



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2012 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC002

Facility Name: Gainesville Surgery Center

County: Hall

Street Address: 1945 Beverly Road

City: Gainesville

Zip: 30501-2034

Mailing Address: 1945 Beverly Road

Mailing City: Gainesville

Mailing Zip: 30501-2034

2. Report Period

Report Data for the full twelve month period, January 1, 2012 - December 31, 2012 (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: Andy Whitener

Contact Title: Administrator

Phone: 770-287-1500

Fax: 770-287-1589

E-mail: andy.whitener@scasurgery.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
Gainesville Surgery Center,LP	For Profit	1/1/96

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgical Care Affiliates	For Profit	6/30/2007

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Gainesville Surgery Center	For Profit	1/1/1996

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgical Care Affiliates	For Profit	6/30/2007

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Gainesville Surgery Center	For Profit	1/1/1996

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgical Care Affiliates	For Profit	6/30/2007

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

Full Name	License Number
Fred Simonton, DMD	010367
Sam Richwine, MD	019761
Alex Nguyen, MD	061133
John Forrest, MD	023956
Harry Ferran, MD	02611
Pierpoint Brown, MD	030018
Derek Moore, MD	054090
Chad Copper, MD	05518

James Butts	036508
Bradley Auffarth, MD	044398
Barry Munn, MD	054167
Daniel Mullis, MD	060414
Derek Pendarvis, MD	049933
James Leigh, MD	015278
Rudolph Cisco, MD	000596
Charlie Decook, MD	063576
Michael Gottsman, MD	050102

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	4	6,441	3,679

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	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?

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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	3
Asian	21	33
Black/African American	136	254
Hispanic/Latino	140	243
Pacific Islander/Hawaiian	0	0
White	2,566	4,460
Multi-Racial	0	0
Unknown	814	1,448
Total	3,679	6,441

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	1,654	3,047
Female	2,025	3,394
Total	3,679	6,441

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
45378	Diagnostic colonoscopy	551	1,859.00
66984	Cataract surgery	457	6,054.00
29881	Knee arthroscopy	220	8,382.00
45385	Colonoscopy remove polyp	209	1,385.00
47562	Laproscope cholecystectomy	169	8,369.00
45380	Colonoscopy with Biopsy	162	1,712.00
64721	Carpal tunnel release	153	3,620.00
43239	Upper GI endoscopy	146	1,791.00
64415	Nerve block injection arm	129	1,575.00
49650	Laroscopic hernia repair	117	11,550.00

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):

Ambulatory surgery for the following specialties: podiatry, general surgery, gynecology, ophthalmology, oral, dental, orthopedic, otolaryngology, pain management, urology, plastics

Services Provided:

Pre-op, surgery and post-op care to the above specialties

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	0	0	8,667,989	888,422
Medicaid	0	0	1,565,460	236,211
PeachCare for Kids	0	0	0	0
Third Party	0	0	14,321,292	2,551,712
Self Pay	0	0	389,749	47,261
Other Payer	0	0	925,585	70,691
Total	0	0	25,870,075	3,794,297

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	69	69
Charity	0	0
Total	69	69

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 2012. ☒

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

01/03/2006

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.

Andy Whitener, 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 2012 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	25,870,075
Medicare Contractual Adjustments	7,779,567
Medicaid Contractual Adjustments	1,329,249
Other Contractual Adjustments	12,131,178
Total Contractual Adjustments	21,239,994
Bad Debt	282,832
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	0
Charity Care Gross Charges	552,952
Charity Care Compensation	0
Uncompensated Charity Care (Net)	552,952
Other Free Care	0
Total Net Patient Revenue	3,794,297
Other Revenue	28,445
Total Net Revenue	3,822,742
Total Expenses	0
Adjusted Gross Revenue	16,506,872
Total Uncompensated I/C Care	552,952
Percent Uncompensated Indigent/Charity Care	3.35%

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
Banks	43
Barrow	29
Cherokee	4
Clarke	7
Dawson	80
DeKalb	2
Fannin	9
Forsyth	31
Franklin	19
Fulton	1
Gilmer	6
Gwinnett	44
Habersham	312
Hall	1967
Hart	1
Jackson	279
Lumpkin	160
Madison	5
Oconee	2
Other- Out of State	176
Rabun	36
Stephens	75
Towns	20
Union	66
White	299
Wilkes	6
Total	3,679

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 12-31-2012.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	11.00	1.00	0.50
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	4.00	0.50	0.30
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	61-90 Days
Licensed Practical Nurse	Not Applicable
Aides/Assistants	61-90 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: Andy Whitener

Date: 3/6/2013

Title: Administrator

Comments:

Part F: Subtracted bad debt and gross charity charges from third party net to make numbers match. In our financials these two expenses are below net revenue. Part D: Male and female patients and procedures numbers were increased by representative % on our "male and female procedures and patients report to match actual total. Part F: Patients by Payer Source was increased increased in "other" because breakdown report did not match actual. Part I: "Other-Out of State" increased by 141 to match actual total (the 141 represents patients from an unknown county)