



2023 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, 2023 - December 31, 2023 (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: Shawn Ploessl

Contact Title: Sr. Administrator

Phone: 404-778-0410

Fax: 404-778-5020

E-mail: shawn.ploessl@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.	NA	4/1/2004

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory University	NA	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	4,201	3,866

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	7,048	4,571
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	7	8
Asian	134	146
Black/African American	1,053	1,144
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	2	2
White	1,911	2,077
Multi-Racial	62	67
Unknown	697	757
Total	3,866	4,201

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	1,888	2,052
Female	1,978	2,149
Total	3,866	4,201

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
26055	Release Finger Trigger	177	7,493.00
29823	Shoulder Arthroscopy Debridement	182	7,152.00
29826	HC ARTH SHOULDER SURG; DECOMPRESS/SUBACROMLIAN SPA	278	7,152.00
29827	Shoulder Arthroscopy w/ Cuff Repair	306	9,277.00
29828	Shoulder Arthroscopy Biceps Tenodesis	140	11,386.00
29876	Knee Arthroscopy	413	7,152.00
29881	Meniscectomy	527	9,277.00
29882	HC ARTHROSCOPY KNEE SURGICAL; W/MENISCUS REPAIR (MED	143	9,277.00
29888	ACL Reconstruction Arthroscopic	559	9,277.00
64721	Carpal Tunnel Release	223	7,493.00

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	710	771	29,098,718	6,397,581
Medicaid	267	290	2,488,950	137,280
PeachCare for Kids	0	0	0	0
Third Party	2,707	2,941	26,179,456	7,304,593
Self Pay	92	100	643,516	577,406
Other Payer	91	99	1,240,887	999,135
Total	3,867	4,201	59,651,527	15,415,995

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	170	170
Total	170	170

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 2023.

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.

Pat McCabe, 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 2023 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	59,651,527
Medicare Contractual Adjustments	22,054,077
Medicaid Contractual Adjustments	2,337,784
Other Contractual Adjustments	18,284,475
Total Contractual Adjustments	42,676,336
Bad Debt	473,111
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	0
Charity Care Gross Charges	1,086,085
Charity Care Compensation	0
Uncompensated Charity Care (Net)	1,086,085
Other Free Care	0
Total Net Patient Revenue	15,415,995
Other Revenue	0
Total Net Revenue	15,415,995
Total Expenses	8,027,329
Adjusted Gross Revenue	34,786,555
Total Uncompensated I/C Care	1,086,085
Percent Uncompensated Indigent/Charity Care	3.12%

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	1
Appling	1
Baker	1
Baldwin	361
Banks	6
Barrow	10
Bartow	9
Bibb	15
Bleckley	1
Bulloch	3
Butts	9
Carroll	23
Catoosa	1
Chatham	3
Chattooga	1
Cherokee	55
Clarke	5
Clayton	51
Cobb	363
Coffee	4
Colquitt	1
Cook	4
Coweta	33
Crawford	4
Dawson	9
DeKalb	1010
Dougherty	5
Douglas	42
Effingham	3
Fannin	4
Fayette	36
Florida	1
Floyd	9
Forsyth	61
Franklin	5
Fulton	755
Gilmer	3
Glascocock	1
Gordon	5

Grady	1
Greene	5
Gwinnett	431
Habersham	3
Hall	54
Hancock	3
Haralson	5
Harris	6
Hart	6
Henry	60
Houston	20
Jackson	17
Jasper	4
Jefferson	4
Johnson	1
Laurens	4
Lee	4
Lowndes	4
Lumpkin	9
Macon	5
Madison	6
Meriwether	1
Monroe	6
Montgomery	8
Morgan	10
Muscogee	17
Newton	40
North Carolina	1
Oconee	8
Oglethorpe	5
Other- Out of State	3
Paulding	38
Peach	1
Pickens	5
Pike	1
Polk	4
Putnam	8
Rabun	4
Rockdale	40
South Carolina	7
Spalding	13
Stephens	1
Talbot	1
Taylor	1

Telfair	1
Tennessee	7
Thomas	1
Tift	4
Toombs	1
Towns	1
Troup	13
Turner	1
Union	6
Upson	1
Walton	25
White	6
Whitfield	9
Wilkes	1
Total	3,866

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 12-31-2023.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	27.20	0.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	17.00	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	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: Penny Z. Castellano, MD

Date: 2/29/2024

Title: Interim Director, The Emory Clinic

Comments: