



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2009 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC052

Facility Name: Children's Healthcare of Atlanta Surgery, Meridian Mark

County: Fulton

Street Address: Suite 340 5445 Meridian Mark Road

City: Atlanta

Zip: 30342

Mailing Address: 5445 Meridian Mark Road Suite 340

Mailing City: Atlanta

Mailing Zip: 30342

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: Cathy Crouch

Contact Title: Manager, Decision Support

Phone: 404-785-7872

Fax: 404-785-7954

E-mail: cathy.crouch@choa.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
Children	For Profit	

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
	NA	

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
	NA	

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
	NA	

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
	NA	

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
	NA	

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	18,029	10,454

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	0	0	0
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?

16

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	21	41
Asian	250	407
Black/African American	1,977	3,116
Hispanic/Latino	946	1,571
Pacific Islander/Hawaiian	1	5
White	6,986	12,441
Multi-Racial	273	448
Unknown	0	0
Total	10,454	18,029

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	6,363	10,789
Female	4,091	7,240
Total	10,454	18,029

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
69436	Create Ear Drum Opening	5,780	2,155.00
42820	Remove Tonsils and Adenoids	1,107	3,739.00
67311	Revise Eye Muscle	873	3,251.00
42830	Removal of Adenoids	719	3,162.00
68811	Probe Nasolacrimal Duct	675	959.00
69610	Repair of Ear Drum	440	1,695.00
54161	Circumcision	392	3,421.00
67314	Revise Eye Muscle	262	3,532.00
54640	Suspension of Testis	239	4,168.00
54163	Repair Incomplete Circumcision	226	3,412.00

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):

Services Provided:

Pediatric Service of General Surgery, Plastics, Urology, Hand, Orthopedic, Ophthalmology, Otolaryngology, Gynecology and Oral Maxillafacial Surgery

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	0	0	0	0
Medicaid	2,568	4,317	9,853,434	1,729,960
PeachCare for Kids	659	1,132	2,893,699	479,210
Third Party	7,019	12,224	27,588,288	19,392,716
Self Pay	80	138	1,130,605	36,319
Other Payer	128	218	532,518	154,277
Total	10,454	18,029	41,998,544	21,792,482

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	206	355
Charity	67	116
Total	273	471

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.

01/01/2003

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.

Lyn Zahnow

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	41,998,544
Medicare Contractual Adjustments	0
Medicaid Contractual Adjustments	10,537,963
Other Contractual Adjustments	7,897,535
Total Contractual Adjustments	18,435,498
Bad Debt	617,276
Indigent Care Gross Charges	826,698
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	826,698
Charity Care Gross Charges	267,587
Charity Care Compensation	0
Uncompensated Charity Care (Net)	267,587
Other Free Care	59,003
Total Net Patient Revenue	21,792,482
Other Revenue	0
Total Net Revenue	21,792,482
Total Expenses	0
Adjusted Gross Revenue	30,843,305
Total Uncompensated I/C Care	1,094,285
Percent Uncompensated Indigent/Charity Care	3.55%

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	28
Atkinson	3
Baldwin	3
Banks	15
Barrow	140
Bartow	156
Ben Hill	2
Berrien	3
Bibb	18
Bleckley	7
Bryan	1
Bulloch	7
Butts	25
Carroll	106
Catoosa	1
Charlton	1
Chatham	5
Chattooga	5
Cherokee	712
Clarke	38
Clayton	175
Cobb	1493
Coffee	3
Colquitt	2
Columbia	3
Cook	1
Coweta	139
Crisp	2
Dade	1
Dawson	102
DeKalb	898
Dooly	1
Dougherty	4
Douglas	222
Elbert	1
Emanuel	9
Fannin	18
Fayette	120
Florida	16

Floyd	64
Forsyth	601
Franklin	3
Fulton	1892
Gilmer	21
Glynn	1
Gordon	27
Grady	4
Greene	1
Gwinnett	1609
Habersham	27
Hall	280
Haralson	13
Harris	10
Hart	3
Heard	5
Henry	216
Houston	17
Jackson	117
Jasper	4
Jeff Davis	5
Jenkins	1
Jones	5
Lamar	9
Laurens	4
Lee	3
Lowndes	6
Lumpkin	43
Madison	11
Meriwether	4
Mitchell	1
Monroe	4
Montgomery	2
Morgan	6
Murray	3
Muscogee	41
Newton	93
North Carolina	7
Oconee	8
Oglethorpe	3
Other- Out of State	7
Paulding	206
Peach	2
Pickens	53

Pike	14
Polk	48
Pulaski	1
Putnam	3
Rabun	9
Richmond	2
Rockdale	59
Seminole	1
South Carolina	8
Spalding	47
Stephens	16
Sumter	2
Talbot	2
Taliaferro	1
Tattnall	2
Taylor	3
Telfair	2
Tennessee	12
Terrell	1
Thomas	3
Tift	4
Toombs	1
Towns	8
Troup	41
Turner	3
Twiggs	2
Union	13
Upson	13
Walker	1
Walton	155
Washington	1
Wayne	1
Wheeler	2
White	32
Whitfield	9
Wilcox	1
Wilkes	2
Worth	1
Total	10,454

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)	32.48	0	0.00
Licensed Practical Nurses (LPNs)	0.00	0	0.00
Aides/Assistants	1.00	0	0.00
Allied Health Therapists	12.49	0	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	Not Applicable
Licensed Practical Nurse	Not Applicable
Aides/Assistants	Not Applicable
Allied Health Therapists	Not Applicable

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: William R Bonner

Date: 3/12/2010

Title: Dr. William Richard Bonner/ Chairman Board

Comments: