Georgia Department of Community Health

2014 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC020

Facility Name: Marietta Surgical Center

County: Cobb

Street Address: 780 Canton Road Suite 100

City: Marietta

Zip: 30060

Mailing Address: 780 Canton Road Suite 100

Mailing City: Marietta

Mailing Zip: 30060

2. Report Period

Report Data for the full twelve month period, January 1, 2014 - December 31, 2014 (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: Dede Fowler

Contact Title: Assistant Director

Phone: 706-868-3146

Fax: 866-741-2968

E-mail: Deirdre.Fowler@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
Marietta Outpatient Surgery, LTD.	For Profit	01/01/2003

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Atlanta Healthcare Management, L.P.	For Profit	01/01/2003

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Marietta Outpatient Surgery, LTD.	For Profit	01/01/2003

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Atlanta Healthcare Management, L.P.	For Profit	01/01/2003

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
not applicable	Not Applicable	9/9/1999

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
not applicable	Not Applicable	9/9/1999

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

Full Name	License Number

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	6	3,879	3,879

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	2	1,682	1,682
Minor Procedure Rooms	0	0	0
Other Procedure Rooms	2	1,083	1,083

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	4
Asian	67	67
Black/African American	475	475
Hispanic/Latino	169	169
Pacific Islander/Hawaiian	0	0
White	3,082	3,082
Multi-Racial	26	26
Unknown	56	56
Total	**3,879**	**3,879**

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	1,428	1,428
Female	2,451	2,451
Total	**3,879**	**3,879**

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	Cataract extraction	1,460	9,418.00
66821	YAG capsulotomy	198	2,060.00
30140	Submuccous resection turbinate	171	3,461.00
69436	Tympanostomy	168	3,114.00
58558	Hysteroscopy with biopsy of endometrium	141	6,701.00
29881	Scope knee meniscectomy	139	10,034.00
31267	Nasal endoscopy maxillary	94	5,128.00
31255	Nasal endoscopy	109	8,074.00
19120	Removal breast lesion	98	4,663.00
46260	Hemorrhoidectomy	97	3,358.00

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)*:

ENT, Gastroenterology, General Surgery, Gynecology, Neurosurgery, Ophthalmology, Oral/Maxillofacial, Orthopedic,Pain Management, Plastic, Podiatry, Pulmonary/Thoracic and Urology.

Services Provided:

Ambulatory Surgical Services

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	2,200	2,200	15,158,460	1,669,557
Medicaid	146	146	1,038,641	121,091
PeachCare for Kids	0	0	0	0
Third Party	3,849	3,849	27,519,748	5,856,476
Self Pay	132	132	947,716	113,120
Other Payer	317	317	1,822,363	573,110
Total	**6,644**	**6,644**	**46,486,928**	**8,333,354**

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	239	239
Total	**239**	**239**

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 2014. ☑

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

01/22/2014

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.

Dede Fowler Assistant Director

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 2014 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	46,486,928
Medicare Contractual Adjustments	13,460,785
Medicaid Contractual Adjustments	710,729
Other Contractual Adjustments	22,642,108
Total Contractual Adjustments	**36,813,622**
Bad Debt	138,453
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**0**
Charity Care Gross Charges	1,201,499
Charity Care Compensation	0
Uncompensated Charity Care (Net)	**1,201,499**
Other Free Care	0
Total Net Patient Revenue	**8,333,354**
Other Revenue	3,655
Total Net Revenue	**8,337,009**
Total Expenses	6,971,848
Adjusted Gross Revenue	**32,180,616**
Total Uncompensated I/C Care	**1,201,499**
Percent Uncompensated Indigent/Charity Care	**3.73%**

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	2
Atkinson	1
Bartow	117
Bibb	2
Bryan	1
Carroll	36
Catoosa	2
Chatham	1
Chattooga	1
Cherokee	696
Clarke	2
Clayton	25
Cobb	2029
Columbia	1
Coweta	4
Dawson	4
Decatur	4
DeKalb	41
Douglas	94
Fannin	49
Fayette	5
Florida	2
Floyd	8
Forsyth	5
Fulton	182
Gilmer	41
Gordon	10
Greene	1
Gwinnett	31
Habersham	1
Hall	3
Haralson	9
Henry	6
Jackson	1
Jasper	3
Jones	1
Lanier	1
Lumpkin	1
Madison	1

Meriwether	1
Morgan	3
Muscogee	1
Newton	2
North Carolina	9
Oconee	1
Other- Out of State	10
Paulding	329
Pickens	33
Polk	28
Richmond	2
Rockdale	4
South Carolina	5
Spalding	1
Stephens	1
Sumter	1
Tennessee	3
Towns	1
Union	8
Upson	2
Walker	1
Walton	6
Washington	1
Whitfield	2
Total	**3,879**

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 12-31-2014.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	26.07	7.38	0.00
Licensed Practical Nurses (LPNs)	1.00	0.40	0.00
Aides/Assistants	2.00	1.00	0.00
Allied Health Therapists	9.00	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	31-60 Days
Aides/Assistants	31-60 Days
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: Alice Elliott

Date: 3/2/2015

Title: Administrator

Comments:

As stated in the 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 n the same way for all HCA facilities, since all use the same data system.