



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2015 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC063

Facility Name: Surgery Center of Columbia County

County: Columbia

Street Address: 4300 University Parkway

City: Evans

Zip: 30809

Mailing Address: 4300 University Parkway

Mailing City: Evans

Mailing Zip: 30809

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: Betsy Sharp

Contact Title: Administrator

Phone: 706-854-3020

Fax: 706-854-3189

E-mail: bsharp@evanssccc.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
Surgery Center of Columbia County, LLC	For Profit	11/10/2006

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
University Health Resources, Inc. and MCG Health,	Hospital Authority	11/10/2006 & 09/23/2015

C. Facility Operator

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

D. Operator's Parent Organization

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

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
Ramzi Assad	018597
Vendi Hooks, III	017026
Brian Bennett	POD000842
Mickey Stapp	POD000728
Mallory Lawrence	026578
Russell Stephens	040246
Jay Newton Bates	048471
Todd Cable	046740

Mark Stewart	032058
Matthew Mondì	060940
Ellen Shaver	041670
Barry Jenkins	053249

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	3,160	1,784

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	2	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?

0

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	2	2
Asian	13	19
Black/African American	344	583
Hispanic/Latino	15	24
Pacific Islander/Hawaiian	0	0
White	1,393	2,492
Multi-Racial	6	9
Unknown	11	31
Total	1,784	3,160

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	613	921
Female	1,171	2,239
Total	1,784	3,160

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
45378	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; W	229	3,127.00
45384	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTRC	183	3,127.00
45380	COLONOSCOPY, WITH BIOPSY	166	3,127.00
64483	INJECTION, ANESTHETIC AGENT AND/OR STEROID	135	3,000.00
43239	EGD, WITH BIOPSY	120	3,127.00
45385	COLONOSCOPY, SNARE BIOPSY	109	3,127.00
28285	CORRECTION, HAMMERTOES	96	3,975.00
G0121	COLORECTAL CANCER SCREENING	84	3,127.00
28296	CORRECTION, HALLUX VALGUS (BUNION)	78	557.00
19318	REDUCTION MAMMOPLASTY	71	1,525.00

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, General Surgery, Pain Management, Otolaryngology Surgery, Podiatry Surgery, Plastic Surgery, Gynecology Surgery, Neurosurgery, Vascular Surgery, Orthopedic Surgery.

Services Provided:

Gastroenterology, General Surgery, Pain Management, Otolaryngology Surgery, Podiatry Surgery, Plastic Surgery, Gynecology Surgery, Neurosurgery, Orthopedic Surgery.

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	692	945	5,219,898	751,371
Medicaid	61	79	178,693	47,479
PeachCare for Kids	0	0	0	0
Third Party	0	0	0	0
Self Pay	102	298	213,095	211,524
Other Payer	929	1,838	8,155,760	1,847,973
Total	1,784	3,160	13,767,446	2,858,347

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	2	3
Charity	4	4
Total	6	7

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.

11-10-2006

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.

Betsy Sharp, 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 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	13,767,446
Medicare Contractual Adjustments	4,322,390
Medicaid Contractual Adjustments	288,702
Other Contractual Adjustments	6,264,384
Total Contractual Adjustments	10,875,476
Bad Debt	12,910
Indigent Care Gross Charges	10,491
Indigent Care Compensation	10
Uncompensated Indigent Care (Net)	10,481
Charity Care Gross Charges	12,127
Charity Care Compensation	1,895
Uncompensated Charity Care (Net)	10,232
Other Free Care	0
Total Net Patient Revenue	2,858,347
Other Revenue	927
Total Net Revenue	2,859,274
Total Expenses	2,800,289
Adjusted Gross Revenue	9,144,371
Total Uncompensated I/C Care	20,713
Percent Uncompensated Indigent/Charity Care	0.23%

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
Baldwin	1
Bartow	1
Berrien	1
Bibb	1
Brantley	1
Bulloch	4
Burke	71
Candler	1
Chatham	1
Cobb	2
Coffee	2
Columbia	603
Coweta	1
Effingham	1
Emanuel	10
Florida	2
Forsyth	1
Fulton	3
Glascock	4
Greene	3
Gwinnett	1
Hancock	1
Jefferson	50
Jenkins	10
Johnson	5
Laurens	2
Lincoln	38
Lowndes	1
Madison	1
McDuffie	65
Other- Out of State	5
Pulaski	1
Rabun	1
Richmond	500
Screven	9
South Carolina	325
Taliaferro	1
Tattnall	3
Toombs	2

Warren	1
Washington	16
Wayne	1
Wheeler	1
Wilkes	24
Total	1,778

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)	5.00	0.00	18.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	4.00	0.00	3.00
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	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: J. Newton Bates, Jr., M.D.

Date: 3/4/2016

Title: Medical Director

Comments: