



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2015 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC044

Facility Name: Atlanta Center for Reconstructive Foot and Ankle Surgery

County: Fulton

Street Address: 218 Sandy Springs Place NE

City: Atlanta

Zip: 30328-3812

Mailing Address: 218 Sandy Springs Place NE

Mailing City: Atlanta

Mailing Zip: 30328-3812

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: PORTIA WALKER

Contact Title: DIRECTOR OF ANCILLARY SERVICES

Phone: 404-257-0611

Fax: 404-446-1953

E-mail: PWALKER@EXTREMITYHC.COM

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
ATLANTA CENTER FOR RECONSTRUCTIVE FOOT & ANKLE SUR	For Profit	02/01/2007

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
Camasta, Craig	POD000676
Carter, Steve	POD000747
Cass, Andrea	POD001082
Cohen, Scott	POD000601
Cutsuries, Anthony	POD000739
Fillatrault, Annette	POD000966
Greenbaum, Mark	POD000611
Helfman, David	POD000643

Perry, Julien	POD000582
Lazerson, Allen	POD000496
Light, Mark	POD000630
Monday, Lawanna	POD001038
Peebles, Charles	POD000796
Pierre, Felicia	POD000853
Richardson, Hugh	POD001123
Richman, Steve	POD000500
Schancupp, Joel	POD000506
Sharif, Mohammad	POD000944
Carl, Kihm	POD001153
Todd, Tobi	POD000973
Tuck, Stuart	POD000590
Ulett, Dane	POD000960
Verlezza, Irene Christina	POD001256
Warner, Andrew	POD000781
Weiskopf, Steven	POD000889
Zarett, Jon	POD000478

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	2	1,942	847

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?

0

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	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
Unknown	847	1,942
Total	847	1,942

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	202	448
Female	645	1,494
Total	847	1,942

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
28285	CORRECTION, HAMMERTOES	335	14,005.00
28296	CORRECTION, HALLUX VALGUS (BUNION)	203	23,576.00
28289	HALLUX RIGIDUS	64	8,908.00
28308	OSTEOTOMY, WITH OR WITHOUT LENGTHENING	64	6,700.00
27685	LENGTHENING OR SHORTENING OF TENDON	61	8,171.00
20680	REMOVAL OF IMPLANT; DEEP	56	17,081.00
28270	CAPSULOTOMY; METATARSOPHALANGEAL JOINT	110	3,592.00
28200	REPAIR, TENDON, FLEXOR, FOOT	42	10,884.00
28060	FASCIECTOMY, PLANTAR FASCIA	41	8,591.00
28124	PARTIAL EXCISION PHALANX OF TOE	41	12,197.00

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	170	418	3,591,093	287,484
Medicaid	44	70	847,075	26,581
PeachCare for Kids	0	0	0	0
Third Party	625	1,443	23,342,036	11,514,092
Self Pay	8	11	138,776	10,365
Other Payer	0	0	0	0
Total	847	1,942	27,918,980	11,838,522

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	4	7
Charity	0	0
Total	4	7

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.

04/01/2004

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.

PORTIA WALKER

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	27,918,980
Medicare Contractual Adjustments	3,303,609
Medicaid Contractual Adjustments	820,495
Other Contractual Adjustments	11,197,721
Total Contractual Adjustments	15,321,825
Bad Debt	0
Indigent Care Gross Charges	120,105
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	120,105
Charity Care Gross Charges	638,528
Charity Care Compensation	0
Uncompensated Charity Care (Net)	638,528
Other Free Care	0
Total Net Patient Revenue	11,838,522
Other Revenue	0
Total Net Revenue	11,838,522
Total Expenses	0
Adjusted Gross Revenue	23,794,876
Total Uncompensated I/C Care	758,633
Percent Uncompensated Indigent/Charity Care	3.19%

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.

ACCREDITATION ASSOCIATION FOR PODIATRIC SURGICAL FACILITIES

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
Barrow	4
Barrow	4
Bartow	5
Bartow	5
Carroll	4
Cherokee	94
Clarke	1
Clayton	8
Cobb	194
Dawson	1
DeKalb	38
Douglas	13
Fannin	2
Fayette	4
Forsyth	9
Fulton	314
Gilmer	2
Gwinnett	45
Habersham	3
Hall	6
Heard	1
Henry	6
Jackson	3
Jefferson	1
Newton	18
Other- Out of State	5
Paulding	11
Pickens	4
Polk	1
Putnam	2
Richmond	1
Rockdale	12
Spalding	2
Sumter	1
Towns	11
Union	10
Walton	2
Total	847

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)	4.00	0	2.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	0.00	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	31-60 Days
Licensed Practical Nurse	NA
Aides/Assistants	NA
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: Mathew John, DPM

Date: 9/15/2016

Title: Manager

Comments: