



## 2014 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, 2014 - December 31, 2014 (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, Operation

**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	6,453	5,293

### **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	10,853	9,705
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?

67

### **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	18	20
Asian	152	181
Black/African American	1,675	2,023
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	21	29
White	3,387	4,150
Multi-Racial	40	50
Unknown	0	0
<b>Total</b>	<b>5,293</b>	<b>6,453</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	2,336	2,841
Female	2,957	3,612
<b>Total</b>	<b>5,293</b>	<b>6,453</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 CAT RMVL W/INSERT INTRAOCULAR LENS PRQ	2,014	5,254.00
36561	INSRT TUNNLD CENTRL INSRT CENTRL VENOUS ACCESS DEVIC	225	5,012.00
67113	RPR COMPLX RETNL DETCH,W/VITRECTM&MEMBRN PELNG,MAY I	206	10,331.00
66170	FISTULIZ OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB E	177	4,701.00
67904	REPAIR BLEPHAROPTOSIS; (TARSO) LEVATOR RESECT/ADVNCM	176	5,033.00
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	167	10,193.00
67255	SCLERAL REINFORCEMENT (SEP PROCEDURE) W/GRAFT	164	2,732.00
31267	NASAL/SINUS ENDOSCOPY, SURG W/MAX ANTROSTOMY; W/RMV	159	1,416.00
31255	NASAL/SINUS ENDOSCOPY, SURG; WITH ETHMOIDECTOMY, TOT	165	3,496.00
31276	NASAL/SINUS ENDOSCOPY SURG W/FRONT SINUS EXPLOR W/W	141	2,497.00

#### 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, Dermatotomy, 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	2,384	2,907	21,205,213	3,753,900
Medicaid	291	354	2,528,264	278,263
PeachCare for Kids	0	0	0	0
Third Party	2,253	2,742	19,004,672	10,773,553
Self Pay	255	317	1,021,251	269,762
Other Payer	109	133	845,402	186,900
<b>Total</b>	<b>5,292</b>	<b>6,453</b>	<b>44,604,802</b>	<b>15,262,378</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	69	77
Charity	200	224
<b>Total</b>	<b>269</b>	<b>301</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 2014.

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 2014 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	44,604,802
Medicare Contractual Adjustments	17,305,413
Medicaid Contractual Adjustments	2,210,801
Other Contractual Adjustments	8,454,811
<b>Total Contractual Adjustments</b>	<b>27,971,025</b>
Bad Debt	375,006
Indigent Care Gross Charges	124,692
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>124,692</b>
Charity Care Gross Charges	759,565
Charity Care Compensation	0
<b>Uncompensated Charity Care (Net)</b>	<b>759,565</b>
Other Free Care	112,136
<b>Total Net Patient Revenue</b>	<b>15,262,378</b>
Other Revenue	0
<b>Total Net Revenue</b>	<b>15,262,378</b>
Total Expenses	13,292,231
<b>Adjusted Gross Revenue</b>	<b>24,713,582</b>
<b>Total Uncompensated I/C Care</b>	<b>884,257</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>3.58%</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	64
Appling	2
Atkinson	2
Baker	1
Baldwin	8
Banks	5
Barrow	33
Bartow	20
Ben Hill	8
Berrien	1
Bibb	51
Bleckley	3
Brooks	2
Bryan	4
Bulloch	4
Burke	3
Butts	15
Calhoun	2
Camden	1
Carroll	56
Catoosa	4
Charlton	1
Chatham	5
Chattooga	4
Cherokee	59
Clarke	45
Clay	1
Clayton	131
Cobb	283
Coffee	5
Colquitt	12
Columbia	11
Cook	2
Coweta	46
Crawford	1
Crisp	4
Dade	2
Dawson	15
Decatur	1



DeKalb	1131
Dodge	4
Dooly	6
Dougherty	8
Douglas	56
Early	2
Effingham	1
Elbert	3
Emanuel	3
Fannin	14
Fayette	70
Florida	28
Floyd	39
Forsyth	73
Franklin	6
Fulton	997
Gilmer	8
Glynn	6
Gordon	17
Grady	5
Greene	12
Gwinnett	540
Habersham	26
Hall	89
Hancock	6
Haralson	14
Harris	12
Hart	8
Heard	3
Henry	155
Houston	38
Irwin	1
Jackson	44
Jasper	5
Jeff Davis	2
Jefferson	1
Johnson	1
Jones	5
Lamar	12
Lanier	1
Laurens	10
Lee	8
Long	2
Lowndes	11

Lumpkin	9
Madison	12
Marion	1
McDuffie	2
Meriwether	13
Miller	1
Mitchell	4
Monroe	3
Montgomery	3
Morgan	13
Murray	5
Muscogee	42
Newton	85
North Carolina	27
Oconee	13
Oglethorpe	4
Other- Out of State	29
Paulding	27
Peach	8
Pickens	20
Pierce	1
Pike	8
Polk	14
Pulaski	1
Putnam	16
Rabun	11
Richmond	9
Rockdale	85
Seminole	1
South Carolina	62
Spalding	57
Stephens	15
Stewart	1
Sumter	4
Talbot	1
Taylor	1
Telfair	3
Tennessee	24
Terrell	2
Thomas	8
Tift	14
Toombs	5
Towns	7
Troup	44

Turner	3
Twiggs	1
Union	15
Upson	13
Walker	8
Walton	84
Ware	2
Washington	4
Wayne	4
White	16
Whitfield	14
Wilcox	2
Wilkes	5
Wilkinson	1
Worth	6
<b>Total</b>	<b>5,293</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 12-31-2014.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	22.00	1.00	0.00
Licensed Practical Nurses (LPNs)	1.00	0.00	0.00
Aides/Assistants	12.00	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	61-90 Days
Aides/Assistants	31-60 Days
Allied Health Therapists	NA

## 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: 4/30/2015

Title: Sr. Operations Administrator

Comments: