



2009 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC004

Facility Name: Atlanta Eye Surgery Center at Omni West

County: Fulton

Street Address: 3200 Downwood Circle (The Palisades) Suite 240

City: Atlanta

Zip: 30327

Mailing Address: 3200 Downwood Circle (The Palisades) Suite 240

Mailing City: Atlanta

Mailing Zip: 30327

2. Report Period

Report Data for the full twelve month period, January 1, 2009 - December 31, 2009 (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: Phillip Craig Hethcox

Contact Title: Vice President

Phone: 404-351-1990

Fax: 404-355-8797

E-mail: chethcox@novamed.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
NovaMed Eye Care, Inc.	For Profit	January 1, 2009

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
NovaMed, Inc.	For Profit	January 1, 2009

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
NovaMed Eye Care, Inc.	For Profit	January 1, 2009

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
NovaMed, Inc.	For Profit	January 1, 2009

E. Management Contractor

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

F. Management's Parent Organization

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

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	3	101,172	3,863

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	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?

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	2	11
Asian	187	5,564
Black/African American	1,507	39,457
Hispanic/Latino	99	2,630
Pacific Islander/Hawaiian	1	3
White	2,047	52,838
Multi-Racial	20	669
Unknown	0	0
Total	3,863	101,172

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	1,622	42,492
Female	2,241	58,680
Total	3,863	101,172

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
00142	Anesthesia for Lens Surgery	89,281	63.00
00140	Anesthesia Eye-NOS	3,348	63.00
66984	Remove cataract, insert lens	3,285	2,263.00
00144	Anesthesia, Cornea Transplant	756	63.00
66982	Cataract removal intra lens	238	2,263.00
66821	After cataract laser surgery	230	1,039.00
00145	Anesthesia, vitrectomy	103	63.00
66250	Follow up surgery of eye	25	1,500.00
66682	Repair Iris and ciliary body	24	2,149.00
65400	Removal of eye lesion	22	1,500.00

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):

Single specialty CON for ophthalmology

Services Provided:

Ophthalmology only for cataract surgery, cornea surgery, laser surgery, general eye surgery, refractive eye surgery, and general surgery of the eye.

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	2,332	63,147	6,868,032	2,405,811
Medicaid	421	1,912	219,786	54,829
PeachCare for Kids	0	0	0	0
Third Party	601	33,117	4,082,696	1,514,311
Self Pay	358	2,005	223,439	222,100
Other Payer	151	991	130,981	126,400
Total	3,863	101,172	11,524,934	4,323,451

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	20	87
Charity	289	717
Total	309	804

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 2009.

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

01/01/2001

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.

Elaine Griffin, Director ASC

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 2009 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	11,524,934
Medicare Contractual Adjustments	4,261,558
Medicaid Contractual Adjustments	169,235
Other Contractual Adjustments	2,373,422
Total Contractual Adjustments	6,804,215
Bad Debt	40,001
Indigent Care Gross Charges	95,016
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	95,016
Charity Care Gross Charges	847,719
Charity Care Compensation	732,776
Uncompensated Charity Care (Net)	114,943
Other Free Care	147,308
Total Net Patient Revenue	4,323,451
Other Revenue	0
Total Net Revenue	4,323,451
Total Expenses	3,114,954
Adjusted Gross Revenue	7,054,140
Total Uncompensated I/C Care	209,959
Percent Uncompensated Indigent/Charity Care	2.98%

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.
State of Georgia Licensure

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
Atkinson	1
Banks	3
Barrow	7
Bartow	20
Brooks	2
Butts	5
Camden	2
Carroll	177
Cherokee	203
Clarke	4
Clayton	85
Cobb	573
Coweta	102
Crawford	2
Dawson	10
DeKalb	524
Douglas	79
Fannin	3
Fayette	202
Floyd	3
Forsyth	67
Franklin	2
Fulton	904
Gilmer	6
Gordon	2
Greene	6
Gwinnett	253
Habersham	5
Hall	42
Haralson	33
Harris	5
Heard	13
Henry	112
Houston	2
Jackson	26
Jasper	4
Jefferson	1
Lamar	2

Laurens	1
Lee	3
Liberty	1
Lumpkin	3
Meriwether	5
Miller	2
Monroe	33
Morgan	7
Muscogee	4
Newton	50
Oconee	6
Paulding	47
Pickens	10
Pike	4
Polk	4
Putnam	2
Rabun	2
Randolph	1
Rockdale	116
Screven	1
Spalding	10
Stephens	6
Taylor	1
Toombs	1
Troup	16
Union	2
Upson	1
Walton	25
Ware	1
Whitfield	5
Total	3,863

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 12-31-2009.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	4	0	0
Licensed Practical Nurses (LPNs)	1	1	0
Aides/Assistants	5	0	0
Allied Health Therapists	0	0	0

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	61-90 Days
Licensed Practical Nurse	31-60 Days
Aides/Assistants	31-60 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: Phillip Craig Hethcox

Date: 4/5/2010

Title: Vice President

Comments: