



## 2014 Home Health Survey

### Part A : General Information

#### 1. Identification

UID:HHA044

**Facility Name:** Caresouth Homecare Professionals

**County:** Hall

**Street Address:** 601 Broad Street, Suite F

**City:** Gainesville

**Zip:** 30501-3729

**Mailing Address:** 601 Broad Street, Suite F

**Mailing City:** Gainesville

**Mailing Zip:** 30501-3729

#### **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.

00310362

#### **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.

117021

#### 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:** Jessica Holshouser

**Contact Title:** Statistical Reporting Supervisor

Phone: 706-854-7583

Fax: 706-228-6825

E-mail: jholshouser@caresouth.com

## 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
CareSouth HHA Holdings of Georgia, Inc.	For Profit	08/01/2004

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
CareSouth HHA Holdings, Inc.	For Profit	08/01/2004

#### C. Agency 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
CareSouth Home Health Services, Inc.	For Profit	10/01/2000

#### F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
CareSouth Health System, Inc.	For Profit	03/01/1998

### 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.
Hiawassee	584 Bell Creek Rd.	Hiawassee	Towns	08/01/2004

Toccoa	602 Skyview Ln, Suite 105	Toccoa	Stephens	08/01/2004
Lawrenceville	5425 Sugarloaf Pkwy, Suite 1101	Lawrenceville	Gwinnett	08/01/2004

## 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	18,238	170
Physical Therapy	18,337	180
Home Health Aide	1,196	100
Occupational Therapy	4,343	180
Medical Social Services	256	195
Speech Pathology	427	180
	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.

328

### 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).

1873

### 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	7
Asian	32
Black/African American	136
Hispanic/Latino	28
Pacific Islander/Hawaiian	0
White	1,940
Multi-Racial	395

### 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	1,008
Female	1,530

### 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	1,434	25,309	4,734,272	4,734,272
Medicaid	71	1,044	114,524	47,433
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	0	0	0	0
Other Third Party Insurers	1,000	16,250	3,112,860	2,912,728
Self Pay	0	0	0	0
Other Non Government	33	194	25,921	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.

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.

Amy Buchanan, Director of Operations

### 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	7,987,577
Medicare Contractual Adjustments	0
Medicaid & Peachcare Contractual Adjustments	65,933
Other Contractual Adjustments	189,827
<b>Total Contractual Adjustments</b>	<b>255,760</b>
Bad Debt	11,463
Indigent Care Gross Charges	25,921
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>25,921</b>
Charity Care Gross Charges	0
Charity Care Compensation	0
<b>Uncompensated Charity Care (Net)</b>	<b>0</b>
Other Free Care	0
<b>Total Net Patient Revenue</b>	<b>7,694,433</b>
<b>Adjusted Gross Patient Revenue</b>	<b>7,910,181</b>
Other Revenue	1,972
<b>Total Net Revenue</b>	<b>7,696,405</b>
Total Expenses	6,226,604
<b>Adjusted Gross Revenue</b>	<b>7,912,153</b>
<b>Total Uncompensated I/C Care</b>	<b>25,921</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>0.33%</b>

### 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 reported in Part E, Question 4 above.

33

### **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

<b>Point of Origin</b>	<b>Number of Patients Referred</b>
Hospitals (via discharge planner)	1,087
Physicians	922
Other Home Health Agencies	67
All Other Healthcare Providers	462

### **7. Referral Hospitals**

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

<b>Hospital Name</b>	<b>Patients Referred</b>
Angel Medical Center	1
Anmed Health	8
Athens Regional Medical Center	62
Atlanta Medical Center	1
Barrow Regional Medical Center	1
VAMC - Augusta	5
Chatuge Regional Hospital	19
Chestatee Regional Hospital	3
Coliseum Medical Center	1
Doctors Hospital Augusta	1
Eastside Medical Center	31
Elbert Memorial Hospital	1
Emory	18
Erlanger Medical Center	3
Georgia Regents University	1
Grady Memorial Hospital	1
Greenville Memorial Hospital	1
Gwinnett Medical Center	135
Habersham County Medical Center	22
High Point Regional Hospital	1
Jack Hughston Memorial Hospital	1
Kindred Hospital - Atlanta	1
Landmark Hospital	5
Medical Center of Central Georgia	1
Mission Hospital - Asheville	1
Mountain Lakes Medical Center	3

Mountain Valley Medical Center	1
Murphy Medical Center	8
North Fulton Regional Hospital	3
Northeast Georgia Health Systems, Inc	445
Northridge Medical Center	40
Northside Hospital - Forsyth	14
Northside Hospital - Cherokee	43
Northside Hospital - Atlanta	4
Oconee Medical Center of Seneca, SC	1
Phoebe Putney Memorial Hospital	1
Piedmont - Fayette	1
Piedmont - Henry	1
Piedmont - Atlanta	11
St Francis - Greenville, SC	1
St Joseph - Atlanta	2
Shepherd Center	2
Siskin Rehab Hospital	2
Ty Cobb Regional Medical Center	17
Union General Hospital	26
Wellstar Kennestone	9
VAMC - Atlanta	3
St Mary's Hospital	91
Stephens County Hospital	33
<b>Total</b>	<b>1,087</b>



## 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)	16	1	0
Licensed Practical Nurses (LPNs)	8	0	0
Aides/Assistants	1	0	0
Allied Health/Therapists	17	1	2

## 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	60 days
Licensed Practical Nurse	45 days
Aide/Assistant	30 days
Allied Health/Therapists	60 days

## 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	244	2
February	200	3
March	197	12
April	212	20
May	214	28
June	194	22
July	210	48
August	179	35
September	151	30
October	205	56
November	159	43
December	157	47

### 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
Banks	23	153	2,816	77	1	0	39	68	42	149
Cherokee	24	240	3,334	134	3	0	51	114	65	230
Dawson	3	29	560	14	1	0	9	13	5	27
Forsyth	6	76	1,076	38	0	0	15	33	27	75
Franklin	23	220	3,692	108	1	0	45	93	64	202
Gwinnett	79	650	10,298	297	10	0	136	253	239	628
Habersham	17	130	1,759	66	1	0	35	52	35	122
Hall	41	412	5,937	201	6	0	111	161	135	407
Hart	2	5	132	3	0	0	2	2	1	5

Lumpkin	11	58	1,067	28	3	0	20	25	13	58
Rabun	12	81	1,684	43	1	0	12	39	21	72
Stephens	19	260	4,000	123	2	0	74	96	59	229
Towns	35	192	3,731	72	3	0	22	62	89	173
Union	12	94	1,861	49	0	0	15	44	30	89
White	10	68	850	38	1	0	27	32	13	72
<b>Total by Age</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>613</b>	<b>1,087</b>	<b>838</b>	<b>2,538</b>

**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
Banks	468,932	464,388	1,522
Cherokee	723,854	716,841	2,349
Dawson	84,974	84,151	276
Forsyth	236,040	233,752	765
Franklin	635,733	629,573	2,063
Gwinnett	1,976,437	1,957,287	6,414
Habersham	383,958	380,237	1,246
Hall	1,280,908	1,268,496	4,157
Hart	15,736	15,583	51
Lumpkin	182,537	180,769	592
Rabun	226,598	224,402	735
Stephens	720,707	713,724	2,339
Towns	544,464	539,189	1,767
Union	280,100	277,386	909
White	226,599	224,403	736
<b>Total</b>	<b>7,987,577</b>	<b>7,910,181</b>	<b>25,921</b>

**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:** Amy Buchanan

**Date:** 03/05/2015

**Title:** Director of Operations

**Comments:**