



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

HOSP528 2025 Annual Hospital Questionnaire

Part A: General Information

UID: HOSP528

1. Identification

Facility Name:

Atrium Health Navicent Health Baldwin

County:

Baldwin

Street Address:

821 North Cobb St

City:

Milledgeville

Zip:

31061

Mailing Address:

821 North Cobb Street

Mailing City:

Milledgeville

Mailing Zip:

31061

Medicaid Provider Number:

000000129A

Medicare Provider Number:

110150

3. Report Period

Report Data for the full twelve month period, January 1, 2025 - December 31, 2025 (365 days). Do not use a different report period

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

Part B: Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey

Contact Name:

Stacy Wilson

Contact Title:

Budget Manager

Phone:

478-633-6970

Fax:

478-633-6970

Email:

stacy.f.wilson@advocatehealth.org

Part C: Ownership, Operation, and Management

1. Ownership, Operation and Management

As of the last day of the report period, indicate the operation/management status of the facility and provide the effective date. Using the drop-down menus, select the organization type. If the category is not applicable, the form requires you only to enter Not Applicable in the legal name field. You must enter something for each category.

A. Facility Owner

Full Legal Name (Or Not Applicable)

Navicent Health Baldwin, Inc.

Organization Type

Not For Profit

Effective Date

12/28/2017

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

Navicent Health, Inc.

Organization Type

Not For Profit

Effective Date

12/14/2017

C. Facility Operator

Full Legal Name (Or Not Applicable)

Navicent Health Baldwin, Inc.

Organization Type

Not For Profit

Effective Date

07/03/2021

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)

Navicent Health, Inc

Organization Type

Not For Profit

Effective Date

12/14/2017

E. Management Contractor

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

2. Changes in Ownership, Operation or Management

Check the box to the right if there were any changes in the ownership, operation, or management of the facility during the report period or since the last day of the report period

If you checked the box for yes, please explain in the box below and include effective dates

3.

Check the box to the right if your facility is part of a health care system

Name

Advocate Health

City

Charlotte

State

North Carolina

4.

Check the box to the right if your hospital is a division or subsidiary of a holding company

Name

Navicent Health, Inc.

City

Macon

State

Georgia

5.

Check the box to the right if the hospital itself operates subsidiary corporations

Name

City

State

6.

Check the box to the right if your hospital is a member of an alliance

Name

Premier, Inc.

City

Charlotte

State

North Carolina

7.

Check the box to the right if your hospital is a participant in a health care network

Name

City

State

8. Peer Review Process Related to Medical Errors

Check the box to the right if the hospital has a policy or policies and a peer review process related to medical errors

9. Primary Care Physician Group Practice

Check the box to the right if the hospital owns or operates a primary care physician group practice

10a. Managed Care Information: Formal Written Contract

Does the hospital have a formal written contract that specifies the obligations of each party with each of the following? (check the appropriate boxes)

Health Maintenance Organization(HMO)

Preferred Provider Organization(PPO)

Physician Hospital Organization(PHO)

Provider Service Organization(PSO)

Other Managed Care or Prepaid Plan

10b. Manage Care Information: Insurance Products

Check the appropriate boxes to indicate if any of the following insurance products have been developed by the hospital, health care system, network, or as a joint venture with an insurer

Type of Insurance Product	Hospital	Health Care System	Network	Joint Venture with Insurer
Health Maintenance Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Provider Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indemnity Fee-for-Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Insurance Product Not Listed Above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Owner or Owner Parent Based in Another State

If the owner or owner parent at Part C, Question 1(A&B) is an entity based in another state please report the location in which the entity is based. (City and State)

Part D: Inpatient Services

1. Utilization of Beds as Set Up and Staffed(SUS).

Please indicate the following information. Do not include newborn and neonatal services. Do not include long-term care units, such as Skilled Nursing Facility beds if not licensed as hospital beds. If your facility is approved for LTCH beds report them below.

