



2016 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC004

Facility Name: Atlanta Eye Surgery Center at Omni West

County: Fulton

Street Address: 3200 Downwood Circle (The Palisades) Suite 240

City: Atlanta

Zip: 30327

Mailing Address: 3200 Downwood Circle (The Palisades) Suite 240

Mailing City: Atlanta

Mailing Zip: 30327

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: Elaine Griffin

Contact Title: Director

Phone: 404-355-8721

Fax: 404-351-3349

E-mail: egriffin@surgerypartners.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
NovaMed, Inc.	For Profit	01-01-2001

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgery Partners	For Profit	05-07-2011

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
NovaMed Eyecare, Inc.	For Profit	01-01-2001

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgery Partners	For Profit	05-07-2011

E. Management Contractor

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

F. Management's Parent Organization

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

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

Full Name	License Number
NA	

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	5,239	2,502

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?

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	0	0
Asian	19	40
Black/African American	503	1,053
Hispanic/Latino	50	105
Pacific Islander/Hawaiian	1	2
White	640	1,340
Multi-Racial	37	77
Unknown	1,252	2,622
Total	2,502	5,239

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	999	2,055
Female	1,503	3,184
Total	2,502	5,239

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		0	0.00
65426	Removal of Eye Lesion	41	4,698.00
65756	Corneal Transplant Endothelial	12	8,672.00
66821	After Cataract Laser Surgery	11	1,150.00
66986	Exchange of IOL	11	4,744.00
65400	Removal of Eye Lesion	9	3,205.00
66825	Repositioning of IOL	5	4,698.00
65240	Removal of Eye Lesion	4	4,698.00
0191T	Insert Ant Segment Drain int	147	8,160.00
66982	Cataract Surgery Complex	82	4,744.00

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):

Single specialty CON for ophthalmology.

Services Provided:

Ophthalmology only for cataract surgery, cornea surgery, laser surgery, general eye surgery, refractive surgery, and general surgery of the eye.

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	1,596	3,354	17,839,564	3,447,046
Medicaid	84	136	746,806	120,343
PeachCare for Kids	0	0	0	0
Third Party	770	1,668	7,309,113	1,596,896
Self Pay	52	81	395,596	242,859
Other Payer	0	0	0	0
Total	2,502	5,239	26,291,079	5,407,144

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	31	39
Charity	242	396
Total	273	435

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.

01-01-2001

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.

Elaine Griffin

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	26,291,079
Medicare Contractual Adjustments	14,661,340
Medicaid Contractual Adjustments	626,463
Other Contractual Adjustments	5,104,020
Total Contractual Adjustments	20,391,823
Bad Debt	164,916
Indigent Care Gross Charges	226,861
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	226,861
Charity Care Gross Charges	2,012,809
Charity Care Compensation	1,912,474
Uncompensated Charity Care (Net)	100,335
Other Free Care	0
Total Net Patient Revenue	5,407,144
Other Revenue	0
Total Net Revenue	5,407,144
Total Expenses	0
Adjusted Gross Revenue	10,838,360
Total Uncompensated I/C Care	327,196
Percent Uncompensated Indigent/Charity Care	3.02%

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.
State of Georgia

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
Alabama	7
Baldwin	1
Banks	2
Barrow	1
Bartow	16
Butts	6
Carroll	78
Cherokee	59
Clarke	1
Clayton	102
Cobb	257
Cook	1
Coweta	126
Dawson	4
DeKalb	462
Douglas	58
Emanuel	1
Fannin	1
Fayette	37
Florida	4
Floyd	3
Forsyth	37
Fulton	558
Gilmer	1
Gordon	4
Greene	2
Gwinnett	222
Hall	4
Haralson	42
Heard	5
Henry	76
Houston	1
Jackson	4
Jasper	4
Lamar	2
Madison	1
Meriwether	7
Monroe	2
Morgan	4

Muscogee	1
Newton	59
North Carolina	1
Other- Out of State	13
Paulding	50
Pickens	6
Pike	2
Polk	5
Putnam	2
Rabun	1
Rockdale	130
Spalding	3
Troup	5
Union	3
Upson	1
Walton	15
White	1
Wilkes	1
Total	2,502

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)	4.00	0.00	0.00
Licensed Practical Nurses (LPNs)	1.00	0.00	0.00
Aides/Assistants	3.00	2.00	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	31-60 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: Elaine Griffin

Date: 2/23/2017

Title: Director

Comments:

When I print out each section separately section E is complete. When I go to view and print survey PDF, my first procedure (66984) only shows the code and not the 3 boxes that follow.