GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2014 Home Health Survey

Part A : General Information

1. Identification

UID:HHA015

Facility Name: Archbold Home Health Services

County: Thomas

Street Address: 400 Old Albany Rd

City: Thomasville

Zip: 31792-4013

Mailing Address: 400 Old Albany Rd

Mailing City: Thomasville

Mailing Zip: 31792-4013

Medicaid Provider?
Check the box to the right if the agency is a medicaid provider ☑
If you indicated yes above, please report the medicaid number below.
000041247A

Medicare Provider?
Check the box to the right if the agency is a medicare provider ☑
If you indicated yes above, please report the medicare number below.
117024

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: Tara King

Contact Title: Staff Accountant

Phone: 229-228-2228

Fax: 229-228-2290

E-mail: tking@archbold.org

Part C : Ownership, Operation and Management

1. Ownership, Operation and Management

As of the last day of the report period, indicate the operation/management status of the facility and provide the effective date. 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. Agency Owner

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Archbold Health Services, Inc.	Not for Profit	10/01/1972

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Archbold Medical Center, Inc.	Not for Profit	10/01/1972

C. Agency Operator

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

D. Operator's Parent Organization

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

E. Management Contractor

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

F. Management's Parent Organization

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

2. Branch Offices

If your agency has a branch office or branch offices please check the box to the right. ☑

3. Branch Office Locations

If your agency operates branch offices please provide the following information on branch locations.

Branch Office	Street Address	Street City	County	Date Est.
	90 Stephens Street	Camilla	Mitchell	10/01/1972

	240 5th Street NE	Cairo	Grady	10/01/1972
	1309 W Screven Street	Quitman	Brooks	10/01/1972

Part D : Agency Utilization and Patient Caseload Information

1. Health-Related Visits

Please report the number of health-related visits (not units) during the report period by service/discipline. Also, please provide the per visit rate your agency charges for providing each of the services indicated. Use the blank lines to report other services/disciplines.

Service/Discipline	Number of Visits	Charge per Visit
Skilled Nursing	21,943	125
Physical Therapy	9,116	175
Home Health Aide	3,420	70
Occupational Therapy	1,803	175
Medical Social Services	197	200
Speech Pathology	776	150
	0	0
	0	0
	0	0

2. Agency Caseload

Please report the total number of cases at the end of the business day on December 31,2014.

319

4. Completed Medicare Episodes of Care

Provide the total number of completed Medicare episodes of care during the report year. Include all completed episodes including Low Utilization Payment Adjustments (LUPA).

1866

5. Health-Related Patients by Race/Ethnicity

Please report the number of health-related patients during the report period using the following race and ethnicity categories.

Race/Ethnicity	Number of Patients
American Indian/Alaska Native	0
Asian	2
Black/African American	681
Hispanic/Latino	12
Pacific Islander/Hawaiian	0
White	1,015
Multi-Racial	29

6. Health-Related Patients by Gender

Report the number of health-related patients by gender served during the report period.

Gender	Number of Patients
Male	712
Female	1,027

7. Health-Related Visits by Payer

Please report the number of Health-Related visits, unduplicated patients, and the gross and net

patient revenue during the report period by each payer. Please note that gross and net patient revenue totals must balance to those reported in Part E.)

Payer	Patients	Visits	Gross Revenue	Net Revenue
Medicare	1,281	30,377	3,944,501	3,820,746
Medicaid	142	2,413	373,383	128,626
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	0	0	0	0
Other Third Party Insurers	253	3,511	567,291	324,066
Self Pay	63	954	131,420	0
Other Non Government	0	0	0	0

Part E : Agency Financial Summary, Indigent and Charity Care Provided and Patient Point of Origin

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.

10/01/2008

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.

Cindy Clark, 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 2014 calendar year. Please note that Total Uncompensated Indigent and Charity Care Charges (automatically calculated by the database) should not exceed Gross Indigent and Charity Care Charges.

Revenue or Expense	Amount
Gross Patient Revenue	5,016,595
Medicare Contractual Adjustments	123,755
Medicaid & Peachcare Contractual Adjustments	244,757
Other Contractual Adjustments	0
Total Contractual Adjustments	**368,512**
Bad Debt	243,225
Indigent Care Gross Charges	131,420
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**131,420**
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	**0**
Other Free Care	0
Total Net Patient Revenue	**4,273,438**
Adjusted Gross Patient Revenue	**4,404,858**
Other Revenue	1,334
Total Net Revenue	**4,274,772**
Total Expenses	4,331,685
Adjusted Gross Revenue	**4,406,192**
Total Uncompensated I/C Care	**131,420**
Percent Uncompensated Indigent/Charity Care	**2.98%**

5. Indigent or Charity Care Cases

Report the number of home health care patients who were classified as being indigent or charity care cases and for which patient charges were written off to indigent or charity care accounts as reproted in Part E, Question 4 above.

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6. Patient Point of Origin

Report the number of home health care patients who were referred to your agency by each of the following healthcare points of origin

Point of Origin	Number of Patients Referred
Hospitals (via discharge planner)	1,320
Physicians	484
Other Home Health Agencies	0
All Other Healthcare Providers	274

7. Referral Hospitals

Please provide the names of the hospitals above who referred patients during the report year.

Hospital Name	Patients Referred
Archbold Memorial	904
Archbold Northside	1
Bainbridge Health Care	1
Bainbridge Hospital	1
Brooks County Hospital	58
Capital Healthcare Center	2
Capital Regional Medical	4
Colquitt Regional	21
Columbus Specialty	1
Cook Medical Center	1
Dekalb Medical Center	1
Emory University	6
Grady General Hospital	136
Houston Medical Center	1
Hughson Sports Medicine Hospital	15
Jack Hughston Memorial Hospital	6
Mayo Clinic	5
Medical Center of Central Georgia	1
Medical College of Georgia	1
Memorial Health University Med	1
Memorial Hospital & Manor	1
Memorial Hospital Jacksonville	1
Mitchell County Hospital	60
Peidmont Hospital	3
Phoebe Putney Hospital	13
Select Specialty Hospital	4

Shand's Hospital	3
Smith Hospital	1
Smith Northview Hospital	5
South Georgia Medical Center	12
St Francis	2
St Joseph's Hospital	1
St Vincent	1
Tallahassee Memorial Regional	31
Tift Regional Hospital	2
VA Medical	13
Total	**1,320**

Part F : Agency Workforce Information

This information is being collected to support Georgia's healthcare workforce planning activities.

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	0	0
Licensed Practical Nurses (LPNs)	5	0	0
Aides/Assistants	4	1	0
Allied Health/Therapists	13	0	0

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	
Licensed Practical Nurse	
Aide/Assistant	Less than 30 Days
Allied Health/Therapists	

Part G : Monthly Admissions, Readmissions and Utilization by Patient County

1. Monthly Admissions and Readmissions

Provide the number of new admissions and readmissions in each of the months during the report year

Month	New Admissions	Re-Admissions
January	78	75
February	77	72
March	72	68
April	60	68
May	81	72
June	85	68
July	75	72
August	78	81
September	66	66
October	77	71
November	83	71
December	68	77

2A. Patient Origin Part A.

Patient Origin - Report the admissions, visits, and caseload by county for the report period. Caseload totals are for 1/1/2014. Admissions should capture all admissions during the report year. Visits should capture all visits during the report year. Report patients served for the four age cohort groups. The Total Patients column will be automatically calculated. You will not be able to enter data in that column. Also provide patients for ages 60 to 79 in the column provided.

County	Beginning Caseload	Admissions	Total Visits	Patients 60-79	I/C Patients	Patients Under 18	Patients 18-64	Patients 65-79	Patients 80 & Over	Total by Age
Brooks	18	123	3,364	68	14	2	55	49	35	141
Colquitt	8	49	1,303	30	4	0	23	24	10	57
Grady	78	327	10,139	183	32	2	143	155	105	405
Mitchell	35	179	3,734	99	25	1	77	79	57	214
Thomas	153	769	18,715	432	55	5	352	333	232	922
Total by Age	**0**	**0**	**0**	**0**	**0**	**10**	**650**	**640**	**439**	**1,739**

2B. Patient Origin Part B.

Please report the Gross Charges, Adjusted Gross Patient Revenue and Net Uncompensated

Charges by County. The grand total of each of these must balance to the Gross Patient Revenue, Adjusted Gross Patient Revenue and Net Uncompensated Charges reported in Part E Question 4.

County	Gross Charges	Adjusted Gross Patient Revenue	Net Uncompensated Charges
Brooks	452,981	397,744	12,586
Colquitt	175,456	154,061	5,083
Grady	1,365,273	1,198,788	25,033
Mitchell	502,804	441,491	20,675
Thomas	2,520,081	2,212,774	68,043
Total	**5,016,595**	**4,404,858**	**131,420**

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 incaccurate 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: William Clay Campbell

Date: 03/06/2015

Title: President, Archbold Health Services, Inc.

Comments: