



2013 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC001

Facility Name: Surgery Center Of Rome, The

County: Floyd

Street Address: 16 John Maddox Drive

City: Rome

Zip: 30165

Mailing Address: 16 John Maddox Drive

Mailing City: Rome

Mailing Zip: 30165

2. Report Period

Report Data for the full twelve month period, January 1, 2013 - December 31, 2013 (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: Debbie Rickman

Contact Title: Business Office Manager

Phone: 706- 802- 3727

Fax: 866-574-8301

E-mail: debbie.rickman@hcahealthcare.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 Rome,L.P.	For Profit	9/27/2004

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgicare of Rome,INC	For Profit	9/27/2004

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgery Center of Rome,L.P.	For Profit	9/27/2004

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgicare of Rome,INC	For Profit	9/27/2004

E. Management Contractor

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

F. Management's Parent Organization

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

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

Full Name	License Number
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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	4,956	4,956

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	171	171
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	8	8
Asian	14	14
Black/African American	363	363
Hispanic/Latino	144	144
Pacific Islander/Hawaiian	14	14
White	4,365	4,365
Multi-Racial	48	48
Unknown	0	0
Total	4,956	4,956

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	2,165	2,165
Female	2,791	2,791
Total	4,956	4,956

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	EXTRACAPUSALAR CATARACT EXTRACTION WITH INSERTION LE	1,860	4,833.00
69436	TYMPANOSTOMY WITH VENTILATING TUBE GENERAL ANESTHES	798	3,865.00
64721	NEUROPLASTY TRANSPOSITION MEDIAN NERVE AT CARPAL TUN	280	5,800.00
42820	TONSILLECTOMY AND ADENOIDECTOMY UNDER AGE 12	274	9,656.00
D9420	DENTAL PROCEDURE/ASC CALL	271	4,519.00
66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT LASER	154	2,259.00
42830	ADENOIDECTOMY PRIMARY UNDER AGE 12	150	7,730.00
29881	ARTHROSCOPY KNEE WITH MENISCECTOMY MEDIAL OR LATERA	103	17,701.00
30140	SUBMUCOUS RESECTION INFERIOR TURBINATES	95	7,730.00
66982	EXTRACAPUSALAR CATARACT EXTRACTION COMPLICATED WIT	128	4,476.00

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):

FOOT,GENERAL

OB/GYN,OPHTHALMOLOGY,ORAL,ORTHOPEDIC,OTOLARYNGOLOGY,PLASTIC,UROLOGY,PAI
N MANAGEMENT

Services Provided:

AMBULATORY SURGICAL TREATMENT

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	2,164	2,164	13,408,970	1,771,882
Medicaid	1,172	1,172	10,274,157	794,507
PeachCare for Kids	0	0	0	0
Third Party	1,532	1,532	17,010,366	3,219,863
Self Pay	136	136	772,992	142,076
Other Payer	123	123	1,521,420	325,232
Total	5,127	5,127	42,987,905	6,253,560

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	0	0
Charity	335	335
Total	335	335

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 2013.

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

01/24/2013

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.

Debbie Rickman, 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 2013 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	42,987,905
Medicare Contractual Adjustments	11,559,379
Medicaid Contractual Adjustments	9,261,768
Other Contractual Adjustments	14,741,949
Total Contractual Adjustments	35,563,096
Bad Debt	144,396
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	0
Charity Care Gross Charges	1,026,853
Charity Care Compensation	0
Uncompensated Charity Care (Net)	1,026,853
Other Free Care	0
Total Net Patient Revenue	6,253,560
Other Revenue	3,166
Total Net Revenue	6,256,726
Total Expenses	5,646,113
Adjusted Gross Revenue	22,025,528
Total Uncompensated I/C Care	1,026,853
Percent Uncompensated Indigent/Charity Care	4.66%

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
Alabama	198
Banks	1
Bartow	740
Bibb	1
Calhoun	1
Carroll	47
Catoosa	3
Chattooga	465
Cherokee	13
Clarke	1
Cobb	52
Douglas	4
Fannin	12
Florida	1
Floyd	2135
Fulton	5
Gilmer	2
Gordon	226
Gwinnett	1
Haralson	94
Henry	1
Lumpkin	1
Murray	19
Paulding	25
Pickens	4
Polk	834
Tennessee	3
Troup	2
Walker	32
Whitfield	33
Total	4,956

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 12-31-2013.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	24.00	0.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	7.00	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	Not Applicable
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: Neal Jochimsen

Date: 3/7/2014

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.