



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2016 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC067

Facility Name: Emory Orthopaedic and Spine Physiatry Outpatient Surgery Center

County: DeKalb

Street Address: 59 Executive Park South 5th Floor

City: Atlanta

Zip: 30329

Mailing Address: 59 Executive Park South 5th Floor

Mailing City: Atlanta

Mailing Zip: 30329

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
-----------	----------------

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	4	2,495	2,495

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	4	7,588	7,588
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?

11

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	5	5
Asian	72	72
Black/African American	589	589
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	2	2
White	1,537	1,537
Multi-Racial	271	271
Unknown	19	19
Total	2,495	2,495

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	1,233	1,233
Female	1,262	1,262
Total	2,495	2,495

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
29881	ARTHRO KNEE SURG; W/MENISCECTOMY (MED OR LATERAL INC	272	5,384.00
29888	ARTHROSCOP AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/A	282	8,683.00
29827	ARTHROSCOPY,SHOULDER,SURGICAL;W/ROTATOR CUFF REPAI	98	13,118.00
26055	TENDON SHEATH INCISION	92	5,276.00
20924	TENDON GRAFT,FROM A DISTANCE	51	9,575.00
20680	REMOVAL BURIED WIRE PIN SCREW DEEP	47	5,372.00
29880	ARTHRO KNEE SURGICAL; W/MENISCECTOMY (MEDIAL/LATER	64	5,149.00
29806	ARTHROSCOPY,SHOULDER,SURGICAL;CAPSULORRHAPHY	59	8,602.00
27650	REPAIR PRIMARY OPEN/PERCUTANEOUS, RUPTURED ACHILLE	40	7,754.00
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT	139	4,980.00

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:

Orthopedics, Physiatry, and Neurosurgery

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	445	445	3,107,931	971,905
Medicaid	98	98	640,329	55,895
PeachCare for Kids	0	0	0	0
Third Party	1,859	1,859	14,527,098	8,308,611
Self Pay	20	20	126,861	55,061
Other Payer	73	73	592,680	268,429
Total	2,495	2,495	18,994,899	9,659,901

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	85	85
Total	131	131

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 Patient Financial Servic

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	18,994,899
Medicare Contractual Adjustments	1,771,924
Medicaid Contractual Adjustments	501,802
Other Contractual Adjustments	6,611,313
Total Contractual Adjustments	8,885,039
Bad Debt	228,261
Indigent Care Gross Charges	79,883
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	79,883
Charity Care Gross Charges	141,815
Charity Care Compensation	0
Uncompensated Charity Care (Net)	141,815
Other Free Care	0
Total Net Patient Revenue	9,659,901
Other Revenue	0
Total Net Revenue	9,659,901
Total Expenses	7,131,094
Adjusted Gross Revenue	16,492,912
Total Uncompensated I/C Care	221,698
Percent Uncompensated Indigent/Charity Care	1.34%

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	11
Baldwin	3
Banks	1
Barrow	7
Bartow	16
Bibb	14
Brooks	1
Bulloch	2
Butts	9
Calhoun	1
Carroll	15
Catoosa	1
Chatham	1
Chattooga	1
Cherokee	44
Clarke	9
Clayton	61
Cobb	197
Coffee	2
Colquitt	1
Columbia	3
Coweta	36
Crisp	1
Dawson	3
DeKalb	692
Dodge	1
Dougherty	2
Douglas	26
Fannin	4
Fayette	41
Florida	22
Floyd	10
Forsyth	31
Fulton	580
Gilmer	3
Glynn	4
Gordon	4
Greene	1
Gwinnett	254

Habersham	6
Hall	31
Hancock	1
Haralson	1
Harris	1
Hart	1
Henry	46
Houston	7
Jackson	15
Jasper	4
Jeff Davis	2
Lamar	2
Laurens	1
Lee	1
Lowndes	2
Lumpkin	3
Macon	1
Madison	2
Montgomery	1
Morgan	2
Muscogee	7
Newton	27
North Carolina	12
Oconee	4
Other- Out of State	50
Paulding	9
Peach	2
Pickens	9
Pike	2
Polk	5
Putnam	2
Rabun	3
Richmond	2
Rockdale	28
Seminole	1
South Carolina	12
Spalding	12
Talbot	1
Telfair	3
Tennessee	4
Terrell	2
Thomas	1
Tift	1
Toombs	2

Towns	4
Troup	5
Turner	1
Union	8
Upson	2
Walker	2
Walton	17
Warren	1
Wayne	2
White	2
Whitfield	4
Wilkinson	1
Total	2,495

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)	10.65	0.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	6.00	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	Not Applicable
Aides/Assistants	31-60 Days
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: