



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2015 Freestanding Ambulatory Surgery Center Survey**

**Part A : General Information**

**1. Identification**

**UID:ASC026**

**Facility Name:** Coliseum Same Day Surgery Center

**County:** Bibb

**Street Address:** PO Box 6154

**City:** Macon

**Zip:** 31217-8002

**Mailing Address:** PO Box 6154

**Mailing City:** Macon

**Mailing Zip:** 31217-8002

**2. Report Period**

Report Data for the full twelve month period, January 1, 2015 - December 31, 2015 (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
Coliseum Same Day Surgery Center, LP	For Profit	12/06/1999

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Macon Healthcare, LLC	For Profit	12/6/1999

#### C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Coliseum Same Day Surgery Center, LP	For Profit	12/6/1999

#### D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Macon Healthcare, LLC	For Profit	12/6/1999

#### E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
n/a	Not Applicable	9/9/99

#### F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
n/a	Not Applicable	9/9/99

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

Full Name	License Number
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## 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	3,726	3,726

### **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	1	44	44
Other Procedure Rooms	1	559	559

### **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?

19

### **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	0	0
Asian	27	27
Black/African American	1,063	1,063
Hispanic/Latino	22	22
Pacific Islander/Hawaiian	0	0
White	2,569	2,569
Multi-Racial	5	5
Unknown	40	40
<b>Total</b>	<b>3,726</b>	<b>3,726</b>

#### 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	1,454	1,454
Female	2,272	2,272
<b>Total</b>	<b>3,726</b>	<b>3,726</b>

### 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 Removal with Insertion of Lens	1,123	6,843.00
58558	Hysteroscopy with Biopsy of Endometrium	169	10,245.00
58670	Laparoscopy with Fulguration of Oviducts	64	9,660.00
36561	Insertion of Central Venous Device subcut Port	76	3,736.00
58563	Hysteroscopy with Endometrial Ablation	68	11,975.00
15823	Blepharoplasty Upper Eyelid	95	3,266.00
52332	Cystourethroscopy with Insertion of Indwelling Ureteral Stent	96	9,546.00
36821	Arteriovenous Direct	71	11,265.00
58671	Hysteroscopy with Removal of Tubes	63	10,433.00
47563	Laparoscopy Cholecystectomy with Cholangiography	63	23,201.00

#### 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):**

Podiatry, ENT, Ophthalmology, OB/GYN, Urology, Oral, Orthopaedic, Neurology, Plastic and Reconstructive Surgery, General Surgery, Pain Management, Dermatology and Endoscopy/Gastroenterology.

**Services Provided:**

Ambulatory Surgery 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	2,080	2,080	16,474,643	2,088,067
Medicaid	193	193	2,300,799	246,662
PeachCare for Kids	0	0	0	0
Third Party	1,747	1,747	16,047,088	3,618,776
Self Pay	78	78	825,245	108,967
Other Payer	233	233	1,449,704	285,147
<b>Total</b>	<b>4,331</b>	<b>4,331</b>	<b>37,097,479</b>	<b>6,347,619</b>

### 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
<b>Total</b>	<b>239</b>	<b>239</b>

## 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 2015. ☒

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 2015 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	37,097,479
Medicare Contractual Adjustments	14,295,398
Medicaid Contractual Adjustments	1,933,770
Other Contractual Adjustments	13,427,303
<b>Total Contractual Adjustments</b>	<b>29,656,471</b>
Bad Debt	242,176
Indigent Care Gross Charges	0
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>0</b>
Charity Care Gross Charges	851,213
Charity Care Compensation	0
<b>Uncompensated Charity Care (Net)</b>	<b>851,213</b>
Other Free Care	0
<b>Total Net Patient Revenue</b>	<b>6,347,619</b>
Other Revenue	1,123
<b>Total Net Revenue</b>	<b>6,348,742</b>
Total Expenses	4,972,591
<b>Adjusted Gross Revenue</b>	<b>20,627,258</b>
<b>Total Uncompensated I/C Care</b>	<b>851,213</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>4.13%</b>

## 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
Appling	1
Baldwin	5
Berrien	14
Bibb	2
Bleckley	73
Butts	3
Clarke	2
Coffee	29
Colquitt	6
Cook	3
Coweta	11
Crawford	29
Crisp	15
Dodge	22
Dooly	20
Dougherty	6
Emanuel	9
Fayette	2
Florida	1
Floyd	6
Fulton	95
Glynn	2
Gwinnett	2
Hancock	15
Henry	3
Houston	559
Irwin	3
Jasper	20
Jeff Davis	3
Jefferson	3
Johnson	8
Jones	214
Lamar	17
Laurens	137
Lee	4
Lowndes	2
Macon	14
Mitchell	1
Monroe	170



Montgomery	3
Morgan	2
Muscogee	1
Newton	10
Other- Out of State	2
Peach	164
Pike	4
Pulaski	40
Putnam	27
Spalding	2
Sumter	4
Taylor	25
Telfair	18
Thomas	1
Tift	10
Toombs	5
Treutlen	11
Turner	4
Twiggs	65
Upson	30
Ware	1
Washington	24
Wheeler	3
Wilcox	16
Wilkinson	76
<b>Total</b>	<b>2,079</b>

## 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 12-31-2015.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	23.70	0.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	0.00	0.00	0.00
Allied Health Therapists	3.00	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	Not Applicable
Licensed Practical Nurse	Not Applicable
Aides/Assistants	Not Applicable
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: Kay Buxton

Date: 3/2/2016

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