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Obstetrics (no GYN, include LDRP)	4	422	890	423	892
Pediatrics (Non ICU)	0	0	0	0	0
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	0	0	0	0
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	19	1,677	6,772	1,678	6,755
Intensive Care	3	438	1,168	434	1,157
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	0	0	0	0	0
Pediatric Physical Rehabilitation (0-17)	0	0	0	0	0
Burn Care	0	0	0	0	0
Swing Bed (Include All Utilization)	0	0	0	0	0
Long Term Care Hospital (LTCH)	0	0	0	0	0
Skilled Nursing Unit	11	330	3,988	330	3,988
	0	0	0	0	0
	0	0	0	0	0
Total	37	2,867	12,818	2,865	12,792

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	3	438	1,168	434	1,157
Rehab Totals	0	0	0	0	0

2. Race/Ethnicity.

Please report admissions and inpatient days for the hospital by the following race and ethnicity categories. Exclude newborn and neonatal

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	15	62
Asian	20	78
Black/African American	1,234	5,282
Hispanic/Latino	3	15
Pacific Islander/Hawaiian	1	2
White	1,589	7,366
Multi-Racial	5	13
Total	2,867	12,818

3. Gender

Please report admissions and inpatient days by gender. Exclude newborn and neonatal

Gender	Admissions	Inpatient Days
Male	1,255	6,173
Female	1,612	6,645
Total	2,867	12,818

4. Payment Source

Please report admissions and inpatient days by primary payment source. Exclude newborn and neonatal

Primary Payment Source	Admissions	Inpatient Days
Medicare	482	2,274
Medicaid	357	1,259
Peachare	1	12
Third-Party	851	3,144
Self-Pay	1,176	6,129
Other	0	0
Total	2,867	12,818

5. Discharges to Death

Please report the total number of inpatient admissions discharges during the reporting period due to death

30

6. Charges for Selected Services

Please report the hospital's average charges as of 12-31-2025 (to the nearest whole dollar)

Service	Charge
Private Room Rate	1,085
Semi-Private Room Rate	1,085
Operating Room: Average Charge for the First Hour	3,721
Average Total Charge for an Inpatient Day	5,455

Part E: Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only

29,205

2. Inpatient Admissions from ER

Please report inpatient admissions to the Hospital from the ER for emergency cases ONLY

2,092

3. Beds Available

Please report the number of beds available in ER as of the last day of the report period

22

4. Utilization by Specific type of ER bed or room for the report period

Type of ER Bed or Room	Beds	Visits
Beds dedicated for Trauma	2	0
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	3	0
General Beds	17	0
	0	0
	0	0
	0	0
	0	0

5. Transfers

Please provide the number of Transfers to another institution from the Emergency Department

1,322

6. Non-Emergency Visits

Please provide the number of Outpatient/Clinic/All Other Non-Emergency visits to the hospital

68,919

7. Observation Visits/Cases

Please provide the total number of Observation visits/cases for the entire report period

509

8. Diverted Cases

Please provide the number of cases your ED diverted while on Ambulance Diversion for the entire report period

0

9. Ambulance Diversion Hours

Please provide the total number of Ambulance Diversion hours for your ED for the entire report period

0

10. Untreated Cases

Please provide the number of patients who sought care in your ED but who left without or before being treated. Do not include patients who were transferred or cases that were diverted

685

Part F: Services and Facilities

1a. Services and Facilities

Please report services offered onsite for in-house and contract services as requested. Please reflect the status of the service during the report period. (Use the blank lines to specify other services.)

Site Codes

- 1 = In-House - Provided by the Hospital
- 2 = Contract - Provided by a contractor but onsite
- 3 = Not Applicable

Service Status Codes

- 1 = On-Going
- 2 = Newly Initiated
- 3 = Discontinued
- 4 = Not Applicable

Services/Facilities	Site Code	Service Status
Podiatric Services	3	4
Renal Dialysis	1	1
ESWL	2	1
Billiary Lithotropter	3	4
Kidney Transplants	3	4
Heart Transplants	3	4
Other-Organ/Tissues Transplants	3	4
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnositic	1	1
Positron Emission Tomography (PET)	2	1
Radioisotope, Therapeutic	1	1
Magnetic Resonance Imaging (MRI)	1	1
Chemotherapy	1	1
Respiratory Therapy	1	1
Occupational Therapy	1	1
Physical Therapy	1	1
Speech Pathology Therapy	1	1
Gamma Ray Knife	3	4
Audiology Services	3	4
HIV/AIDS Diagnostic Treatment/Services	3	4
Ambulance Services	3	4
Hospice	3	4
Respite Care Services	3	4
Ultrasound/Medical Sonography	1	1
Magnetic Resonance Imaging (MRI)	2	1
	0	0
	0	0

1b. Report Period Workload Totals

Please report the workload totals for in-house and contract services as requested. The number of units should equal the number of machines

Category	Total
Number of Podiatric Patients	0
Number of Dialysis Treatments	416
Number of ESWL Patients	15
Number of ESWL Procedures	34
Number of ESWL Units	1
Number of Biliary Lithotripter Procedures	0
Number of Biliary Lithotripter Units	0
Number of Kidney Transplants	0
Number of Heart Transplants	0
Number of Other-Organ/Tissues Treatments	0
Number of Diagnostic X-Ray Procedures	21,695
Number of CTS Units (machines)	3
Number of CTS Procedures	15,142
Number of Diagnostic Radioisotope Procedures	413
Number of PET Units (machines)	2
Number of PET Procedures	303
Number of Therapeutic Radioisotope Procedures	0
Number of Number of MRI Units	2
Number of Number of MRI Procedures	1,906
Number of Chemotherapy Treatments	117
Number of Respiratory Therapy Treatments	16,089
Number of Occupational Therapy Treatments	11,658
Number of Physical Therapy Treatments	24,644
Number of Speech Pathology Patients	2,657
Number of Gamma Ray Knife Procedures	0
Number of Gamma Ray Knife Units	0
Number of Audiology Patients	231
Number of HIV/AIDS Diagnostic Procedures	75
Number of HIV/AIDS Patients	75
Number of Ambulance Trips	0
Number of Hospice Patients	0
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	3

Number of Ultrasound/Medical Sonography Procedures	4,223
Number of Treatments, Procedures, or Patients (Other 1)	0
Number of Treatments, Procedures, or Patients (Other 2)	0
Number of Treatments, Procedures, or Patients (Other 3)	0

2. Medical Ventilators

Provide the number of computerized/mechanical Ventilator Machines that were in use or available for immediate use as of the last day of the report period (12/31)

10

3. Robotic Surgery System

Units

0

Procedures

0

Type of Unit(s)

N/A

Part G: Facility Workforce Informaton

1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2025. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2025

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Licensed Physicians	0	0	0
Physician Assistants Only (not including Licensed Physicians)	0	0	0
Registered Nurses (RNs Advanced Practice*)	117	0	0
Licensed Practical Nurses (LPNs)	13	0	0
Pharmacists	3	0	0
Other Health Services Professionals*	124	0	3
Administration and Support	102	0	0
All Other Hospital Personnel (not included in above)	0	0	0

2. Filling Vacancies

Using the drop-down menus, please select the average time needed during the past six months to fill each type of vacant position.

Type of Vacancy	Average Time Need To Fill Vacancies
Physician's Assistants	Not Applicable
Registered Nurses (RNs-Advance Practice)	30 Days or Less
Licensed Practical Nurses (LPNs)	30 Days or Less
Pharmacists	30 Days or Less
Other Health Services Professionals	30 Days or Less
All Other Hospital Personnel (not included above)	30 Days or Less

3. Race/Ethnicity of Physicians

Please report the number of physicians with admitting privileges by race

Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	0
Asian	16
Black/African American	23
Hispanic/Latino	1
Pacific Islander/Hawaiian	0
White	31
Multi-Racial	0
Total	71

4. Medical Staff

Please report the number of active and associate/provisional medical staff for the following specialty categories. Keep in mind that physicians may be counted in more than one specialty. Please indicate whether the specialty group(s) is hospital-based. Also, indicate how many of each medical specialty are enrolled as providers in Georgia Medicaid/PeachCare for Kids and/or the Public Employee Health Benefit Plans (PEHB-State Health Benefit Plan and/or Board of Regents Benefit Plan)

Medical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
General and Family Practice	6	<input checked="" type="checkbox"/>	6	0
General Internal Medicine	24	<input checked="" type="checkbox"/>	24	0
Pediatricians	5	<input type="checkbox"/>	5	0
Other Medical Specialties	39	<input checked="" type="checkbox"/>	39	0

Surgical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Obstetrics	12	<input type="checkbox"/>	12	0
Non-OB Physicians Providing OB Services	0	<input type="checkbox"/>	0	0
Gynecology	13	<input type="checkbox"/>	13	0
Ophthalmology Surgery	1	<input type="checkbox"/>	1	0
Orthopedic Surgery	2	<input type="checkbox"/>	2	0
Plastic Surgery	0	<input type="checkbox"/>	0	0
General Surgery	6	<input type="checkbox"/>	6	0
Thoracic Surgery	0	<input type="checkbox"/>	0	0
Other Surgical Specialties	3	<input type="checkbox"/>	3	0

Other Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Anesthesiology	11	<input checked="" type="checkbox"/>	11	0
Dermatology	1	<input type="checkbox"/>	1	0
Emergency Medicine	15	<input checked="" type="checkbox"/>	15	0
Nuclear Medicine	2	<input checked="" type="checkbox"/>	2	0
Pathology	10	<input type="checkbox"/>	10	0
Psychiatry	0	<input type="checkbox"/>	0	0
Radiology	0	<input type="checkbox"/>	0	0
	0	<input type="checkbox"/>	0	0
	0	<input type="checkbox"/>	0	0
	0	<input type="checkbox"/>	0	0

5a. Non-Physicians

Please report the number of professionals for the categories below. Exclude any hospital-based staff reported in Part G, Questions 1,2,3 and 4 above.

Profession	Number
Dentists (include oral surgeons) with Admitting Privileges	4
Podiatrists	0
Certified Nurse Midwives with Clinical Privileges in the Hospital	0
All Other Staff Affiliates with Clinical Privileges in the Hospital	67

5b. Name of Other Professions

Please provide the names of professions classified as "Other Staff Affiliates with Clinical Privileges" above.

Nurse Practitioners (NPs), Physician Assistants (PAs), and Certified Registered Nurse Anesthetists (CRNAs)

Comments and Suggestions

Physicians enrolled in PEHB Plan is unknown (left as zeros).

Part H: Physician Name and License Number

1. Physicians on Staff

Please report the full name and license number of each physician on staff. You may enter the data on the web form or upload the data to the web form using a .csv file that matches our downloadable template. The .csv file must contain two columns, with the full name and the left and the license number on the right. If you include column headings, they must match those provided in our template

Full Name	License Number
Olufunke Adebayo	100468
Aftab Ahmed	79808
Alex Alers Fuentes	86285
Nawaf Al-Hashemi	100624
Huma Arain	72505
Hema Balina	99558
Trenton Bateman	OPT003591
David Beshai	87655
Dearl Birdsong	63171
Vipul Bodar	88407
Patrice Boddie	27966
Christopher Bowers	59047
Prabhdeep Brar	49161
Charles Brown	26470
Mincs Calixte	59690
Amy Christie	65947
Paul Dale	88703
Henry Davis	37783
Shatia Edwards	82970
Marchalee Ellis	69000
Brainerd Ewarien	84492
Nadene Fair	60830
Dragos Filimon	58125
Christopher Franklin	80616
Radhika Gadesam	67703
Manvin Gendeh	79453
Leanna Harbor	96114
Siping He	88186
Davey Ann Hosang	95720
Marshall Ivey	60745

Full Name	License Number
Roshawn Johnson	94982
Sokar Kendor	51486
Muhammad Khan	80449
Robinette King	78065
Felicia Kitchen	51343
Michael Liao	101199
Demetrice Lyles	92317
Reema Mallick	83461
George Martinez	47982
Steve McQuaig	18583
Charles McQuaig	OPT002029
Thomas Meyer	16394
Nicholas Michalakis	105613
Royce Miller	84750
Victor Mills	65586
Eltirmizy Mohamed	76496
Steven Niergarth	44553
Edva Noel	73952
Tobi Okafo	57411
Joanna Ortega	100545
SuzAnne Palmer	25007
Richard Pearson	76775
AnilPuri	60232
Ram Puri	21573
Jessica Reynolds	85849
Anila Ricks-Cord	93173
Seth Rion	48586
Jocelyn rogers	58000
Marisol San Inocencio	47654
Hedayah Scoon	83006
Tameka Scott	102984
Sophia Sharifali	96913

Full Name	License Number
Charles Snow	41367
Abla Sogbo	100592
Amy Surti	88555
Matthew Toth	85860
Robert Tuck	33217
Ravinder Valadri	86732
Boris Velimirovich	37453
Edward Young	36325

Only use commas to separate values

Part I: Patient Origin Table

1. Patient Origin

- Inpat=Inpatient Services
- Surg=Outpatient Surgical
- OB=Obstetric
- P18+=Acute psychiatric adult 18 and over
- P13-17=Acute psychiatric adolescent 13-17
- P0-12=Acute psychiatric children 12 and under
- S18+=Substance abuse adult 18 and over
- S13-17=Substance abuse adolescent 13-17
- E18+=Extended care adult 18 and over
- E13-17=Extended care adolescent 13-17
- E0-12=Extended care children 0-12
- LTCH=Long Term Care Hospital
- Rehab=Inpatient Physical Rehabilitation

Please report the county of origin for the inpatient admissions or discharges excluding newborns (except surgical services should include outpatients only). You may enter the data on the web form or upload the data to the web form using a .csv file that matches our downloadable template. The .csv file must contain the same column headings as shown in our template, in exactly the same order. You do not need to include every county, but the county names, state names, and other out of state category must match those in our template.

Surgical Services Addendum

1. Surgery Rooms in the OR Suite

Please report the Number of Surgery Rooms, (as of the end of the report period). Report only the rooms in CON-Approved Operating Room Suites pursuant to Rule 111-2-2-.40 and 111-8-48-.28

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Rooms	Total
General Operating	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="5"/>	5
Cystoscopy (OR Suite)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Endoscopy (OR Suite)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Total	0	0	5	5

2. Procedures by Type of Room

Please report the number of procedures by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms	Total
General Operating	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="472"/>	<input type="text" value="1,806"/>	2,278
Cystoscopy	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Endoscopy	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="2"/>	<input type="text" value="1,233"/>	1,235
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Total	0	0	474	3,039	3,513

3. Patients by Type of Room

Please report the number of patients by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms	Total
General Operating	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="466"/>	<input type="text" value="1,806"/>	2,272
Cystoscopy	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Endoscopy	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="2"/>	<input type="text" value="1,233"/>	1,235
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Total	0	0	468	3,039	3,507

Part B: Ambulatory Patient Race/Ethnicity, Age, Gender and Payment Source

1. Race/Ethnicity of Ambulatory Patients

Please report the total number of ambulatory patients for both dedicated outpatient and shared room environment.

Race/Ethnicity	Number of Ambulatory Patients
American Indian/Alaska Native	8
Asian	26
Black/African American	1,185
Hispanic/Latino	1
Pacific Islander/Hawaiian	1
White	1,823
Multi-Racial	7
Total	3,051

2. Age Grouping

Please report the total number of ambulatory patients by age grouping.

Age of Patient	Number of Ambulatory Patients
Ages 0-14	79
Ages 15-64	1,337
Ages 65-74	989
Ages 75-85	570
Ages 85 and Up	76
Total	3,051

3. Gender

Please report the total number of ambulatory patients by age gender.

Gender	Number of Ambulatory Patients
Male	1,304
Female	1,747
Total	3,051

4. Payment Source

Please report the total number of ambulatory patients by payment source. Report Peachcare for Kids as Third-Party.

Primary Payment Source	Number of Ambulatory Patients
Medicare	1,716
Medicaid	191
Third-Party	1,117
Self-Pay	27
Total	3,051

Perinatal Services Addendum

Please report the following obstetrical services information for the report period. Include all deliveries and births in any unit of the hospital or anywhere on its grounds.

Number of Delivery Rooms:

4

Number of Birthing Rooms:

0

Number of LDR Rooms:

0

Number of LDRP Rooms:

0

Number of Cesarean Sections:

101

Total Live Births:

347

Total Live Births (Live and Late Fetal Deaths):

350

Total Deliveries (Births + Early Fetal Deaths and Induced Terminations):

352

Part B: Newborn and Neonatal Nursery Services

1. Nursery Services

Please Report the following newborn and neonatal nursery information for the report period.

Type of Nursery	Set-Up and Staffed Beds/Station	Neonatal Admissions	Inpatient Days	Transfers within Hospital
Normal Newborn (Basic)	14	349	605	0
Specialty Care (Intermediate Neonatal Care)	1	0	0	0
Subspecialty Care (Intensive Neonatal Care)	0	0	0	0
Total	15	349	605	0

Part C: Obstetrical Charges and Utilization by Mother's Race/Ethnicity and Age

1. Race/Ethnicity

Please provide the number of admissions and inpatient days for mothers by the mother's race using race/ethnicity classifications.

Race/Ethnicity	Admission by Mother's Race	Inpatient Days
American Indian/Alaska Native	2	5
Asian	7	20
Black/African American	164	405
Hispanic/Latino	1	4
Pacific Islander/Hawaiian	0	0
White	163	405
Multi-Racial	0	0
Total	337	839

2. Age Grouping

Please provide the number of admissions by the following age groupings.

Age of Patient	Number of Admissions	Inpatient Days
Ages 0-14	0	0
Ages 15-44	337	839
Ages 45 and Up	0	0
Total	337	839

3. Average Charge for an Uncomplicated Delivery

Please report the average hospital charge for an uncomplicated delivery(CPT 59400)

15,787

4. Average Charge for an Premature Delivery

Please report the average hospital charge for a premature delivery.

13,349

Georgia Minority Health Advisory Council Addendum

Because of Georgia's racial and ethnic diversity, and a dramatic increase in segments of the population with Limited English Proficiency, the Georgia Minority Health Advisory Council is working with the Department of Community Health to assess our health systems' ability to provide Culturally and Linguistically Appropriate Services (CLAS) to all segments of our population. We appreciate your willingness to provide information on the following questions:

Do you have paid medical interpreters on staff? (Check the box, if yes)

If you checked yes, how many? (FTEs)

What languages do they most often interpret?

When a paid medical interpreter is not available for a limited-English proficiency patient, what alternative mechanisms do you use to assure the provision of Linguistically Appropriate Services? (Check all that apply)

Bilingual hospital staff member

Community Volunteer Interpreter

Refer patient to outside agency

Bilingual member of patient's family

Telephone interpreter service

Other

Please describe

We have Video Interpreting devices in every department with live Interpreters available 24/7

Please complete the following grid to show the proportion of patients you serve who prefer speaking various languages (name the 3 most common non-English languages spoken.):

Top 3 most common non-English languages spoken by your patients	Percent of patients for whom this is their preferred language	# of physicians on staff who speak this language	# of nurses on staff who speak this language	# of other employed staff who speak this language
Spanish	0	0	0	0
American Sign Language	0	0	0	0
Vietnamese	0	0	0	0

What training have you provided to your staff to assure cultural competency and the provision of Culturally and Linguistically Appropriate Services (CLAS) to your patients?

Ongoing in-service training on interpreting services and cultural understanding for all departments.

What is the most urgent tool or resource you need in order to increase your ability to provide Culturally and Linguistically Appropriate Services (CLAS) to your patients?

N/A

In what languages are the signs written that direct patients within your facility?

Language One:

English

Language Two:

Language Three:

Language Four:

If an uninsured patient visits your emergency department, is there a community health center, federally-qualified health center, free clinic, or other reduced-fee safety net clinic nearby to which you could refer that patient in order to provide him or her an affordable primary care medical home regardless of ability to pay? (Check the box, if yes)

If you checked yes, what is the name and location of that health care center or clinic?

Nurse Employment Addendum

Did your facility employ one or more nurses holding a multistate license pursuant to O.C.G.A. § 43-26-60 et seq. for 30 days or more in 2025 (January 1, 2025 through December 31, 2025)? (Check the box, if yes.)

1.

If yes please list each nurse below: 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. The csv file upload is recommended, especially if you have a large number of records to add to the form.)

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
ALLEN, LYDIA	Atrium Health Navic	57	Georgia	NO	01/05/2026 - Current
ALLIGOOD JR., WIL	Atrium Health Navic	1289	Georgia	NO	08/22/2022 - Current
CARTER, FRANKIE L	Atrium Health Navic	421	Georgia	NO	01/06/2025 - Current
COLEMAN, LINDSE	Atrium Health Navic	687	Georgia	NO	04/15/2024 - Current
DOVE, MACKENZIE	Atrium Health Navic	176	Georgia	NO	09/08/2025 - Current
EAGEN, AMBER FAI	Atrium Health Navic	2241	Georgia	NO	01/13/2020 - Current
ELLIOTT, KATELYNN	Atrium Health Navic	1352	Georgia	NO	06/20/2022 - Current
FROHLICH, STACEY	Atrium Health Navic	925	Georgia	NO	08/21/2023 - Current
HALL, SHEILA ANN	Atrium Health Navic	1502	Georgia	NO	01/21/2022 - Current
HARALSON, EMILY	Atrium Health Navic	386	Georgia	NO	02/10/2025 - Current
HERRING, MARGAR	Atrium Health Navic	617	Georgia	NO	06/24/2024 - Current
HOWARD, ASHELY	Atrium Health Navic	4110	Georgia	NO	12/01/2014 - Current
JADOL, CHRISSYL V	Atrium Health Navic	1464	Georgia	NO	02/28/2022 - Current
JOHNSON, JACOBA	Atrium Health Navic	589	Georgia	NO	07/22/2024 - Current
JOHNSON, MARLA	Atrium Health Navic	3683	Georgia	NO	02/01/2016 - Current
KITTNER, MAUREEN	Atrium Health Navic	50	Georgia	NO	01/12/2026 - Current
LILLY, HAILEY ALEXI	Atrium Health Navic	869	Georgia	NO	10/16/2023 - Current
MACK JR, GENE ED	Atrium Health Navic	127	Georgia	NO	10/27/2025 - Current
MEEKS, LAURIE ANI	Atrium Health Navic	2759	Georgia	NO	08/13/2018 - Current
MOLOCK, AUDREY	Atrium Health Navic	3340	Georgia	NO	01/09/2017 - Current
MUSTAFA, CHEVAIR	Atrium Health Navic	1051	Georgia	NO	04/17/2023 - Current
NEAL, KASNA ALISA	Atrium Health Navic	5853	Georgia	NO	02/22/2010 - Current
PIERCE, PATRICE ISL	Atrium Health Navic	9143	Georgia	NO	02/19/2001 - Current
SHEFFIELD, ABIGAIL	Atrium Health Navic	2759	Georgia	NO	08/13/2018 - Current
SIMS, MARQUIS	Atrium Health Navic	939	Georgia	NO	08/07/2023 - Current
THIGPEN, AMANDA	Atrium Health Navic	925	Georgia	NO	08/21/2023 - Current
WILLIAMS, ASHLEY	Atrium Health Navic	666	Georgia	NO	05/06/2024 - Current
WILLIAMS, CHRISTI	Atrium Health Navic	687	Georgia	NO	04/15/2024 - Current
WILLIAMS, DIONE I	Atrium Health Navic	1303	Georgia	NO	08/08/2022 - Current

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
WOMACK, MATISA	Atrium Health Navic	771	Georgia	NO	01/22/2024 - Current

Only use commas to separate values

Example Entry: Dean Venture, 1234 Street Name Atlanta GA 30033, 1 year 3 months 12 days, GA, Yes, January 2025 - Present

Note: This is an example and there is no unit requirement for Duration

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. **Do not sign until you are ready to submit. Signed surveys will be locked to prevent post-validation revisions that could through the survey out of balance. If you sign the survey, you will need to contact us to unlock it for revision.**

Authorized Signature

Delvecchio Finley

Date

03/05/2026

Title

President, Atrium Health GA

Comments

Response Errors

TAB

QUESTION

ERROR