



2012 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC024

Facility Name: The Emory Clinic - LaGrange Surgery Center

County: Troup

Street Address: 1805 Vernon Road, Suite C

City: LaGrange

Zip: 30240-4041

Mailing Address: 1805 Vernon Road, Suite C

Mailing City: LaGrange

Mailing Zip: 30240-4041

2. Report Period

Report Data for the full twelve month period, January 1, 2012 - December 31, 2012 (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: Terry Kirby

Contact Title: Clinical Manager

Phone: 706-812-9902

Fax: 706-812-0802

E-mail: terry.kirby@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
N/A	

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	5	2,722	2,216

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	1	2
Asian	65	71
Black/African American	339	422
Hispanic/Latino	11	13
Pacific Islander/Hawaiian	0	0
White	1,484	1,849
Multi-Racial	0	0
Unknown	316	365
Total	2,216	2,722

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	898	1,100
Female	1,318	1,622
Total	2,216	2,722

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
43239	EGD w BX	440	2,850.00
45380	Colon W BX	410	2,850.00
45378	Dign Colon	279	2,850.00
62311	Epidural Steroid Injection	252	2,000.00
45385	Sigmoid Colon W BX	201	2,850.00
45381	Colon w/ BX w/ directed sub mucosal	195	2,850.00
43249	EGD W. Cilation	176	2,850.00
66984	Extracapsular Cataract Rmvl Insert IOL	133	3,750.00
29826	Decompression Subacromial	71	4,500.00
29824	Should Arthroscopy	72	4,100.00

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):

Dental, Gastroenterology, Epidural Steroid Injection, General Surgery, Gynecology, Ophthalmology, Orthopaedic, Otorhinolaryngology, Pain Management, Plastic Surgery, Podiatry, Urology

Services Provided:

Dental, Gastroenterology, Epidural Steroid Injection, General Surgery, Gynecology, Ophthalmology, Orthopaedic, Otorhinolaryngology, Pain Management, Plastic Surgery, Podiatry, Urology

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	845	1,081	4,442,428	732,662
Medicaid	50	53	283,061	10,288
PeachCare for Kids	0	0	0	0
Third Party	1,226	1,469	5,070,983	3,532,400
Self Pay	54	69	214,735	65,213
Other Payer	40	49	185,633	91,330
Total	2,215	2,721	10,196,840	4,431,893

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	10	10
Charity	100	118
Total	110	128

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 2012.

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

01/12/1996

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

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 2012 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	10,196,840
Medicare Contractual Adjustments	3,700,298
Medicaid Contractual Adjustments	253,408
Other Contractual Adjustments	1,507,585
Total Contractual Adjustments	5,461,291
Bad Debt	115,429
Indigent Care Gross Charges	29,373
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	29,373
Charity Care Gross Charges	158,854
Charity Care Compensation	0
Uncompensated Charity Care (Net)	158,854
Other Free Care	0
Total Net Patient Revenue	4,431,893
Other Revenue	0
Total Net Revenue	4,431,893
Total Expenses	3,814,927
Adjusted Gross Revenue	6,127,705
Total Uncompensated I/C Care	188,227
Percent Uncompensated Indigent/Charity Care	3.07%

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	263
Carroll	7
Chatham	1
Cherokee	1
Clayton	1
Cobb	2
Coweta	32
DeKalb	2
Douglas	1
Fayette	1
Floyd	1
Fulton	2
Gilmer	1
Haralson	3
Harris	110
Heard	56
Henry	1
Meriwether	137
Muscogee	7
Newton	1
Other- Out of State	5
Pike	3
Rockdale	1
Schley	1
Seminole	1
Spalding	3
Talbot	5
Troup	1560
Upson	6
White	1
Total	2,216

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 12-31-2012.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	9.00	0.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	4.00	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	30 Days or Less
Licensed Practical Nurse	Not Applicable
Aides/Assistants	30 Days or Less
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: W. Mike Mason

Date: 3/15/2013

Title: Sr. Operations Manager

Comments: