



2008 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC039

Facility Name: Buckhead Surgery Center

County: Fulton

Street Address: 3200 Downwood Circle NW Suite 400

City: Atlanta

Zip: 30327-1624

Mailing Address: Suite 400 3200 Downwood Circle NW

Mailing City: Atlanta

Mailing Zip: 30327-1624

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: Donna Korff-Baker

Contact Title: Administrator

Phone: 404-252-3074

Fax: 404-605-0641

E-mail: Donna.Korffbaker@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
Buckhead Surgical Services, LP	For Profit	1/01/2003

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgicare of Buckhead, LLC	For Profit	1/1/2003

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Buckhead Surgical Services, LP	For Profit	1/1/2003

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgicare of Buckhead, LLC	For Profit	1/1/2003

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
n/a	Not Applicable	9/9/1999

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
n/a	Not Applicable	9/9/1999

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	1,468	1,468

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	1	446	446
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	1	1
Asian	5	5
Black/African American	400	400
Hispanic/Latino	24	24
Pacific Islander/Hawaiian	0	0
White	750	750
Multi-Racial	1	1
Unknown	287	287
Total	1,468	1,468

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	803	803
Female	665	665
Total	1,468	1,468

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
29881	Knee scope with meniscectomy	336	7,517.00
29877	Knee debridement	258	6,709.00
29826	Shoulder scope with bone shaving	224	8,499.00
29880	Knee scope with meniscectomy	131	9,351.00
64483	Injection lumbar or sacral	102	1,258.00
29824	Shoulder scope partial removal collar	95	7,639.00
29822	Shoulder debridement	94	8,251.00
29827	Shoulder scope rotator cuff repair	93	8,604.00
43239	Upper GI with biopsy	89	2,382.00
29888	ACL	83	11,920.00

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 Surgery Services

Services Provided:

Gastroenterology, General, Gynecology, Ophthalmology, Oral/Dental, Orthopaedic, Otolaryngology, Pain Management, Plastic Surgery, Podiatry, and 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	297	297	1,922,618	249,252
Medicaid	35	35	102,190	29,676
PeachCare for Kids	0	0	0	0
Third Party	1,319	1,319	15,654,339	3,093,769
Self Pay	39	39	333,106	118,774
Other Payer	224	224	1,744,783	796,770
Total	1,914	1,914	19,757,036	4,288,241

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	1	1
Total	1	1

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.

Dede Fowler, Assistant CBO Director

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	19,757,036
Medicare Contractual Adjustments	1,664,878
Medicaid Contractual Adjustments	71,772
Other Contractual Adjustments	13,408,331
Total Contractual Adjustments	15,144,981
Bad Debt	107,226
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	0
Charity Care Gross Charges	26,310
Charity Care Compensation	0
Uncompensated Charity Care (Net)	26,310
Other Free Care	190,278
Total Net Patient Revenue	4,288,241
Other Revenue	1,935
Total Net Revenue	4,290,176
Total Expenses	4,523,460
Adjusted Gross Revenue	17,915,095
Total Uncompensated I/C Care	26,310
Percent Uncompensated Indigent/Charity Care	0.15%

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
Bacon	1
Baldwin	3
Barrow	5
Bartow	6
Bulloch	1
Butts	5
Carroll	10
Chatham	1
Cherokee	44
Clarke	1
Clayton	80
Cobb	175
Coweta	24
Dawson	1
DeKalb	102
Douglas	24
Fannin	3
Fayette	33
Floyd	5
Forsyth	23
Fulton	614
Glynn	3
Gordon	5
Greene	5
Gwinnett	66
Habersham	3
Hall	10
Hart	1
Heard	3
Henry	95
Houston	2
Jackson	2
Jasper	3
Jefferson	1
Lamar	8
Lee	1
Lumpkin	2
McIntosh	1
Montgomery	2

Morgan	1
Murray	1
Muscogee	3
Newton	15
Paulding	9
Peach	1
Pickens	2
Pike	3
Polk	2
Putnam	3
Randolph	2
Rockdale	10
Spalding	15
Stephens	2
Towns	4
Troup	2
Union	3
Upson	2
Walker	1
Walton	8
White	2
Whitfield	3
Total	1,468

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)	5.00	0.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	0.00	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	Not Applicable
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: Donna Korff-Baker

Date: 7/17/2009

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 system. For reporting purposes Peach Care for Kids data is included in Medicaid.