



2020 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, 2020 - December 31, 2020 (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: Melanie Zabeth

Contact Title: Director, Operations

Phone: 404-313-9512

Fax: 404-778-5059

E-mail: melanie.zabeth@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	01/01/1985

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory University	Not for Profit	01/01/1985

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
Emory Healthcare, Inc.	Not for Profit	01/01/1997

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory University	Not for Profit	01/01/1985

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	5,865	5,072

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	6	7,028	6,003
Minor Procedure Rooms	3	2,297	2,292
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?

58

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	22
Asian	193	223
Black/African American	1,977	2,286
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	20	23
White	2,828	3,270
Multi-Racial	35	41
Unknown	0	0
Total	5,072	5,865

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	2,140	2,493
Female	2,932	3,372
Total	5,072	5,865

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
66982	Cataract Extraction Extracapsular Intralocular Lens ECCE IOL	1,220	9,297.00
67108	Vitrectomy Scleral Buckle Cryo/Laser/Silicone Oil/Air/Gas In	308	9,226.00
36561	Central Venous Access Port Insert/Replace Tunneled Port-A-Ca	267	6,442.00
31253	Nasal Sinus Endoscopy FESS	242	6,661.00
67107	Vitrectomy Scleral Buckle Laser Diathermy Cryotherapy	173	6,661.00
15823	Blepharoplasty/Blepharoptosis Upper Lower Repair	133	6,661.00
65730	Corneal Transplant Epikeratoplasty/Keratoplasty Penetrating	125	9,226.00
45990	Anal/Rectal Exam Under Anesthesia	106	4,125.00
66185	Eye Aqueous Shunt Insertion/Revision	102	4,125.00
30520	Septoplasty	90	5,850.00

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:

Anesthesiology, Ophthalmology, Surgical Oncology, Otolaryngology, General Surgery, Thoracic Surgery, Plastic Surgery, Gastroenterology, Gynecology, 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	2,123	2,455	21,546,510	4,565,689
Medicaid	201	233	2,044,027	391,101
PeachCare for Kids	0	0	0	0
Third Party	2,533	2,928	25,700,362	7,552,083
Self Pay	145	168	1,474,138	711,300
Other Payer	70	81	708,497	106,730
Total	5,072	5,865	51,473,534	13,326,903

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	213	249
Total	213	249

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 2020.

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.

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 2020 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	51,473,534
Medicare Contractual Adjustments	16,980,822
Medicaid Contractual Adjustments	1,652,926
Other Contractual Adjustments	17,895,754
Total Contractual Adjustments	36,529,502
Bad Debt	823,577
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	0
Charity Care Gross Charges	793,552
Charity Care Compensation	0
Uncompensated Charity Care (Net)	793,552
Other Free Care	0
Total Net Patient Revenue	13,326,903
Other Revenue	0
Total Net Revenue	13,326,903
Total Expenses	11,749,941
Adjusted Gross Revenue	32,016,209
Total Uncompensated I/C Care	793,552
Percent Uncompensated Indigent/Charity Care	2.48%

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	74
Atkinson	2
Baldwin	14
Banks	1
Barrow	33
Bartow	31
Ben Hill	2
Berrien	2
Bibb	50
Bleckley	2
Brooks	1
Bulloch	3
Butts	7
Calhoun	2
Camden	1
Carroll	46
Catoosa	6
Chatham	13
Chattahoochee	2
Chattooga	3
Cherokee	74
Clarke	30
Clayton	114
Clinch	2
Cobb	311
Coffee	2
Colquitt	11
Columbia	19
Cook	6
Coweta	40
Crisp	1
Dawson	10
DeKalb	1285
Dodge	8
Dooly	3
Dougherty	15
Douglas	50
Early	3
Effingham	1

Fannin	8
Fayette	64
Florida	27
Floyd	2
Forsyth	44
Franklin	4
Fulton	822
Gilmer	7
Glynn	10
Gordon	20
Greene	8
Gwinnett	492
Habersham	6
Hall	52
Hancock	1
Haralson	13
Harris	11
Hart	8
Heard	6
Henry	179
Houston	46
Jackson	58
Jasper	18
Johnson	2
Jones	2
Lamar	12
Laurens	10
Lee	17
Lincoln	2
Lowndes	7
Lumpkin	9
Macon	2
Madison	15
Marion	4
McDuffie	4
Meriwether	4
Mitchell	7
Monroe	12
Morgan	8
Murray	5
Muscogee	38
Newton	69
North Carolina	25
Oconee	21

Oglethorpe	4
Other- Out of State	45
Paulding	24
Peach	10
Pickens	13
Pike	17
Polk	8
Pulaski	2
Putnam	5
Quitman	4
Rabun	19
Randolph	2
Richmond	11
Rockdale	90
South Carolina	68
Spalding	52
Stephens	13
Sumter	4
Talbot	2
Taliaferro	2
Taylor	4
Tennessee	34
Terrell	3
Thomas	4
Tift	9
Toombs	2
Towns	2
Troup	32
Union	4
Upson	10
Walton	76
Ware	3
Warren	2
Washington	5
White	4
Whitfield	20
Wilcox	1
Wilkinson	1
Total	5,072

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 12-31-2020.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	21.70	1.00	0.00
Licensed Practical Nurses (LPNs)	0.80	0.00	0.00
Aides/Assistants	9.90	0.00	2.00
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	NA
Aides/Assistants	31-60 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: Mike Mason

Date: 4/23/2021

Title: VP Operations - Emory Clinic

Comments:

The facility reduced cases due to the COVID response from March 16, 2020 to June 14, 2020. Normal block scheduling resumed on June 15th.