



2013 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC063

Facility Name: Surgery Center of Columbia County, LLC

County: Columbia

Street Address: 4300 University Parkway

City: Evans

Zip: 30809

Mailing Address: 4300 University Parkway

Mailing City: Evans

Mailing Zip: 30809

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: Betsy Sharp

Contact Title: Administrator

Phone: 706-854-3020

Fax: 706-854-3189

E-mail: bsharp@evanssccc.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 Columbia County, LLC	For Profit	11/10/2006

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
University Health Resources, Inc.	Hospital Authority	11/10/2006

C. Facility Operator

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

D. Operator's Parent Organization

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

E. Management Contractor

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

F. Management's Parent Organization

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

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

Full Name	License Number
Ramzi Assad	018597
Vendi Hooks, III	017026
Brian Bennett	POD000842
Mickey Stapp	POD000728
Mallory Lawrence	026578
William David Curtis	030038
Gregory Oetting	038575
Russell Stephens	040246

Jay Newton Bates	048471
Christopher Carlson	045051
Todd Cable	046740
Christopher Vickery	034487
Mark Stewart	032058
Matthew Mondri	060940
Ellen Shaver	041670
James Sherman	031122
Barry Jenkins	053249

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	5,243	2,768

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	2	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	6	10
Asian	17	20
Black/African American	394	768
Hispanic/Latino	21	33
Pacific Islander/Hawaiian	0	0
White	1,794	3,976
Multi-Racial	5	7
Unknown	21	42
Total	2,258	4,856

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	808	1,569
Female	1,450	3,287
Total	2,258	4,856

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
64483	Injection, anesthetic Agent and/or Steriod	528	3,000.00
64484	Injection, anesthetic Agent and/or Steriod	493	3,000.00
45378	Colonoscopy, diagnostic	357	3,127.00
62311	Injection, single (not via indwelling cath.	269	3,000.00
45380	Colonoscopy, with biopsy	221	3,127.00
43239	EGD, with biopsy	188	3,127.00
45384	Colonoscopy, flexible, proximal to splen	164	3,127.00
G0260	Injection procedure for sacroiliac joint	143	2,038.00
45385	Colonoscopy, flexible, proximal to splen	134	3,127.00
28296	Correction, hallux valgus	123	4,463.00

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):

Gastroenterology, General Surgery, Pain Management, Otolaryngology Surgery, Podiatry Surgery, Plastic Surgery, Gynecology Surgery, Neurosurgery, Vascular Surgery, Orthopedic Surgery.

Services Provided:

Gastroenterology, General Surgery, Pain Management, Otolaryngology Surgery, Podiatry Surgery, Plastic Surgery, Neurosurgery.

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	929	1,806	6,025,321	432,937
Medicaid	68	90	449,855	41,755
PeachCare for Kids	0	0	0	0
Third Party	0	0	0	0
Self Pay	144	379	1,514,344	225,711
Other Payer	1,654	2,952	10,893,068	1,814,438
Total	2,795	5,227	18,882,588	2,514,841

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	3	6
Charity	6	7
Total	9	13

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.

11/10/2006

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.

Betsy Sharp

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	18,882,588
Medicare Contractual Adjustments	5,407,141
Medicaid Contractual Adjustments	351,371
Other Contractual Adjustments	10,513,134
Total Contractual Adjustments	16,271,646
Bad Debt	53,524
Indigent Care Gross Charges	24,804
Indigent Care Compensation	523
Uncompensated Indigent Care (Net)	24,281
Charity Care Gross Charges	22,361
Charity Care Compensation	4,065
Uncompensated Charity Care (Net)	18,296
Other Free Care	0
Total Net Patient Revenue	2,514,841
Other Revenue	7,171
Total Net Revenue	2,522,012
Total Expenses	3,291,303
Adjusted Gross Revenue	13,077,723
Total Uncompensated I/C Care	42,577
Percent Uncompensated Indigent/Charity Care	0.33%

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	1
Baldwin	2
Bulloch	6
Burke	71
Candler	7
Clarke	1
Clayton	2
Columbia	734
Cook	1
Decatur	1
Emanuel	15
Florida	1
Forsyth	1
Fulton	1
Glascocock	9
Grady	1
Greene	2
Hancock	2
Henry	1
Houston	1
Jefferson	45
Jenkins	9
Johnson	6
Jones	1
Laurens	2
Lincoln	42
Lumpkin	1
McDuffie	99
Morgan	1
North Carolina	1
Other- Out of State	4
Richmond	628
Rockdale	2
Screven	12
South Carolina	473
Taliaferro	2
Tattnall	1
Toombs	1
Treutlen	2

Warren	18
Washington	19
Wilcox	1
Wilkes	28
Total	2,258

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)	6	0	13
Licensed Practical Nurses (LPNs)	0	0	0
Aides/Assistants	4	0	3
Allied Health Therapists	0	0	0

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: J. Newton Bates, Jr., M.D.

Date: 3/18/2014

Title: Medical Director

Comments: