GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2008 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC063

Facility Name: Surgery Center of Columbia County

County: Columbia

Street Address: 4300 University Parkway

City: Evans

Zip: 30809

Mailing Address: 4300 University Parkway

Mailing City: Evans

Mailing Zip: 30809

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: Ann Turner

Contact Title: Administrator

Phone: 706-854-3020

Fax: 706-854-3189

E-mail: aturner@healthmarkpartners.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
Surgery Center of Columbia County	For Profit	11/10/2006

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
University Health Resources Inc.	Hospital Authority	11/10/2006

C. Facility Operator

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

D. Operator's Parent Organization

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

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
HealthMark Partners, Inc	For Profit	4/10/2008

F. Management's Parent Organization

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

G. Physician Owner(s) *(List all if owned jointly)*

Full Name	License Number
Ramzi Assad	018597
Vendie Hooks III	017026
Brian Bennett DPM	POD000842
Mickey Stapp	POD000728
Mallory Lawrence	026578
William David Curtis	030038
Gregory Oetting	038575
Russell Stephens	040246

Jay Newton Bates	048471
Christopher Carlson	045051
Todd Cable	046740
Christopher Vickery	034487
Michael Hodos	POD000792

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	5,013	2,458

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	2	481	464
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	62	157
Black/African American	863	1,113
Hispanic/Latino	101	313
Pacific Islander/Hawaiian	0	0
White	1,896	3,911
Multi-Racial	0	0
Unknown	0	0
Total	**2,922**	**5,494**

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	1,074	2,125
Female	1,848	3,369
Total	**2,922**	**5,494**

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
64483	Injection, anesthestic agent and/or steroid sinlge level, transforaminal, e	774	1,926.00
64484	Injection anesthetic agent and / or steroid each additional level	633	1,923.00
62311	Injection (not with indwelling cath) , not including neruolytic sbstances w	600	1,923.00
64476	Injection anesthetic/steriod paravetebral joint or facet joint nerve	291	1,936.00
43239	Upper Gastrointestinal Endoscopy, esophagus, stomach, duodenum an	283	2,613.00
45380	Colonoscopy proximal to splenic flexure with biopsy(s)	280	2,613.00
45378	Colonscopy diagnostic with or without collection of specimens	277	2,627.00
45384	Colonoscopy with removal of tumors, lesions, polyps with hot biopsy or	182	2,621.00
72275	Epidurography, Radiological supervision and interpretation	165	1,238.00
27096	Ijection procedure for sacroiliac joint, arthrography and / or anesthetic/s	161	1,898.00
45385	Colonoscopy proximal splenic flexure w/removal tumors, polyps lesions	149	2,603.00

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)*:

Gastroenterology, General Surgery, Pain Management, Neurosurgery, Orthopedics, Otolaryngology, Vascular Surgery, Podiaty, Gynecology

Services Provided:

Gastroenterology, General Surgery, Pain Management, Otolaryngology, Podiatry

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	953	1,804	3,440,248	403,921
Medicaid	88	103	288,548	31,185
PeachCare for Kids	0	0	0	0
Third Party	1,729	3,175	7,207,666	1,775,480
Self Pay	18	23	80,798	27,389
Other Payer	87	294	632,333	104,234
Total	**2,875**	**5,399**	**11,649,593**	**2,342,209**

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	47	53
Charity	0	0
Total	**47**	**53**

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.

11/10/2006

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.

Ann Turner Administrator

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 not 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	11,649,593
Medicare Contractual Adjustments	3,036,327
Medicaid Contractual Adjustments	257,363
Other Contractual Adjustments	5,883,685
Total Contractual Adjustments	**9,177,375**
Bad Debt	0
Indigent Care Gross Charges	130,009
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**130,009**
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	**0**
Other Free Care	0
Total Net Patient Revenue	**2,342,209**
Other Revenue	3,062
Total Net Revenue	**2,345,271**
Total Expenses	2,503,941
Adjusted Gross Revenue	**8,358,965**
Total Uncompensated I/C Care	**130,009**
Percent Uncompensated Indigent/Charity Care	**1.56%**

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.
CMS

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
Baldwin	5
Bulloch	1
Burke	66
Candler	8
Clarke	2
Coffee	1
Columbia	850
Effingham	1
Emanuel	10
Glascock	15
Greene	4
Hall	1
Jefferson	46
Jenkins	19
Johnson	2
Laurens	1
Lincoln	73
McDuffie	77
Meriwether	4
Other- Out of State	8
Putnam	1
Richmond	842
Rockdale	4
Screven	8
South Carolina	792
Taliaferro	2
Toombs	3
Warren	13
Washington	30
Whitfield	1
Wilkes	32
Total	**2,922**

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)	12.00	4.00	0.00
Licensed Practical Nurses (LPNs)	2.00	1.50	0.00
Aides/Assistants	4.00	1.50	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	31-60 Days
Licensed Practical Nurse	61-90 Days
Aides/Assistants	30 Days or Less
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: Ann Turner

Date: 6/25/2009

Title: Administrator

Comments: