



2016 Cardiac Catheterization Survey

Part A : General Information

1. Identification

UID:HOSP439

Facility Name: Houston Medical Center

County: Houston

Street Address: 1601 Watson Boulevard

City: Warner Robins

Zip: 31093-3452

Mailing Address: P O Box 2886

Mailing City: Warner Robins

Mailing Zip: 31099-2886

Medicare Provider Number: 110069

Medicaid Provider Number: 000000976A

2. Report Period

Report Data for the full twelve month period, January 1, 2016 - December 31, 2016 (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: Darcie Winsper

Contact Title: Manager Decision Support

Phone: 478-322-4861

Fax: 478-975-6957

E-mail: dwinsper@hhc.org

Part C : Catheterization Services Utilization

1A. Number of Cardiac Catheterization Services Labs or Rooms

Please report the total number of Cardiac Catheterization services labs or rooms. Include all labs or rooms that are authorized to provide cardiac catheterizations pursuant to Rule 111-2-2-21. Include both general purpose and dedicated rooms or labs.

2

1B. Room Detail

Please provide details on each of the labs or rooms reported in 1A above. Report each lab or room on a separate row. The name of the lab or room should be the name used in your facility.

Room Name	Operational Date	Dedicated Room?	# Cath Procedures	If Dedicated What Type?
Lab 1	5/14/2009	No	1,152	Cardiac
Lab 2	11/14/2013	No	850	Combo - Cardiac, Peripheral, and Pacemaker

1C. Other Rooms

If your facility has other rooms that are equipped and capable of performing a cardiac catheterization (other than what is preorted in Part C, Q1 A and B above) please indicate the number of those other rooms below.

0

2. Cardiac Catheterization by Procedure Type

Report by age and procedure type the total number of cardiac catheterization procedures performed during the report year in the cardiac catheterization rooms reported in question #1 above. Report actual cardiac cath procedures performed by the categories provided. Do not report cardiac catheterization sessions, but the procedures. Please refer to the definitions of procedure and session in the instructions.

2A. Therapeutic Cardiac Catheterizations

Therapeutic Cardiac Catheterizations	Ages 0-14	Ages 15+	Total
PCI balloon angioplasty procedures	0	34	34
PCI procedures utilizing drug eluting stent	0	401	401
PCI procedures utilizing non drug eluting stent	0	47	47
Rotational Atherectomy	0	0	0
Directional Atherectomy	0	0	0
Laser Atherectomy	0	0	0
Excisional Atherectomy	0	0	0
Use of Cutting Balloon	0	0	0
Closure or patent ductus areriosus > 28 days, by card. cath.	0	0	0
Closure or patent ductus arteriosus < 28 days, by card. cath.	0	0	0
	0	0	0
Total	0	482	482

2B.1 Diagnostic Cardiac Catheterizations

Diagnostic Cardiac Catheterizations	Ages 0-14	Ages 15+	Total
Left Heart Diagnostic Cardiac Catheterizations	0	1,112	1,112
Right Heart Diagnostic Cardiac Catheterizations	0	387	387
Total Diagnostic Cardiac Catheterization Procedures	0	1,499	1,499
Grand Total (All Cardiac Catheterization Procedures)	0	1,981	1,981

2B.2 Left Heart Cardiac Catheterization Details

Report the number of diagnostic left heart cardiac catheterizations that were not followed by a therapeutic cardiac cath procedure and then provide the number that were followed by PCI in the same sitting.

Left Heart Diagnostic Cardiac Catheterization Details	Ages 0-14	Ages 15+	Total
Left Heart Diagnostic Cardiac Cath Only (without PCI)	0	1,117	1,117
Left Heart Diagnostic Cardiac Cath Followed by PCI	0	383	383

2C. Peripheral Catheterization by Patient Type

Report the total number of peripheral catheterization procedures.

Ages 0-14	Ages 15+	Total
0	377	377

2D. Major Coronary Circulation Vessels Treated per Patient

Report the number of major coronary circulation vessels treated per patient by therapeutic cardiac catheterizations.

PCI Type	1 Vessel	2 Vessels	3 Vessels	4 Vessels	Total
PCI balloon angioplasty and/or stent	289	156	33	4	482
All other types of PCI (e.g. laser, etc.)	0	0	0	0	0
Total	289	156	33	4	482

2E. Cardiac Catheterization Sessions

Report by patient type and procedure type the total number of inpatient and outpatient cardiac catheterization sessions performed during the report year.

Cardiac Catheterizations by Patient Type	Ages 0-14	Ages 15+	Total
Inpatient Diagnostic Cardiac Catheterizations	0	342	342
Outpatient Diagnostic Cardiac Catheterizations	0	780	780
Inpatient Therapeutic Cardiac Catheterizations	0	216	216
Outpatient Therapeutic Cardiac Catheterizations	0	189	189
Total	0	1,527	1,527

3A. Other Procedures Performed During Cardiac Catheterization Session

Report by age of patient and procedure type the total number of non-cardiac catheterization procedures that were performed during the cardiac catheterization session. Report by procedure code and procedure description.

Procedure Code	Procedure Description	Ages 0-14	Ages 15+	Total
33208	Pacemaker/Lead AV Seq 33208	0	9	9
33210	Pacer Temp Transvenous 33210	0	8	8
33217	Pacer Dual Lead Insert 33217	0	1	1
33225	ICD Lead L Vent Add On 33225	0	2	2
33230	ICD Nsert w/exist Dual Ld33230	0	1	1
33233	Remove Pulse Generator 33233	0	1	1
33249	Nsert/ReplICDw/Sng/DualLd33249	0	6	6
33264	Remv&Replc ICD Gen MulLd 33264	0	1	1
33282	Implantation-Cardiac EVM 33282	0	7	7
33284	Removal-Implnt Cardiac M 33284	0	2	2
33967	Card IABP Insertion 33967	0	13	13
34791	Activated Clot Time CL 8534791	0	51	51
36251	Angio Renal Select Unil 36251	0	1	1
36252	Angio Renal Select Bilat 36252	0	7	7
37184	Thromb Primry Init Vess 37184	0	8	8
37185	Thromb Prim Ea Addt Vess 37185	0	1	1
37186	Thromb SecW/PTA or Stent 37186	0	2	2
37221	Stent/Angio Iliac HH 37221	0	3	3
75625	Abdominal Aortogram CL 75625	0	13	13
75630	Abd. A-Gram W/Bil.Iliac 75630	0	2	2
75716	Arteriogram Extrem BL HH 75716	0	2	2
75820	Venogram Extremity UL HH 75820	0	2	2
75822	Venogram Extremity BL HH 75822	0	1	1
76000	Fluoroscopy Cath Lab 76000	0	2	2
85347	Activated Clot Time CL 85347	0	146	146
92973	CORONARY THROMBECTOMY 92973	0	20	20
92978	Card IVUS Initial 92978	0	7	7
93567	Card Aortic Root Inj 93567	0	24	24
93571	Card FFR Initial 93571	0	107	107
93572	Card FFR each Additional 93572	0	15	15
93620	EP Comp Eval W/Induct 93620	0	1	1
93653	EP & Ablat SVT Arrhythm 93653	0	1	1
G0278	Angiogm;Iliac Art/wCath G0278	0	1	1

3B. Non-Cardiac Catheterization in Cardiac Catheterization Facilities

Report by age and procedure type the total number of catheterization procedures, other than cardiac catheterizations, performed during the report year that were performed in the authorized cardiac catheterization labs or rooms reported in Part C Question 1A.

Procedure Type	Ages 0-14	Ages 15+	Total
Electrophysiologic Studies	0	44	44
Pacemaker Insertions	0	76	76
Angiograms/Venograms	0	203	203
Angioplasty	0	9	9
Stents	0	28	28
Thrombolysis Procedures	0	0	0
Embolizations	0	0	0
Venocava filter insertions	0	0	0
Biliary/Nephrostomy	0	0	0
Perm cath/pic line placements	0	0	0
ICDs	0	50	0
	0	0	0
	0	0	0
Total	0	410	410

3C. Non-Cardiac Catheterization Procedures Performed in Other Rooms

Report by age and procedure type the total number of catheterization procedures, other than cardiac catheterizations, performed during the report year that were performed in any other room that is equipped and capable of performing cardiac catheterization reported in Part C Question 1C.

Procedure Type	Ages 0-14	Ages 15+	Total
Electrophysiologic Studies	0	0	0
Pacemaker Insertions	0	0	0
Angiograms/Venograms	0	0	0
Angioplasty	0	0	0
Stents	0	0	0
Thrombolysis Procedures	0	0	0
Embolizations	0	0	0
Venocava filter insertions	0	0	0
Biliary/Nephrostomy	0	0	0
Perm cath/pic line placements	0	0	0
	0	0	0
	0	0	0
	0	0	0
Total	0	0	0

3D. Medical Specialties

List all of the medical specialties of the physicians performing non-cardiac catheterization procedures listed in 3B or 3C.

Cardiology, Radiology, Vascular, Electrophysiology

4. Cardiac Catheterization Patients by Race/Ethnicity

Please report the number who received one or more cardiac catheterization procedures during the

report period using the race and ethnicity categories provided. Please report patients as unduplicated. A patient should be counted once only.

Race/Ethnicity	Number of Patients
American Indian/Alaska Native	1
Asian	22
Black/African American	472
Hispanic/Latino	22
Pacific Islander/Hawaiian	3
White	939
Multi-Racial	2
Total	1,461

5. Cardiac Catheterization Patients by Gender

Please report the number of cardiac catheterization patients by gender served during the report period. Count a patient only once for an unduplicated patient count.

Gender	Number of Patients
Male	821
Female	640
Total	1,461

Part D : Charges

1. Average Total Charge and Average Actual Reimbursement

If applicable, report the average total charge from admission to discharge (excluding Medicare outliers) for each of the following DRGs and report the average actual reimbursement for each DRG received from Medicare, Medicaid and all third parties (excluding individual self-payors, indigents and those payors whose charge was 'written off'). Please note that Average Total Charges, the number of cases used in the average, and the average reimbursement should be for services provided within authorized cardiac catheterization labs.

Selected DRGs Diseases/Disorders of the Circulatory System	Average Total Inpatient Charge in Lab	Cases Included in Calculation of Average	Actual Hospital Total Cases	Average Reimbursement in Lab
DRG 110: Major Cardiovascular Procedures w/CC (MS-DRG 237)	0	0	0	0
DRG 121: Cds w/AMI and CV Complication, Discharged Alive (MS-DRG 280)	38,063	29	58	10,295
DRG 122: Cds w/AMI w/o CV Complication, Discharged Alive (MS-DRG 281 & 282)	31,097	56	69	5,683
DRG 124: Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 286)	39,622	44	49	12,755
DRG 125: Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 287)	30,396	110	118	7,652
DRG 127: Heart Failure and Shock (MS-DRG 291, 292, 293)	45,946	3	591	9,003
DRG 130: Peripheral Vascular Disorders w/CC (MS-DRG 299)	0	0	21	0
DRG 138: Cardiac arrhythmia and conduction disorders w/CC (MS-DRG 308)	38,068	3	61	7,508
DRG 140: Angina Pectoris (MS-DRG 311)	0	0	6	0

2. Mean, Median and Range of Total Charges

Where applicable, report the mean, median and range of total charges for all cases for which each of the following ICD-9-CM codes was the principal procedure.

Single Vessel PTCA Without Mention of Thrombolytic Agent

(ICD-900.66, previously 36.01)

Patient Category	Mean	Median	Range Low	Range High	# of Cases Included in Calculations
Inpatient	\$51,685	\$46,823	\$16,262	\$175,192	216
Outpatient	\$36,822	\$36,944	\$14,478	\$74,672	189

Left Heart Cardiac Catheterization (Excluding that with Catheterization of Right Heart)

ICD-937.22)

Patient Category	Mean	Median	Range Low	Range High	# of Cases Included in Calculations
Inpatient	\$28,811	\$32,172	\$19,520	\$653,985	281
Outpatient	\$23,107	\$21,397	\$5,565	\$42,999	718

3. Total Charges and Actual Reimbursement for Cardiac Catheterization Services

Please report the total charges and actual reimbursement received for cardiac catheterization services provided during the report period.

Total Charges	Actual Reimbursement
\$50,395,310	\$11,316,806

4. Total Uncompensated Charges for Cardiac Catheterization Services

Please report the total uncompensated charges for cardiac catheterization services provided to patients that qualified as indigent or charity care cases where the facility did not receive any compensation.

Total Uncompensated Charges	Total Uncompensated I/C Patients
\$1,881,114	51

5. Adjusted Gross Revenue for Cardiac Catheterization Services

Please report the Adjusted Gross Revenue for cardiac catheterization services provided during the report period.

Adjusted Gross Revenue
\$25,602,015

6. Primary Payment Source

Please report the total number of unduplicated cardiac catheterization patients, procedures, total charges and reimbursement by the patient's PRIMARY payer source. Report Peachcare for Kids patients with Third-Party. Then also provide the number of unduplicated patients, procedures, charges and reimbursement for patients who were qualified as Indigent or Charity Care cases. Patients do not have to balance or be unduplicated between two tables.

	Primary Payment Source				I/C Care Account
	Medicare	Medicaid	3rd Party (Including Peachcare)	Individual Self-Pay	
Number of Cardiac Catheterization Patients (unduplicated)	815	94	539	79	51
Number of Procedures Billed	1,063	117	710	112	74
Number of Procedures Not Billed or Written Off	0	0	0	0	0
Total Charges	\$27,483,023	\$3,050,973	\$16,875,379	\$2,985,936	\$1,881,114
Actual Reimbursement	\$5,502,403	\$758,130	\$4,958,522	\$98,750	\$0

Part E : Peer Review, JCAHO Accreditation, OHS Referrals and Treatment Complications

1. Check the box to the right if your program/facility participates in an external or national peer review and outcomes reporting system.

If you indicated yes above, please provide the name(s) of the peer review/outcomes reporting organization(s) below.

ACC

2. Check the box to the right if your program/facility is JCAHO accredited.

Enter your accreditation category in the space below.

Hospital

3. How many community education programs has your program/facility participated in during the reporting period?

19

4. OHSS Referrals

If your facility referred patients for open heart surgery services (regardless of whether your facility does or does not provide OHSS), please list the hospital(s) to which patients have been referred and the number referred. If your facility referred patients to out-of-state providers please select the state from the pull-down menu.

Referral Hospital	Number of Referrals
Medical Center of Central Georgia	35
Coliseum Medical Centers	1
Emory University Hospital	1
	0

5. Cardiac Catheterization Treatment Session Complications

Please provide the number of both inpatient and outpatient therapeutic and diagnostic cardiac catheterization sessions which encountered or resulted in major and/or minor complications. (Total therapeutic and total diagnostic catheterization sessions are provided based on what was reported in Part C, Question 2B). Please refer to the instructions for guidelines regarding major versus minor classifications. Report complications occurring during the procedures or before discharge.

Cardiac Catheterization Category	Total Cath Sessions from Part C	Major Complications	Minor Complications	Total Complications
Therapeutic Cardiac Catheterizations Inpatient and Outpatient	405	8	5	13
Diagnostic Cardiac Catheterizations Inpatient and Outpatient	1,122	23	14	37
Total	1,527	31	19	50

Part F : Patient Origin 2016

Please report the number of cardiac catheterization patients by county and age category. The total number of patients reported here must balance to the totals reported in Part C, Questions 4 and 5.

County	Patients 0-14	Patients 15+	Total
Appling	0	2	2
Atkinson	0	1	1
Ben Hill	0	8	8
Berrien	0	1	1
Bibb	0	30	30
Bleckley	0	20	20
Cobb	0	2	2
Crawford	0	11	11
Crisp	0	12	12
DeKalb	0	1	1
Dodge	0	10	10
Dooly	0	18	18
Dougherty	0	2	2
Emanuel	0	1	1

Greene	0	1	1
Gwinnett	0	1	1
Henry	0	1	1
Houston	0	1,005	1,005
Irwin	0	1	1
Johnson	0	1	1
Jones	0	2	2
Laurens	0	11	11
Macon	0	31	31
Marion	0	2	2
Monroe	0	2	2
Muscogee	0	1	1
Peach	0	169	169
Pike	0	1	1
Pulaski	0	35	35
Putnam	0	1	1
Richmond	0	1	1
Schley	0	1	1
Sumter	0	5	5
Taylor	0	21	21
Telfair	0	3	3
Turner	0	2	2
Twiggs	0	11	11
Upton	0	3	3
Wilcox	0	7	7
Wilkinson	0	2	2
Florida	0	8	8
South Carolina	0	2	2
Other- Out of State	0	9	9
Jasper	0	1	1
Baldwin	0	1	1
Total Patients	0	1,461	1,461

Part G : Comments

Please enter below any comments and suggestions that you have about this survey.

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 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.

Authorized Signature: Sean Whilden

Title: Vice President, Chief Financial Officer

Date: 7/27/2017

Comments: Houston Medical Center does Cardiac Caths, but does not do Open Hearts.