



2009 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC017

Facility Name: Emory Clinic Ambulatory Surgery Center

County: DeKalb

Street Address: Suite BT200 1365 B Clifton Road NE

City: Atlanta

Zip: 30322-1013

Mailing Address: 1365 B Clifton Road NE Suite 6400

Mailing City: Atlanta

Mailing Zip: 30322-1013

2. Report Period

Report Data for the full twelve month period, January 1, 2009 - December 31, 2009 (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: Joseph Dee

Contact Title: Clinical Practice Manager

Phone: 404-778-5205

Fax: 404-778-5186

E-mail: joseph.dee@emoryhealthcare.org

Part C : Ownership, Operation and Management

1. Ownership, Operation and Management

As of the last day of the report period, indicate the name of the legal entities which own/operate the facility if applicable or the name of the physician(s) in ownership of the center. 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)	Organization Type	Effective Date
The Emory Clinic, Inc	Not for Profit	01/10/1985

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory Healthcare	Not for Profit	03/01/1994

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

G. Physician Owner(s) (List all if owned jointly)

Full Name	License Number
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Part D : Ambulatory Surgery Rooms, Procedures and Patients

1A. Rooms, Procedures and Patients in CON-Authorized or Licensed Operating Procedure Rooms

An operating procedure room is a procedure room or area of the ambulatory surgical treatment center in which surgical procedures are performed and that is licensed as a procedure room by the Department of Human Resources pursuant to Rule 290-5-33-01(u).

Room Type	Number of Rooms	Number of Procedures	Number of Patients
Operating Procedure Rooms	6	6,178	5,144

1B. Other Nonoperating/Procedure Rooms

If applicable, provide rooms, procedures and patients for other rooms at your facility where procedures are performed, but that are not licensed as operating rooms.

Room Type	Number of Rooms	Number of Procedures	Number of Patients
Endoscopy Procedure Rooms	7	8,345	7,446
Minor Procedure Rooms	0	0	0
Other Procedure Rooms	0	0	0

2. Ambulatory Surgery Patients Admitted to Hospital

How many patients if any, were admitted to a hospital before completion of or immediately following ambulatory surgery?

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3. Ambulatory Patients by Race/Ethnicity

Report the number of unduplicated patients who received ambulatory surgery by race/ethnicity category and provide the total number of ambulatory surgical procedures by race/ethnicity.

Race/Ethnicity	Number of Patients	Number of Procedures
American Indian/Alaska Native	0	0
Asian	7	9
Black/African American	1,682	2,020
Hispanic/Latino	51	61
Pacific Islander/Hawaiian	0	0
White	3,404	4,088
Multi-Racial	0	0
Unknown	0	0
Total	5,144	6,178

4. Ambulatory Patients by Gender

Report the number of patients by gender served during the report period along with the total number of procedures by gender.

Gender	Number of Patients	Number of Procedures
Male	2,282	2,741
Female	2,862	3,437
Total	5,144	6,178

Part E : Ambulatory Surgical Procedures, Licensed Specialty and Services

1. Top Ten Procedures

Of the total procedures reported in Part D, provide the top ten procedures (volume-wise) performed within your facility by CPT Code, Procedure Name, Number of Procedures and Average Charge for Procedure.

CPT Code	Procedure Name	Number of Procedures	Average Charge
67113	Vitrectomy Complex Retinal Detachment	129	7,385.00
67036	Vitrectomy Posterior	368	7,500.00
21930	Tissue Wide Excision	254	4,041.00
36561	Portacath Insertion	210	2,988.00
67904	Ptosis Repair	174	3,240.00
65850	Trabeculectomy	168	4,300.00
19125	Breast Biopsy Dye & Wire	164	2,960.00
31255	Nasal/Sinus Endoscopy Stereotactic	144	4,744.00
66984	Cataract Extraction	1,392	3,865.00
19350	Breast Reconstruction Revision	126	3,500.00

2. Licensed Specialty and Services Provided

Report the licensed specialty of the ambulatory surgery center and the services provided.

Specialty(ies)(As indicated on the Office of Regulatory Services permit):

Multispecialty

Services Provided:

Ophthalmology, Surgical Oncology, ENT, Urology, General Surgery, Plastics, Dermatology, Bone Marrow Transplant, Digestive Diseases

Part F : Utilization & Revenue by Payer Source for Ambulatory Surgery Services

1. Utilization by Payer Source

Please report the number of patients and procedures, Gross Patient Revenue, and Net Patient Revenue during the report period according to Payer Source. Please note that the Total Gross and Net Revenue columns should balance to Gross and Net Revenue reported in Part G.

Payer Source	Patients	Procedures	Gross Revenue	Net Revenue
Medicare	2,097	2,518	11,134,730	2,378,527
Medicaid	274	329	1,564,957	258,798
PeachCare for Kids	0	0	0	0
Third Party	2,421	2,908	13,307,042	8,531,398
Self Pay	208	250	1,092,246	622,210
Other Payer	144	173	675,208	222,472
Total	5,144	6,178	27,774,183	12,013,405

2. Indigent/Charity Care

Provide the number of ambulatory surgery patients and procedures for patients who were income tested as indigent or charity care cases. Refer to the definitions of indigent and charity care in the instructions.

Category	Number of Patients	Number of Procedures
Indigent	78	106
Charity	150	161
Total	228	267

Part G : Financial Summary and Indigent and Charity Care Information

1. Indigent and/or Charity Care Policy

Check the box to the right if the agency had a formal written policy or written policies concerning the provision of indigent and/or charity care during 2009.

If you indicated yes above, please indicate the effective date of the policy or policies.

01/01/2009

2. Person Responsible

Please indicate the name and title or position held by the person most responsible for adherence to or interpretation of the policy or policies you will provide the department.

Taylor Williams, Patient Financial Services

3. Charity Care Provision

Check the box if the policy or policies included provision for the care that is defined as charity.

4. Financial Table

Please complete the following financial table for the 2009 calendar year. Please note that Total Uncompensated Indigent and Charity Care Charges (automatically calculated by the web form) should not exceed Gross Indigent and Charity Care Charges.

Revenue or Expense	Amount
Gross Patient Revenue	27,774,183
Medicare Contractual Adjustments	8,756,203
Medicaid Contractual Adjustments	1,306,158
Other Contractual Adjustments	4,550,923
Total Contractual Adjustments	14,613,284
Bad Debt	247,190
Indigent Care Gross Charges	452,736
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	452,736
Charity Care Gross Charges	447,568
Charity Care Compensation	0
Uncompensated Charity Care (Net)	447,568
Other Free Care	0
Total Net Patient Revenue	12,013,405
Other Revenue	0
Total Net Revenue	12,013,405
Total Expenses	11,180,693
Adjusted Gross Revenue	17,464,632
Total Uncompensated I/C Care	900,304
Percent Uncompensated Indigent/Charity Care	5.16%

Part H : Accreditation

Indicate below if your ambulatory surgery center is accredited and if so indicate for each agency as applicable.

- A) American Association of Ambulatory Care?
- B) American Association for Accreditation of Plastic Surgery Facilities?
- C) Joint Commission for Accreditation of Healthcare Organizations (JCAHO)?
- D) Accreditation Association for Ambulatory Health Care (AAAHC)?
- E) Accreditation Association for Ambulatory Health Care (AAAHC)?
- F) Other?

Specify other organizations that accredit your facility in the space below.

Part I : Patient Origin of Ambulatory Surgery Patients in the Surgical Center

1 Patient Origin

Please report the county of origin for the patients treated in the surgical center.

County	Patients
Alabama	50
Appling	2
Atkinson	2
Baldwin	9
Banks	15
Barrow	33
Bartow	30
Ben Hill	2
Berrien	2
Bibb	47
Bleckley	4
Brooks	1
Bryan	2
Bulloch	4
Burke	1
Butts	17
Calhoun	2
Candler	1
Carroll	65
Catoosa	7
Chattahoochee	1
Chattooga	4
Cherokee	79
Clarke	59
Clayton	127
Cobb	288
Coffee	7
Colquitt	9
Columbia	7
Cook	2
Coweta	53
Crawford	1
Crisp	2
Dawson	21
Decatur	8
DeKalb	1034
Dodge	2
Dooly	2
Dougherty	9

Douglas	57
Early	2
Elbert	9
Evans	2
Fannin	6
Fayette	93
Florida	38
Floyd	37
Forsyth	56
Franklin	12
Fulton	956
Gilmer	6
Glynn	5
Gordon	15
Grady	2
Greene	11
Gwinnett	418
Habersham	27
Hall	89
Hancock	2
Haralson	16
Harris	11
Hart	5
Heard	1
Henry	154
Houston	32
Irwin	1
Jackson	43
Jasper	7
Jeff Davis	2
Jefferson	2
Jenkins	1
Johnson	2
Jones	2
Lamar	7
Laurens	6
Lee	1
Lincoln	1
Lowndes	11
Lumpkin	20
Macon	3
Madison	9
McDuffie	1
McIntosh	1

Meriwether	10
Miller	1
Monroe	8
Montgomery	1
Morgan	14
Murray	7
Muscogee	44
Newton	73
North Carolina	26
Oconee	20
Oglethorpe	4
Other- Out of State	38
Paulding	24
Peach	13
Pickens	13
Pierce	1
Pike	13
Polk	8
Pulaski	2
Putnam	12
Quitman	1
Rabun	20
Richmond	8
Rockdale	69
Screven	2
South Carolina	91
Spalding	47
Stephens	30
Stewart	1
Sumter	6
Talbot	2
Taliaferro	2
Taylor	3
Telfair	1
Tennessee	44
Terrell	2
Thomas	10
Tift	13
Toombs	2
Towns	7
Treutlen	2
Troup	63
Turner	2
Twiggs	1

Union	14
Upson	20
Walker	7
Walton	81
Ware	5
Washington	6
Wheeler	1
White	25
Whitfield	16
Wilcox	3
Wilkes	3
Wilkinson	2
Worth	7
Total	5,144

Part J : Ambulatory Surgery Center Workforce Information

1. Budgeted FTE

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2009.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	30.85	1.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	10.00	0.00	0.00
Allied Health Therapists	0.00	0.00	0.00

2. Filling Vacancies

Please enter the average time needed during the past six months to fill each type of vacant position.

Type of Vacancy	Average Time Needed to Fill Vacancies
Registered Nurse	61-90 Days
Licensed Practical Nurse	NA
Aides/Assistants	30 Days or Less
Allied Health Therapists	NA

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.

Authorized Signature: W. Mike Mason

Date: 3/22/2010

Title: Senior Administrator, TEC Operations

Comments: