



2014 Home Health Survey

Part A : General Information

1. Identification

UID:HHA104

Facility Name: United Home Care of North Georgia

County: Hall

Street Address: 2545 Flintridge Road

City: Gainesville

Zip: 30501

Mailing Address: 2545 Flintridge Road

Mailing City: Gainesville

Mailing Zip: 30501

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.

178197236A

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.

117129

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	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 Services 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 Ft Oglethorpe	85 Crye-Leike Drive	Ft Oglethorpe	Catoosa	09/14/2009

United Home Care of Rome	31 Three Rivers Drive NE	Rome	Floyd	01/12/2006
United Home Care of Blue Ridge	6050 Appalachian Hwy	Blue Ridge	Fannin	04/01/2005

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	30,654	165
Physical Therapy	18,356	175
Home Health Aide	3,227	65
Occupational Therapy	4,518	175
Medical Social Services	384	165
Speech Pathology	1,043	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.

370

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).

2432

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	2
Asian	0
Black/African American	84
Hispanic/Latino	9
Pacific Islander/Hawaiian	0
White	1,581
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	710
Female	966

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	1,192	46,763	6,798,147	6,623,716
Medicaid	82	1,956	306,314	91,870
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	198	6,642	984,206	959,003
Other Third Party Insurers	176	2,436	385,586	279,273
Self Pay	2	26	4,111	4,111
Other Non Government	26	359	60,760	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	8,539,124
Medicare Contractual Adjustments	109,296
Medicaid & Peachcare Contractual Adjustments	214,444
Other Contractual Adjustments	131,516
Total Contractual Adjustments	455,256
Bad Debt	65,135
Indigent Care Gross Charges	60,760
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	60,760
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	7,957,973
Adjusted Gross Patient Revenue	8,150,249
Other Revenue	0
Total Net Revenue	7,957,973
Total Expenses	0
Adjusted Gross Revenue	8,150,249
Total Uncompensated I/C Care	60,760
Percent Uncompensated Indigent/Charity Care	0.75%

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.

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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)	723
Physicians	581
Other Home Health Agencies	5
All Other Healthcare Providers	367

7. Referral Hospitals

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

Hospital Name	Patients Referred
VA Hospital	87
Emory Hospital	24
Fannin Regional Hospital	43
Harbersham Medical	13
Northeast Georgia Medical Center	208
Northside Hospital	63
Wellstar Health Systems	10
Apple Medical Center	4
Athens Regional Medical Center	1
Atlanta Medical Center	5
Cartersville Medical Center	8
Chatuge Regional Hospital	4
Chestatee Regional Hospital	9
Copper Basin Medical Center	7
Crawford LonG Hospital	1
Dekalb Medical Center	1
Eastside Medical Center	1
Enlanger Medical Center	11
Floyd Medical Center	26
Gordon County Hospital	23
Hamilton Medical Center	6
Hidden Valley Medical	6
Hutcheson Medical Center	2
Kindred Hospital	0
Memoril Medical Center	2
Murphy Medical Center	3

Murray Medical Center	3
North Fulton Regional Hospital	1
North Georgia Medical Center	26
Piedmont Hospital	49
Redmond Regional Hospital	26
Saint Joseph Hospital	5
Siskin Hospital	2
St Mary's Hospital	2
Union General Hospital	9
Total	691

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)	17	2	0
Licensed Practical Nurses (LPNs)	6	0	0
Aides/Assistants	2	0	0
Allied Health/Therapists	0	0	13

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	4-6 months
Licensed Practical Nurse	1-2 months
Aide/Assistant	1-2 months
Allied Health/Therapists	1 month

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	150	0
February	165	0
March	161	0
April	155	0
May	158	0
June	154	0
July	157	0
August	154	0
September	147	0
October	158	0
November	158	0
December	156	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
Bartow	19	76	2,688	41	0	0	20	34	22	76
Catoosa	19	44	1,962	30	0	0	10	25	9	44
Chattooga	6	24	849	17	1	0	12	12	0	24
Dawson	11	79	2,352	41	2	0	26	31	22	79
Fannin	37	172	5,688	91	2	0	47	71	54	172
Floyd	23	105	3,844	44	0	0	38	34	33	105
Gilmer	27	133	4,354	75	2	0	32	61	40	133
Gordon	12	68	2,264	36	0	0	12	32	24	68
Habersham	21	90	2,554	51	1	0	26	42	22	90

Hall	87	461	16,057	200	12	0	101	175	185	461
Haralson	14	47	1,798	26	0	0	14	20	13	47
Lumpkin	21	96	2,693	55	2	0	19	48	29	96
Murray	17	56	2,595	38	2	0	23	27	6	56
Polk	5	27	906	12	0	0	9	9	9	27
Towns	3	15	490	9	0	0	3	8	4	15
Union	8	49	1,551	35	2	0	12	30	7	49
White	25	84	2,509	43	0	0	17	35	32	84
Whitfield	15	50	3,028	26	0	0	22	20	8	50
Total by Age	0	0	0	0	0	0	443	714	519	1,676

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
Bartow	393,905	375,966	0
Catoosa	291,814	278,525	0
Chattooga	124,391	118,726	700
Dawson	420,031	400,903	4,140
Fannin	785,878	750,089	3,500
Floyd	560,263	534,749	0
Gilmer	601,629	574,231	3,500
Gordon	331,710	316,632	0
Habersham	375,287	358,196	5,270
Hall	2,428,732	2,318,097	26,290
Haralson	268,365	256,144	0
Lumpkin	395,573	377,558	10,550
Murray	367,195	350,473	3,310
Polk	132,684	126,642	0
Towns	67,683	64,601	0
Union	214,330	204,569	3,500
White	368,525	351,742	0
Whitfield	411,129	392,406	0
Total	8,539,124	8,150,249	60,760

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: