



2014 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC053

Facility Name: Endoscopy Center of Columbus, LLC

County: Muscogee

Street Address: 1130 Talbotton Road Suite B

City: Columbus

Zip: 31904

Mailing Address: 1130 Talbotton Road

Mailing City: Columbus

Mailing Zip: 31904

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: Jean Patterson

Contact Title: Center Manager

Phone: 706-641-6900

Fax: 706-327-0757

E-mail: jeanpatterson1041@hotmail.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
Covenant Surgical Partners and ECC Holdings, Inc,	For Profit	10/01/2013

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Covenant Surgical Partners and Gastrointestinal Di	For Profit	10/01/2013

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Covenant Surgical Partners	For Profit	10/01/2013

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Covenant Surgical Partners	For Profit	10/01/2013

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
Dr. Pravinchandra Harivadan Patel	27888
Dr. Ashwinkumar Devendraprasad Patel	38326
Dr. Shankar Thiruppathi	058022

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	3	5,794	4,484

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	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	11	15
Asian	80	102
Black/African American	2,427	3,135
Hispanic/Latino	87	113
Pacific Islander/Hawaiian	11	15
White	1,721	2,218
Multi-Racial	8	15
Unknown	139	181
Total	4,484	5,794

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	1,831	2,373
Female	2,653	3,421
Total	4,484	5,794

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	EGD with biopsy	1,540	1,075.00
45385	Colonoscopy with snare polypectomy	1,143	1,525.00
45380	Colonoscopy with biopsy	543	1,275.00
G0121	Screening colonoscopy low risk	535	1,175.00
45378	Colonoscopy	492	1,175.00
G0105	Screening colonoscopy high risk	456	1,175.00
43235	EGD	300	875.00
46221	Ligation of hemorrhoids	210	800.00
45330	Flexible Sigmoidoscopy	106	400.00
43450	Dilation esophagus	88	1,175.00

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

Services Provided:

Endoscopy

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	1,365	1,747	2,110,444	884,704
Medicaid	249	347	390,372	112,738
PeachCare for Kids	0	0	0	0
Third Party	284	307	354,966	672,605
Self Pay	43	66	62,275	45,859
Other Payer	2,543	3,327	3,943,899	194,903
Total	4,484	5,794	6,861,956	1,910,809

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	62	70
Charity	93	145
Total	155	215

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.

10/01/2013

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.

Pravinchandra H. Patel, M.D.

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 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	6,861,956
Medicare Contractual Adjustments	1,600,720
Medicaid Contractual Adjustments	328,188
Other Contractual Adjustments	2,797,850
Total Contractual Adjustments	4,726,758
Bad Debt	46,517
Indigent Care Gross Charges	85,975
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	85,975
Charity Care Gross Charges	91,897
Charity Care Compensation	0
Uncompensated Charity Care (Net)	91,897
Other Free Care	0
Total Net Patient Revenue	1,910,809
Other Revenue	0
Total Net Revenue	1,910,809
Total Expenses	0
Adjusted Gross Revenue	4,886,531
Total Uncompensated I/C Care	177,872
Percent Uncompensated Indigent/Charity Care	3.64%

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
Chatham	1
Chattahoochee	67
Clayton	2
Coweta	1
DeKalb	1
Gwinnett	1
Harris	235
Henry	1
Houston	1
Marion	68
Meriwether	40
Muscogee	2714
Other- Out of State	1123
Paulding	1
Richmond	2
Rockdale	2
Schley	10
Spalding	1
Stewart	42
Sumter	7
Talbot	95
Tattnall	1
Taylor	34
Troup	24
Upson	5
Webster	4
White	1
Total	4,484

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)	3.00	0.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants		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	61-90 Days
Licensed Practical Nurse	61-90 Days
Aides/Assistants	61-90 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: Pravinchandra H. Patel, MD

Date: 3/6/2015

Title: CEO

Comments: