



2009 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, 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: 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	NA	

D. Operator's Parent Organization

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

E. Management Contractor

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

F. Management's Parent Organization

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

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

Full Name	License Number
Ramzi Assad	018597
Vendie Hooks, III	017026
Brian Bennett	POD000842
Mickey Stapp	POD000728
Mallory Lawrence	026578
Wm 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	6,082	2,884

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	321	296
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	1	1
Asian	18	28
Black/African American	325	594
Hispanic/Latino	11	15
Pacific Islander/Hawaiian	0	0
White	1,500	3,080
Multi-Racial	0	0
Unknown	1,325	2,685
Total	3,180	6,403

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	1,157	2,408
Female	2,023	3,995
Total	3,180	6,403

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 anesthetic agent/steroid transforaminal, epidural, lumbar	572	2,046.00
62311	injection with/without contract anesthetic, steroid, antispasmodic, opioid	778	2,038.00
64484	injection anesthetic, steroid transformanial, epidural, lumbar each additi	428	2,038.00
64476	injection anesthetic/steroid paravertebral join, or facet, lumbar or sacral	259	2,038.00
45378	colonoscopy flexiable to splenic flexure with or with out specimens	331	3,127.00
43239	upper gastrointestinal endoscopy, esoph, stomach, duodenum wiht biop	250	3,127.00
45380	colon, flexiable prox to splenic flexure with biopsy	251	3,127.00
27096	injection sacroiliac joint anesthetic and or steroid	219	2,010.00
64472	injection anesthetic/steroid paravertebral facet or cervical or thoracic	409	2,038.00
64475	injection anesthetic agent/steriod paravertebral join, facet single level	162	2,046.00

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, Othopedics, Otolaryngology, Vascular Surgery, Podiatry, Gynecology, Plastic Surgery

Services Provided:

Gastroenterology, General Surgery, Pain Management, Otolaryngology, Podiatry, Plastic Surgery

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	1,047	1,831	4,079,693	509,289
Medicaid	96	140	438,063	48,950
PeachCare for Kids	0	0	0	0
Third Party	1,976	4,335	9,237,452	2,133,568
Self Pay	14	25	71,594	25,990
Other Payer	0	0	84,249	0
Total	3,133	6,331	13,911,051	2,717,797

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	72
Charity	47	72
Total	94	144

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.

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 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	13,911,051
Medicare Contractual Adjustments	3,570,404
Medicaid Contractual Adjustments	389,113
Other Contractual Adjustments	6,966,415
Total Contractual Adjustments	10,925,932
Bad Debt	183,073
Indigent Care Gross Charges	84,249
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	84,249
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	2,717,797
Other Revenue	739
Total Net Revenue	2,718,536
Total Expenses	2,665,404
Adjusted Gross Revenue	9,769,200
Total Uncompensated I/C Care	84,249
Percent Uncompensated Indigent/Charity Care	0.86%

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
Appling	10
Baldwin	9
Bulloch	8
Burke	56
Camden	4
Candler	6
Clarke	9
Coffee	2
Columbia	1012
Emanuel	26
Glascocock	16
Greene	9
Hall	3
Jefferson	54
Jenkins	46
Laurens	9
Lincoln	62
McDuffie	93
Meriwether	5
Other- Out of State	2
Richmond	963
Screven	13
South Carolina	653
Taliaferro	4
Toombs	6
Warren	36
Washington	41
Wilkes	23
Total	3,180

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)	9.00	2.00	0.00
Licensed Practical Nurses (LPNs)	1.00	1.00	0.00
Aides/Assistants	3.00	0.00	0.00
Allied Health Therapists	1.00	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: Ann Turner

Date: 3/12/2010

Title: Administrator

Comments:

Although top 10 CPT are pain management / gastroenterology, the center has seen a consistent growth with general surgery and podiatry as well as plastic surgery during survey year. Continue to strive to meet indigent care needs, although review of cases show this group has highest rate of cancellations and day of procedure no-show.