



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2016 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, 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:** Cathy Crouch

**Contact Title:** Sr. Financial Analyst

**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
	For Profit	

#### 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	23,330	12,198

### **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?

19

### **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	11	19
Asian	474	818
Black/African American	2,519	4,421
Hispanic/Latino	1,536	2,886
Pacific Islander/Hawaiian	5	7
White	7,103	14,109
Multi-Racial	435	877
Unknown	115	193
<b>Total</b>	<b>12,198</b>	<b>23,330</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	7,405	13,837
Female	4,793	9,493
<b>Total</b>	<b>12,198</b>	<b>23,330</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	3,747	1,988.00
42820	Remove Tonsils and Adenoids	1,234	4,971.00
42830	Removal of Adenoids	950	4,068.00
67311	Revise Eye Muscle	682	4,755.00
54161	Circumcision	627	4,526.00
68811	Probe Nasolacrimal Duct	364	1,314.00
54163	Repari Incomplete Circumcision	286	4,602.00
30140	Submucous Resection Inferior Turbinate	250	6,082.00
69610	Repair of Ear Drum	239	2,023.00
54640	Suspension of Testis	237	5,971.00

#### 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	1	3	5,025	487
Medicaid	3,970	7,323	23,438,033	2,182,444
PeachCare for Kids	655	1,270	4,722,845	480,237
Third Party	7,439	14,458	45,077,126	28,314,567
Self Pay	133	276	1,636,506	129,560
Other Payer	0	0	0	0
<b>Total</b>	<b>12,198</b>	<b>23,330</b>	<b>74,879,535</b>	<b>31,107,295</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	12	23
Charity	588	1125
<b>Total</b>	<b>600</b>	<b>1148</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 2016. ☒

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 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	74,879,535
Medicare Contractual Adjustments	4,538
Medicaid Contractual Adjustments	25,297,369
Other Contractual Adjustments	15,761,385
<b>Total Contractual Adjustments</b>	<b>41,063,292</b>
Bad Debt	1,202,003
Indigent Care Gross Charges	204,675
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>204,675</b>
Charity Care Gross Charges	1,302,270
Charity Care Compensation	0
<b>Uncompensated Charity Care (Net)</b>	<b>1,302,270</b>
Other Free Care	0
<b>Total Net Patient Revenue</b>	<b>31,107,295</b>
Other Revenue	836
<b>Total Net Revenue</b>	<b>31,108,131</b>
Total Expenses	0
<b>Adjusted Gross Revenue</b>	<b>48,376,461</b>
<b>Total Uncompensated I/C Care</b>	<b>1,506,945</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>3.12%</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	32
Appling	1
Bacon	1
Baldwin	5
Banks	18
Barrow	149
Bartow	174
Ben Hill	2
Berrien	2
Bibb	36
Brooks	1
Bulloch	1
Burke	1
Butts	26
Carroll	136
Chatham	4
Chattooga	14
Cherokee	684
Clarke	30
Clayton	204
Cobb	1602
Coffee	6
Colquitt	2
Columbia	3
Cook	2
Coweta	187
Crisp	2
Dawson	162
Decatur	3
DeKalb	1082
Dodge	1
Dooly	1
Dougherty	5
Douglas	173
Effingham	2
Elbert	5
Emanuel	2
Fannin	36
Fayette	166



Florida	22
Floyd	59
Forsyth	881
Franklin	10
Fulton	2322
Gilmer	23
Glynn	2
Gordon	24
Grady	1
Greene	4
Gwinnett	1843
Habersham	42
Hall	334
Haralson	14
Harris	5
Hart	6
Heard	5
Henry	229
Houston	22
Jackson	123
Jasper	5
Jeff Davis	1
Johnson	1
Jones	5
Lamar	7
Laurens	1
Lee	2
Lowndes	1
Lumpkin	90
Macon	2
Madison	12
Meriwether	14
Monroe	8
Montgomery	1
Morgan	11
Murray	7
Muscogee	36
Newton	106
North Carolina	7
Oconee	26
Oglethorpe	5
Other- Out of State	37
Paulding	186
Peach	9

Pickens	47
Pike	9
Polk	53
Pulaski	2
Putnam	1
Rabun	19
Richmond	1
Rockdale	86
Schley	1
Seminole	1
South Carolina	7
Spalding	61
Stephens	24
Sumter	1
Taylor	2
Telfair	1
Tennessee	9
Thomas	3
Tift	8
Towns	10
Troup	62
Turner	1
Twiggs	1
Union	22
Upson	12
Walker	2
Walton	185
Ware	4
Washington	2
Wheeler	1
White	20
Whitfield	21
Wilcox	2
Wilkinson	1
Worth	2
<b>Total</b>	<b>12,198</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 12-31-2016.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	36.50	2.20	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	11.50	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	Not Applicable
Aides/Assistants	30 Days or Less
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: W. Richard Bonner, MD

Date: 3/3/2017

Title: Board Chairman/ CEO

Comments: