



## 2013 Freestanding Ambulatory Surgery Center Survey

### Part A : General Information

#### 1. Identification

UID:ASC017

**Facility Name:** Emory Clinic Ambulatory Surgery Center

**County:** DeKalb

**Street Address:** 1365 Clifton Road, NE Suite A5022

**City:** Atlanta

**Zip:** 30322

**Mailing Address:** 1365 Clifton Road, NE Suite A5022

**Mailing City:** Atlanta

**Mailing Zip:** 30322

#### 2. Report Period

Report Data for the full twelve month period, January 1, 2013 - December 31, 2013 (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:** Manish Vashi

**Contact Title:** Manager, Operations

**Phone:** 404-778-6235

**Fax:** 404-778-5186

**E-mail:** manish.vashi@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	1/1/1985

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory Healthcare	Not for Profit	3/1/1994

#### 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
	Not Applicable	

#### 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	6	6,458	5,263

### **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	9	10,939	9,671
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?

65

### **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	13	13
Asian	117	144
Black/African American	1,344	1,637
Hispanic/Latino	36	41
Pacific Islander/Hawaiian	16	18
White	2,805	3,480
Multi-Racial	0	0
Unknown	932	1,125
<b>Total</b>	<b>5,263</b>	<b>6,458</b>

#### 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	2,278	2,850
Female	2,985	3,608
<b>Total</b>	<b>5,263</b>	<b>6,458</b>

### 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
66984	Extracapsular Cataract Rmvl Insert IOL	1,917	5,909.00
67904	Ptosis Repair	221	5,058.00
67113	Vitreotomy Complex Retinal Detachment	198	10,500.00
67036	Vitreotomy Pars Plana Mechanical	193	10,500.00
36561	Portacath Insertion	177	5,058.00
66170	trabeculectomy ab externo, in absence of previous surgery	152	5,058.00
67042	removal of internal limiting membrane of retina	149	10,500.00
19301	Partial mastectomy	141	5,058.00
67255	Scleral reinforcement (separate procedure); with graft	141	5,058.00
31255	Nasal/sinus endoscopy, surgical; with ethmoidectomy	139	5,058.00

#### 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:**

Ophthalmology, Surgical Oncology, Otolaryngology, General Surgery, Plastic Surgery, Dermatology, Bone Marrow Transplant, Digestive Diseases, Pulmonary, Cardiothoracic

## 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	2,379	2,921	20,788,992	3,666,953
Medicaid	248	304	2,287,038	279,205
PeachCare for Kids	0	0	0	0
Third Party	2,259	2,771	20,293,884	11,943,052
Self Pay	290	356	1,507,834	266,451
Other Payer	87	106	842,178	132,324
<b>Total</b>	<b>5,263</b>	<b>6,458</b>	<b>45,719,926</b>	<b>16,287,985</b>

### 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	46	55
Charity	218	245
<b>Total</b>	<b>264</b>	<b>300</b>

## 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 2013.

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 of Patient Financial Ser

### 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 2013 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	45,719,926
Medicare Contractual Adjustments	16,993,786
Medicaid Contractual Adjustments	1,976,114
Other Contractual Adjustments	9,029,337
<b>Total Contractual Adjustments</b>	<b>27,999,237</b>
Bad Debt	437,671
Indigent Care Gross Charges	113,241
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>113,241</b>
Charity Care Gross Charges	881,792
Charity Care Compensation	0
<b>Uncompensated Charity Care (Net)</b>	<b>881,792</b>
Other Free Care	0
<b>Total Net Patient Revenue</b>	<b>16,287,985</b>
Other Revenue	0
<b>Total Net Revenue</b>	<b>16,287,985</b>
Total Expenses	13,978,679
<b>Adjusted Gross Revenue</b>	<b>26,312,355</b>
<b>Total Uncompensated I/C Care</b>	<b>995,033</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>3.78%</b>

## 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	53
Appling	2
Atkinson	1
Baker	2
Baldwin	6
Banks	11
Barrow	30
Ben Hill	5
Bibb	46
Bleckley	3
Brantley	1
Brooks	2
Bryan	2
Bulloch	1
Burke	2
Butts	12
Camden	2
Candler	1
Carroll	62
Catoosa	3
Chatham	9
Chattahoochee	1
Chattooga	6
Cherokee	84
Clarke	32
Clay	1
Clayton	118
Cobb	274
Coffee	6
Colquitt	13
Columbia	8
Cook	3
Coweta	62
Crawford	2
Crisp	6
Dade	1
Dawson	16
Decatur	2
DeKalb	1115



Dodge	2
Dooly	6
Dougherty	15
Douglas	66
Early	1
Effingham	2
Elbert	11
Emanuel	4
Fannin	13
Fayette	71
Florida	24
Floyd	34
Forsyth	54
Franklin	10
Fulton	1049
Gilmer	10
Glynn	2
Gordon	13
Grady	4
Greene	8
Gwinnett	509
Habersham	24
Hall	105
Hancock	3
Haralson	10
Harris	9
Hart	16
Heard	3
Henry	138
Houston	31
Jackson	33
Jasper	4
Jeff Davis	1
Jefferson	1
Jenkins	1
Jones	2
Lamar	9
Lanier	3
Laurens	6
Lee	8
Liberty	1
Lincoln	1
Lowndes	13
Lumpkin	18

Madison	10
McDuffie	1
Meriwether	20
Mitchell	2
Monroe	6
Morgan	19
Murray	3
Muscogee	34
Newton	63
Oconee	17
Oglethorpe	3
Other- Out of State	46
Paulding	45
Peach	5
Pickens	17
Pierce	2
Pike	5
Polk	8
Pulaski	1
Putnam	19
Rabun	4
Randolph	2
Richmond	11
Rockdale	78
Schley	2
Screven	1
Seminole	3
South Carolina	69
Spalding	57
Stephens	15
Stewart	3
Sumter	5
Talbot	1
Tattnall	1
Telfair	2
Tennessee	35
Thomas	14
Tift	8
Toombs	5
Towns	6
Treutlen	1
Troup	67
Turner	1
Twiggs	1

Union	14
Upson	22
Walker	6
Walton	87
Ware	5
Warren	1
Washington	5
Wayne	1
Webster	2
Wheeler	1
White	19
Whitfield	17
Wilcox	2
Wilkes	4
Wilkinson	2
Worth	3
<b>Total</b>	<b>5,263</b>

## 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 12-31-2013.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	22.00	3.00	2.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	13.00	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	61-90 Days
Licensed Practical Nurse	30 Days or Less
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: 3/28/2014

Title: Sr. Operations Administrator

Comments: