



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2016 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC024

Facility Name: The Emory Clinic - LaGrange Surgery Center

County: Troup

Street Address: 1805 Vernon Road, Suite C

City: LaGrange

Zip: 30240-4041

Mailing Address: 1805 Vernon Road, Suite C

Mailing City: LaGrange

Mailing Zip: 30240-4041

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	03/01/1994

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	2	1,599	1,599

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	2	994	994
Minor Procedure Rooms	1	787	787
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	2	2
Asian	16	16
Black/African American	411	411
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	4	4
White	1,123	1,123
Multi-Racial	40	40
Unknown	3	3
Total	1,599	1,599

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	593	593
Female	1,006	1,006
Total	1,599	1,599

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	625	5,316.00
29881	ARTHRO KNEE SURG; W/MENISCECTOMY (MED OR LATERAL I	98	3,759.00
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT	76	3,466.00
15823	BLEPHAROPLASTY UPPEREYELID; W/EXCESSIVE SKIN WEIGH	43	7,150.00
29827	ARTHROSCOPY,SHOULDER,SURGICAL;W/ROTATOR CUFF REPAI	27	12,634.00
58558	HYSTERSCPY,SURG;W/SAMP ENDOMETRIUM /OR POLYPECTOM	27	4,790.00
66982	EXTRACAP CATARCT RMVL W/INSRT INTRAOC LENS PROSTH,	27	6,103.00
26055	TENDON SHEATH INCISION	26	4,211.00
29824	ARTHROSCOPY,SHOULDER,SURG;DISTAL CLAVICULECTOMY IN	24	9,920.00
29888	ARTHROSCOP AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR	24	8,278.00

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:

Dental, Gastroenterology, Epidural Steroid Injection, General Surgery, Gynecology, Ophthalmology, Orthopaedic, Otorhinolaryngology, Pain Management, Plastic Surgery, Podiatry, Urology

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	783	783	3,858,603	728,538
Medicaid	138	138	567,314	83,665
PeachCare for Kids	0	0	0	0
Third Party	577	577	2,712,871	1,676,388
Self Pay	51	51	203,073	54,362
Other Payer	50	50	212,743	102,005
Total	1,599	1,599	7,554,604	2,644,958

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	46	46
Charity	82	82
Total	128	128

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.

01/12/1996

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	7,554,604
Medicare Contractual Adjustments	2,706,855
Medicaid Contractual Adjustments	506,720
Other Contractual Adjustments	1,499,049
Total Contractual Adjustments	4,712,624
Bad Debt	52,270
Indigent Care Gross Charges	43,685
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	43,685
Charity Care Gross Charges	101,067
Charity Care Compensation	0
Uncompensated Charity Care (Net)	101,067
Other Free Care	0
Total Net Patient Revenue	2,644,958
Other Revenue	0
Total Net Revenue	2,644,958
Total Expenses	2,274,602
Adjusted Gross Revenue	4,288,759
Total Uncompensated I/C Care	144,752
Percent Uncompensated Indigent/Charity Care	3.38%

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	162
Carroll	10
Clayton	3
Coweta	52
Douglas	1
Fayette	1
Florida	3
Floyd	2
Forsyth	1
Fulton	3
Harris	91
Heard	43
Henry	1
Houston	8
Meriwether	144
Muscogee	10
Other- Out of State	3
Pike	7
Richmond	1
Talbot	4
Terrell	1
Troup	1046
Upson	1
Walton	1
Total	1,599

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)	9.00	0.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	4.00	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	Not Applicable
Licensed Practical Nurse	Not Applicable
Aides/Assistants	Not Applicable
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: 3/28/2017

Title: Vice President of Operations, Ambulatory Surgery

Comments: