



2010 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, 2010 - December 31, 2010 (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 Community Health pursuant to Rule 111-8-4-.01.

Room Type	Number of Rooms	Number of Procedures	Number of Patients
Operating Procedure Rooms	6	17,379	10,067

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?

12

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	35	55
Asian	262	417
Black/African American	1,887	3,084
Hispanic/Latino	1,016	1,724
Pacific Islander/Hawaiian	3	5
White	6,488	11,454
Multi-Racial	376	640
Unknown	0	0
Total	10,067	17,379

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	5,943	10,232
Female	4,124	7,147
Total	10,067	17,379

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	5,816	2,277.00
42820	Remove Tonsil and Adenoids	1,022	3,938.00
67311	Revise Eye Muscle	935	3,271.00
42830	Removal of Adnioids	686	3,302.00
68811	Probe Nasolacrimal Duct	636	989.00
69610	Repair of Ear Drum	486	1,842.00
54161	Circumcision	253	3,663.00
67314	Revise Eye Muscle	239	3,253.00
68816	Lacrimal System Probing and/or related procedure	207	3,484.00
54163	Repair Incomplete Circumcision	207	3,657.00

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 Healthcare Facility Regulation Division or 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	1	3	15,386	0
Medicaid	2,771	4,756	11,388,471	1,779,633
PeachCare for Kids	645	1,034	3,299,657	515,736
Third Party	6,446	11,252	26,781,547	18,007,285
Self Pay	56	79	1,351,762	74,564
Other Payer	148	255	874,351	315,264
Total	10,067	17,379	43,711,174	20,692,482

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	248	428
Charity	46	79
Total	294	507

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 2010.

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 2010 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	43,711,174
Medicare Contractual Adjustments	15,386
Medicaid Contractual Adjustments	12,392,758
Other Contractual Adjustments	8,615,705
Total Contractual Adjustments	21,023,849
Bad Debt	707,977
Indigent Care Gross Charges	1,076,224
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	1,076,224
Charity Care Gross Charges	200,973
Charity Care Compensation	0
Uncompensated Charity Care (Net)	200,973
Other Free Care	9,669
Total Net Patient Revenue	20,692,482
Other Revenue	0
Total Net Revenue	20,692,482
Total Expenses	0
Adjusted Gross Revenue	30,595,053
Total Uncompensated I/C Care	1,277,197
Percent Uncompensated Indigent/Charity Care	4.17%

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	25
Baldwin	5
Banks	21
Barrow	147
Bartow	154
Ben Hill	1
Berrien	3
Bibb	25
Bleckley	1
Bulloch	2
Butts	29
Candler	1
Carroll	90
Chatham	2
Chattahoochee	4
Chattooga	9
Cherokee	647
Clarke	14
Clayton	186
Cobb	1417
Coffee	7
Colquitt	7
Columbia	2
Coweta	112
Crawford	1
Crisp	1
Dawson	92
DeKalb	873
Dodge	3
Dooly	3
Dougherty	7
Douglas	197
Effingham	2
Elbert	3
Emanuel	3
Fannin	29
Fayette	126
Florida	15
Floyd	55

Forsyth	545
Franklin	6
Fulton	1883
Gilmer	25
Gordon	29
Grady	4
Greene	2
Gwinnett	1544
Habersham	48
Hall	313
Haralson	21
Harris	6
Hart	4
Heard	6
Henry	166
Houston	26
Jackson	91
Jasper	3
Lamar	10
Laurens	3
Lee	11
Liberty	3
Lowndes	1
Lumpkin	53
Macon	1
Madison	8
McDuffie	1
Meriwether	9
Monroe	5
Montgomery	4
Morgan	6
Murray	2
Muscogee	41
Newton	63
North Carolina	4
Oconee	10
Oglethorpe	2
Other- Out of State	22
Paulding	202
Peach	1
Pickens	55
Pike	17
Polk	50
Pulaski	3

Putnam	5
Rabun	12
Randolph	1
Rockdale	43
Screven	1
South Carolina	15
Spalding	45
Stephens	23
Sumter	1
Talbot	2
Tattnall	1
Telfair	1
Tennessee	8
Thomas	1
Tift	3
Toombs	2
Towns	8
Treutlen	2
Troup	40
Turner	2
Twiggs	2
Union	16
Upson	8
Walton	152
Ware	1
Wayne	1
White	27
Whitfield	10
Wilkes	1
Wilkinson	1
Worth	2
Total	10,067

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 12-31-2010.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	32.34	0.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	8.75	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	NA
Licensed Practical Nurse	NA
Aides/Assistants	NA
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: William R Bonner

Date: 3/11/2011

Title: Dr. William Richard Bonner/Chairman Board

Comments: