AMBULATORY SURGERY PROFILE REPORT

Report Period : 01/01/2005 - 03/31/2005
Facility Name : S AND B SURGERY CENTER
Facility Number : 196084
Data Type : Ambulatory Surgery
Submission Date : 05/26/2005
Report Date : 09/01/2005

SEX

Male	**M**	580	**51.79 %**
Female	**F**	533	**47.59 %**
Unknown	**U**	7	**0.63 %**
Blank/Invalid		0	**0.00 %**
Total		**1,120**	**100.00 %**

ZIP CODE

Valid	1,093	97.59 %
Non CA	20	1.79 %
Unknown	7	0.63 %
Blank/Invalid	0	0.00 %
Total	**1,120**	**100.00 %**

RACE

ETHNICITY	Code	American Indian or Alaska Native (R1)	Asian (R2)	Black or African American (R3)	Native Hawaiian or Other Pacific Islander (R4)	White (R5)	Other Race (R9)	Unknown (99)	Blank / Invalid	Total	Percent
Hispanic or Latino	**E1**	0	0	0	0	2	0	85	0	**87**	7.77 %
Non-Hispanic or Non-Latino	**E2**	0	5	36	0	183	0	14	0	**238**	21.25 %
Unknown	**99**	0	0	0	0	1	0	794	0	**795**	70.98 %
Blank/Invalid		0	0	0	0	0	0	0	0	**0**	0.00 %
Total		**0**	**5**	**36**	**0**	**186**	**0**	**893**	**0**	**1,120**	**100.00 %**
		0.00 %	0.45 %	3.21 %	0.00 %	16.61 %	0.00 %	79.73 %	**0.00 %**	**100.00 %**	

PRINCIPAL DIAGNOSIS

Valid	1,107	98.84 %
Invalid/Default	1	0.09 %
Blank	12	1.07 %
Total	**1,120**	**100.00 %**

OTHER DIAGNOSIS

Valid	1,022	99.80 %
Invalid/Default	2	0.20 %
Total	**1,024**	**100.00 %**
Avg / Rec		**0.91**

PRINCIPAL PROCEDURE

Valid	1,107	98.84 %
Invalid/Default	0	0.00 %
Blank	13	1.16 %
Total	**1,120**	**100.00 %**

OTHER PROCEDURES

Valid	0	0.00 %
Invalid/Default	0	0.00 %
Total	**0**	**0.00 %**
Avg/Rec		**0.00**

PRINCIPAL E-CODE

Valid	0	0.00 %
Invalid/Default	0	0.00 %
Not Reported	1,120	100.00 %
Total	**1,120**	**100.00 %**

OTHER E-CODES

Valid	0	0.00 %
Invalid/Default	0	0.00 %
Total	**0**	**0.00 %**
Avg/Rec		**0.00**

SSN

Valid	1,108	98.93 %
Invalid	0	0.00 %
Unknown	12	1.07 %
Blank	0	0.00 %
Total	**1,120**	**100.00 %**

** Percents may not add up to 100 due to rounding

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DISPOSITION OF PATIENT

Description	Code	# of Encounters	Percentage
Discharged to home or self care (routine discharge)	01	1,115	99.55 %
Discharged/transferred to a short term general hospital for inpatient care	02	0	0.00 %
Discharged/transferred to skilled nursing facility (SNF) with Medicare certification	03	0	0.00 %
Discharged/transferred to an intermediate care facility (ICF)	04	0	0.00 %
Discharged/transferred to a non-Medicare PPS childrens hospital or non-Medicare PPS cancer hospital for inpatient care	05	1	0.09 %
Discharged transferred to home under care of organized home health service organization	06	0	0.00 %
Left against medical advice or discontinued care	07	0	0.00 %
Discharged/transferred to home under care of a Home Intravenous (IV) provider	08	0	0.00 %
Expired	20	0	0.00 %
Discharged home with hospice care	43	0	0.00 %
Discharged/transferred to a federal health care facility	50	0	0.00 %
Discharged to a medical facility with hospice care	51	0	0.00 %
Discharged/transferred to a hospital-based Medicare approved swing bed	61	0	0.00 %
Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part unit of a hospital	62	0	0.00 %
Discharged/transferred to a Medicare certified long term care hospital (LTCH)	63	0	0.00 %
Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare	64	0	0.00 %
Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital	65	0	0.00 %
Other	00	0	0.00 %
Invalid/Blank		4	400.00 %
Total		**1,120**	**100.00 %**

EXPECTED SOURCE OF PAYMENT

Description	Code	# of Encounters	Percentage
Self Pay	09	10	0.89 %
Other Non-federal programs	11	0	0.00 %
Preferred Provider Organizatin (PPO)	12	337	30.09 %
Point of Service (POS)	13	0	0.00 %
Exclusive Provider Organization (EPO)	14	0	0.00 %
Health Maintenance Organization (HMO) Medicare Risk	16	0	0.00 %
Automobile Medical	AM	0	0.00 %
Blue Cross/Blue Shield	BL	28	2.50 %
Champus (TRICARE)	CH	0	0.00 %
Commercial Insurance Company	CI	0	0.00 %
Disability	DS	0	0.00 %
Health Maintenance Organization	HM	0	0.00 %
Medicare Part A	MA	0	0.00 %
Medicare Part B	MB	280	25.00 %
Medicaid (Medi-Cal)	MC	0	0.00 %
Other Federal program	OF	0	0.00 %
Title V	TV	0	0.00 %
Veterans Affairs Plan	VA	0	0.00 %
Workers' Compensation Health Claim	WC	425	37.95 %
Other	00	40	3.57 %
Invalid/Blank		0	0.00 %
Total		**1,120**	**100.00 %**

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