



2016 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, 2016 - December 31, 2016 (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: Lance Marshall

Contact Title: Manager, Operations

Phone: 404-712-2055

Fax: 404-778-5186

E-mail: lance.marshall@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	6,193	6,193

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	10,619	10,619
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?

43

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	19	19
Asian	123	123
Black/African American	1,783	1,783
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	20	20
White	3,044	3,044
Multi-Racial	1,154	1,154
Unknown	50	50
Total	6,193	6,193

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	2,608	2,608
Female	3,585	3,585
Total	6,193	6,193

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 PRO	1,310	6,677.00
36561	INSRT TUNNLD CENTRL INSRT CENTRL VENOUS ACCESS DEVIC	226	5,086.00
67904	REPAIR BLEPHAROPTOSIS; (TARSO) LEVATOR RESECT/ADVNCM	211	6,617.00
31255	NASAL/SINUS ENDOSCOPY, SURG; WITH ETHMOIDECTOMY, TOT	187	16,130.00
67108	RPR RTNL DTCH;W/VTRCTMY,WWO AR/GS TMPND,ENDLSR,CRO	170	9,819.00
66982	EXTRACAP CATARCT RMVL W/INSRT INTRAOC LENS PROSTH,CC	174	7,296.00
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	156	10,765.00
67113	RPR COMPLX RETNL DETCH,W/VITRCTMMEMBRN PELNG,MAY	131	9,775.00
65756	KERATOPLASTY (CORNEAL TRANSPLANT);ENDOTHELIAL	105	10,926.00
66170	FISTULIZ OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB E	105	5,251.00

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, Dermatology, 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	2,934	2,934	20,004,165	3,709,939
Medicaid	306	306	2,179,753	233,009
PeachCare for Kids	0	0	0	0
Third Party	2,598	2,598	19,790,987	9,261,952
Self Pay	238	238	809,780	182,858
Other Payer	117	117	831,732	257,458
Total	6,193	6,193	43,616,417	13,645,216

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	96	96
Charity	305	305
Total	401	401

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 2016.

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 2016 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	43,616,417
Medicare Contractual Adjustments	13,885,757
Medicaid Contractual Adjustments	1,810,087
Other Contractual Adjustments	12,977,745
Total Contractual Adjustments	28,673,589
Bad Debt	404,785
Indigent Care Gross Charges	127,310
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	127,310
Charity Care Gross Charges	765,517
Charity Care Compensation	0
Uncompensated Charity Care (Net)	765,517
Other Free Care	0
Total Net Patient Revenue	13,645,216
Other Revenue	2,750
Total Net Revenue	13,647,966
Total Expenses	11,558,839
Adjusted Gross Revenue	27,518,538
Total Uncompensated I/C Care	892,827
Percent Uncompensated Indigent/Charity Care	3.24%

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	54
Appling	1
Bacon	1
Baldwin	20
Banks	6
Barrow	24
Bartow	27
Ben Hill	5
Berrien	3
Bibb	52
Bleckley	1
Brantley	1
Brooks	1
Bryan	5
Bulloch	6
Butts	16
Carroll	79
Chatham	21
Chattahoochee	2
Chattooga	10
Cherokee	77
Clarke	52
Clay	3
Clayton	139
Cobb	341
Coffee	6
Colquitt	3
Columbia	15
Cook	2
Coweta	83
Crisp	6
Dawson	12
Decatur	3
DeKalb	1521
Dodge	4
Dooly	1
Dougherty	10
Douglas	64
Echols	1

Effingham	1
Elbert	1
Emanuel	3
Evans	1
Fannin	15
Fayette	116
Florida	54
Floyd	41
Forsyth	56
Franklin	7
Fulton	1036
Gilmer	8
Glascock	1
Glynn	1
Gordon	17
Grady	1
Greene	15
Gwinnett	631
Habersham	23
Hall	103
Hancock	8
Haralson	11
Harris	9
Hart	6
Heard	4
Henry	223
Houston	39
Irwin	3
Jackson	43
Jasper	2
Jefferson	1
Johnson	1
Jones	3
Lamar	17
Lanier	1
Laurens	15
Lee	5
Liberty	1
Lincoln	3
Lowndes	5
Lumpkin	5
Macon	2
Madison	5
Marion	1

McDuffie	2
Meriwether	8
Miller	3
Mitchell	1
Monroe	9
Montgomery	1
Morgan	9
Murray	3
Muscogee	74
Newton	84
North Carolina	32
Oconee	20
Oglethorpe	6
Other- Out of State	49
Paulding	30
Peach	6
Pickens	8
Pierce	3
Pike	23
Polk	17
Pulaski	5
Putnam	9
Rabun	10
Richmond	18
Rockdale	70
Schley	1
Screven	1
South Carolina	101
Spalding	64
Stephens	16
Stewart	2
Sumter	12
Tattnall	1
Taylor	2
Telfair	1
Tennessee	32
Terrell	1
Thomas	8
Tift	5
Toombs	3
Towns	5
Troup	40
Turner	2
Twiggs	1

Union	10
Upson	10
Walker	6
Walton	81
Ware	7
Washington	2
Wayne	2
Webster	1
Wheeler	2
White	23
Whitfield	16
Wilcox	3
Wilkes	6
Wilkinson	3
Worth	1
Total	6,193

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 12-31-2016.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	17.00	0.00	0.00
Licensed Practical Nurses (LPNs)	1.00	0.00	0.00
Aides/Assistants	15.00	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	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: William M Mason

Date: 3/28/2017

Title: Vice President of Operations, Ambulatory Surgery

Comments: