



## 2014 Home Health Survey

### Part A : General Information

#### 1. Identification

UID:HHA119

**Facility Name:** Athens Regional Home Health

**County:** Clarke

**Street Address:** 1510 Prince Avenue

**City:** Athens

**Zip:** 30606-2767

**Mailing Address:** 1510 Prince Avenue

**Mailing City:** Athens

**Mailing Zip:** 30606-2767

#### **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.

00814272A

#### **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.

117125

#### 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:** Pamela Hall

**Contact Title:** Executive Director

Phone: 706-475-5500

Fax: 706-475-5570

E-mail: phall@armc.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
Athens Regional Medical Center, Inc.	Not for Profit	09/01/1998

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Athens Regional Health Services, Inc.	Not for Profit	09/01/1998

#### 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	8,922	205
Physical Therapy	4,468	227
Home Health Aide	239	113
Occupational Therapy	593	227
Medical Social Services	69	244
Speech Pathology	349	227
	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.

151

### 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).

1200

### 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	4
Black/African American	308
Hispanic/Latino	18
Pacific Islander/Hawaiian	0
White	1,118
Multi-Racial	9

### 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	669
Female	788

### 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	995	10,544	2,456,588	2,281,729
Medicaid	86	818	185,596	44,600
Other Government Payers	15	117	26,544	10,703
Managed Care (HMO/PPO)	309	2,788	620,640	250,263
Other Third Party Insurers	20	117	27,745	11,188
Self Pay	32	256	59,485	863
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.

01/01/2000

### 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.

Michael Toci, Director of Business 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	3,376,598
Medicare Contractual Adjustments	174,859
Medicaid & Peachcare Contractual Adjustments	140,602
Other Contractual Adjustments	361,601
<b>Total Contractual Adjustments</b>	<b>677,062</b>
Bad Debt	69,015
Indigent Care Gross Charges	16,953
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>16,953</b>
Charity Care Gross Charges	14,222
Charity Care Compensation	0
<b>Uncompensated Charity Care (Net)</b>	<b>14,222</b>
Other Free Care	0
<b>Total Net Patient Revenue</b>	<b>2,599,346</b>
<b>Adjusted Gross Patient Revenue</b>	<b>2,992,122</b>
Other Revenue	0
<b>Total Net Revenue</b>	<b>2,599,346</b>
Total Expenses	3,561,142
<b>Adjusted Gross Revenue</b>	<b>2,992,122</b>
<b>Total Uncompensated I/C Care</b>	<b>31,175</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>1.04%</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.

15

**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)	1,500
Physicians	323
Other Home Health Agencies	24
All Other Healthcare Providers	137

**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, Inc.	1,300
Barrow Medical Center	8
Childrens Healthcare of Atlanta	1
Coliseum Medical Center	1
Doctors Hospital	1
Elbert Memorial Hospital	1
Emory University Hospital	18
Habersham County Medical Center	1
John Hopkins Medical Center	2
Kindred Hospital	1
Landmark Hospital	15
Northeast Georgia Medical Center	25
Northridge Medical Center	4
Northside Hospital	1
Piedmont Hospital	4
St Josephs Hospital	3
St Marys	85
Trinity Hospital of Augusta	1
Venice Regional Medical Center	1
Veterans Affairs Medical Center	20
Walton Rehabilitation Hospital	1
Gwinnett Medical Center	4
Shepherd Spinal Center	2
<b>Total</b>	<b>1,500</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)	13	1	0
Licensed Practical Nurses (LPNs)	0	0	0
Aides/Assistants	1	0	0
Allied Health/Therapists	7	0	0

## 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	30 days
Licensed Practical Nurse	
Aide/Assistant	
Allied Health/Therapists	

## 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	140	5
February	109	4
March	116	11
April	113	15
May	97	13
June	96	13
July	111	15
August	90	27
September	102	18
October	110	19
November	127	14
December	116	25

### 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	12	226	2,342	125	1	0	93	92	53	238
Clarke	55	541	6,172	277	7	1	229	204	162	596
Jackson	27	212	2,391	121	2	1	91	91	56	239
Madison	21	190	2,028	119	4	0	77	89	45	211
Oconee	16	157	1,707	82	1	1	59	69	44	173
<b>Total by Age</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>549</b>	<b>545</b>	<b>360</b>	<b>1,457</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
Barrow	540,686	485,326	2,566
Clarke	1,419,678	1,248,182	15,697
Jackson	552,686	497,031	1,264
Madison	468,631	401,361	10,490
Oconee	394,917	360,222	1,158
<b>Total</b>	<b>3,376,598</b>	<b>2,992,122</b>	<b>31,175</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:** Wendy J. Cook

**Date:** 03/04/2015

**Title:** Senior VP & CFO

**Comments:**