



2013 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC070

Facility Name: Surgery Center of Athens

County: Clarke

Street Address: 2142 W. Broad Street building 100 suite 100

City: Athens

Zip: 30606

Mailing Address: 2142 W. Broad Street building 100 suite100

Mailing City: Athens

Mailing Zip: 30606

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: Brandon O'Dell

Contact Title: Administrator

Phone: 706-583-5090

Fax: 706-583-5099

E-mail: bodell@ascoa.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
Athens ASC Holdings, LLC	For Profit	12/16/11

B. Owner's Parent Organization

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

C. Facility Operator

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

D. Operator's Parent Organization

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

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Ambulatory Surgical Centers of America	For Profit	12/16/11

F. Management's Parent Organization

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

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

Full Name	License Number
Dr. Robert Cannon	33046
Dr. John Dorris	40899
Dr. Charles Mixson	52997
Dr. Larry Medders	19078
Dr. David Bacastow	25939
Dr. Mark Ellison	026107
Dr. Kelly Grow	51353
Dr. Michael Jacobs	53926

Dr. Byron Norris	67264
Dr. Rhett Rainey	50830
Dr. Robert Byrne	51443
Dr. David Ryan	67760
Dr. Gary Walton	36630
Dr. Stephen Wilde	33231
Dr. J. Michael West	20621

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	3,362	2,098

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	1	1,565	1,091
Minor Procedure Rooms	0	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	4	7
Asian	16	25
Black/African American	298	505
Hispanic/Latino	29	44
Pacific Islander/Hawaiian	92	139
White	2,477	4,207
Multi-Racial	0	0
Unknown	0	0
Total	2,916	4,927

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	1,212	2,092
Female	1,704	2,835
Total	2,916	4,927

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
43239	Upper Gastrointestinal endoscopy with biopsy	668	5,791.00
45385	Colonoscopy with removal of polyp by snare	454	5,800.00
45380	Colonoscopy with biopsy	367	5,800.00
66984	Extracapsular cataract removal with insertion of IOL	330	6,901.00
45378	Colonoscopy diagnostic with or without specimen collec	272	5,800.00
43450	Dilation of Esophagus by unguided sound or bougie	135	5,800.00
69436	Tympanostomy requiring insertion of ventilating tube	131	4,971.00
29881	Knee arthroscopy with meniscectomy, debridement	119	8,446.00
43235	Upper gastrointestinal endoscopy	116	5,800.00
69990	Microsurgical technique	139	650.00

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):

cardiovascular, endoscopy, general surgery, gynecology, neurosurgery, orthopedic surgery, otolaryngology, ophthalmology, pain management, podiatric surgery and urology

Services Provided:

Ambulatory surgery for the specialities listed above.

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	1,882	2,782	18,562,868	1,471,422
Medicaid	119	216	1,372,989	69,613
PeachCare for Kids	0	0	0	0
Third Party	1,159	1,891	13,205,155	3,174,939
Self Pay	29	38	274,411	52,042
Other Payer	0	0	0	0
Total	3,189	4,927	33,415,423	4,768,016

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
Charity	44	68
Total	44	68

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.

12/20/2011

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.

Brandon Odell Administrator

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	33,415,423
Medicare Contractual Adjustments	17,091,446
Medicaid Contractual Adjustments	1,303,376
Other Contractual Adjustments	9,797,391
Total Contractual Adjustments	28,192,213
Bad Debt	6,585
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	0
Charity Care Gross Charges	448,609
Charity Care Compensation	0
Uncompensated Charity Care (Net)	448,609
Other Free Care	0
Total Net Patient Revenue	4,768,016
Other Revenue	0
Total Net Revenue	4,768,016
Total Expenses	4,475,562
Adjusted Gross Revenue	15,014,016
Total Uncompensated I/C Care	448,609
Percent Uncompensated Indigent/Charity Care	2.99%

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
Banks	64
Barrow	264
Clarke	832
Elbert	98
Franklin	97
Greene	58
Gwinnett	14
Hart	97
Jackson	235
Madison	278
Morgan	78
Oconee	366
Oglethorpe	171
Other- Out of State	77
Putnam	23
Stephens	29
Walton	119
Wilkes	16
Total	2,916

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)	7.00	0.00	2.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	3.00	0.00	0.00
Allied Health Therapists	4.00	0.00	1.00

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	30 Days or Less

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: Brandon O'Dell

Date: 4/29/2014

Title: Administrator

Comments: