



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2016 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC002

Facility Name: Gainesville Surgery Center

County: Hall

Street Address: 1945 Beverly Road

City: Gainesville

Zip: 30501-2034

Mailing Address: 1945 Beverly Road

Mailing City: Gainesville

Mailing Zip: 30501-2034

2. Report Period

Report Data for the full twelve month period, January 1, 2016 - December 31, 2016 (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: Andy Whitener

Contact Title: CEO/Administrator

Phone: 770-287-1500

Fax: 770-287-1589

E-mail: Andy.Whitener@SCASurgery.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
Gainesville Surgery Center	For Profit	1/1/1996

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgical Care Affiliates	For Profit	6/30/2007

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Gainesville Surgery Center	For Profit	1/1/1996

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgical Care Affiliates	For Profit	6/30/1996

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Gainesville Surgery Center	For Profit	1/1/1996

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgical Care Affiliates	For Profit	6/30/1996

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

Full Name	License Number
Fred Simonton, DMD	010367
John Forrest, MD	023956
Harry Ferran, MD	02611
Derek Moore, MD	054090
Chad Copper, MD	05518
Bradley Auffarth, MD	044398
Barry Munn, MD	054167
Daniel Mullis, MD	060414

Derek Pendarvis, MD	049933
James Leigh, MD	015278
Michael Gottsman	0501002
Joseph Walrath	060514

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	3,210	3,210

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	2,192	2,192
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?

10

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	34	56
Black/African American	242	393
Hispanic/Latino	307	520
Pacific Islander/Hawaiian	0	0
White	3,988	7,881
Multi-Racial	0	0
Unknown	0	0
Total	4,571	8,850

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	2,151	4,295
Female	2,569	4,806
Total	4,720	9,101

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	857	2,000.00
66984	Cataract	522	4,500.00
45385	Colonoscopy removal of polyp by snare	412	1,543.00
45380	Colonoscopy with biopsy	287	1,908.00
43239	EGD with biopsy	258	1,996.00
45384	Colonoscopy remove polyp with bipolar cautery	255	1,543.00
47562	Laparoscopic cholecystectomy	241	9,323.00
64721	Carpal tunnel	171	4,033.00
29881	Knee arthroscopy	148	5,500.00
49650	Laparoscopic Inguinal Hernia Repair, Initial	102	10,000.00

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, general surgery, gynecology, oral surgery, dental, orthopedics, otolaryngology, pain management, urology, plastic surgery, neurosurgery

Services Provided:

pre-op, post-op, OP surgery and endoscopy 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	1,049	0	11,004,391	1,489,755
Medicaid	317	0	1,881,087	123,503
PeachCare for Kids	0	0	0	0
Third Party	3,240	0	17,700,465	3,986,151
Self Pay	18	0	203,851	29,081
Other Payer	0	0	1,275,363	21,064
Total	4,624	0	32,065,157	5,649,554

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	69	69
Charity	8	8
Total	77	77

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 2016. ☒

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

01/01/2006

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.

Andy Whitener

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 2016 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	32,065,157
Medicare Contractual Adjustments	9,514,636
Medicaid Contractual Adjustments	1,757,585
Other Contractual Adjustments	14,553,862
Total Contractual Adjustments	25,826,083
Bad Debt	145,587
Indigent Care Gross Charges	618,726
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	618,726
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	5,474,761
Other Revenue	0
Total Net Revenue	5,474,761
Total Expenses	0
Adjusted Gross Revenue	20,647,349
Total Uncompensated I/C Care	618,726
Percent Uncompensated Indigent/Charity Care	3.00%

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	87
Barrow	37
Cherokee	3
Clarke	8
Cobb	2
Dawson	102
DeKalb	4
Fannin	11
Forsyth	48
Franklin	23
Fulton	5
Gilmer	13
Gwinnett	88
Habersham	438
Hall	2551
Hart	1
Jackson	267
Lumpkin	194
Madison	8
Oconee	2
Other- Out of State	154
Pickens	3
Rabun	65
Stephens	102
Towns	45
Union	69
Walton	3
White	381
Wilkinson	6
Total	4,720

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 12-31-2016.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	21.00	1.00	0.10
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	1.00	1.00	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	31-60 Days
Licensed Practical Nurse	30 Days or Less
Aides/Assistants	30 Days or Less
Allied Health Therapists	31-60 Days

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: Andy Whitener

Date: 3/3/2017

Title: Administrator

Comments:

Medically necessary uncovered Medicaid charges included in obligation