



2014 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC070

Facility Name: Surgery Center of Athens, LLC

County: Clarke

Street Address: 2142 West 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, 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: 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	NA	

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
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
	NA	

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	26107
Dr. Kelly Grow	51353
Dr. Michael Jacobs	53926

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

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	4,970	3,067

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	2,224	1,834
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?

7

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	10	12
Black/African American	114	170
Hispanic/Latino	10	19
Pacific Islander/Hawaiian	0	0
White	1,083	1,539
Multi-Racial	0	0
Unknown	3,683	5,453
Total	4,901	7,194

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	2,040	3,074
Female	2,861	4,120
Total	4,901	7,194

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 including esophag	802	5,800.00
45385	Colonoscopy, flexible proximal to splenic flexure	776	5,800.00
45378	colonoscopy, flexible proximal to splenic flexure	567	5,800.00
45380	Colonoscopy, flexible proximal to splenic flexure	460	5,800.00
66984	extracapsular cataract removal with inserition iol	310	7,062.00
29881	Arthroscopy, knee surgical withmeniscectomy	197	8,619.00
69436	Tympanostomy	188	5,064.00
74420	urography retrograde with or without kub	175	1,025.00
43450	dilation of esophagus by unguided sound or bougie	138	5,800.00
29875	Arthroscopy knee surgical synovectomy limited	134	8,615.00

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):

Cardio, endoscopy, general, gyn, neuro, ortho, otolaryngology, ophthalmology, pain, podiatric, 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	2,138	3,002	22,175,325	1,847,856
Medicaid	68	115	880,408	69,050
PeachCare for Kids	0	0	0	0
Third Party	2,680	4,051	30,266,000	5,099,062
Self Pay	12	21	158,133	21,648
Other Payer	0	0	0	0
Total	4,898	7,189	53,479,866	7,037,616

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	108	139
Total	108	139

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.

02/11/2012

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 O

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	53,479,866
Medicare Contractual Adjustments	20,303,587
Medicaid Contractual Adjustments	811,358
Other Contractual Adjustments	24,209,118
Total Contractual Adjustments	45,324,063
Bad Debt	158,613
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	0
Charity Care Gross Charges	1,098,322
Charity Care Compensation	138,748
Uncompensated Charity Care (Net)	959,574
Other Free Care	0
Total Net Patient Revenue	7,037,616
Other Revenue	0
Total Net Revenue	7,037,616
Total Expenses	5,599,287
Adjusted Gross Revenue	32,206,308
Total Uncompensated I/C Care	959,574
Percent Uncompensated Indigent/Charity Care	2.98%

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	195
Barrow	448
Clarke	1477
Elbert	184
Franklin	165
Jackson	290
Madison	424
Oconee	721
Oglethorpe	205
Other- Out of State	602
Walton	190
Total	4,901

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)	11.00	0.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	6.00	0.00	0.00
Allied Health Therapists	6.00	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	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 Odell

Date: 3/6/2015

Title: Administrator

Comments: