



2014 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, 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, 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	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
	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	4	2,604	2,439

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	4	6,896	4,285
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	6	7
Asian	57	62
Black/African American	487	506
Hispanic/Latino	1	1
Pacific Islander/Hawaiian	5	5
White	1,464	1,582
Multi-Racial	26	27
Unknown	393	414
Total	2,439	2,604

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	1,214	1,289
Female	1,225	1,315
Total	2,439	2,604

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	ARTHRO KNEE SURG; W/MENISCECTOMY (MED OR LATERAL INC	403	5,058.00
29888	ARTHROSCOP AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/A	345	5,058.00
29826	ARTH SHOULDER SURG; DECOMPRESS/SUBACROMLIAN SPACE/	210	5,058.00
29827	ARTHROSCOPY, SHOULDER, SURGICAL; W/ROTATOR CUFF REPAI	156	5,058.00
29822	ARTHROSCOPY, SHOULDER SURGICAL; DEBRIDEMENT, LIMITED	149	5,058.00
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CA	142	5,058.00
20924	TENDON GRAFT, FROM A DISTANCE	128	5,058.00
29824	ARTHROSCOPY, SHOULDER, SURG; DISTAL CLAVICULECTOMY INC	104	5,058.00
26055	TENDON SHEATH INCISION	94	5,058.00
20680	REMOVAL BURIED WIRE PIN SCREW DEEP	84	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):

Services Provided:

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	342	365	2,483,474	583,154
Medicaid	51	54	373,337	41,088
PeachCare for Kids	0	0	0	0
Third Party	1,857	1,984	14,859,137	9,323,842
Self Pay	124	132	124,499	51,697
Other Payer	65	69	482,895	166,559
Total	2,439	2,604	18,323,342	10,166,340

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	12	13
Charity	53	54
Total	65	67

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 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 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	18,323,342
Medicare Contractual Adjustments	1,879,318
Medicaid Contractual Adjustments	328,607
Other Contractual Adjustments	5,671,789
Total Contractual Adjustments	7,879,714
Bad Debt	157,685
Indigent Care Gross Charges	48,539
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	48,539
Charity Care Gross Charges	71,064
Charity Care Compensation	0
Uncompensated Charity Care (Net)	71,064
Other Free Care	0
Total Net Patient Revenue	10,166,340
Other Revenue	0
Total Net Revenue	10,166,340
Total Expenses	6,421,504
Adjusted Gross Revenue	15,957,732
Total Uncompensated I/C Care	119,603
Percent Uncompensated Indigent/Charity Care	0.75%

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	9
Baldwin	3
Banks	1
Barrow	10
Bartow	6
Bibb	8
Bleckley	1
Bryan	1
Bulloch	2
Burke	2
Butts	6
Carroll	10
Chatham	3
Chattooga	2
Cherokee	40
Clarke	5
Clayton	33
Cobb	184
Coffee	2
Colquitt	1
Columbia	1
Coweta	24
Dade	1
Dawson	4
DeKalb	664
Dooly	1
Dougherty	1
Douglas	32
Effingham	2
Elbert	4
Emanuel	1
Fannin	3
Fayette	35
Florida	16
Floyd	5
Forsyth	32
Franklin	2
Fulton	681
Gilmer	6

Glynn	1
Gordon	3
Greene	1
Gwinnett	242
Hall	17
Haralson	1
Harris	1
Heard	2
Henry	40
Houston	13
Irwin	1
Jackson	24
Jasper	1
Jeff Davis	1
Lamar	2
Laurens	1
Lee	1
Lowndes	4
Lumpkin	7
Madison	2
Meriwether	1
Mitchell	1
Morgan	1
Murray	2
Muscogee	6
Newton	20
North Carolina	11
Oconee	5
Other- Out of State	29
Paulding	11
Peach	2
Pickens	9
Pike	3
Polk	2
Pulaski	1
Putnam	1
Rabun	2
Richmond	4
Rockdale	36
Screven	1
Seminole	1
South Carolina	11
Spalding	6
Stephens	5

Stewart	1
Telfair	1
Tennessee	4
Thomas	1
Tift	2
Toombs	1
Towns	1
Treutlen	1
Troup	8
Union	3
Upson	1
Walker	2
Walton	21
Washington	1
White	3
Whitfield	5
Wilkinson	2
Worth	1
Total	2,439

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)	10.00	0.00	3.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	9.50	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: 7/2/2015

Title: Vice President of Operations, Ambulatory Services

Comments: