GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2012 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC060

Facility Name: Tattnall Hospital Company, LLC

County: Chatham

Street Address: 210 East DeRenne Avenue

City: Savannah

Zip: 31405

Mailing Address: 210 East DeRenne Avenue

Mailing City: Savannah

Mailing Zip: 31405

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: Michael Kleinpeter

Contact Title: CEO

Phone: 912-644-5370

Fax: 912-644-5259

E-mail: mkleinpeter@optimhealth.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
TattnallHospital Company, LLC, dba Optim Surgery C	For Profit	01/01/09

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Orthopedic Center, PC	For Profit	01/01/00

C. Facility Operator

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

D. Operator's Parent Organization

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

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
Christopher Nicholson, MD	057734
John George, MD	027815
Edward Whelan, III MD	0254373
Bradley Heiges, MD	050479
Charles Hope, MD	043962
Juha Jaakkola, MD	042065
Mark Kamaleson, MD	042622
William Kropp, MD	037010

Donald McCartney, MD	041007
David Palmer, MD	044980
Benjamin Sutker, MD	052639
James Wilson, MD	046013
Kent Woo, MD	049123
John Hodges, MD	043648
Don Aaron, MD	059353

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	2,679	2,679

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	0	0	0
Minor Procedure Rooms	1	0	0
Other Procedure Rooms	2	5,433	5,433

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?

3

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	4	4
Black/African American	447	447
Hispanic/Latino	36	36
Pacific Islander/Hawaiian	1	1
White	2,157	2,157
Multi-Racial	32	32
Unknown	0	0
Total	**2,679**	**2,679**

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	1,231	3,295
Female	1,448	4,817
Total	**2,679**	**8,112**

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
66983	Epidural Steroid Injection	4,569	6,067.00
62311	Caudal/Lumbar Epidural Sterioid Inj	4,541	6,067.00
64493	Joint Injection	467	6,067.00
64721	Carpal Tunnel Release	314	13,954.00
27347	Arthroscopy, Knee	241	23,257.00
64635	RFA	169	10,112.00
26055	Trigger Finger Release	157	13,954.00
25111	Excision, Ganglion	110	11,628.00
29827	Arthrosocpy, Shoulder, RCR	98	23,257.00
63685	Implant, Permanent Spinal Cord	93	80,940.00
29824	Arthroscopy, Shoulder, Distal Clavical Resect	91	23,257.00

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)***:**

Orthopedic Services

Services Provided:

Orthopedic Surgery & Procedures

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	3,430	3,430	41,847,486	2,040,066
Medicaid	357	357	5,284,285	284,953
PeachCare for Kids	0	0	0	0
Third Party	4,221	4,221	80,571,573	20,121,297
Self Pay	104	104	802,084	13,584
Other Payer	0	0	0	0
Total	**8,112**	**8,112**	**128,505,428**	**22,459,900**

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	15	15
Charity	8	8
Total	**23**	**23**

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.
03/01/2012

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.

Angela Myers, Director of Reimbursement

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	128,505,428
Medicare Contractual Adjustments	39,807,421
Medicaid Contractual Adjustments	4,999,332
Other Contractual Adjustments	58,422,367
Total Contractual Adjustments	**103,229,120**
Bad Debt	62,475
Indigent Care Gross Charges	1,894,575
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**1,894,575**
Charity Care Gross Charges	854,789
Charity Care Compensation	0
Uncompensated Charity Care (Net)	**854,789**
Other Free Care	4,569
Total Net Patient Revenue	**22,459,900**
Other Revenue	0
Total Net Revenue	**22,459,900**
Total Expenses	0
Adjusted Gross Revenue	**83,636,200**
Total Uncompensated I/C Care	**2,749,364**
Percent Uncompensated Indigent/Charity Care	**3.29%**

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	21
Atkinson	4
Bacon	6
Baker	1
Baldwin	0
Banks	0
Ben Hill	1
Berrien	0
Bibb	0
Brantley	3
Bryan	191
Bulloch	110
Burke	1
Camden	5
Candler	15
Carroll	1
Charlton	0
Chatham	1163
Chattahoochee	1
Cherokee	1
Cobb	3
Coffee	3
Crisp	1
DeKalb	3
Dodge	0
Douglas	1
Effingham	276
Elbert	0
Emanuel	11
Evans	29
Fayette	2
Florida	0
Floyd	1
Fulton	2
Glynn	25
Gwinnett	3
Houston	1
Jasper	1
Jeff Davis	9

Jefferson	1
Jenkins	0
Johnson	0
Laurens	5
Lee	4
Liberty	204
Long	23
Lowndes	1
Madison	1
McDuffie	2
McIntosh	9
Montgomery	7
Muscogee	0
Newton	0
North Carolina	0
Other- Out of State	20
Peach	1
Pierce	4
Putnam	1
Rockdale	1
Screven	38
South Carolina	358
Tattnall	38
Telfair	2
Tift	3
Toombs	28
Treutlen	5
Walton	3
Ware	3
Wayne	17
Wheeler	2
Whitfield	3
Total	**2,679**

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)	15.00	0.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	1.50	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	31-60 Days
Licensed Practical Nurse	NA
Aides/Assistants	NA
Allied Health Therapists	NA

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: Michael W. Kleinpeter

Date: 3/18/2013

Title: CEO

Comments: