



2011 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, 2011 - December 31, 2011 (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: Sr. Financial Analyst, Budget and 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
	NA	

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	16,308	9,619

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?

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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	40	71
Asian	304	506
Black/African American	1,890	3,051
Hispanic/Latino	975	1,617
Pacific Islander/Hawaiian	3	5
White	6,052	10,449
Multi-Racial	355	609
Unknown	0	0
Total	9,619	16,308

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	5,745	9,671
Female	3,874	6,637
Total	9,619	16,308

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	1,879	2,305.00
42820	Remove Tonsils and Adenoids	927	4,350.00
42830	Removal of Adnoids	571	3,763.00
67311	Revise Eye Muscle	551	3,524.00
68811	Probe Nasolacrimal Duct	371	1,092.00
54161	Circumcision	292	3,944.00
69610	Repair of Eardrum	249	1,837.00
54163	Repair Incomplete Circumcision	212	3,909.00
20680	Removal of Support Implant	198	5,876.00
54640	Suspension of Testis	148	4,400.00

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	0	0	0	0
Medicaid	2,690	4,632	12,288,220	1,797,085
PeachCare for Kids	707	1,113	3,890,972	461,458
Third Party	5,990	10,186	29,194,138	19,224,274
Self Pay	68	97	1,313,080	206,481
Other Payer	164	280	1,057,953	215,743
Total	9,619	16,308	47,744,363	21,905,041

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	131	222
Charity	92	156
Total	223	378

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 2011.

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 2011 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	47,744,363
Medicare Contractual Adjustments	0
Medicaid Contractual Adjustments	13,920,649
Other Contractual Adjustments	10,104,475
Total Contractual Adjustments	24,025,124
Bad Debt	606,265
Indigent Care Gross Charges	649,430
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	649,430
Charity Care Gross Charges	457,168
Charity Care Compensation	0
Uncompensated Charity Care (Net)	457,168
Other Free Care	101,335
Total Net Patient Revenue	21,905,041
Other Revenue	0
Total Net Revenue	21,905,041
Total Expenses	0
Adjusted Gross Revenue	33,217,449
Total Uncompensated I/C Care	1,106,598
Percent Uncompensated Indigent/Charity Care	3.33%

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	32
Baldwin	2
Banks	13
Barrow	123
Bartow	121
Ben Hill	1
Berrien	2
Bibb	28
Bleckley	2
Bulloch	2
Butts	15
Carroll	91
Catoosa	2
Chatham	4
Chattahoochee	1
Chattooga	10
Cherokee	584
Clarke	27
Clayton	173
Clinch	5
Cobb	1263
Coffee	4
Colquitt	4
Columbia	4
Cook	1
Coweta	119
Crisp	2
Dawson	63
Decatur	1
DeKalb	907
Dodge	3
Dougherty	12
Douglas	177
Early	1
Effingham	3
Elbert	13
Emanuel	3
Evans	1
Fannin	24

Fayette	148
Florida	28
Floyd	44
Forsyth	556
Franklin	11
Fulton	1792
Gilmer	24
Glynn	2
Gordon	27
Grady	1
Greene	2
Gwinnett	1493
Habersham	46
Hall	261
Hancock	2
Haralson	12
Harris	10
Hart	4
Heard	2
Henry	206
Houston	24
Jackson	126
Jasper	2
Jones	2
Lamar	9
Laurens	3
Lee	2
Liberty	3
Lowndes	4
Lumpkin	41
Madison	6
Meriwether	9
Monroe	6
Montgomery	1
Morgan	6
Murray	3
Muscogee	42
Newton	69
North Carolina	6
Oconee	9
Oglethorpe	2
Other- Out of State	17
Paulding	175
Peach	1

Pickens	36
Pike	19
Polk	32
Pulaski	1
Putnam	2
Rabun	9
Randolph	2
Rockdale	54
Seminole	1
South Carolina	10
Spalding	46
Stephens	27
Stewart	2
Sumter	11
Telfair	1
Tennessee	10
Thomas	1
Tift	2
Towns	4
Troup	34
Turner	1
Union	13
Upson	9
Walker	6
Walton	151
Ware	2
Washington	1
Wayne	1
Wheeler	1
White	34
Whitfield	8
Wilcox	2
Worth	4
Total	9,619

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 12-31-2011.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	32.20	0.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	8.50	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	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 Richard Bonner, MD

Date: 3/8/2012

Title: Chairman Board of Managers

Comments: