



2014 Home Health Survey

Part A : General Information

1. Identification

UID:HHA082

Facility Name: Tanner Home Health Services

County: Carroll

Street Address: 150 Henry Burson Drive, Suite 105B

City: Carrollton

Zip: 30117-3874

Mailing Address: 150 Henry Burson Drive, Suite 105B

Mailing City: Carrollton

Mailing Zip: 30117-3874

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.

000862463A

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.

117319

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: Debbie Brock

Contact Title: Administrator

Phone: 770-838-8872

Fax: 770-834-8956

E-mail: dbrock@tanner.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
Tanner Medical Center, Inc.	Hospital Authority	04/01/1999

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 Applicable	

D. Operator's Parent Organization

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

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.
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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	23,969	172
Physical Therapy	15,687	200
Home Health Aide	6,152	122
Occupational Therapy	2,308	200
Medical Social Services	244	221
Speech Pathology	291	200
	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.

361

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).

1846

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	1
Black/African American	209
Hispanic/Latino	11
Pacific Islander/Hawaiian	0
White	1,709
Multi-Racial	11

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	807
Female	1,134

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	1,440	38,098	6,945,751	5,229,432
Medicaid	122	2,817	526,557	382,641
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	0	0	0	0
Other Third Party Insurers	312	5,473	1,066,885	765,282
Self Pay	67	2,263	506,524	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.

01/01/1999

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.

Debbie Brock

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	9,045,717
Medicare Contractual Adjustments	1,729,470
Medicaid & Peachcare Contractual Adjustments	194,565
Other Contractual Adjustments	237,803
Total Contractual Adjustments	2,161,838
Bad Debt	0
Indigent Care Gross Charges	506,524
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	506,524
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	6,377,355
Adjusted Gross Patient Revenue	7,121,682
Other Revenue	0
Total Net Revenue	6,377,355
Total Expenses	0
Adjusted Gross Revenue	7,121,682
Total Uncompensated I/C Care	506,524
Percent Uncompensated Indigent/Charity Care	7.11%

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.

67

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)	1,482
Physicians	705
Other Home Health Agencies	1
All Other Healthcare Providers	202

7. Referral Hospitals

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

Hospital Name	Patients Referred
Atlanta Medical	6
Cartersville Medical	1
Columbus Regional	3
Dekalb Medical	1
Emory Crawford Long	12
Emory University	24
Floyd Medical	4
Grady	2
Kindred Rome	2
North Fulton	1
Northside	1
Piedmont	42
Piedmont Newnan	6
Redmond	12
St. Joseph	11
Tanner Medical Center Carrollton	1,005
Tanner Higgins	171
Tanner Villa Rica	127
Wellstar Cobb	30
Wellstar Douglas	13
Wellstar Kennestone	8
Total	1,482

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)	27	0	0
Licensed Practical Nurses (LPNs)	7	0	0
Aides/Assistants	6	0	0
Allied Health/Therapists	0	0	9

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 - 90 Days
Licensed Practical Nurse	30 - 60 Days
Aide/Assistant	30 Days or Less
Allied Health/Therapists	60 - 90 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	185	8
February	168	12
March	169	16
April	164	21
May	169	18
June	113	24
July	168	28
August	161	19
September	178	27
October	166	36
November	155	24
December	149	23

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
Carroll	245	1,323	32,761	671	40	0	447	531	345	1,323
Coweta	4	10	262	10	6	0	5	3	2	10
Douglas	14	82	2,125	39	3	0	31	31	20	82
Haralson	80	420	11,258	216	15	0	138	172	110	420
Heard	11	58	1,289	29	2	0	20	23	15	58
Paulding	7	48	956	19	1	0	18	20	10	48
Total by Age	0	0	0	0	0	0	659	780	502	1,941

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
Carroll	6,151,087	4,906,840	344,439
Coweta	9,602	7,122	2,065
Douglas	361,828	284,867	20,260
Haralson	2,070,915	1,566,770	114,435
Heard	271,371	213,650	15,195
Paulding	180,914	142,433	10,130
Total	9,045,717	7,121,682	506,524

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: Debbie Brock

Date: 02/19/2015

Title: Administrator

Comments: