GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2012 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC026

Facility Name: Coliseum Same Day Surgery Center

County: Bibb

Street Address: 340 Hospital Drive

City: Macon

Zip: 31217-3895

Mailing Address: PO Box 6154

Mailing City: Macon

Mailing Zip: 31217-8002

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: KAY MEADOWS

Contact Title: ADMINISTRATOR

Phone: 478-742-1403

Fax: 478-742-1671

E-mail: kay.meadows@hcahealthcare.com

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
COLISEUM SAME DAY SURGERY CENTER, LP	For Profit	12/6/1999

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
MACON HEALTHCARE, LLC	For Profit	3/31/1999

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
COLISEUM SAME DAY SURGERY CENTER, LP	For Profit	12/6/1999

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
MACON HEALTHCARE, LLC	For Profit	3/31/1999

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	9/9/1999

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	9/9/1999

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

Full Name	License Number

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	3,836	3,836

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	1	136	136
Other Procedure Rooms	1	760	760

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?

18

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	29	29
Black/African American	1,154	1,154
Hispanic/Latino	24	24
Pacific Islander/Hawaiian	0	0
White	2,481	2,481
Multi-Racial	59	59
Unknown	87	87
Total	**3,836**	**3,836**

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	1,442	1,442
Female	2,394	2,394
Total	**3,836**	**3,836**

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	CATARACT REMOVAL	673	5,431.00
52332	CYSTO W/INSERTION OF STENT	142	7,577.00
58558	HYSTEROSCOPY W/BX OF ENDOMETRIUM	127	8,132.00
58670	LAPAROSCOPY W/FULGERATION OF OVIDUXS	103	7,667.00
58563	HYSTEROSCOPY W/ENDOMETRIAL ABLATION	102	9,505.00
50590	LITHOTRIPSY	94	19,383.00
47563	LAP SURG CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	89	17,052.00
28285	CORRECTION OF HAMMERTOE	88	5,159.00
36561	INSERTION TUN CATHETER W/SUBQ PORT	79	2,964.00
52353	CYSTO BLADDER & URETER, BREAK UP KIDNEY STONES	75	9,022.00

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)***:**

PODIATRY, ENT, OPHTHALMOLOGY, OB/GYN, UROLOGY, ORAL, ORTHOPAEDIC, NEUROLOGY, LASTIC AND RECONSTRUCTIVE SURGERY, GENERAL SURGERY, PAIN MANAGEMENT, DERMATOLOGY AND ENDOSCOPY/GASTROENTEROLOGY

Services Provided:

AMBULATORY SURGERY 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	1,531	1,531	10,226,423	1,369,194
Medicaid	361	361	2,844,719	345,193
PeachCare for Kids	0	0	0	0
Third Party	1,721	1,721	15,678,816	3,642,805
Self Pay	71	71	680,951	54,876
Other Payer	152	152	272,931	86,473
Total	**3,836**	**3,836**	**29,703,840**	**5,498,541**

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		
Charity	164	164
Total	**164**	**164**

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.
04/01/2001

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.

CAROL WHARTON, 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 2012 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	29,703,840
Medicare Contractual Adjustments	8,816,449
Medicaid Contractual Adjustments	2,409,943
Other Contractual Adjustments	12,076,104
Total Contractual Adjustments	**23,302,496**
Bad Debt	160,332
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**0**
Charity Care Gross Charges	742,471
Charity Care Compensation	0
Uncompensated Charity Care (Net)	**742,471**
Other Free Care	0
Total Net Patient Revenue	**5,498,541**
Other Revenue	610
Total Net Revenue	**5,499,151**
Total Expenses	4,191,948
Adjusted Gross Revenue	**18,317,726**
Total Uncompensated I/C Care	**742,471**
Percent Uncompensated Indigent/Charity Care	**4.05%**

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
Appling	1
Baldwin	180
Ben Hill	3
Bibb	1813
Bleckley	57
Butts	29
Clarke	1
Clayton	2
Coffee	1
Colquitt	1
Cook	3
Crawford	40
Crisp	2
Dodge	53
Dooly	14
Dougherty	4
Emanuel	11
Fayette	1
Fulton	1
Glynn	1
Greene	5
Gwinnett	3
Hancock	11
Henry	8
Houston	343
Jasper	18
Jeff Davis	1
Johnson	9
Jones	222
Lamar	22
Laurens	81
Lee	4
Lowndes	8
Macon	30
Monroe	203
Montgomery	1
Muscogee	3
Newton	13
Peach	194

Pike	7
Pulaski	45
Putnam	37
Rabun	1
Schley	1
Spalding	8
Sumter	2
Taylor	13
Telfair	35
Tift	4
Toombs	3
Treutlen	8
Twiggs	83
Upson	26
Washington	19
Wheeler	3
Wilcox	10
Wilkinson	134
Total	**3,836**

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)	13.50	0.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	4.00	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	30 Days or Less
Aides/Assistants	30 Days or Less
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: Kay Meadows

Date: 2/27/2013

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 separate 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 the same way for all HCA facilities, since all use the same data reporting system.