



2024 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC009

Facility Name: Spivey Station Surgery Center

County: Clayton

Street Address: 7813 Spivey Station Boulevard, Suite 100

City: Jonesboro

Zip: 30236

Mailing Address: 7813 Spivey Station Boulevard, Suite 100

Mailing City: Jonesboro

Mailing Zip: 30236

2. Report Period

Report Data for the full twelve month period, January 1, 2024 - December 31, 2024 (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: 404-778-6234

Fax: 404-778-3057

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	6/21/2017

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory University	Not for Profit	6/21/2017

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not Applicable	

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not Applicable	

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory Healthcare, Inc.	Not for Profit	6/21/2017

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory University	Not for Profit	6/21/2017

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	3	1,165	996

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	3	1,391	1,391
Minor Procedure Rooms	2	142	142
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?

1

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	0	0
Asian	19	20
Black/African American	578	675
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	211	249
Multi-Racial	5	5
Unknown	183	216
Total	996	1,165

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	325	383
Female	671	782
Total	996	1,165

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
29824	ARTHROSCOPY, SHOULDER, SURGICAL, DISTAL CLAV	56	7,748.00
29881	Knee Anthroscopy	51	9,277.00
30140	SEPTOPLASTY/SEPTOPLASTY TURBINECTOMY	60	4,798.00
47562	Cholecystectomy Laparoscopic	39	12,953.00
49505	Repair Initial Inguinal Hernia	31	6,805.00
52287	PR CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	26	7,748.00
58558	Hysteroscopy	87	7,152.00
58561	PR HYSTEROSCOPY REMOVAL LEIOMYOMATA	27	7,152.00
58661	Salpingoophorectomy Partial/Total Bilateral Laparoscopic	34	7,748.00
64718	Neuroplasty	37	4,798.00

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, Physiatriy, Plastic Surgery, Otolarynology, Podiatry, Gastroenterology

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	156	190	1,919,973	377,982
Medicaid	34	43	433,999	41,914
PeachCare for Kids	0	0	0	0
Third Party	788	907	8,805,414	3,122,287
Self Pay	7	11	73,136	34,566
Other Payer	11	14	143,623	13,634
Total	996	1,165	11,376,145	3,590,383

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	7	7
Total	7	7

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 2024.

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

06/02/2019

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, SVP Finance & Deputy CFO

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 2024 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	11,376,145
Medicare Contractual Adjustments	1,534,548
Medicaid Contractual Adjustments	392,086
Other Contractual Adjustments	5,690,294
Total Contractual Adjustments	7,616,928
Bad Debt	154,381
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	0
Charity Care Gross Charges	14,453
Charity Care Compensation	0
Uncompensated Charity Care (Net)	14,453
Other Free Care	0
Total Net Patient Revenue	3,590,383
Other Revenue	0
Total Net Revenue	3,590,383
Total Expenses	2,803,431
Adjusted Gross Revenue	9,295,130
Total Uncompensated I/C Care	14,453
Percent Uncompensated Indigent/Charity Care	0.16%

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	13
Barrow	5
Bartow	5
Bibb	1
Butts	32
Carroll	6
Cherokee	14
Clarke	1
Clayton	358
Cobb	59
Coffee	1
Columbia	1
Coweta	28
Crawford	2
Dawson	1
DeKalb	156
Dougherty	1
Douglas	12
Fayette	50
Florida	3
Forsyth	15
Fulton	82
Gwinnett	22
Hall	1
Henry	86
Jasper	6
Jones	1
Lamar	2
Laurens	1
Meriwether	1
Morgan	1
Newton	21
North Carolina	1
Paulding	1
Pike	3
Troup	1
Walton	1
Total	996

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 12-31-2024.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	8.50	0.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	3.50	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	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: 3/5/2025

Title: President, Physician Division, Emory Healthcare

Comments: