GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2014 Home Health Survey

Part A : General Information

1. Identification

UID:HHA050

Facility Name: Public Health Home Health, Inc.

County: Lowndes

Street Address: 3160 Inner Perimeter Road

City: Valdosta

Zip: 31602-1062

Mailing Address: 3169 Inner Perimeter Road

Mailing City: Valdosta

Mailing Zip: 31602-1062

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.
000056845A

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.
117009

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: CINDY FELTON

Contact Title: EXECUTIVE DIRECTOR

Phone: 229-253-1242

Fax: 229-253-1151

E-mail: servicesp@bellsouth.net

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
NOT APPLICABLE	Not for Profit	

B. Owner's Parent Organization

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

C. Agency Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
NOT APPLICABLE	Not for Profit	

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
NOT APPLICABLE	Not for Profit	

E. Management Contractor

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

F. Management's Parent Organization

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

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.
TIFTON	104 WEST 8TH STREET	TIFTON	Tift	07/01/1984

FITZGERALD	221 PERRY HOUSE ROAD	FITZGERALD	Ben Hill	07/01/1984

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	15,033	120
Physical Therapy	1,365	120
Home Health Aide	909	75
Occupational Therapy	191	120
Medical Social Services	38	120
Speech Pathology	174	120
	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.

144

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).

299

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	0
Black/African American	169
Hispanic/Latino	4
Pacific Islander/Hawaiian	0
White	262
Multi-Racial	0

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	158
Female	277

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	206	7,525	650,431	538,672
Medicaid	153	7,450	483,508	217,615
Other Government Payers	16	263	10,855	10,283
Managed Care (HMO/PPO)	65	1,888	259,828	237,604
Other Third Party Insurers	32	532	39,344	35,789
Self Pay	8	94	7,277	2,744
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.

09/01/1994

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.

DENISE RETTERBUSH, RN

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	1,451,243
Medicare Contractual Adjustments	133,053
Medicaid & Peachcare Contractual Adjustments	259,611
Other Contractual Adjustments	55
Total Contractual Adjustments	**392,719**
Bad Debt	3,197
Indigent Care Gross Charges	4,320
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**4,320**
Charity Care Gross Charges	8,300
Charity Care Compensation	0
Uncompensated Charity Care (Net)	**8,300**
Other Free Care	0
Total Net Patient Revenue	**1,042,707**
Adjusted Gross Patient Revenue	**1,055,382**
Other Revenue	0
Total Net Revenue	**1,042,707**
Total Expenses	1,270,315
Adjusted Gross Revenue	**1,055,382**
Total Uncompensated I/C Care	**12,620**
Percent Uncompensated Indigent/Charity Care	**1.20%**

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.

4

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)	149
Physicians	123
Other Home Health Agencies	4
All Other Healthcare Providers	69

7. Referral Hospitals

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

Hospital Name	Patients Referred
ST JOSEPHS	1
IRWIN COUNTY HOSPITAL	1
SOUTH GEORGIA MEDICAL CENTER	87
SHANDS	1
MEDICAL COLLEGE OF GEORGIA	1
SMITH NORTHVIEW	7
ARCHBOLD	1
PIEDMONT HOSPITAL	2
SHEPARDS SPINAL CLINIC	1
EMORY	2
DORMINY MEDICAL CENTER	22
DOCTORS HOSPITAL AUGUSTA	1
CHILDRENS HOSPITAL	1
CANCER TREATMENT CENTER OF AMERICA	1
COLQUITT MEDICAL CENTER	1
TIFT REGIONAL MEDICAL CENTER	11
PHOEBE ALBANY	8
Total	**149**

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)	5	0	0
Licensed Practical Nurses (LPNs)	3	0	0
Aides/Assistants	1	0	0
Allied Health/Therapists	0	0	3

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	6 WEEKS
Licensed Practical Nurse	6 WEEKS
Aide/Assistant	6 WEEKS
Allied Health/Therapists	6 MONTHS

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	24	10
February	14	11
March	29	9
April	15	2
May	22	9
June	13	7
July	14	13
August	21	13
September	16	15
October	21	10
November	27	5
December	18	5

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
Ben Hill	20	57	1,765	30	2	0	21	22	27	70
Berrien	17	26	1,806	18	0	0	16	11	11	38
Brooks	8	24	1,455	13	0	0	8	6	14	28
Cook	2	17	704	10	0	1	7	7	4	19
Echols	3	4	101	2	0	0	1	2	2	5
Irwin	3	16	292	6	0	0	4	5	8	17
Lanier	17	19	2,018	18	0	0	8	13	8	29
Lowndes	61	167	8,595	96	2	0	77	78	51	206
Tift	9	9	694	9	0	0	8	6	2	16

Turner	4	4	280	3	0	0	3	2	2	7
Total by Age	**0**	**0**	**0**	**0**	**0**	**1**	**153**	**152**	**129**	**435**

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
Ben Hill	144,979	105,433	829
Berrien	148,317	107,860	848
Brooks	119,437	86,858	683
Cook	57,759	42,004	330
Echols	8,272	6,015	47
Irwin	23,946	17,414	137
Lanier	165,732	120,525	948
Lowndes	702,837	511,122	8,341
Tift	57,034	41,476	326
Turner	22,930	16,675	131
Total	**1,451,243**	**1,055,382**	**12,620**

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: Denise Retterbush

Date: 03/06/2015

Title: CEO

Comments: