



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2015 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, 2015 - December 31, 2015 (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
-----------	----------------

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	6,395	6,395

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	10,462	10,462
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?

41

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	16
Asian	126	126
Black/African American	1,694	1,694
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	17	17
White	3,090	3,090
Multi-Racial	1,401	1,401
Unknown	51	51
Total	6,395	6,395

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	2,769	2,769
Female	3,626	3,626
Total	6,395	6,395

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 P	1,448	5,970.00
36561	INSRT TUNNLD CENTRL INSRT CENTRL VENOUS ACCESS DEV	193	5,222.00
67108	RPR RTNL DTCH;W/VTRCTMY,WVO AR/GS TMPND,ENDLSR,CRO	161	10,533.00
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	150	12,350.00
67113	RPR COMPLX RETNL DETCH,W/VITRCTMMEMBRN PELNG,MAY	147	10,362.00
31255	NASAL/SINUS ENDOSCOPY, SURG; WITH ETHMOIDECTOMY, T	143	9,240.00
67904	REPAIR BLEPHAROPTOSIS; (TARSO) LEVATOR RESECT/ADVN	143	5,314.00
67042	VITRECTOMY,MECHNCL,PARS PLANA APPR;W/RMVL INTRNL L	119	10,275.00
19301	MASTECTOMY,PARTIAL;	116	5,539.00
66982	EXTRACAP CATARCT RMVL W/INSRT INTRAOC LENS PROSTH,	108	5,911.00

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, 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	2,917	2,917	18,813,407	3,361,334
Medicaid	355	355	2,524,138	273,800
PeachCare for Kids	0	0	0	0
Third Party	2,785	2,785	18,391,746	9,923,618
Self Pay	232	232	934,353	210,495
Other Payer	106	106	595,619	168,206
Total	6,395	6,395	41,259,263	13,937,453

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	93	93
Charity	310	310
Total	403	403

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 2015. ☒

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 2015 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	41,259,263
Medicare Contractual Adjustments	13,315,352
Medicaid Contractual Adjustments	1,888,534
Other Contractual Adjustments	10,450,619
Total Contractual Adjustments	25,654,505
Bad Debt	757,120
Indigent Care Gross Charges	131,890
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	131,890
Charity Care Gross Charges	778,295
Charity Care Compensation	0
Uncompensated Charity Care (Net)	778,295
Other Free Care	0
Total Net Patient Revenue	13,937,453
Other Revenue	0
Total Net Revenue	13,937,453
Total Expenses	12,242,024
Adjusted Gross Revenue	25,298,257
Total Uncompensated I/C Care	910,185
Percent Uncompensated Indigent/Charity Care	3.60%

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	61
Appling	2
Atkinson	1
Baker	1
Baldwin	12
Banks	7
Barrow	39
Bartow	28
Ben Hill	7
Berrien	6
Bibb	43
Bleckley	2
Brooks	2
Bryan	1
Bulloch	5
Butts	12
Calhoun	1
Camden	3
Carroll	70
Catoosa	5
Chatham	23
Chattahoochee	2
Chattooga	5
Cherokee	87
Clarke	63
Clayton	179
Clinch	1
Cobb	352
Coffee	6
Colquitt	12
Columbia	13
Cook	3
Coweta	80
Crawford	1
Crisp	6
Dade	2
Dawson	9
Decatur	4
DeKalb	1540

Dodge	1
Dooly	7
Dougherty	20
Douglas	48
Early	1
Effingham	2
Elbert	7
Evans	2
Fannin	6
Fayette	73
Florida	42
Floyd	35
Forsyth	49
Franklin	8
Fulton	1036
Gilmer	13
Glynn	6
Gordon	22
Greene	13
Gwinnett	561
Habersham	40
Hall	112
Hancock	7
Haralson	14
Harris	11
Hart	10
Heard	3
Henry	183
Houston	45
Irwin	2
Jackson	57
Jasper	8
Jeff Davis	2
Jenkins	1
Johnson	2
Jones	3
Lamar	16
Lanier	6
Laurens	10
Lee	7
Liberty	2
Lincoln	1
Lowndes	12
Lumpkin	15

Macon	4
Madison	16
Marion	2
McDuffie	2
Meriwether	18
Mitchell	2
Monroe	2
Morgan	15
Murray	3
Muscogee	31
Newton	108
North Carolina	57
Oconee	23
Oglethorpe	8
Other- Out of State	69
Paulding	36
Peach	9
Pickens	12
Pierce	2
Pike	11
Polk	25
Pulaski	2
Putnam	7
Rabun	11
Randolph	11
Richmond	20
Rockdale	79
Screven	1
Seminole	4
South Carolina	125
Spalding	70
Stephens	14
Stewart	2
Sumter	10
Taylor	2
Telfair	3
Tennessee	32
Terrell	2
Thomas	13
Tift	16
Toombs	2
Towns	10
Troup	67
Turner	8

Union	18
Upson	22
Walker	5
Walton	102
Ware	2
Washington	2
Wayne	5
White	28
Whitfield	11
Wilkes	3
Wilkinson	3
Worth	11
Total	6,395

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 12-31-2015.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	16.50	2.00	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	61-90 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: William M Mason

Date: 3/25/2016

Title: Vice President of Operations, Ambulatory Surgery

Comments: