



## 2011 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, 2011 - December 31, 2011 (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:** Elaine Griffin

**Contact Title:** Director

**Phone:** 404-355-8721

**Fax:** 404-351-3349

**E-mail:** egriffin@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 Eyecare, Inc.	For Profit	01-01-2001

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgery Partners	For Profit	05-07-2011

#### C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
NovaMed Eyecare, Inc.	For Profit	01-01-2001

#### D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgery Partners	For Profit	05-07-2011

#### E. Management Contractor

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

#### F. Management's Parent Organization

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

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

Full Name	License Number
NA	

## 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 Community Health pursuant to Rule 111-8-4-.01.

Room Type	Number of Rooms	Number of Procedures	Number of Patients
Operating Procedure Rooms	3	2,999	1,965

### **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?

0

### **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	53	73
Black/African American	635	989
Hispanic/Latino	50	73
Pacific Islander/Hawaiian	0	0
White	1,110	1,719
Multi-Racial	116	144
Unknown	0	0
<b>Total</b>	<b>1,965</b>	<b>2,999</b>

#### 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	779	1,123
Female	1,186	1,876
<b>Total</b>	<b>1,965</b>	<b>2,999</b>

### 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	Remove cataract, Insert lens	2,785	2,263.00
66982	Remove cataract, Insert lens	131	2,263.00
66821	After cataract laser surgery	39	1,039.00
65400	Removal of eye lesion	19	1,500.00
66825	Reposition intraocular lens	6	2,149.00
66986	Exchange lens prosthesis	4	2,212.00
66850	Removal of lens material	2	2,660.00
66985	Secondary IOL Fac Fee	2	2,212.00
66840	Removal of lens material	3	1,466.00
66930	Extraction of lens	1	2,660.00

#### 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 Healthcare Facility Regulation Division or 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	875	1,380	6,022,955	1,963,285
Medicaid	54	81	264,069	95,363
PeachCare for Kids	0	0	0	0
Third Party	972	1,455	3,336,507	1,392,199
Self Pay	59	76	249,722	64,682
Other Payer	5	7	16,645	5,151
<b>Total</b>	<b>1,965</b>	<b>2,999</b>	<b>9,889,898</b>	<b>3,520,680</b>

### 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	4	7
Charity	205	321
<b>Total</b>	<b>209</b>	<b>328</b>

## 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 2011.

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

### 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 2011 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	9,889,898
Medicare Contractual Adjustments	4,059,670
Medicaid Contractual Adjustments	168,706
Other Contractual Adjustments	1,821,009
<b>Total Contractual Adjustments</b>	<b>6,049,385</b>
Bad Debt	28,151
Indigent Care Gross Charges	112,471
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>112,471</b>
Charity Care Gross Charges	805,537
Charity Care Compensation	729,248
<b>Uncompensated Charity Care (Net)</b>	<b>76,289</b>
Other Free Care	102,922
<b>Total Net Patient Revenue</b>	<b>3,520,680</b>
Other Revenue	0
<b>Total Net Revenue</b>	<b>3,520,680</b>
Total Expenses	2,287,541
<b>Adjusted Gross Revenue</b>	<b>5,633,371</b>
<b>Total Uncompensated I/C Care</b>	<b>188,760</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>3.35%</b>

## 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

## 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	2
Appling	
Atkinson	
Bacon	
Baker	
Baldwin	2
Banks	2
Barrow	2
Bartow	4
Ben Hill	
Berrien	
Bibb	1
Bleckley	
Brantley	
Brooks	
Bryan	
Bulloch	
Burke	
Butts	8
Calhoun	
Camden	
Candler	
Carroll	63
Catoosa	
Charlton	
Chatham	
Chattahoochee	
Chattooga	
Cherokee	47
Clarke	
Clay	
Clayton	59
Clinch	
Cobb	238
Coffee	
Colquitt	
Columbia	
Cook	
Coweta	58



Crawford	
Crisp	
Dade	
Dawson	1
Decatur	
DeKalb	329
Dodge	1
Dooly	
Dougherty	
Douglas	50
Early	
Echols	
Effingham	
Elbert	
Emanuel	
Evans	
Fannin	1
Fayette	34
Florida	4
Floyd	1
Forsyth	39
Franklin	2
Fulton	471
Gilmer	2
Glascock	
Glynn	
Gordon	1
Grady	
Greene	1
Gwinnett	218
Habersham	
Hall	27
Hancock	
Haralson	8
Harris	
Hart	
Heard	4
Henry	58
Houston	
Irwin	
Jackson	7
Jasper	3
Jeff Davis	
Jefferson	1

Jenkins	
Johnson	
Jones	
Lamar	1
Lanier	
Laurens	
Lee	
Liberty	
Lincoln	
Long	
Lowndes	
Lumpkin	3
Macon	1
Madison	1
Marion	
McDuffie	
McIntosh	
Meriwether	3
Miller	1
Mitchell	
Monroe	14
Montgomery	
Morgan	2
Murray	
Muscogee	1
Newton	32
North Carolina	2
Oconee	1
Oglethorpe	
Other- Out of State	12
Paulding	34
Peach	
Pickens	2
Pierce	
Pike	3
Polk	4
Pulaski	
Putnam	3
Quitman	
Rabun	1
Randolph	2
Richmond	
Rockdale	61
Schley	

Screven	
Seminole	
South Carolina	2
Spalding	4
Stephens	
Stewart	
Sumter	
Talbot	
Taliaferro	
Tattnall	
Taylor	
Telfair	
Tennessee	
Terrell	
Thomas	
Tift	1
Toombs	
Towns	1
Treutlen	
Troup	2
Turner	
Twiggs	
Union	
Upson	3
Walker	
Walton	19
Ware	
Warren	
Washington	
Wayne	
Webster	
Wheeler	
White	
Whitfield	
Wilcox	
Wilkes	
Wilkinson	
Worth	
<b>Total</b>	<b>1,965</b>

## 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 12-31-2011.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	4	0	0
Licensed Practical Nurses (LPNs)	1	0	0
Aides/Assistants	5	3	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: Elaine Griffin

Date: 3/6/2012

Title: Director

Comments: