



2013 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC060

Facility Name: Optim Surgery Center

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, 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: 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
Tattnall Hospital Company, LLC, dba Optim Surgery	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
	Not Applicable	

D. Operator's Parent Organization

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

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
Christopher Nicholson, MD	057734
John George, MD	027815
Edward Whelan, MD	024373
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
Thomas Lawhome, MD	062383

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	2,971	2,971

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	5,293	5,293

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	1	1
Asian	7	7
Black/African American	446	446
Hispanic/Latino	3	3
Pacific Islander/Hawaiian	1	1
White	2,268	2,268
Multi-Racial	245	245
Unknown	0	0
Total	2,971	2,971

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	1,375	3,277
Female	1,596	4,987
Total	2,971	8,264

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
64479	Transforaminal Epidural Inje	2,672	6,067.00
64479	Transforaminal Epidural Inje	2,672	6,067.00
64479	Transforaminal Epidural Inje	2,672	6,067.00
62311	Caudal Epidural Injection	660	6,067.00
27096	Sacroiliac Joint Injection	480	6,067.00
64493	Medial Branch Block	377	6,067.00
66983	Cervical Epidural Steroid Injection	365	6,067.00
29880	Knee Arthroscopy	346	23,257.00
64721	Carpal Tunnel Release	332	13,954.00
64490	Facet Cervical Lumbar Injection	277	6,067.00
63635	Radio Frequency Ablation	168	10,112.00
29827	Shoulder Arthroscopy with Repair	218	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 Pain Management

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	3,496	3,496	39,108,106	1,985,789
Medicaid	360	360	4,565,234	275,986
PeachCare for Kids	0	0	0	0
Third Party	4,298	4,298	79,536,584	19,984,538
Self Pay	110	110	629,686	14,865
Other Payer	0	0	0	0
Total	8,264	8,264	123,839,610	22,261,178

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	16	16
Charity	10	10
Total	26	26

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.

01/02/2009

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 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	123,839,610
Medicare Contractual Adjustments	36,989,625
Medicaid Contractual Adjustments	4,296,357
Other Contractual Adjustments	56,994,678
Total Contractual Adjustments	98,280,660
Bad Debt	658,520
Indigent Care Gross Charges	1,852,654
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	1,852,654
Charity Care Gross Charges	786,598
Charity Care Compensation	0
Uncompensated Charity Care (Net)	786,598
Other Free Care	0
Total Net Patient Revenue	22,261,178
Other Revenue	0
Total Net Revenue	22,261,178
Total Expenses	13,039,272
Adjusted Gross Revenue	81,895,108
Total Uncompensated I/C Care	2,639,252
Percent Uncompensated Indigent/Charity Care	3.22%

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	15
Atkinson	4
Bacon	5
Barrow	1
Ben Hill	3
Berrien	1
Bibb	4
Brantley	5
Bryan	233
Bulloch	131
Camden	3
Candler	15
Carroll	1
Charlton	2
Chatham	1381
Cherokee	1
Clinch	1
Cobb	1
Coffee	8
Columbia	1
Decatur	4
DeKalb	1
Dodge	0
Douglas	1
Early	2
Effingham	276
Emanuel	15
Evans	26
Fannin	1
Florida	3
Forsyth	1
Fulton	5
Glynn	25
Gwinnett	2
Heard	1
Jeff Davis	4
Jefferson	1
Jenkins	6
Johnson	5

Jones	1
Laurens	4
Liberty	179
Long	28
McDuffie	1
McIntosh	34
Montgomery	3
Muscogee	1
Other- Out of State	7
Pierce	5
Pike	2
Pulaski	2
Putnam	2
Richmond	2
Screven	37
South Carolina	326
Tattnall	58
Telfair	2
Toombs	40
Treutlen	5
Troup	2
Upson	1
Ware	4
Wayne	27
Wheeler	3
Total	2,971

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)	17.00	1.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	2.00	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	Not Applicable
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: Michael W. Kleinpeter

Date: 3/10/2014

Title: CEO

Comments: