



2012 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC067

Facility Name: Emory Orthopaedic and Spine Physiatry Outpatient Surgery Center

County: DeKalb

Street Address: 59 Executive Park South 5th Floor

City: Atlanta

Zip: 30329

Mailing Address: 59 Executive Park South 5th Floor

Mailing City: Atlanta

Mailing Zip: 30329

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: Tevya Harley

Contact Title: Manager, Operations

Phone: 404-778-6235

Fax: 404-778-5186

E-mail: tevya.harley@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	Not for Profit	1/10/1985

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory Healthcare	Not for Profit	03/1/1994

C. Facility Operator

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

D. Operator's Parent Organization

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

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
	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 Community Health pursuant to Rule 111-8-4-.01.

Room Type	Number of Rooms	Number of Procedures	Number of Patients
Operating Procedure Rooms	4	2,592	2,433

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	2	5,523	3,486
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	4	4
Asian	46	48
Black/African American	453	478
Hispanic/Latino	26	27
Pacific Islander/Hawaiian	2	2
White	1,345	1,449
Multi-Racial	0	0
Unknown	557	584
Total	2,433	2,592

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	1,261	1,349
Female	1,172	1,243
Total	2,433	2,592

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
29881	Meniscectomy	409	3,700.00
29888	ACL reconstruction arthroscopic	304	5,000.00
29826	Arthroscopy, Shoulder Decompression	214	4,500.00
29822	Arthroscopy, debridement limited	214	3,500.00
29827	Shoulder Arthroscopy w cuff repara	136	4,800.00
29824	Arthroscopy, distal claviclectomy	130	4,500.00
64721	Carpal Tunnel Release	120	2,900.00
23430	Tenodesis of long tendon biceps	87	3,000.00
26055	Release Finger Trigger	75	2,850.00
29880	Meniscectomy Medial and lateral	75	3,700.00

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):

Multispecialty

Services Provided:

Orthopedics, Physiatry, and Neurosurgery

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	274	307	1,331,124	508,015
Medicaid	96	97	399,213	55,800
PeachCare for Kids	0	0	0	0
Third Party	1,995	2,115	9,736,448	7,156,504
Self Pay	15	17	45,045	35,393
Other Payer	52	56	235,846	115,087
Total	2,432	2,592	11,747,676	7,870,799

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	1	1
Charity	68	70
Total	69	71

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.

01/01/2011

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, Director Patient Financial Servic

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	11,747,676
Medicare Contractual Adjustments	821,818
Medicaid Contractual Adjustments	336,404
Other Contractual Adjustments	2,559,484
Total Contractual Adjustments	3,717,706
Bad Debt	86,562
Indigent Care Gross Charges	7,913
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	7,913
Charity Care Gross Charges	64,696
Charity Care Compensation	0
Uncompensated Charity Care (Net)	64,696
Other Free Care	0
Total Net Patient Revenue	7,870,799
Other Revenue	0
Total Net Revenue	7,870,799
Total Expenses	6,663,866
Adjusted Gross Revenue	10,502,892
Total Uncompensated I/C Care	72,609
Percent Uncompensated Indigent/Charity Care	0.69%

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	14
Baldwin	2
Barrow	9
Bartow	12
Bibb	8
Bleckley	1
Brantley	1
Bryan	1
Bulloch	1
Butts	5
Carroll	20
Catoosa	2
Chatham	6
Chattahoochee	1
Chattooga	1
Cherokee	61
Clarke	6
Clayton	44
Cobb	209
Coffee	1
Colquitt	1
Columbia	1
Coweta	22
Crawford	1
Dawson	2
DeKalb	638
Dooly	1
Dougherty	1
Douglas	25
Effingham	1
Fannin	3
Fayette	29
Florida	16
Floyd	7
Forsyth	39
Franklin	1
Fulton	629
Gilmer	5
Gordon	4

Gwinnett	240
Habersham	2
Hall	24
Haralson	4
Harris	2
Hart	1
Henry	56
Houston	7
Jackson	10
Jasper	1
Johnson	1
Lamar	1
Laurens	3
Liberty	1
Lowndes	1
Lumpkin	6
Madison	2
Meriwether	2
Mitchell	1
Monroe	1
Morgan	1
Murray	2
Muscogee	12
Newton	46
North Carolina	5
Oconee	6
Oglethorpe	1
Other- Out of State	10
Paulding	10
Peach	1
Pickens	5
Pike	4
Polk	6
Pulaski	1
Putnam	2
Rabun	2
Rockdale	32
Screven	1
South Carolina	28
Spalding	13
Stephens	3
Tennessee	2
Thomas	1
Toombs	5

Treutlen	1
Troup	8
Union	6
Upson	1
Walker	2
Walton	15
White	4
Total	2,433

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)	10.00	0.00	3.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	9.82	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	Not Applicable
Aides/Assistants	31-60 Days
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 Administrator

Comments: