



2022 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: 21 Ortho Lane, 2nd Floor

City: Atlanta

Zip: 30329

Mailing Address: 21 Ortho Lane, 2nd Floor

Mailing City: Atlanta

Mailing Zip: 30329

2. Report Period

Report Data for the full twelve month period, January 1, 2022 - December 31, 2022 (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: Kaitlin Camp

Contact Title: Financial Analyst

Phone: 404-778-0410

Fax: 404-778-5059

E-mail: kaitlin.camp@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	4/1/2004

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory University	Not for Profit	4/1/2004

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
Emory Healthcare, Inc.	Not for Profit	4/1/2004

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory University	Not for Profit	4/1/2004

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	4,682	3,735

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	6	6,965	6,910
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	11	13
Asian	107	135
Black/African American	1,383	1,718
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	10	11
White	2,187	2,762
Multi-Racial	37	43
Unknown	0	0
Total	3,735	4,682

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	1,634	2,084
Female	2,101	2,598
Total	3,735	4,682

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
29823	Shoulder Arthroscopy Debridement	218	6,313.00
29824	Shoulder Arthroscopy Distal Claviclectomy	131	6,981.00
29827	Shoulder Arthroscopy w/ Cuff Repair	290	8,520.00
29828	Shoulder Arthroscopy Biceps Tenodesis	128	10,397.00
29876	Knee Arthroscopy	354	6,404.00
29881	Meniscectomy	490	8,169.00
29888	ACL Reconstruction Arthroscopic	472	8,369.00
29898	Ankle Arthroscopy	115	6,591.00
64718	Neuroplasty Ulnar at Elbow	114	4,335.00
64721	Carpal Tunnel Release	410	6,702.00

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):

Multi-Specialty

Services Provided:

Orthopaedic, Physiatry, Neurosurgery, and Anesthesiology

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	1,307	1,542	19,880,834	4,118,758
Medicaid	225	301	2,362,769	489,500
PeachCare for Kids	0	0	0	0
Third Party	2,039	2,635	21,992,668	4,556,271
Self Pay	60	76	608,555	126,076
Other Payer	104	128	1,448,115	300,009
Total	3,735	4,682	46,292,941	9,590,614

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	0	0
Charity	116	119
Total	116	119

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 2022.

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

06/01/2019

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.

Sandra Johnson, VP Revenue Cycle

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 2022 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	46,292,941
Medicare Contractual Adjustments	14,100,808
Medicaid Contractual Adjustments	1,721,186
Other Contractual Adjustments	17,957,088
Total Contractual Adjustments	33,779,082
Bad Debt	1,913,146
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	0
Charity Care Gross Charges	1,010,099
Charity Care Compensation	0
Uncompensated Charity Care (Net)	1,010,099
Other Free Care	0
Total Net Patient Revenue	9,590,614
Other Revenue	0
Total Net Revenue	9,590,614
Total Expenses	6,673,078
Adjusted Gross Revenue	28,557,801
Total Uncompensated I/C Care	1,010,099
Percent Uncompensated Indigent/Charity Care	3.54%

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	27
Appling	1
Baldwin	5
Barrow	10
Bartow	18
Berrien	1
Bibb	14
Brooks	1
Bryan	1
Bulloch	2
Butts	7
Carroll	24
Catoosa	1
Chatham	6
Chattahoochee	1
Chattooga	1
Cherokee	55
Clarke	7
Clayton	58
Cobb	293
Coffee	2
Colquitt	1
Columbia	3
Coweta	33
Crawford	1
Dade	1
Dawson	5
Decatur	1
DeKalb	1162
Dodge	1
Dooly	2
Dougherty	4
Douglas	57
Elbert	1
Evans	1
Fannin	5
Fayette	30
Florida	21
Floyd	13

Forsyth	51
Franklin	1
Fulton	778
Gilmer	5
Glynn	4
Gordon	8
Greene	5
Gwinnett	415
Habersham	5
Hall	51
Haralson	3
Harris	6
Hart	3
Heard	1
Henry	86
Houston	15
Jackson	24
Jasper	4
Jones	2
Lamar	3
Laurens	3
Lee	1
Lincoln	1
Lowndes	4
Lumpkin	7
Macon	1
Madison	4
Meriwether	1
Monroe	4
Morgan	6
Murray	1
Muscogee	13
Newton	36
North Carolina	16
Oconee	3
Oglethorpe	1
Other- Out of State	32
Paulding	33
Peach	2
Pickens	5
Pike	1
Polk	5
Pulaski	2
Putnam	2

Rabun	3
Richmond	3
Rockdale	52
South Carolina	20
Spalding	22
Stephens	4
Stewart	1
Sumter	1
Talbot	1
Taylor	1
Tennessee	13
Thomas	2
Tift	2
Toombs	2
Towns	5
Troup	17
Twiggs	1
Union	5
Upson	3
Walton	37
Washington	1
White	3
Whitfield	4
Worth	1
Total	3,735

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 12-31-2022.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	24.04	8.20	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	14.67	6.00	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	More than 90 Days
Licensed Practical Nurse	Not Applicable
Aides/Assistants	More than 90 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: Joseph Dee

Date: 3/3/2023

Title: VP Operations - Emory Clinic

Comments:

Jan-July 2022 (3% I&C Commitment) Adjusted Gross Revenue \$14,336,650 Total uncompensated indigent/charity care \$517,119 Aug-Dec 2022 (4% I&C Commitment) Adjusted Gross Revenue \$14,221,151 Total uncompensated indigent/charity care \$492,980