449	24,538,150
C.	Other Patients in accordance with the department approved policy.	0	0	0

### 3. Patients Served

Indicate the number of patients served by SFY.

SFY 2017	SFY2018	SFY2019
7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
0	30,928	10,309

## 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:** Dr. Ninfa M. Saunders

**Date:** 7/26/2019

**Title:** President and CEO

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, CPA

**Date:** 7/26/2019

**Title:** EVP and CFO

**Comments:**