



2008 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC029

Facility Name: Augusta Surgical Center

County: Richmond

Street Address: 915 Russell Street

City: Augusta

Zip: 30904-4115

Mailing Address: 915 Russell Street

Mailing City: Augusta

Mailing Zip: 30904-4115

2. Report Period

Report Data for the full twelve month period, January 1, 2008 - December 31, 2008 (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: Anita Judy

Contact Title: Administrator

Phone: 706-738-4925

Fax: 706-738-7224

E-mail: Anita.Judy@HCAHealthcare.com

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
Surgicare of Augusta, Inc.	For Profit	12/09/1996

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgico, LLC	For Profit	12/09/1996

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgicare of Augusta, Inc.	For Profit	12/09/1996

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgico, LLC	For Profit	12/09/1996

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
n/a	Not Applicable	09/19/1999

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
n/a	Not Applicable	09/09/1999

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 Human Resources pursuant to Rule 290-5-33-01(u).

Room Type	Number of Rooms	Number of Procedures	Number of Patients
Operating Procedure Rooms	4	4,876	4,876

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	1	1,345	1,345
Minor Procedure Rooms	0	0	0
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	0	0
Asian	29	29
Black/African American	645	645
Hispanic/Latino	32	32
Pacific Islander/Hawaiian	0	0
White	3,424	3,424
Multi-Racial	0	0
Unknown	746	746
Total	4,876	4,876

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	1,925	1,925
Female	2,951	2,951
Total	4,876	4,876

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
45378	Diagnostic Colonoscopy	1,379	1,647.00
45380	Colonoscopy with biopsy	1,160	1,647.00
45384	Colonoscopy with lesion removal	889	2,043.00
45385	Colonoscopy flexible removal lesion	634	2,305.00
43239	Upper GI with biopsy	1,366	1,500.00
43249	Upper GI balloon dilation	190	1,647.00
43450	Opening of esophagus	189	1,859.00
62311	Injection spinal	473	1,236.00
66984	Cataract removal	342	5,387.00
G0105	Colorectal screening high risk	196	1,496.00

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 Office of Regulatory Services permit):

Ambulatory Outpatient Surgical Services

Services Provided:

Ambulatory Outpatient Surgical Services

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	2,552	2,552	7,095,062	1,371,675
Medicaid	63	63	256,271	43,647
PeachCare for Kids	0	0	0	0
Third Party	3,434	3,434	9,428,367	4,763,743
Self Pay	87	87	456,011	165,096
Other Payer	85	85	122,298	52,938
Total	6,221	6,221	17,358,009	6,397,099

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	23	23
Total	23	23

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 2008.

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

01/24/2007

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.

Robin Fearneyhough, Business Office Manager

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 2008 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	17,358,009
Medicare Contractual Adjustments	5,694,826
Medicaid Contractual Adjustments	211,737
Other Contractual Adjustments	4,629,080
Total Contractual Adjustments	10,535,643
Bad Debt	129,895
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	0
Charity Care Gross Charges	41,630
Charity Care Compensation	0
Uncompensated Charity Care (Net)	41,630
Other Free Care	253,742
Total Net Patient Revenue	6,397,099
Other Revenue	610
Total Net Revenue	6,397,709
Total Expenses	4,151,143
Adjusted Gross Revenue	11,322,161
Total Uncompensated I/C Care	41,630
Percent Uncompensated Indigent/Charity Care	0.37%

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
Appling	1
Baldwin	9
Bulloch	21
Burke	115
Candler	14
Carroll	2
Chatham	2
Cherokee	1
Clayton	1
Coffee	1
Colquitt	2
Columbia	1004
DeKalb	4
Dooly	1
Effingham	3
Elbert	5
Emanuel	46
Forsyth	1
Franklin	2
Fulton	2
Glascocock	31
Glynn	1
Greene	4
Gwinnett	5
Hancock	3
Hart	1
Irwin	1
Jefferson	123
Jenkins	39
Johnson	10
Laurens	5
Liberty	1
Lincoln	56
Lowndes	2
Macon	1
Madison	1
McDuffie	97
McIntosh	1
Muscogee	1

Newton	1
Oconee	1
Other- Out of State	19
Peach	2
Pierce	1
Pulaski	2
Putnam	1
Rabun	1
Richmond	1495
Screven	28
South Carolina	1567
Taliaferro	7
Tattnall	2
Terrell	1
Toombs	4
Towns	2
Treutlen	1
Union	1
Upson	1
Warren	27
Washington	63
Wilkes	27
Wilkinson	2
Total	4,876

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 12-31-2008.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	24.00	0.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	2.00	0.00	0.00
Allied Health Therapists	6.00	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	30 Days or Less
Licensed Practical Nurse	Not Applicable
Aides/Assistants	Not Applicable
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: Anita Judy

Date: 7/31/2009

Title: Administrator

Comments:

As stated in the last two years, the following continues to apply to reporting as requested by the ASC Survey. As a general rule, surgery centers do not keep separate data for OR patients versus Procedure Room patients. The breakout of this data for the survey is at best very difficult, if not impossible, to report accurately for every surgery center in the state. Patients are reported as being the same as procedures since it is not possible for HCA facilities to track data using the DHP definition distinguishing patients and procedures. Patients and procedures are reported in the same way for all HCA facilities, since all use the same data reporting system. For reporting purposes Peach Care for Kids data is included in Medicaid.