



2014 Home Health Survey

Part A : General Information

1. Identification

UID:HHA100

Facility Name: United Home Care of Atlanta

County: Gwinnett

Street Address: 1626 Jeurgens Court

City: Norcross

Zip: 30093

Mailing Address: 1626 Jeurgens Court

Mailing City: Norcross

Mailing Zip: 30093

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.

008479274A

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.

117118

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: Rita Southworth

Contact Title: Vice President of Home Care

Phone: 770-279-6200

Fax: 770-510-2459

E-mail: RSouthworth@pruitthealth.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
Not Applicable	Not Applicable	

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
United Home Care, Inc.	For Profit	02/01/1999

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
United Health Services of Georgia, Inc.	For Profit	02/01/1999

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Pruitt Corporation d/b/a UHS-Pruitt Corporation	For Profit	02/01/1999

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
United Health Service, Inc.	For Profit	02/01/1999

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.
United Home Care of Winder	349 Resource Pkwy	Winder	Barrow	08/01/2008

United Home Care of Monroe	500 Great Oaks Drive	Monroe	Walton	02/01/2002
United Home Care of Greensboro	6340 Lake Oconee Pkwy, Ste 102	Greensboro	Greene	03/01/2010

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	34,731	165
Physical Therapy	23,140	175
Home Health Aide	3,230	65
Occupational Therapy	9,180	175
Medical Social Services	779	165
Speech Pathology	1,462	175
	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.

527

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).

3136

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	13
Asian	30
Black/African American	872
Hispanic/Latino	46
Pacific Islander/Hawaiian	0
White	2,074
Multi-Racial	12

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	1,217
Female	1,830

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	1,659	48,896	8,017,364	7,890,442
Medicaid	101	1,503	229,565	85,088
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	575	12,421	2,263,028	2,192,829
Other Third Party Insurers	657	9,205	1,563,597	1,179,617
Self Pay	3	20	1,740	1,740
Other Non Government	52	477	81,820	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.

08/01/1999

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.

Rita Southworth Vice President of Home Care

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	12,157,114
Medicare Contractual Adjustments	4,781
Medicaid & Peachcare Contractual Adjustments	144,477
Other Contractual Adjustments	454,179
Total Contractual Adjustments	603,437
Bad Debt	122,141
Indigent Care Gross Charges	81,820
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	81,820
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	11,349,716
Adjusted Gross Patient Revenue	11,885,715
Other Revenue	0
Total Net Revenue	11,349,716
Total Expenses	0
Adjusted Gross Revenue	11,885,715
Total Uncompensated I/C Care	81,820
Percent Uncompensated Indigent/Charity Care	0.69%

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.

52

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)	1,422
Physicians	702
Other Home Health Agencies	3
All Other Healthcare Providers	920

7. Referral Hospitals

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

Hospital Name	Patients Referred
Athens Regional Medical Center	75
Atlanta Medical Center	8
Barrow Regional Medical Center	110
Clearview Regional Medical Center	221
Dekalb Medical Medical	150
Eastside Medical Center	147
Emory Hospital	67
Gwinnett Medical Center	55
North Fulton Regional Hospital	11
Northside Hospital	102
VA Hospital	202
Piedmont Hospital	28
Rockdale Medical Center	45
St Mary's Hospital	37
Archbold Memorila Hospital	1
Crawford Long Hospital	1
Decatur Hospital	1
Duke University Hospital	1
East Georgia Regional Medical	1
Floyd Medical Center	1
Landmark, Hospital	11
Morgan Memorial	3
Newton General Hospital	17
Northeast Georgia Medical Center	37
Peachford Hospital	1
Putnam General Hospital	1

Redmond Regional Hospital	1
South Regional Hospital	3
South Georgia Medical Center	1
Saint Josephs Hospital	12
Taylor Regional Hospital	1
Ty Cobb Memorial Hospital	1
Wellstar Health Systems	9
Wesley Woods Hospital	3
Georgia Medical Center	1
Total	1,366

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)	15	7	0
Licensed Practical Nurses (LPNs)	7	1	0
Aides/Assistants	3	0	0
Allied Health/Therapists	0	0	20

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	3-6 months
Licensed Practical Nurse	1-3 months
Aide/Assistant	1 month
Allied Health/Therapists	3-6 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	266	0
February	238	0
March	288	0
April	277	0
May	297	0
June	265	0
July	257	0
August	300	0
September	269	0
October	329	0
November	285	0
December	270	0

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
Barrow	78	332	11,696	171	8	0	94	137	101	332
Greene	5	46	443	21	0	0	10	17	19	46
Madison	17	59	1,873	37	2	0	11	32	16	59
Oconee	11	35	474	15	0	0	7	13	15	35
Oglethorpe	3	22	622	12	2	0	4	11	7	22
Rockdale	25	142	3,071	85	0	0	45	67	30	142
Jasper	0	12	167	8	0	0	4	7	1	12
Fulton	29	294	6,849	138	1	0	77	105	112	294
Franklin	5	29	279	20	1	0	6	16	7	29

Walton	107	513	13,571	227	16	0	129	192	192	513
Gwinnett	70	536	11,098	273	8	0	167	222	147	536
DeKalb	103	689	12,574	344	9	0	217	277	195	689
Jackson	51	188	6,549	96	4	0	37	79	72	188
Newton	23	150	3,256	84	1	0	55	61	34	150
Total by Age	0	0	0	0	0	0	863	1,236	948	3,047

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
Barrow	1,910,946	1,869,760	8,225
Greene	68,174	67,180	0
Madison	295,854	289,249	6,080
Oconee	94,452	92,343	0
Oglethorpe	98,122	95,931	3,545
Rockdale	547,809	535,580	0
Jasper	33,663	32,911	0
Fulton	992,971	970,803	330
Franklin	42,979	42,020	2,225
Walton	2,408,558	2,354,789	22,820
Gwinnett	1,657,987	1,620,973	16,570
DeKalb	2,483,508	2,428,065	7,965
Jackson	943,811	922,741	5,010
Newton	578,280	563,370	9,050
Total	12,157,114	11,885,715	81,820

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: Rita Southworth

Date: 05/15/2015

Title: Vice President of Home Care

Comments: