Georgia Department of Community Health

2009 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC020

Facility Name: Marietta Surgical Center

County: Cobb

Street Address: 780 Canton Road Suite 100

City: Marietta

Zip: 30060

Mailing Address: 780 Canton Road Suite 100

Mailing City: Marietta

Mailing Zip: 30060

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: Susan Hagler

Contact Title: Administrator

Phone: 770-422-1579

Fax: 770-428-5924

E-mail: susan.hagler@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
Marietta Outpatient Surgery LTD	For Profit	1/1/2003

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Atlanta Healthcare Management, L.P.	For Profit	1/1/2003

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Marietta Outpatient Surgery LTD	For Profit	1/1/2003

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Atlanta Healthcare Management, L.P.	For Profit	1/1/2003

E. Management Contractor

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

F. Management's Parent Organization

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

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

Full Name	License Number

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	6	5,938	5,938

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	2	1,818	1,818
Minor Procedure Rooms	0	0	0
Other Procedure Rooms	2	2,170	2,170

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	2	2
Asian	26	26
Black/African American	445	445
Hispanic/Latino	177	177
Pacific Islander/Hawaiian	2	2
White	5,278	5,278
Multi-Racial	8	8
Unknown	0	0
Total	**5,938**	**5,938**

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	2,142	2,142
Female	3,796	3,796
Total	**5,938**	**5,938**

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
66984	EXTRACAPSULAR CATARACT REMOVAL	1,218	6,481.00
30140	SUBMUCOUS RESECTION TURBINATE	415	1,313.00
58558	HYSTEROSCOPY, WITH BIOPSY OF ENDOMETRIUM	409	5,006.00
31255	NASAL ENDOSCOPY, SURGICAL	345	5,536.00
31267	MAXILLARY SINUS ENDOSCOPY, SURGICAL	283	2,527.00
29881	ARTHROSCOPIC KNEE SURGERY WITH MEDISCECTOMY	281	6,921.00
30520	REPAIR OF NASAL SEPTUM	239	4,667.00
19120	REMOVAL OF BREAST LESION	234	3,181.00
31276	NASAL ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORA	194	3,399.00
19301	MASTECTOMY, PARTIAL	174	4,215.00

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)*:

ENT, Gastroenterology, General Surgery, Gynecology, Neurosurgery, Ophthalmology, Oral/Maxillofacial, Orthopedic, Pain Management, Plastic, Podiatry, Pulmonary/Thoracic and Urology

Services Provided:

Ambulatory 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	2,450	2,450	11,285,091	1,717,815
Medicaid	101	101	612,789	69,582
PeachCare for Kids	0	0	0	0
Third Party	6,287	6,287	35,883,952	8,744,142
Self Pay	370	370	1,372,010	323,506
Other Payer	718	718	1,556,873	576,575
Total	**9,926**	**9,926**	**50,710,715**	**11,431,620**

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	306	306
Total	**306**	**306**

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.

04/01/2008

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.

Carey Burke, 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 2009 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	50,710,715
Medicare Contractual Adjustments	9,548,210
Medicaid Contractual Adjustments	436,363
Other Contractual Adjustments	27,682,108
Total Contractual Adjustments	**37,666,681**
Bad Debt	126,880
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**0**
Charity Care Gross Charges	1,364,902
Charity Care Compensation	0
Uncompensated Charity Care (Net)	**1,364,902**
Other Free Care	120,632
Total Net Patient Revenue	**11,431,620**
Other Revenue	6,028
Total Net Revenue	**11,437,648**
Total Expenses	9,344,348
Adjusted Gross Revenue	**40,605,290**
Total Uncompensated I/C Care	**1,364,902**
Percent Uncompensated Indigent/Charity Care	**3.36%**

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
Alabama	17
Appling	1
Atkinson	1
Bacon	1
Banks	1
Bartow	164
Ben Hill	1
Bibb	4
Camden	1
Carroll	96
Catoosa	1
Chatham	1
Chattooga	1
Cherokee	1002
Clarke	3
Clayton	14
Cobb	3268
Columbia	2
Coweta	14
Dawson	7
DeKalb	60
Dougherty	1
Douglas	174
Elbert	1
Fannin	27
Fayette	9
Florida	10
Floyd	11
Forsyth	9
Franklin	2
Fulton	214
Gilmer	43
Glynn	1
Gordon	13
Gwinnett	151
Hall	13
Haralson	12
Hart	1
Heard	3

Henry	19
Houston	1
Irwin	1
Jackson	1
Jasper	1
Jones	1
Lamar	2
Lumpkin	3
Macon	1
Madison	1
Meriwether	1
Monroe	1
Morgan	2
Murray	2
Muscogee	4
Newton	5
North Carolina	13
Oconee	1
Other- Out of State	20
Paulding	264
Pickens	86
Pike	2
Polk	26
Putnam	2
Rabun	1
Richmond	1
Rockdale	8
South Carolina	9
Spalding	3
Stephens	1
Sumter	1
Talbot	1
Tattnall	1
Tennessee	8
Tift	1
Toombs	1
Towns	3
Troup	69
Twiggs	1
Union	8
Upson	1
Walker	1
Walton	2
Whitfield	2

Total	**5,938**

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)	46.00	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	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: Susan Hagler

Date: 2/24/2010

Title: Administrator

Comments:

As stated in previous years, the following continues to apply to reporting as requested by the ASC survey. As a general rule, surgery centers do not keep seperate 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. In Part J. all clinical FTEs are reported under the profession of Registered Nurses. Clinical FTEs are not budgeted seperately by position.