



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2015 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:** 5445 Meridian Mark Road, Suite 340

**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, 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:** 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	19,035	11,126

### **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?

21

### **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	7	9
Asian	415	527
Black/African American	2,407	3,083
Hispanic/Latino	1,364	1,737
Pacific Islander/Hawaiian	0	0
White	6,493	8,494
Multi-Racial	346	460
Unknown	94	119
<b>Total</b>	<b>11,126</b>	<b>14,429</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	6,718	8,694
Female	4,408	5,735
<b>Total</b>	<b>11,126</b>	<b>14,429</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
69436	Create Ear Drum Opening	3,157	1,985.00
42820	Remove Tonsils and Adenoids	1,015	4,995.00
42830	Removal of Adenoids	805	4,135.00
67311	Revise Eye Muscle	633	4,565.00
54161	Circumcision	553	4,432.00
68811	Probe Nasolacrimal Duct	352	1,277.00
69610	Repair of Ear Drum	296	1,941.00
54640	Suspension of Testis	249	5,817.00
54163	Repair Incomplete Circumcision	239	4,485.00
20680	Removal of Support Implant	212	7,678.00

#### **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 and Gynecology

## 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	3,620	4,577	19,534,142	2,410,277
PeachCare for Kids	530	712	3,726,505	459,805
Third Party	6,902	9,042	42,450,730	26,870,962
Self Pay	74	98	1,655,954	251,138
Other Payer	0	0	0	0
<b>Total</b>	<b>11,126</b>	<b>14,429</b>	<b>67,367,331</b>	<b>29,992,182</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	17	22
Charity	464	646
<b>Total</b>	<b>481</b>	<b>668</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 2015. ☒

If you indicated yes above, please indicate the effective date of the policy or policies.

01/01/2003

### 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 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	67,367,331
Medicare Contractual Adjustments	0
Medicaid Contractual Adjustments	20,390,565
Other Contractual Adjustments	14,760,612
<b>Total Contractual Adjustments</b>	<b>35,151,177</b>
Bad Debt	819,157
Indigent Care Gross Charges	307,307
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>307,307</b>
Charity Care Gross Charges	1,097,508
Charity Care Compensation	0
<b>Uncompensated Charity Care (Net)</b>	<b>1,097,508</b>
Other Free Care	0
<b>Total Net Patient Revenue</b>	<b>29,992,182</b>
Other Revenue	255
<b>Total Net Revenue</b>	<b>29,992,437</b>
Total Expenses	0
<b>Adjusted Gross Revenue</b>	<b>46,157,864</b>
<b>Total Uncompensated I/C Care</b>	<b>1,404,815</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>3.04%</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	23
Atkinson	1
Bacon	1
Baldwin	4
Banks	20
Barrow	137
Bartow	132
Berrien	2
Bibb	29
Bleckley	1
Bulloch	2
Burke	1
Butts	21
Carroll	81
Chatham	1
Chattooga	4
Cherokee	610
Clarke	27
Clayton	218
Cobb	1515
Coffee	5
Colquitt	3
Columbia	1
Cook	1
Coweta	144
Crisp	5
Dawson	122
Decatur	1
DeKalb	1049
Dodge	4
Dooly	1
Dougherty	5
Douglas	180
Early	1
Effingham	4
Elbert	8
Emanuel	1
Fannin	24
Fayette	139



Florida	16
Floyd	53
Forsyth	714
Franklin	16
Fulton	2218
Gilmer	27
Glynn	1
Gordon	28
Grady	2
Greene	6
Gwinnett	1628
Habersham	35
Hall	263
Haralson	17
Harris	7
Hart	6
Heard	8
Henry	232
Houston	24
Irwin	1
Jasper	7
Jefferson	2
Johnson	1
Lamar	18
Laurens	3
Lee	4
Lowndes	6
Lumpkin	67
Macon	1
Madison	11
Meriwether	12
Mitchell	2
Monroe	7
Morgan	11
Murray	5
Muscogee	53
Newton	89
North Carolina	7
Oconee	24
Oglethorpe	3
Other- Out of State	33
Paulding	165
Peach	8
Pickens	36

Pike	18
Polk	42
Pulaski	2
Putnam	2
Randolph	13
Richmond	2
Rockdale	71
Seminole	1
South Carolina	6
Spalding	53
Stephens	18
Sumter	3
Talbot	1
Taylor	1
Telfair	1
Tennessee	6
Tift	6
Toombs	1
Towns	3
Treutlen	1
Troup	63
Turner	1
Twiggs	2
Union	17
Upton	11
Walker	2
Walton	197
Ware	1
Warren	1
Washington	3
White	25
Whitfield	10
Wilkinson	2
Worth	1
<b>Total</b>	<b>10,992</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 12-31-2015.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	29.80	0.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	9.80	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	NA
Aides/Assistants	30 Days or Less
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 Richard Bonner, MD

Date: 3/2/2016

Title: Board Chairman/ CEO

Comments: