



## 2014 Home Health Survey

### Part A : General Information

#### 1. Identification

UID:HHA053

**Facility Name:** Caresouth Homecare Professionals

**County:** Muscogee

**Street Address:** 6001 River Rd, Suite 220

**City:** Columbus

**Zip:** 31904

**Mailing Address:** 6001 River Rd, Suite 220

**Mailing City:** Columbus

**Mailing Zip:** 31904

#### **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.

00696407

#### **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.

117306

#### 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	07/01/2004

#### F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
CareSouth Health System, Inc.	For Profit	07/01/2004

### 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.
Thomaston	204 W Cherokee St	Thomaston	Upson	08/01/2004

Fayetteville	874 W Lanier Ave, Suite 220	Fayetteville	Fayette	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	41,077	170
Physical Therapy	28,186	180
Home Health Aide	3,878	100
Occupational Therapy	9,325	180
Medical Social Services	707	195
Speech Pathology	710	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.

786

### 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).

3296

### 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	5
Asian	9
Black/African American	1,036
Hispanic/Latino	27
Pacific Islander/Hawaiian	3
White	2,042
Multi-Racial	1,075

### 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	1,564
Female	2,633

### 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	2,286	51,118	8,751,643	8,751,643
Medicaid	238	2,118	258,407	80,877
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	0	0	0	0
Other Third Party Insurers	1,548	29,913	5,250,674	5,021,497
Self Pay	0	0	0	0
Other Non Government	125	734	139,547	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.

Susan Hinton, Regional 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	14,400,271
Medicare Contractual Adjustments	0
Medicaid & Peachcare Contractual Adjustments	174,003
Other Contractual Adjustments	218,548
<b>Total Contractual Adjustments</b>	<b>392,551</b>
Bad Debt	14,156
Indigent Care Gross Charges	139,547
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>139,547</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>13,854,017</b>
<b>Adjusted Gross Patient Revenue</b>	<b>14,212,112</b>
Other Revenue	83
<b>Total Net Revenue</b>	<b>13,854,100</b>
Total Expenses	9,500,147
<b>Adjusted Gross Revenue</b>	<b>14,212,195</b>
<b>Total Uncompensated I/C Care</b>	<b>139,547</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>0.98%</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.

125

### **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)	1,930
Physicians	1,280
Other Home Health Agencies	25
All Other Healthcare Providers	962

### **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>
Athens Regional Medical Center	2
Atlanta Hospital	1
Atlanta Medical Center	1
Coliseum Medical Center	18
Colquitt Regional Medical Center	1
Columbus Regional Health	10
Columbus Specialty Hospital	13
CRH - Doctors Specialty Hospital	23
CRH - Midtown Medical Center	294
CRH - Northside Medical Center	175
CRH - Wound Center	5
East Alabama Medical Center	2
Emory Hospital	16
Georgia Regents Medical Center	2
Gwinnett Medical Center	1
Houston Medical Center	25
Jack Hughston Memorial Hospital	74
Kindred Hospital	1
Lexington Medical Center	1
Martin Army Community Hospital	7
Medical Center Barbour	2
Medical Center of Central Georgia	55
Monroe County Hospital	7
Northeast Georgia Health Systems, Inc	1
Northside - Atlanta	1
Phoebe Putney Memorial Hospital	7

Piedmont - Fayette	95
Piedmont - Henry	7
Piedmont - Atlanta	9
Piedmont - Newnan	125
Regency - Macon	4
Regency - S Atlant	1
Regional Rehab Hospital	74
St Josephs Atlanta	1
Select Specialty	1
Shands - Gainesville	1
Providence Health	4
Southern Crescent Hospital for Specialty Care	1
St Francis	529
Sylvan Grove Hospital	35
The Medical Center	1
Upson Regional Medical Center	269
Warm Springs Medical Center	18
Wellstar Cobb	1
Wellstar Kennestone	1
West Georgia Health	8
<b>Total</b>	<b>1,930</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)	22	1	8
Licensed Practical Nurses (LPNs)	11	2	0
Aides/Assistants	3	0	3
Allied Health/Therapists	16	0	10

## 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	60 days
Aide/Assistant	30 days
Allied Health/Therapists	180 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	372	2
February	341	5
March	348	21
April	366	26
May	320	48
June	309	46
July	280	59
August	335	45
September	287	53
October	275	59
November	264	62
December	284	69

### 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
Butts	18	109	2,186	58	3	0	25	50	41	116
Chattahoochee	7	33	635	22	0	0	10	20	5	35
Coweta	88	531	11,646	261	3	0	111	217	204	532
Fayette	50	237	5,719	110	0	0	30	100	127	257
Harris	22	151	2,646	69	7	0	55	51	41	147
Heard	2	26	384	15	0	0	10	12	3	25
Lamar	23	161	3,362	81	3	0	36	73	51	160
Marion	9	61	894	30	3	0	30	19	13	62
Meriwether	26	150	2,820	72	1	0	40	64	46	150

Muscogee	214	1,602	28,563	716	65	0	565	537	458	1,560
Pike	16	165	3,556	78	3	0	31	68	42	141
Spalding	46	298	5,765	150	10	0	98	117	81	296
Stewart	11	52	678	24	5	0	16	21	16	53
Talbot	17	99	1,687	50	5	0	34	40	15	89
Taylor	15	110	2,242	51	4	0	35	38	32	105
Upson	75	473	10,836	239	12	0	125	192	135	452
Webster	1	18	264	8	1	0	4	8	5	17
<b>Total by Age</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,255</b>	<b>1,627</b>	<b>1,315</b>	<b>4,197</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
Butts	398,006	392,806	3,349
Chattahoochee	120,088	118,519	0
Coweta	1,825,338	1,801,488	3,349
Fayette	881,789	870,267	0
Harris	504,370	497,779	7,815
Heard	85,777	84,656	0
Lamar	548,974	541,801	3,349
Marion	212,727	209,948	3,349
Meriwether	514,663	507,938	1,116
Muscogee	5,352,495	5,282,558	72,564
Pike	483,783	477,462	3,349
Spalding	1,015,602	1,002,331	11,164
Stewart	181,848	179,472	5,582
Talbot	305,367	301,377	5,582
Taylor	360,264	355,557	4,466
Upson	1,550,851	1,530,587	13,397
Webster	58,329	57,566	1,116
<b>Total</b>	<b>14,400,271</b>	<b>14,212,112</b>	<b>139,547</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:** Susan Hinton

**Date:** 03/05/2015

**Title:** Regional Director of Operations

**Comments:**