



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2013 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, 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: Cathy Crouch

Contact Title: Sr. Financial Analyst, Performance Analytics

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	8	17,129	10,191

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?

15

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	16	26
Asian	377	598
Black/African American	2,249	3,529
Hispanic/Latino	379	627
Pacific Islander/Hawaiian	10	16
White	6,095	10,648
Multi-Racial	250	403
Unknown	815	1,282
Total	10,191	17,129

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	6,169	10,141
Female	4,022	6,988
Total	10,191	17,129

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	2,870	2,203.00
42820	Remove Tonsils and Adenoids	837	4,699.00
42830	Removal of Adenoids	682	4,007.00
67311	Revise Eye Muscle	593	3,703.00
54161	Circumcision	519	4,144.00
68811	Repair Nasolacrimal Duct	383	1,149.00
69610	Repair of Ear Drum	314	1,993.00
54163	Repair Incomplete Circumcision	263	4,116.00
20680	Removal of Support Implant	259	6,379.00
54640	Suspension of Testis	217	4,853.00

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	3,029	4,856	15,552,813	2,022,966
PeachCare for Kids	765	1,245	4,977,187	647,034
Third Party	6,156	10,615	33,072,249	21,055,314
Self Pay	63	92	1,125,000	56,000
Other Payer	178	321	1,176,000	284,000
Total	10,191	17,129	55,903,249	24,065,314

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	158	266
Charity	47	79
Total	205	345

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.

01/01/2013

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 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	55,903,249
Medicare Contractual Adjustments	0
Medicaid Contractual Adjustments	17,933,679
Other Contractual Adjustments	11,680,732
Total Contractual Adjustments	29,614,411
Bad Debt	1,095,621
Indigent Care Gross Charges	868,244
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	868,244
Charity Care Gross Charges	259,659
Charity Care Compensation	0
Uncompensated Charity Care (Net)	259,659
Other Free Care	0
Total Net Patient Revenue	24,065,314
Other Revenue	0
Total Net Revenue	24,065,314
Total Expenses	0
Adjusted Gross Revenue	36,873,949
Total Uncompensated I/C Care	1,127,903
Percent Uncompensated Indigent/Charity Care	3.06%

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	23
Atkinson	1
Baldwin	5
Banks	13
Barrow	96
Bartow	148
Ben Hill	1
Bibb	22
Bleckley	1
Bulloch	2
Butts	17
Calhoun	1
Carroll	117
Catoosa	2
Chatham	2
Chattooga	6
Cherokee	593
Clarke	37
Clay	1
Clayton	189
Cobb	1375
Coffee	5
Colquitt	4
Columbia	2
Cook	3
Coweta	105
Crawford	1
Dawson	89
Decatur	1
DeKalb	1001
Dodge	1
Dooly	2
Dougherty	11
Douglas	181
Elbert	6
Emanuel	3
Evans	1
Fannin	31
Fayette	125

Florida	20
Floyd	66
Forsyth	609
Franklin	11
Fulton	2033
Gilmer	22
Gordon	24
Greene	1
Gwinnett	1561
Habersham	48
Hall	260
Haralson	27
Harris	6
Hart	4
Heard	2
Henry	182
Houston	19
Irwin	1
Jackson	105
Jasper	6
Jeff Davis	2
Jones	5
Lamar	5
Lanier	1
Laurens	1
Lee	5
Liberty	2
Lowndes	4
Lumpkin	51
Macon	1
Madison	4
Marion	2
McDuffie	5
Meriwether	11
Mitchell	1
Monroe	2
Morgan	6
Murray	5
Muscogee	42
Newton	82
North Carolina	7
Oconee	15
Oglethorpe	1
Other- Out of State	24

Paulding	153
Pickens	44
Pierce	4
Pike	9
Polk	31
Putnam	3
Rabun	7
Rockdale	57
Schley	1
South Carolina	7
Spalding	53
Stephens	10
Stewart	1
Sumter	1
Talbot	2
Taliaferro	1
Tennessee	9
Terrell	4
Thomas	3
Tift	3
Toombs	2
Towns	5
Troup	55
Turner	1
Union	19
Upson	17
Walker	2
Walton	135
Washington	2
Wayne	1
White	23
Whitfield	7
Wilcox	1
Wilkes	1
Wilkinson	1
Worth	1
Total	10,191

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)	32.39	0.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	10.90	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.R. Bonner MD

Date: 3/13/2014

Title: Board Chairman/ CEO

Comments: